SERVING AN OLDER PENINSULA

JANUARY 2025 REPORT

Peninsula Community Foundation of VIRGINIA

This report examines the evolving needs and challenges of the growing older adult population in the Virginia Peninsula region.

Prepared by:
Elizabeth Hughes, Independent Consultant
Dr. Keith Waters, Independent Consultant
Dr. Terry Clower, Independent Consultant

pcfvirginia.org/agingreport

We are deeply grateful for the generous support provided by the Virginia Peninsula municipalities: Hampton, Newport News, Williamsburg, Poquoson, James City County, and York County. This critical funding made the completion of this study and report possible.

We also wish to express our deep appreciation to our partners at the Peninsula Agency on Aging for their invaluable contributions and expertise throughout this project.

List of Figures

Serving an Older Peninsula:
A SUMMARY

This report examines the evolving needs and challenges of the growing older adult population in the Virginia Peninsula region.

Peninsula's Aging Population: New Report Explores - Are We Ready?

The Virginia Peninsula faces a dramatic demographic shift as the number of residents aged 80 and older is projected to more than double by 2050, growing by 122%, according to a new report, "Serving an Older Peninsula." Released by the Peninsula Community Foundation of Virginia (PCF) as the inaugural initiative of its Center for Community Research, the report highlights both the challenges and opportunities presented by this rapid growth.

Currently, older adults comprise 25% of the Peninsula's population. The report, produced in partnership with the Peninsula Agency on Aging and with support from all six Peninsula municipalities, explores strategies to leverage the experience and contributions of older residents while addressing their evolving needs in healthcare, housing, caregiving, transportation, safety, and quality of life.

"This study consolidates critical data from across the Peninsula, providing a comprehensive understanding of the challenges and opportunities ahead," said Adelia Thompson, CEO of the Peninsula Community Foundation. "Now, the crucial question is: What's next? We will collaborate with partners across the region to identify existing initiatives, incentivize new efforts, and position our community to proactively address the coming changes."

KEY FINDINGS:

- By 2050, nearly 43,000 Peninsula residents will be 80 or older, making this the fastest-growing demographic.
- Healthcare: The Peninsula will see a 15% increase in healthcare jobs over the next decade, due in large part to the increased physical health needs and challenges that will face a greater population advancing in age.
- **Housing:** Across the Peninsula, most older adults live in homes that do not accommodate aging-in-place, and making structural changes can be cost prohibitive. Transportation and walkability of their neighborhoods present challenges that will simply increase.

- **Caregivers:** Already, the demand for paid, skilled caregivers exceeds the number in our workforce, and that imbalance will deepen quickly. This hits families from two directions – the cost, and the limited number often means family members must fill the gap. But that in turn means those family members cannot work, which has further economic impact across the board.

- **Emergency Support:** Currently, older adults are by far the largest consumers of EMS services. With calls from this group expected to grow 12% over the next few years, expanding emergency resources become a very real pressure for the community

- **Workforce:**
  - Over the next 25 years the population of 30-60 year olds increases 20% while the population of 60-80 year olds is expected to increase 133%. In 2021, 46 percent of the individuals who left the region were aged 25-59, compared to 37 percent of those who moved to the region. This trend further shifts the composition of residents who remain behind.
  - An estimated 13,000 older and 5,500 working-age Peninsula residents likely require formal caregiving, a collective need for 18,500 home health aides (1:1). As of 2024, there were 3,800 aides, about 1 caregiver for every 5 vulnerable residents who need a caregiver. By 2034, collective need is expected to increase to 21,500 aides, compared to a supply of 5,100 home health aides.

CALL TO ACTION:

Create a more age-friendly Peninsula, through creative regional collaboration, and leaning into the work already underway by private business, governments, education, and nonprofits. Specific recommendations from the report include:

- Recruiting and retaining healthcare workers
- Expanding housing accessibility options and support, and transportation opportunities
- Supporting family caregivers with resources and training, but also building the available, affordable workforce of professional caregivers
- Fostering intergenerational connections, and quality of life opportunities including intentional interactions between younger and older generations, programs and services that afford social connections and cultural experiences
- Strengthening emergency response systems and staffing
- Addressing the necessary strategies to ensure ongoing economic strength as the financial capacities of older neighbors decline, even as that population increases
- Identifying the strategies that exist and developing new ones to help the region proactively build its workforce to meet the demand for increased services in support of older residents

The full report is available at **www.pcfvirginia.org/agingreport** with more details on how community leaders, businesses, and residents can engage in crafting a successful future for the Peninsula, embracing our older neighbors who have much to teach us all.

We are deeply grateful for the generous support provided by the Virginia Peninsula municipalities: Hampton, Newport News, Williamsburg, Poquoson, James City County, and York County. This critical funding made the completion of this study and report possible.

We also wish to express our deep appreciation to our partners at the Peninsula Agency on Aging for their invaluable contributions and expertise throughout this project.

Introduction:

About 1 in 4 Peninsula residents—nearly 120,000 people—is over the age of 60. Our region's oldest residents challenge many of the "typical" markers of advanced age. They are best described as a younger-older population—half are in their 60s—in moderately good health, with low rates of disability and a life expectancy hovering just under 80 years.[1] A third are still working.

In the next 25 years, however, a shift is predicted that will impact the composition of our region's older population, and what they need from their community. By 2050, an estimated 8 percent of our entire population—43,000 residents—will be over the age of 80, an increase of 122 percent from today and the fastest growing population cohort.

This shift in age will have important effects on the lives of individuals and their families as well as the region as a whole.

- **Health and wellness** needs are expected to grow, with a corresponding expansion of the healthcare economy, between 2024 and 2034, the region is projected to add 5,300 new jobs in the health industry (17 percent growth, compared to a 2 percent growth in jobs overall).
- People need assistance with daily tasks as they get older, and individuals who live alone or do not have family nearby are especially likely to need paid **help at home**. Unfortunately, there are simply not enough paid caregivers to meet current or future demand.
- Getting outside of one's home and into the community is vital for maintaining social connections, meeting basic needs, and continued independence. Yet the region's current housing stock and transportation systems were not built for **age-friendly living,** presenting issues for individuals as they age in place.
- Older adults are heavy consumers of **emergency and safety services**: in particular, adults in their 80s are the largest consumers of EMS services relative to their size of the population: about 48 calls for services per 100 individuals. Growing demand for these services over the next years (+12 percent) is expected to outpace the supply of medics (+2 percent).
- As people age, they also exit the labor force and start to see an uptick in medical bills, conditions that incentivize keeping **money in reserve** and making fewer discretionary purchases. High fixed housing costs, growing healthcare expenses, and reliance on social security and public assistance place more older adults at risk—and have serious implications for local taxes.

Responding to the needs of this population requires a comprehensive, intentional, multi-jurisdiction plan. To kick off our thinking and spark discussion as a region, I invite you to consider the series of questions at the end of this report:

Health & Wellness	▪ What strategies exist to help the region proactively build its healthcare workforce? ▪ To what extent does commercial real estate support a larger healthcare industry? ▪ How can technology be leveraged to improve physical and mental health?
Help at Home	▪ How can regional partners collaborate to identify and serve isolated older residents? ▪ What resources would help support, recognize, and empower family caregivers? ▪ How can the region expand the number of caregivers?
Age-Friendly Living	▪ How can the region improve the accessibility of existing homes at the scale needed? ▪ What approach to future development and zoning would promote aging in place? ▪ How can the region think creatively about transportation?
Emergency & Safety Assistance	▪ What models exist to proactively serve frequent EMS-users? ▪ How can the region prepare for a large-scale emergency? ▪ How can regional partners continue to protect older adults from exploitation and crime?
Money in Reserve	▪ How can the region offer a more age-friendly shopping experience in the community? ▪ What strategies exist to attract younger workers to the region? ▪ What services could improve financial stability in the older adult population?

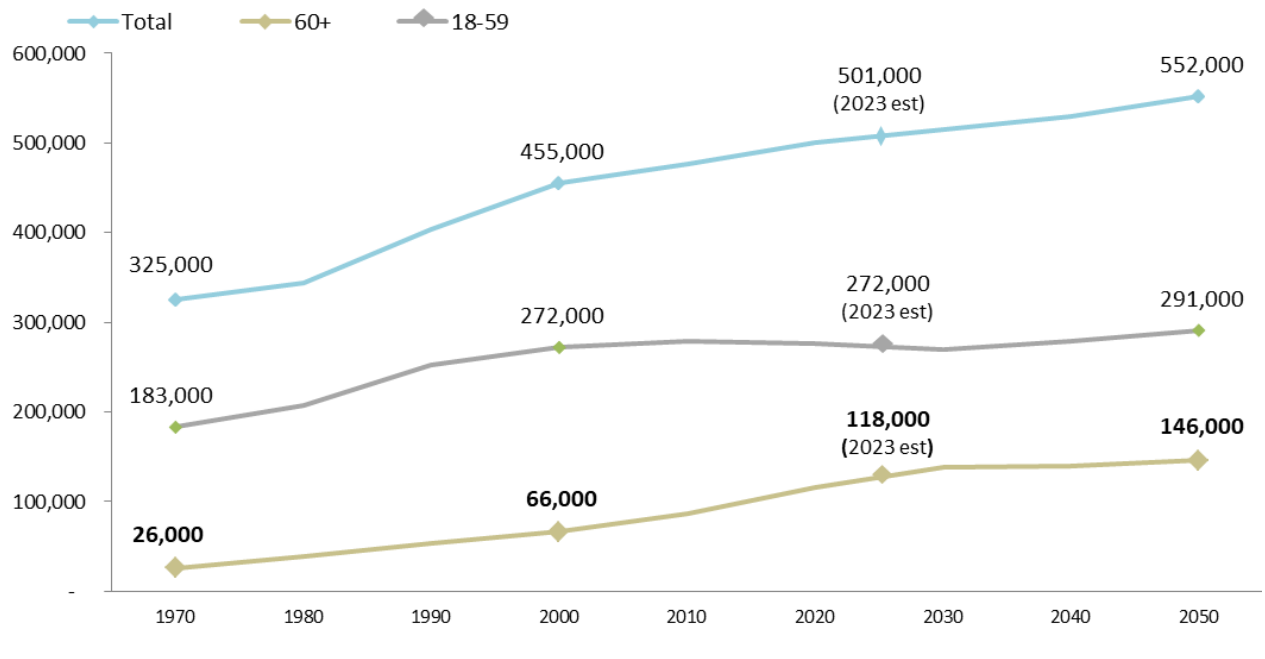
A Changing Population of Older Residents

The Peninsula Region, like much of the country, has grown older.[2]

The Region—spanning James City and York counties and the cities of Williamsburg, Poquoson, Newport News, and Hampton—is currently home to about 500,000 people. Over the last 25 years, the region added about 50,000 new residents; it is expected to add 50,000 more over the next 25.[3] See **Figure 1**.

This growth in population has been driven almost exclusively by older adults (residents age 60+). Since 2000, this group has nearly doubled in size (gold line); during the same time, the size of the young and working-age population has stagnated (grey line). The population of older Peninsula residents is expected to continue growing through 2030, at which point growth levels off. By 2050, just under 150,000 residents will be aged 60 and up.

Fig 1. Number of Peninsula residents, 1970-2050



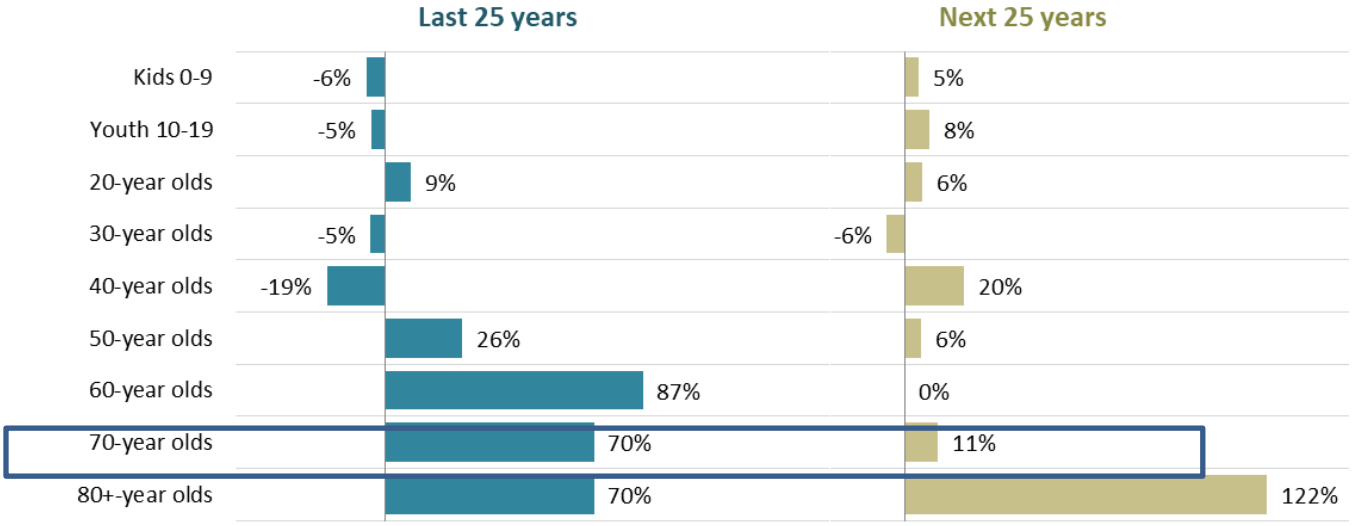
Source: Authors' analysis of data from MAPS USA, Census PEP, and Weldon Cooper

CALLOUT HERE
This report defines ***older adults*** as individuals age 60+

The region is not just growing older, however; it is growing much older. **Figure 2** shows historic and projected population growth by age cohort. Over the last 25 years, the fastest growing population was individuals in their 60s; the population nearly doubled in size from 32,000 in 2000 to 60,000 in 2023. In the coming 25 years, however, no growth is projected for this population. Instead, the population that is 60 today is expected to age in place.

The fastest growing group in the future will be residents in their eighties.

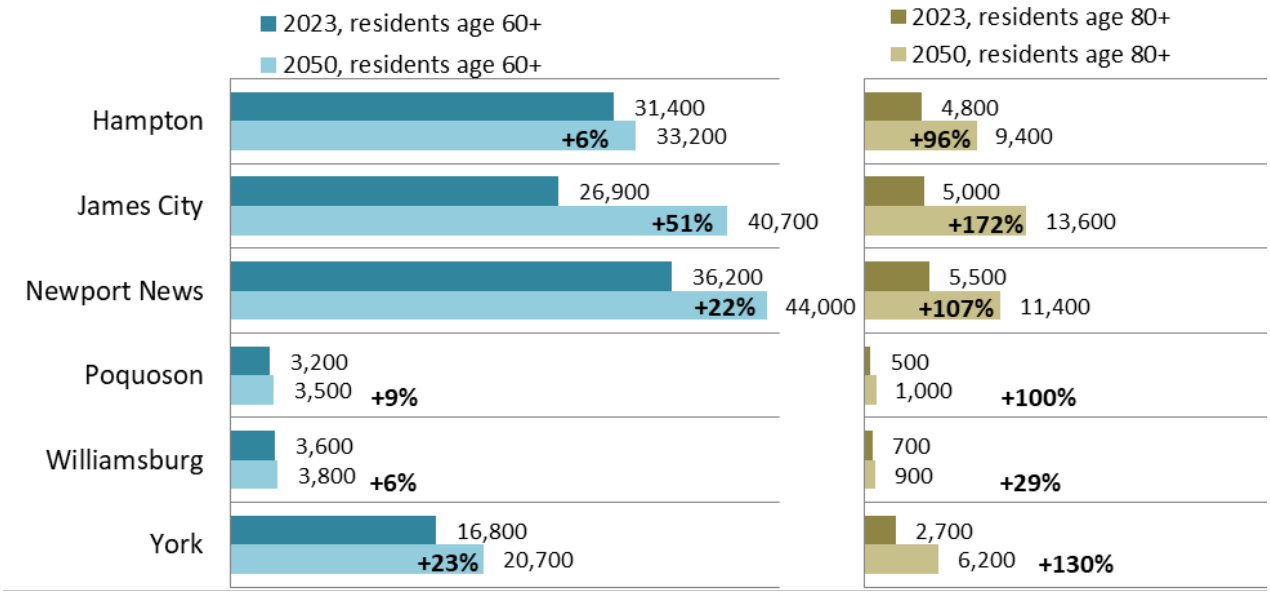
Fig 2. Change in number of Peninsula residents by age, 2000-2023 and 2023-2050



Source: Authors' analysis of data from Census PEP and Weldon Cooper

The increase in individuals in their 80s is expected to change the composition of the region. Today, about 19,000 Peninsula residents (4 percent) are aged 80+. By 2050, there will be nearly 43,000 residents in their 80s and 90s, comprising 8 percent of the population and more than double in size. This growth in the 80+ population is projected to occur across the Peninsula, with most jurisdictions seeing their population double or triple in size. The largest growth will be in James City County, where about 13,600 residents will be age 80+—nearly 3 times the size of that population today. See **Figure 3**.

Fig 3. Growth in older adult population in Peninsula Region, by jurisdiction

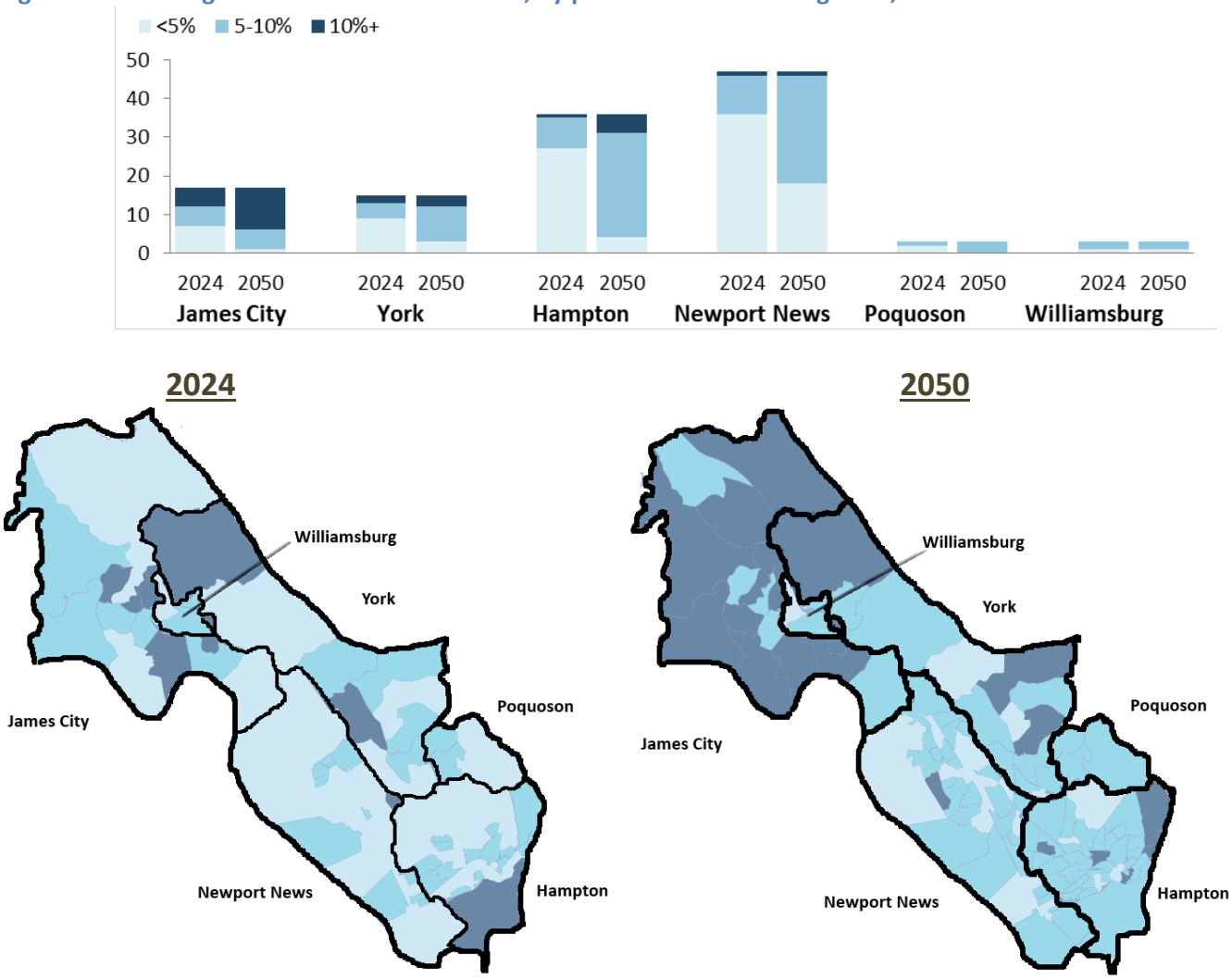


Source: Authors' analysis of data from Census PEP and Weldon Cooper

Currently, residents in their 80s are spread relatively evenly across the region: nearly all jurisdictions in the region have at least one neighborhood where more than 10 percent of residents are 80+ (indicated in dark blue in **Figure 4**). The region has 9 of these older communities, out of 124 total across the region. Thirty communities in the region have 5-10 percent of their population age 80+.

While it is difficult to estimate which neighborhoods will have a large concentration of older adults in the future, county-level age projections of older adults can be apportioned to individual neighborhoods based on where residents in their *60s* currently live. By 2050, an estimated 20 neighborhoods will have 10 percent or more residents age 80+. Most of these neighborhoods (11) will be in James City County. In addition to these neighborhoods with a heavy concentration of older adults, 74 neighborhoods will have 5-10 percent of their population over the age of 80.

Fig 4. Count of neighborhoods in the Peninsula, by percent of residents age 80+, 2024 and 2050



Source: Authors' analysis of data from Weldon Cooper applying trace-share of county residents aged 60-69 in 2024 to total projections of residents age 80+ in 2050

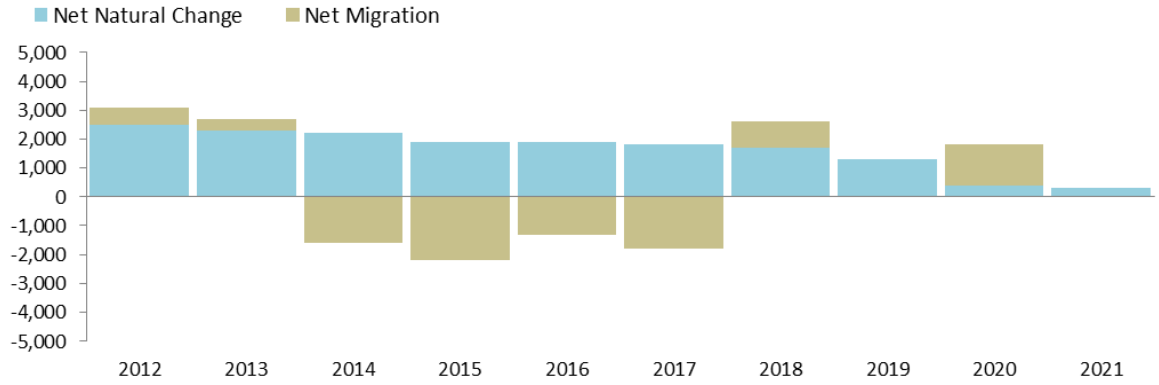
The drivers of this population change are complex.

While it is true that the region is a destination retirement community, the growth in older adults is not driven by moves. Each year from 2012 to 2021, about 3 percent of older Peninsula residents reported that they recently relocated from somewhere *outside* of the region, the equivalent of about 3,200 new older residents each year.

These annual moves add up. Over the course of a decade, a sizable number of older adults (28,500) have moved to the Peninsula. However, during this same time period, an estimated 27,400 older adults left the region, just 1,400 less than the number who moved in. The resulting annual *net* migration (moves in – moves out) of older adults is positive but very small: just 140 new older residents a year.

Instead of a large in-migration of older adults, the primary driver of the increasingly older population is the tendency for retirees to age in place while the overall population moves out and away—while the region was netting older residents, it was also losing population. From 2013-2014 to 2016-2017, more residents left the region than moved in.[4] See **Figure 5**.

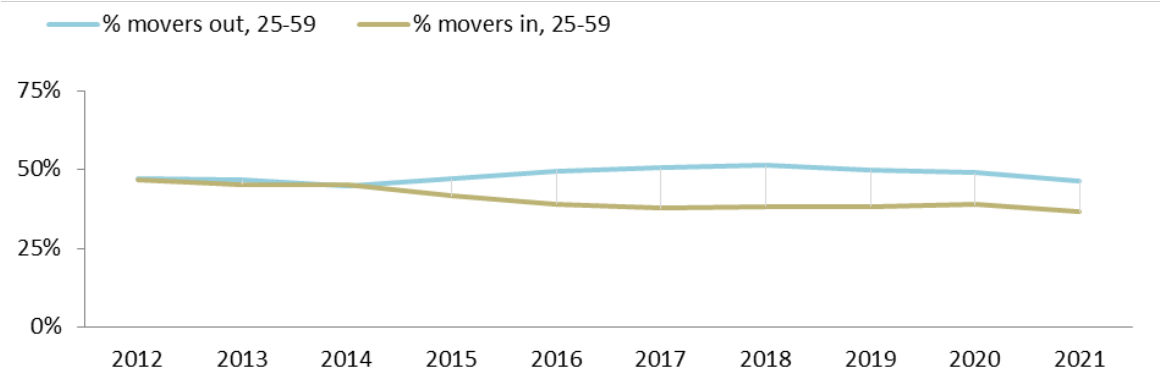
Fig 5. Population change in the Peninsula Region over time



Source: Authors' analysis of Population Estimates Program, vintage 2010-2019 and 2020-2023

These trends are visible in the demographics of movers-out versus movers-in. In 2021, 46 percent of the individuals who *left* the region were aged 25-59, compared to 37 percent of those who moved *to* the region. This trend further shifts the composition of residents who remain behind. See **Figure 6**.

Figure 6. Percent of movers out and movers in, age 25-59



Source: Authors' analysis of IPUMS

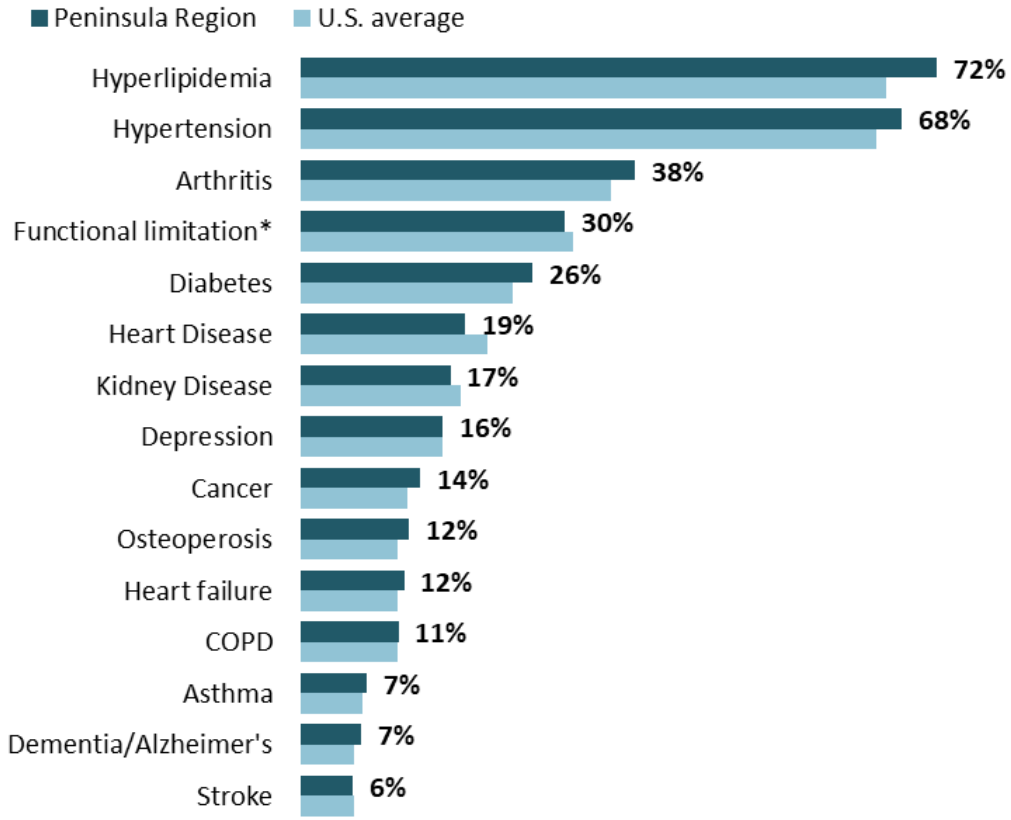
Changing Needs within the Community

In the coming years, an increasing number of older adults in the Peninsula will be over the age of 80. This shift in age will have important effects on the lives of individuals and their families as well as the region.

Health & Wellness

The current population of older adults has a comparable health profile to the average American, with slightly elevated levels of hyperlipidemia (high cholesterol), hypertension, arthritis, and diabetes, and slightly lower levels of heart and kidney disease.[5] Thirty percent of older adults in the Peninsula report having a major disability—a functional limitation in seeing, hearing, mobility, self-care, and/or independent living—a rate that is slightly lower than the national average.[6] See **Figure 7.**

Fig 7. Incidence of health conditions in the Medicare population



Source: Authors' analysis of data from Conduent Healthy Communities Institute. Community Indicators Dashboard: Greater Hampton Roads. https://www.ghrconnects.org/. Functional limitation is disability status.

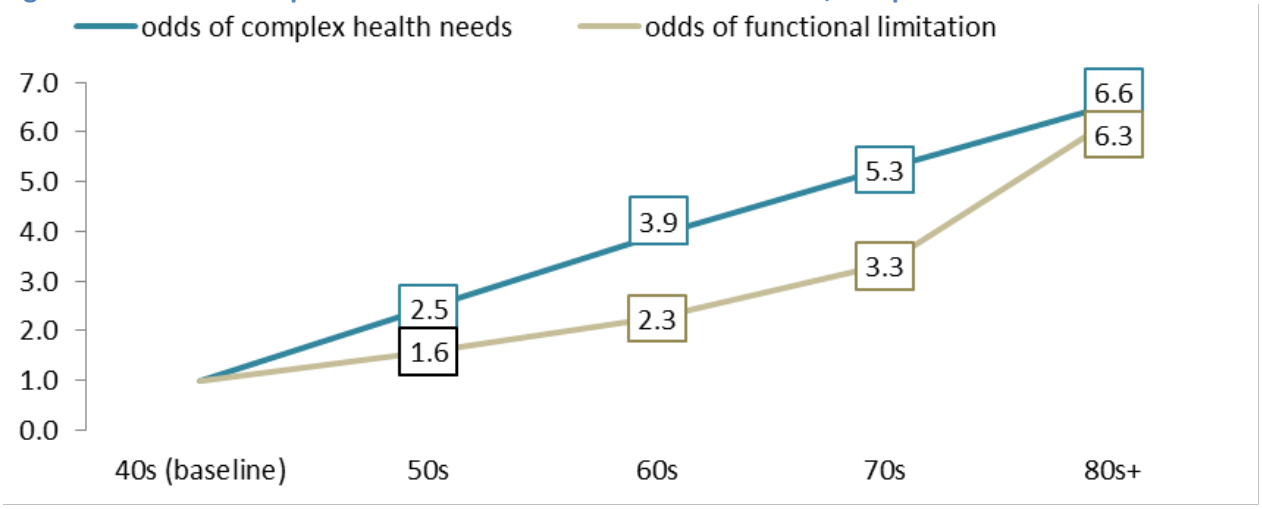
TEXTBOX. Mental Health Among Older Adults

Sixteen percent of older adults in the Peninsula struggle with depression, with increased risk among those who are socially isolated and/or living alone. In fact, researchers estimate that 37 percent of older adults who live alone spend all of their time alone, a rate that increases with age and is particularly common among those who have lost a spouse or partner.[7] During this time, many older adults are engaging with a screen (tablet, tv, phone)—on average, 10 hours a day, which is more time than working-age adults[8] or teenagers.[9] This habit has been increasing over time among older adults, while socializing, reading, and other leisure activities have declined.[10] Excessive screen time carries risk to physical health risk (e.g., eye strain, insomnia) and can aggravate depression.

The prevalence of these conditions is expected to increase due to the advanced age of the future population and growing rates of chronic disease in the younger population. **Figure 8** illustrates how the likelihood of complex health needs or a functional limitation (major disability) increases from age 40. An individual in their 60s, for example, is 3.9 times as likely as someone in their 40s to have complex healthcare needs and more than twice (2.3 times) as likely to

have a substantial disability. Rates are highest for those in their 80s—someone in their 80s is six times as likely as an individual in their 40s to have complex health needs or a functional limitation—and more likely to have multiple conditions.[11] Such changes can be expected even in populations who were healthy earlier in life, such that disease onset tends to be delayed (not avoided)[12] and may include more years spent in poor health.[13]

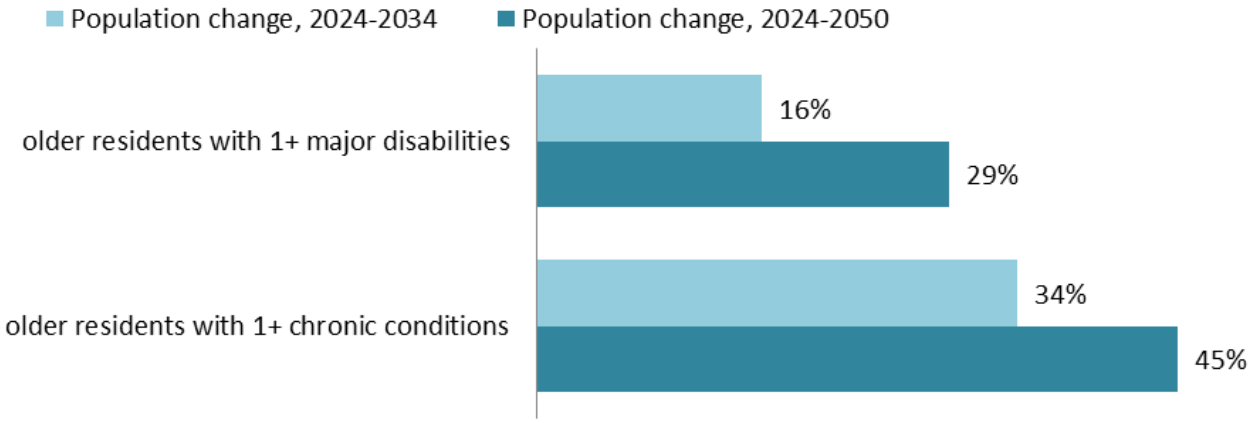
Fig 8. Likelihood of complex health needs and functional limitations, compared to those in their 40s



Source: Authors' analysis of national data from ACS, 2018-22 and Alemayehu, B & Warner, KE. (2004). The lifetime distribution of health care costs. *Health Services Research, 39*(3).

While health is a function of age, researchers also predict that rising rates of chronic diseases in today's younger population will mean that older adults will be less healthy in the future.[14] In the next 10 years, there will be a rise in older residents experiencing a major disability (+16%) and/or with a chronic health condition (+34 percent). Rates continue to increase into 2050. See **Figure 9**.

Fig 9. Expected growth in older adult population, by various subgroups in the Peninsula Region



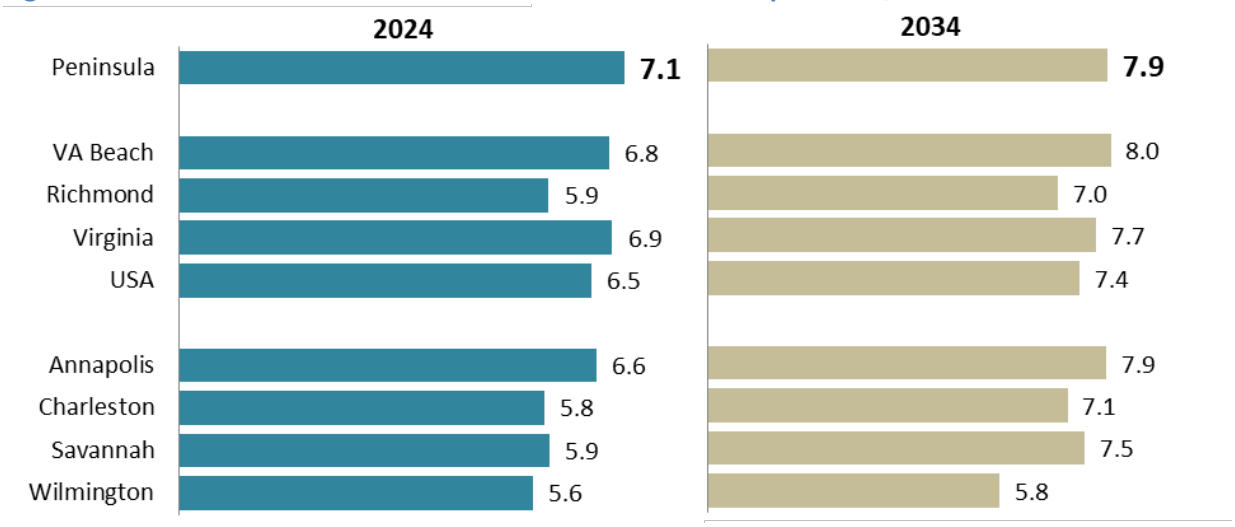
Source: Authors' analysis based on data from Burning Glass Lightcast, Weldon Cooper, and Ansah, Chiu 2023

As the region's older adults age and experience increased health issues, they will require more medical care, including routine check-ups as well as working with specialists.

Currently, there are about 7.1 older adults with chronic conditions per medical provider (including doctors, technicians, registered nurses, and support staff) in the Peninsula. This ratio is higher than nearby Richmond and other retirement destinations such as Annapolis, Charleston, Savannah, and Wilmington, and comparable to Virginia and US averages. The ratio of need to providers is expected to increase over time—there will be nearly 8 older adults with chronic conditions per provider in 2034—and to remain one of the highest ratios compared to other geographies. See **Figure 10**.

It is important to note that some medical services are reserved for nearly one in four older Peninsula residents who served in the military, which may affect these ratios. Resources available to this population include the VA Medical Center in Hampton and clinics located in Langley and nearby Portsmouth, Chesapeake, and Virginia Beach. Veterans living in the Peninsula also have a different set of health needs than the older civilian population: 34 percent of older veterans have a disability, compared to 29 percent of non-veteran older adults in the region, and 10 percent have service connected disability rating of 70% or higher (an injury or disease for which 70 percent or more is attributable either directly or aggravated beyond normal progression to their military service).[15]

Fig 10. Ratio of older adults with chronic conditions to medical providers, 2024-2034



Source: Authors' analysis using calculations from Figure 10 and data from Lightcast)

Moving health care to the home

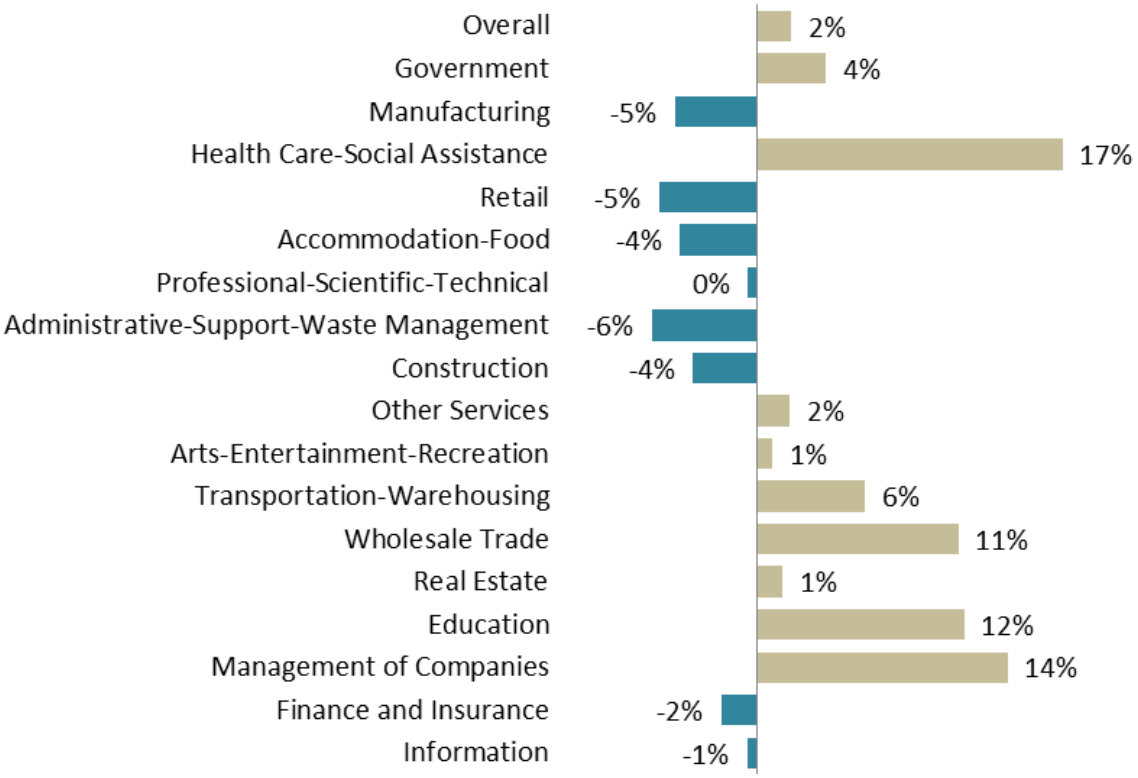
Medical care is not just the domain of medical professionals. Ongoing efforts to shorten hospital stays and reduce nursing home placements have moved older adults' medical care into the home—and cast family members in the role of medical support. "Older adults' homes have become de facto clinical care settings, where caregivers are performing an array of nursing or medical tasks once provided only by licensed or certified professionals in hospitals and nursing homes."[16] Data from the National Health and Aging Trends Study and National Study of Caregiving reveal that family members frequently help older adults with, for example, tracking and administering medications, giving shots or injections, managing a special diet, tending to skin care wounds, and working with providers/insurance. While not all family members—including regular caregivers—will feel equipped to take on this role, the trend is only expected to increase as the number of older adults with substantial health needs increases, particularly if that growth outpaces the number of formal providers.

The increasing demand for medical services among the Peninsula's fastest growing population is already starting to affect the region's mix of jobs and industries. For example, the number of healthcare and social assistance jobs in the Peninsula increased by 23.3 percent between 2014 and 2024 (from 24,800 to 30,600) while jobs overall grew by just 1.5 percent and some industries shrank (e.g., the retail trade sector declined 10.4% over the same period).

As the region's population ages, the economy supporting this population will continue to grow. As shown in **Figure 11**, overall jobs in the region are expected to grow by 2 percent over the next 10 years, from 253,000 jobs in 2024 to 258,000 in 2034. The bulk of this growth will be in the health care and social assistance industry, which is projected to grow by 17 percent (+ 5,300 new jobs), and government services industry, projected to grow by 4 percent (+ 2,400 jobs).

At the same time, other industries are expected to scale back; notably, manufacturing, retail, and hospitality (hotels, restaurants) are projected to see a combined *decline* of 3,800 jobs.

Fig 11. Projected percent change in employment by industry in Peninsula Region, 2024 to 2034
Sorted by largest industries in 2024



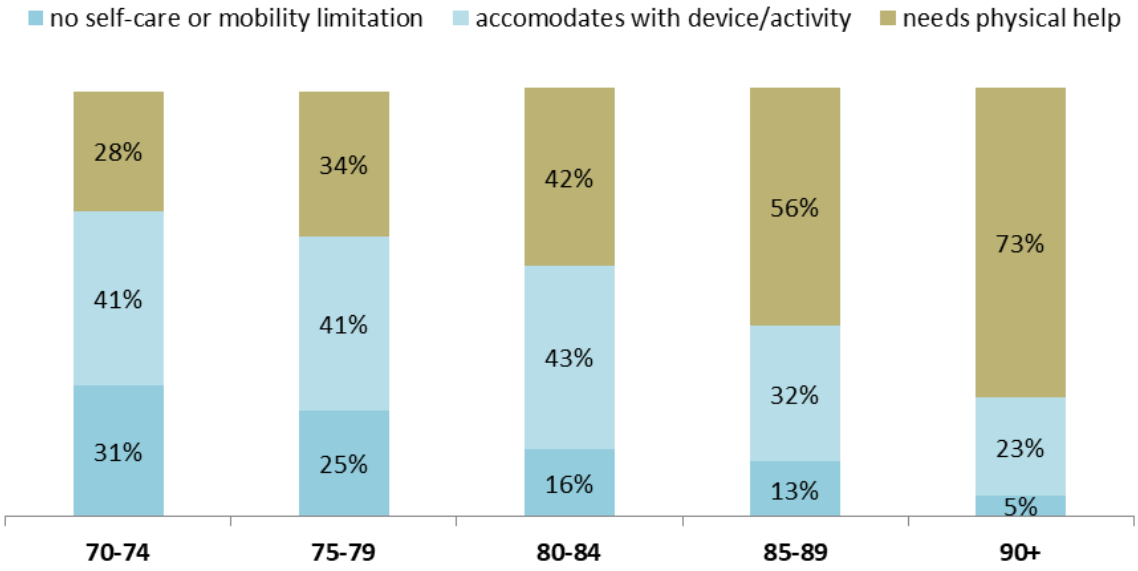
Source: Authors' analysis of data from Lightcast; excludes industries with fewer than 1,000 workers in 2024 (utilities, agriculture, and mining)

Help at Home

Older adults with a functional limitation—see **Figure 12** below for a complete list—are often able to manage their condition by using a device (such as a walker) or changing an activity (such as shopping less frequently).[17] However, as individuals age, their likelihood of having a limitation that requires physical help (caregiving) in the home increases rapidly; by age 80, 84 percent of individuals have a self-care or mobility limitation, and 42 percent need help from another human being.

Fig 12. Percent of individuals with limitation in daily living and needing physical help, by age

Activities of Daily Living (ADLs)		Instrumental Activities of Daily Living (IADLs)
Walking, Feeding Oneself Dressing, Bathing/Grooming Toileting, Continence		Transportation/ Shopping, Meal Preparation Managing Finances, Home Cleaning/Maintenance Communicating, Managing Medications



Source: Freedman, Cornman, & Kasper, 2021

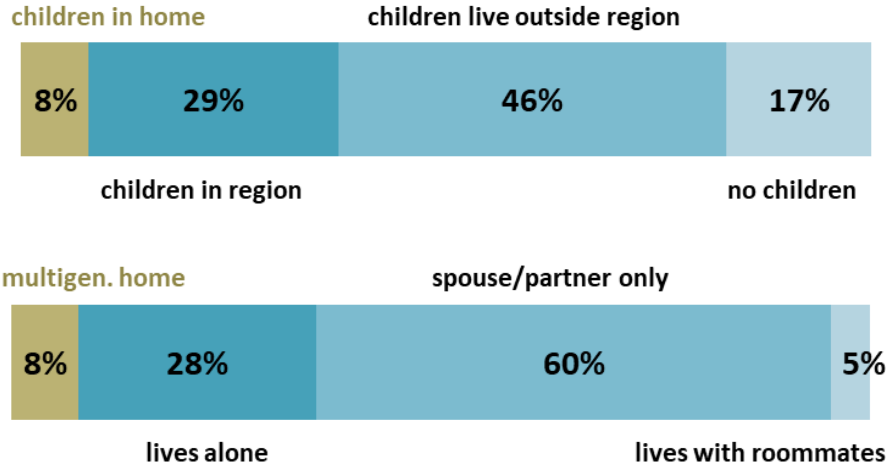
Traditionally, family members have provided this help to aging relatives.[18] In fact, the AARP Public Policy Institute estimates that as of 2021, just under one million Virginians (14 percent of the adult population) provided regular care to an adult family member, friend, or neighbor.[19] While it is difficult to estimate how many older residents in the Peninsula have someone who is local and able to provide informal help, available data suggest a limited support network for many older residents.

- **Presence of Adult Children.** As shown in **Figure 13**, most older residents do not have an adult child living nearby. An estimated 46 percent of older residents in the Peninsula have an adult child who lives outside the region[20] and an additional 17 percent do not have any biological children.[21] Twenty-nine percent have an adult child living nearby, and just 8 percent live with their adult child.[22] Proximity does not guarantee caregiving, however: nationally, half of family caregivers work full-time, a third are parents, and ten percent are in school.[23] Adult children with these competing obligations may be unable or unwilling to provide the level of care older adults need on a daily basis.

- **In-home support.** As shown in **Figure 13**, while more than 1 in 4 older adults in the region live completely alone, most (60 percent) live solely with a spouse/partner, who is likely to serve in a caregiving role now or in the future. This arrangement is common—in Virginia, 1 in 4 caregivers is over the age of 65[24]—but can be challenging. Nationally, older caregivers provide 30-35 hours per week in care (the equivalent of a full-time job) and are often in fair/poor health themselves.[25] Interviews with older adults in the Peninsula Region reflect the varied caregiving roles that many individuals find themselves in later in life, such as caring for aging spouses alongside aging parents and siblings. Caregiving can be a physically and emotionally challenging role for anyone but may be especially hard on older adults, who are at an increased risk of mortality if their role involves emotional strain.[26]

- **Other community ties.** As noted earlier, a sizable number of older Peninsula residents are new to the area (including 4 percent moved to the area in the last year) and may not have a robust social network on which to rely.[27] However, there is no single source of data to measure how many older adults have *someone*—in their home, in their community, or otherwise in their life—on whom they can depend for care and support.

Fig 13. Percent of older Peninsula residents, by location of adult children and living arrangements



Source: Authors' analysis of ACS, 2018-22

Individuals who do not have informal networks able to meet their daily care needs will need formal help, typically in the form of a home health aide. As their care needs become more complex, many older adults *with* informal care networks will also need paid home health services.

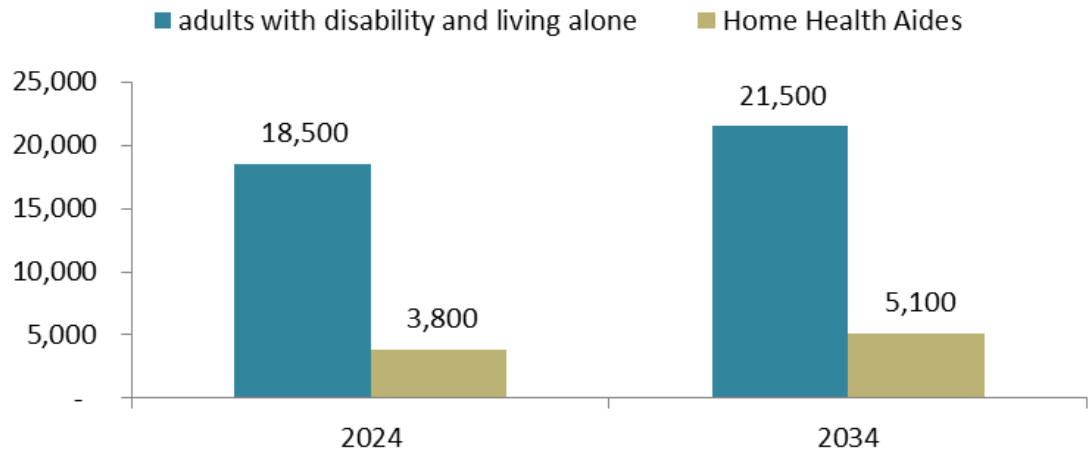
The average older American living in the community who receives help with daily activities consumes about 40 hours of care each week[28]—equivalent to one aide per person—though some individuals require 24-hour care (3 aides) and others receive partial service of 10 hours a week (0.25 aide). Research suggests that the level of care received tends to

increase with the number of physical limitations an older adult experiences: for example, family caregivers helping an older adult with 3 or more self-care/mobility needs spend about 60 hours a week on caregiving tasks.[29]

Using the status of disabled (cognitive, self-care, mobility)[30] as a proxy for having a functional limitation and living alone as a proxy for limited in-home family support, there are approximately 13,000 older adults (11.6 percent) and about 5,500 working age adults in the Peninsula Region who likely require formal caregiving. These totals do not account for the many older adults who do not meet this definition of being intensely vulnerable (i.e., they live with family, they do not have a major disability) but still require the help of a home health aide. If each of those 18,500 individuals needs 40 hours each week in assistance, the region's older adults are estimated to have a collective need for 18,500 home health aides. As of 2024, there were just 3,800 aides, about 1 caregiver for every 5 vulnerable older and working age adults.

As the region's older adult population grows proportionally older (80+) and has increased limitations with health and mobility, the level of care needed is likely to increase: an estimated 15,500 older adults and 6,000 working-age adults will have an intense need for the help of a paid caregiver, or 21,500 individuals in need compared to a supply of 5,100 home health aides. The ratio of vulnerable residents to home health aides improves but is nowhere near the level needed. It is useful to note that these ratios are higher than other local comparators (Virginia Beach, Richmond, state average) and the U.S., meaning there is more competition for caregiving help in the Peninsula than in other areas, and in the middle range for other retirement destinations.

Fig 14. Number of disabled adults living alone and home health aides, 2024-2034



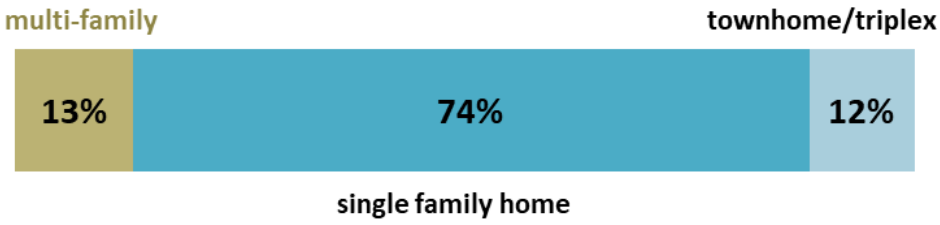
Source: Authors' analysis based on data from lightcast, ipums

Age-Friendly Living

Older adults need for caregiving depends in part on whether their current homes and communities empower them to age independently.

Home. While most older adults plan to remain in their current home, this preference may not be practical without substantial modifications to the existing structure. Nationally, just 42 percent of homes have "basic" accessibility features, such as no-step entrances and an entry-level bedroom and bathroom.[31] In the Peninsula, most older adults (74%) live in a single-family home, the bulk of which were built prior to 2000, when new construction began to incorporate ADA standards for accessibility.[32] About one in eight older adults occupy a townhome or triplex, which are typically multi-level structures where core functions are separated by floors (such as the kitchen, a shower, and laundry facilities all located on different levels) that can be difficult for those with mobility issues. Just 13 percent live in a multi-family unit, most of which were built before 2000 when ADA compliance improved the overall accessibility of units. See **Figure 15**.

Fig 15. Percent of older Peninsula residents, by housing type



Source: Authors' analysis of ACS, 2018-22

The livability of a home may further deteriorate for individuals no longer able to do routine maintenance. The issue arose during interviews with older Peninsula residents, who mentioned needing help finding someone to provide basic home maintenance and repair, as these services typically fall outside the domain of a home health aide but are crucial for continued independence. Some jurisdictions offer limited exterior maintenance and renovation services to qualifying residents. In York County, there were 2,384 registrations for porch trash collection and 58 requests for home maintenance services in Fiscal Year 2023-24.[33] As context, the county is home to about 17,000 residents over the age of 60 and 2,700 over the age of 80.

Textbox. The complex drivers behind the "decision" to age in place

Interviews with older Peninsula residents provide more insight into why individuals choose to remain in their homes. All interviewees report intending to age in place, including those who are no longer able to access critical parts of their home. While the financial aspect was an important consideration (interviewees describe being unable/unwilling to pay market prices for a new home), those living in single family homes also report a prevailing worry about the potential for crime and neglect in senior housing. These findings are consistent with national research, where a sizable portion of older adult's report being open to moving, but remain in their homes due to concerns about safety and an inability to afford to buy or rent in the current market.[34]

Community. Getting out of one's home and into the community is crucial for continued independence and connections. It is also increasingly difficult for older adults who live in car-dependent communities, as driving becomes more difficult with age (particularly among women[35] and those who voluntarily scale back due to declines in health).[36]

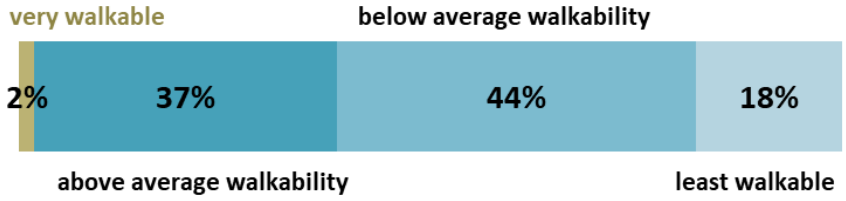
Nationally, more than 40 percent of older and disabled adults report relying on family, friends and neighbors for rides.[37] On the caregiver side, 78 percent of caregivers report providing or arranging rides for their loved ones,[38] and 1 in 4 offering *daily/near daily* transportation support.[39]

Individuals who do not drive and who cannot (or do not want to) rely on family and friends for rides may struggle to leave their home, a situation that can have serious health consequences. Local health practitioners describe how a lack of transportation options represents one of the single greatest risk factors for older adults, observing that older patients without reliable transportation are more likely to miss/skip routine and critical medical appointments and experience worsening health outcomes.[40] Those who have difficulty leaving their home are also more likely to lack access to nutritious food (such as fresh produce) and to experience increased social isolation, which can further aggravate issues with physical and mental health.

Jurisdiction leaders consistently point to a lack of transportation as the biggest barrier to serving the older adult population in the Peninsula, as there are few alternatives in the region to driving in a personal vehicle.

- **Walking.** As shown in **Figure 16**, many older residents live in a community with limited walkability. Just 2 percent of older adults in the region live in a highly walkable community (tract), and the majority (61%) live in a community with below-average walkability.[41] Older adults age 80+ (62 percent) and those with 1 or more disabilities (68 percent) are even more likely to live in a community that is below average or least walkable. As physical limitations increase, walking even a short distance may be difficult, suggesting that this option will only be viable for older adults with good health and mobility.

Figure 16. Percent of older adults, by community walkability

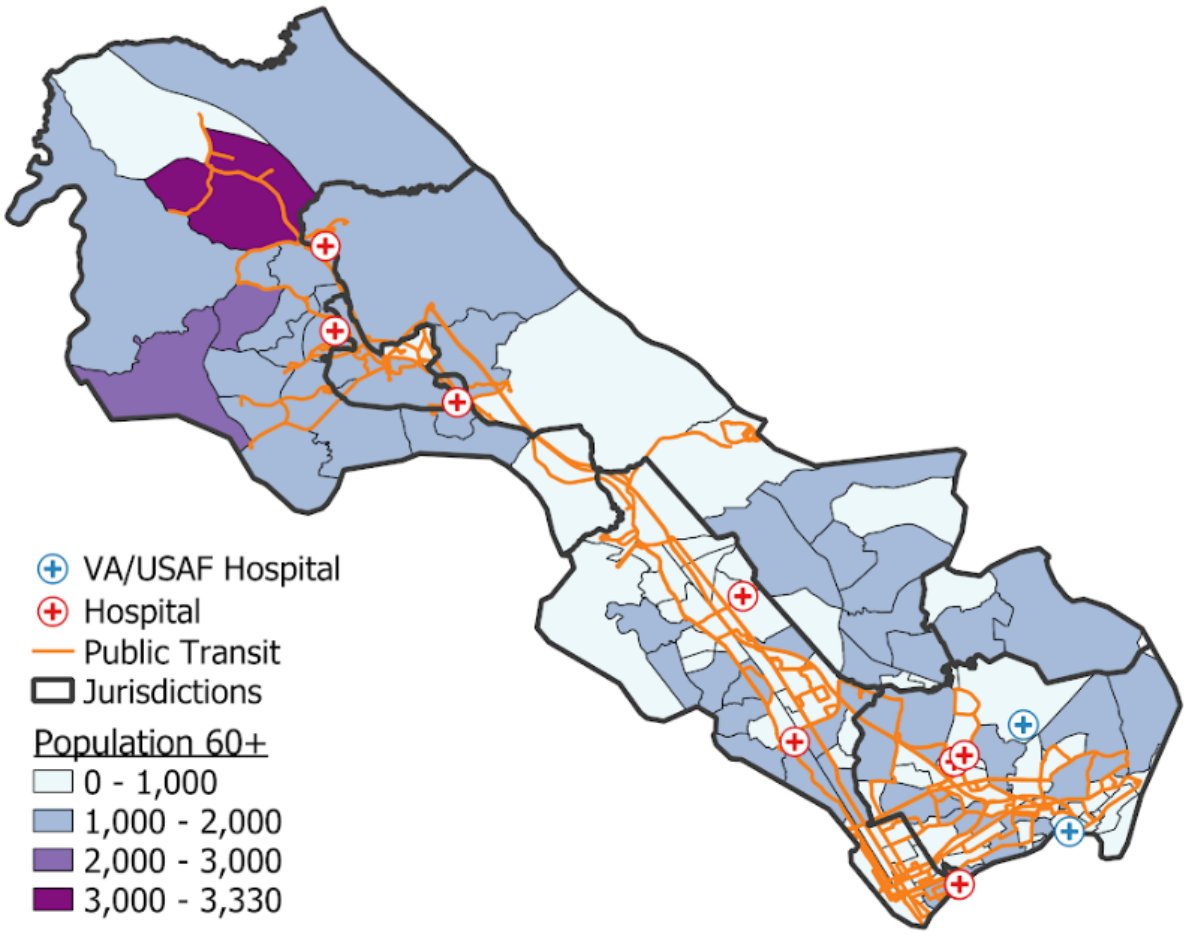


Source: Authors' analysis of data from U.S. Environmental Protection Agency's National Walkability Index

- **Ride share.** For-profit and non-profit ride share services are appealing to many older adults who seek door-to-door service in a private vehicle—particularly if drivers help residents get to and from the car and attend to luggage/groceries/equipment. However, older adults face several barriers to using ride share, including health-related (e.g., those with a visual impairment not being able to confirm details of their trip, those with service animals being denied rides), concerns about safety, limited availability, technology, and affordability.[42]

- **Public Transportation**. Transportation service in James City and York Counties, Williamsburg, and Poquoson is confined primarily to major roads and does not go into many of the neighborhoods where older adults live. See **Figure 17**. In Hampton and Newport News, where bus service is more available, data on ridership from the Hampton Roads Transit (HRT) suggest that while 15-18 percent of riders are aged 65-84, virtually none are over the age of 85. Four percent of riders in Newport News and nine percent of riders in Hampton are disabled older adults.[43] Local public transit agencies also offer paratransit rides for residents with a verified disability who live within ¾ of a mile from a bus stop. Medicaid Non-Emergency Medical Transportation (NEMT) can help with medical appointments.[44]

Fig 17. Bus routes in the Peninsula Region

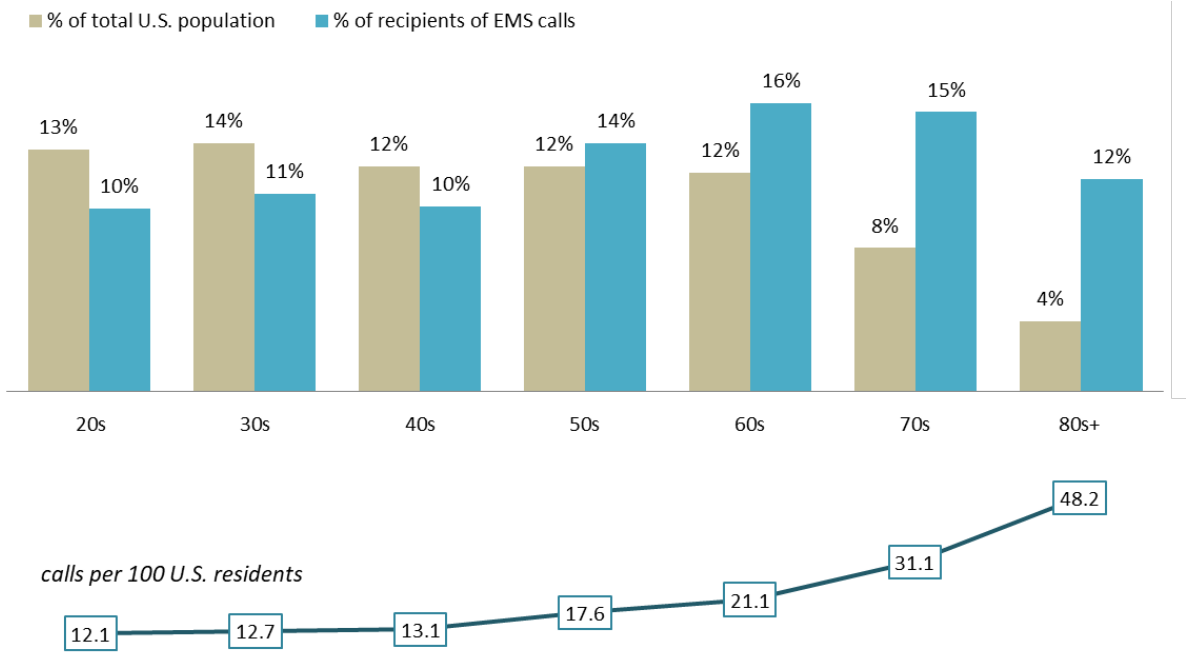


Source: Authors' analysis of bus routes in region relative to location of older adults

Emergency & Safety Assistance

The increase in medical needs and challenges with daily living—along with any unmet demand for medical providers or care aides—is expected to increase the need for emergency medical services.[45] Nationally, the odds of needing 911 services (calls/population) increase precipitously with age, as shown in **Figure 18**. Relative to the size of their population, adults in their sixties place about twice as many calls for EMS service as an individual under age fifty. Adults in their 80s are the largest consumers of EMS services relative to their size of the population: about 48 calls for services per 100 individuals.

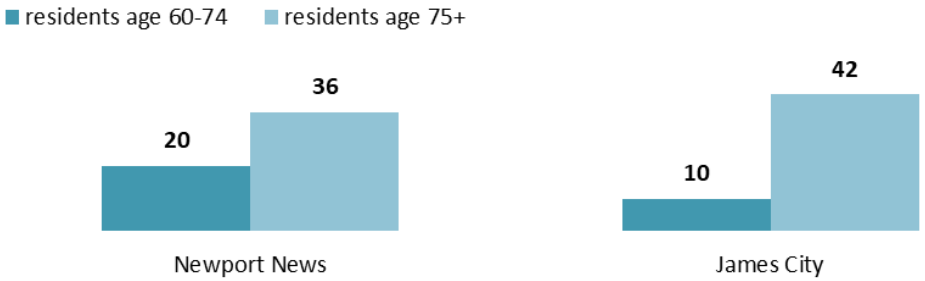
Fig 18. Percent of U.S. population versus percent of EMS recipients



Source: Authors' analysis of data from NEMSES (2022) and Census (2022)

Similar trends are visible in the Peninsula Region, though utilization varies by jurisdiction. In Newport News, for every 100 residents aged 60-74, the department receives about 20 calls for service. Rates nearly double for the population age 75+. In James City County, calls for service among residents aged 60-74 are much lower—about 10 calls for every 100 individuals—but rise precipitously for the population age 75 and older, where there are 42 calls for service for every 100 individuals. See **Figure 19**.

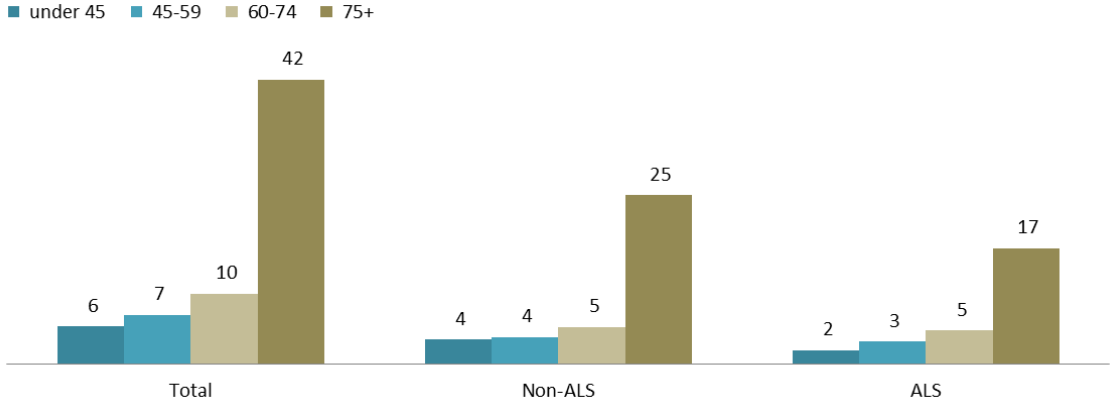
Fig 19. Annual calls for service per 100 residents, by patient/resident age



Source: Authors' analysis of agency-provided data and ACS, 2018-22

In James City County, individuals over the age of 75 comprise 12 percent of the County's population, but nearly half (44 percent) of its calls for service. While many of these calls are for emergency care (Advanced Life Saving, or ALS), a large portion are not. For every 100 residents over the age of 75, the James City Fire Department had 17 dispatches for life-saving ALS treatment—and 25 for non-ALS care. See **Figure 20**.

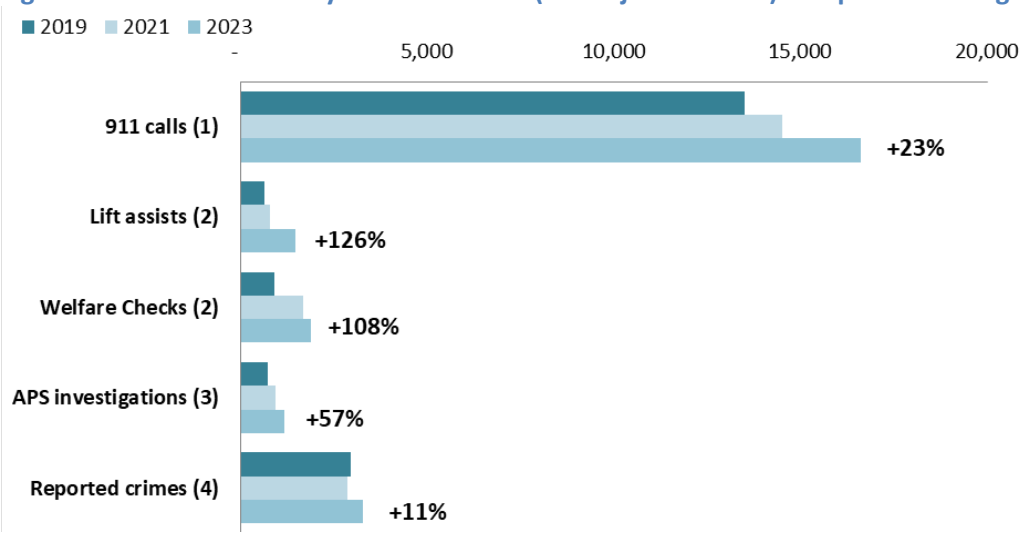
Fig 20. Number of calls for service for every 100 residents, by level of service needed



Source: James City Fire Department, 2019-2023

Local public safety agencies also provide older residents with lift assists (helping an individual recover from a fall) and welfare status checks. Hampton and Newport News, for example, report offering about 1,000 lift assists each year, or 1.5 assists for every 100 residents, and 1,600 welfare status checks. These jurisdictions, along with others in the region, also provide community paramedicine services to individuals with frequent emergency contact (e.g., Community Connect, Blue List, Heads Up, Community Concierge, Mobile Integrated Healthcare), a model that has shown local success in reducing hospital and emergency department admissions.[46] Overall, the number of emergency and public safety service contacts with older adults have been increasing since 2019. The largest increase has been in lift assists, which have grown by 126 percent since 2019. See **Figure 21**.

Fig 21. Service utilization by older residents (select jurisdictions) and percent change, 2019-2023



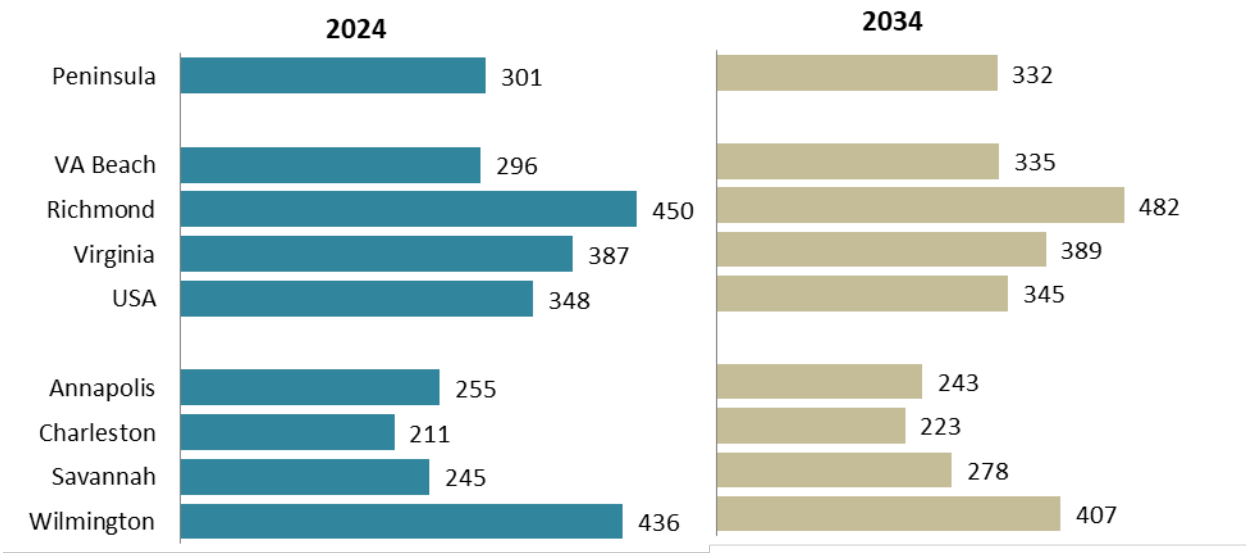
(1) James City, Newport News; (2) Hampton, Newport News; (3) Newport News, York; (4) Hampton, Newport News, York

Source: Authors' analysis of data from jurisdictions, totals do not reflect volume of incidents in the region

Communities expected to have a heavy concentration of 80+ year old residents in the future are likely to see a sizable increase in their demand for emergency services.

Currently, there are about 300 older adult calls for service per medic, a lower call volume per medic than in Richmond, the Commonwealth, and the United States—but higher than Virginia Beach and other retirement destinations. The increase in demand for 911 services is expected to continue. EMS calls are projected to increase by 12%, while the number of paramedics/EMTs grows by 2 percent. There will be an estimated 330 calls for service per trained medic in 2034, putting the Peninsula more in line with state and U.S. average and far higher than most other retirement communities. See **Figure 22**.

Fig 22. Ratio of 911 calls to medics, 2024-2034

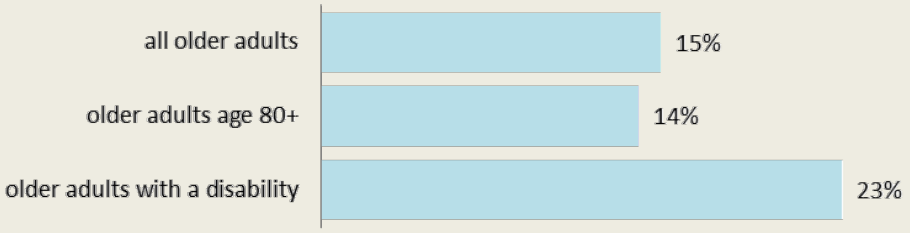


Source: Authors' analysis of data from NEMSES, ACS, 2018-2022; Lightcast

Textbox. Planning for a Community-Level Emergency

While beach towns and coastal communities are desirable places for individuals to retire, they are also at an increased risk for certain types of natural disasters, including floods and hurricanes. According to the Federal Emergency Management Agency (FEMA), there are 14 neighborhoods in the Peninsula Region that are at high risk for natural disaster, 62 at moderate risk, and 45 at low risk. The highest risk locations tend to be, as expected, close to water, and home to many older adults. Fifteen percent of older adults live in a community at high risk for experiencing an environmental emergency, and 23 percent of older adults with a disability reside in a high-risk community. Supporting older adults and individuals with disabilities is a priority for any emergency planning process but may be more difficult as the scale of individuals who need extra help during an emergency increases.

Fig 23. Percent of older Peninsula residents living in a community at high-risk of natural disaster



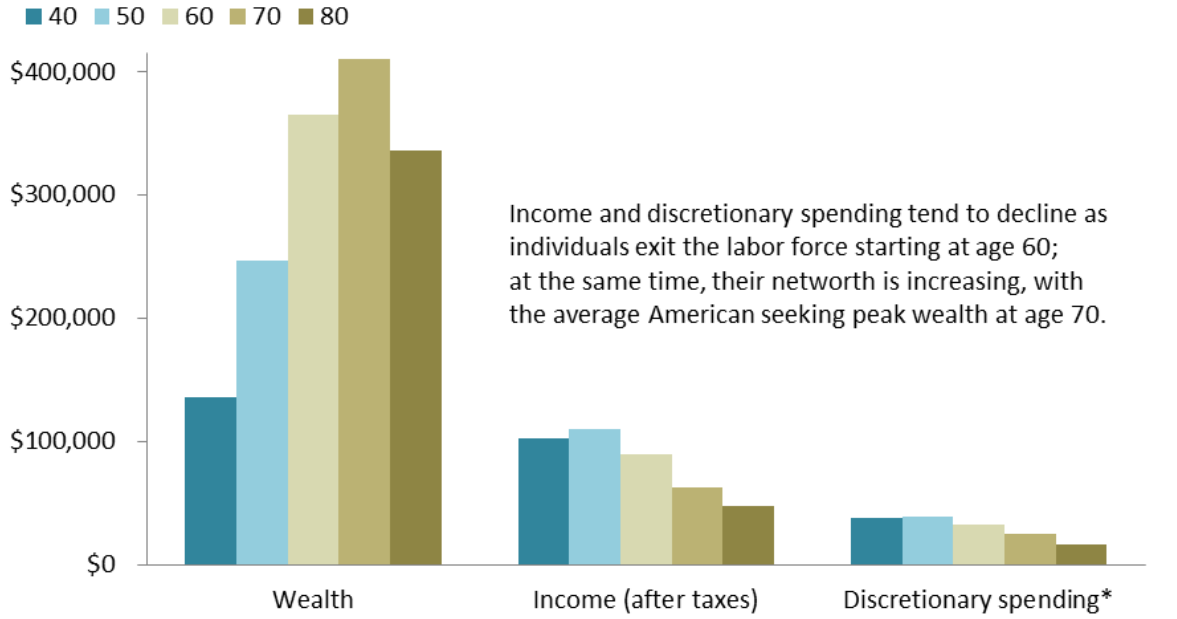
Source: Authors' analysis of data from IPUMS, 2018-22, and FEMA

Money in Reserve

As a group, older adults are the wealthiest consumer class in the world,[47] and in the U.S., contribute $8.3 trillion to the economy (40 percent GDP).[48] In the Peninsula, a third of the region's older adults are still working, and 22 percent work full-time. Many are high wealth (42 percent live above 500 percent federal poverty, or $102,000 or more for a family of 2), and most have enough to cover their basic expenses, with lower rates of basic needs[49] and housing insecurity[50] than the general population.

These wealth and spending habits are expected to change with advanced age. While older adults who have exited the labor force predictably spend less money than their younger counterparts, declines in spending tend to *continue* past retirement, such that the typical 80-year-old householder in America spends just $17,000 a year on shopping, services, food, transportation, and entertainment, compared to $38,000 spent by the average 40-year-old and $33,000 spent by the average 60 year old. Age 80 also marks the point when wealth (net worth) begins to decline, from its peak at age 70. See **Figure 24**.

Fig 24. Household income and net worth by age of householder, U.S. average



*Includes shopping, services, food, transportation, entertainment
Source: Mid-point of ages reported from the Federal Reserve Survey of Consumer Finances, published October 2023. https://www.cnbc.com/select/americans-average-net-worth-by-age/; IPUMS, 2018-22

These age-related trends are expected to impact the Peninsula's economy as older residents enter their 80s, with median household-level discretionary spending among older adults projected to fall by 6 percent from 2023 to 2050 and median household net worth declining by 2 percent. See **Figure 25**.

Fig 25. Older Adults' Household Discretionary Spending and Wealth, 2023 to 2050

	2023	2050	chg
Median Household Discretionary Spending	$31,000	$29,000	-6%
Median Household Net Worth (Wealth)	$475,000	$467,000	-2%

Source: Authors' analysis of data from ACS PUMS, 2018-22 and Federal Reserve, 2023

The actual change in household discretionary spending and wealth will depend on a number of factors:

Housing Costs

Household discretionary spending is a function of how much money is left over after other bills are paid, especially the fixed cost of housing.[51]

As shown in **Figure 26**, the typical older householder who owns their home free and clear spends $7,500 per year on housing, while one with a mortgage spends over $22,000; renter households spend $13,800.[52] Rates of both housing burden (where more than 30 percent of pre-tax income goes to housing) and participation in the labor force are lowest for those who own their home outright. Renters have the highest levels of housing burden—64 percent—and mortgage holders have the highest rates of labor force participation.

Fig 26. Housing costs among older-headed households in the Peninsula, by ownership status

	Owners	Mortgage-Holders	Renters
% of older households	34%	39%	22%
Median annual housing costs	$7,500	$22,300	$13,800
% housing burden	13%	33%	64%
% in labor force	20%	39%	26%

Source: Authors' analysis of data from ACS, 2018-22 (IPUMS)

These data suggest that older adults may experience *different types of risk* based on their homeownership status.

- Homeowners who have paid off their house face strong financial incentives to stay put, a scenario that may be desirable for some but harm those who remain in a home that no longer fits their physical or social needs but is the only option they can afford.
- Mortgage holders, who have the highest median housing costs but relatively low rates of housing burden, may face strong incentives to continue working past retirement age.
- Older renters have very high rates of housing burden, suggesting elevated financial/housing insecurity that may place them at risk of homelessness.[53] In the Peninsula, an estimated nine percent of individuals experiencing homelessness are over the age of 65,[54] and six percent of Greater Hampton Roads Crisis Hotline callers are age 65+.[55]

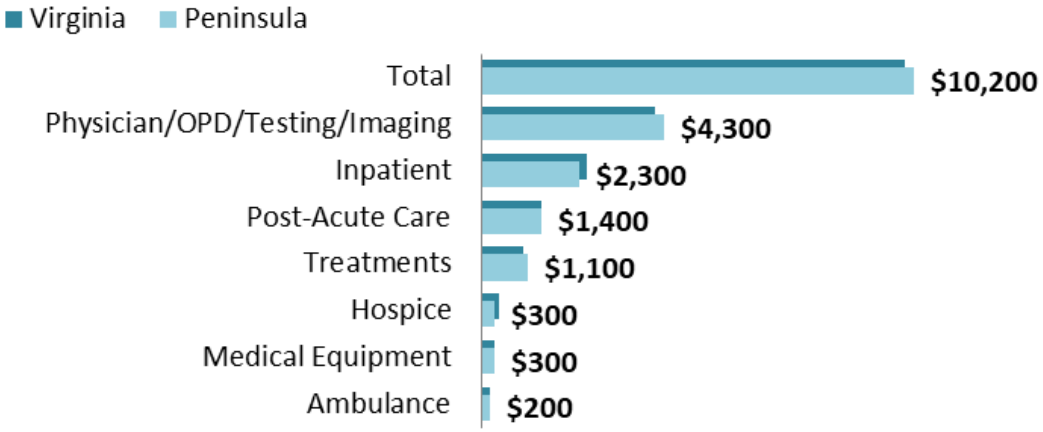
It is difficult to project how homeownership status and housing security may change over time with an increasingly older population. Overall, a Peninsula householder in their 60s is just as likely to be housing cost burdened as someone in their 40s (~29 percent of Peninsula residents), with rates still low but slightly higher for those in their 70s (33 percent) and 80s (35 percent).

Healthcare Costs

The only line item on which older adults spend more than young people is healthcare. Nationally, the average 80-year-old householder spends 16 percent of their take-home income on health care, compared to 5 percent spent by working-age adults.[56]

Locally, per capita spending for the Medicare population totals just over $10,000 per year, with the bulk of spending ($4,300) going to regular doctor visits and tests. See **Figure 27**.

Fig 27. Per Capita Spending by the Medicare population, 2022



Source: https://data.cms.gov/tools/geographic-variation-in-standardized-medicare-spending-county

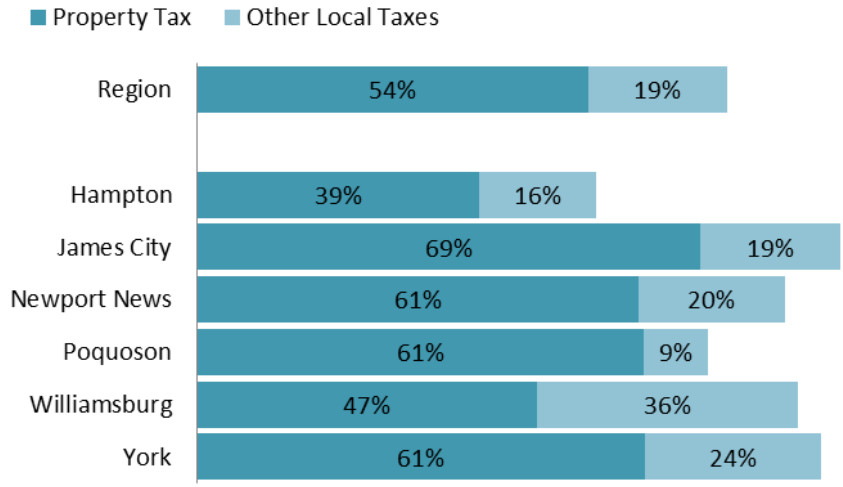
Medical costs have risen substantially over the past few years and are expected to impact the financial security (and spending) of *future* generations of older adults. For example, while a healthy 65-year-old couple today can expect to spend $675,000 over their lifetime on healthcare (71% of social security, or SSI), a healthy 50 year-old couple can expect to spend $1.1 million (93% SSI) and a healthy 40 year-old couple can anticipate $1.8 million (156% SSI).[57]

Another health care expense to consider is the cost of long-term care, which is not included in most calculations of "basic needs" (because not everyone requires it like they do food, shelter, and healthcare). However, those that do need this resource can expect costs to be substantial. In the Peninsula Region, the cost of a home health aide is approximately $30 per hour.[58] **A standard 44 hours of in-home care would cost approximately $5,700 per month**, while lighter duties (10 hours per week) would be about $1,300 going up to round-the-clock care just under $22,000 per month. These costs are in addition to the amount required to pay for housing, food, medical, and other expenses.

Declining levels of discretionary spending have important implications for local governments that fund their services through tax revenue. Directly, the expected decline in discretionary spending over the next 25 years will likely translate to slower growth of sales and consumption tax revenue, particularly if older residents' health and mobility translate to less ability and desire to frequent brick-and-mortar establishments (i.e., a greater use of e-commerce for shopping).

Indirectly, changes in discretionary spending may also presage a shift in property tax collection if older adults' financial status changes. The region's local governments rely heavily on property taxes (including real estate and personal property) as a source of revenue. In Fiscal Year 2024, the region generated approximately $916 million in revenue from property taxes and $325 million from other local taxes, accounting for 54 percent and 19 percent of their total revenue, respectively. See **Figure 28**. (The remainder of revenue comes from other sources such as user fees and revenue from the Commonwealth and federal government.)

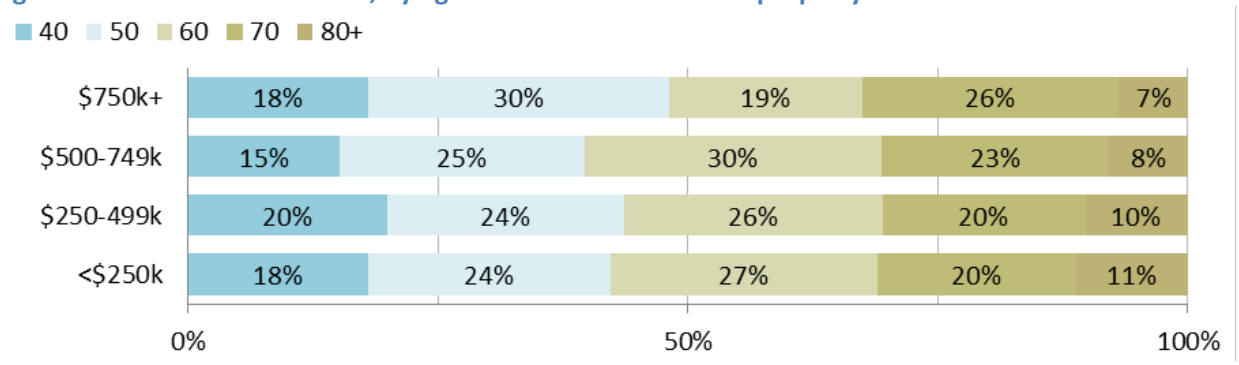
Fig 28. Sources of Revenue for Peninsula governments, FY2024



Source: Authors' analysis of official budget documents published by Peninsula governments[59]

The demographics of who is paying property taxes is set to change in the coming years. Currently, over half of homeowners in the Peninsula region are over the age of 60, and more than a quarter are in their 70s and 80s. Older adult homeowners span the distribution of homes by estimated value, including those homes worth over $750,000. See **Figure 29**.

Fig 29. Percent of homeowners, by age and estimated value of property

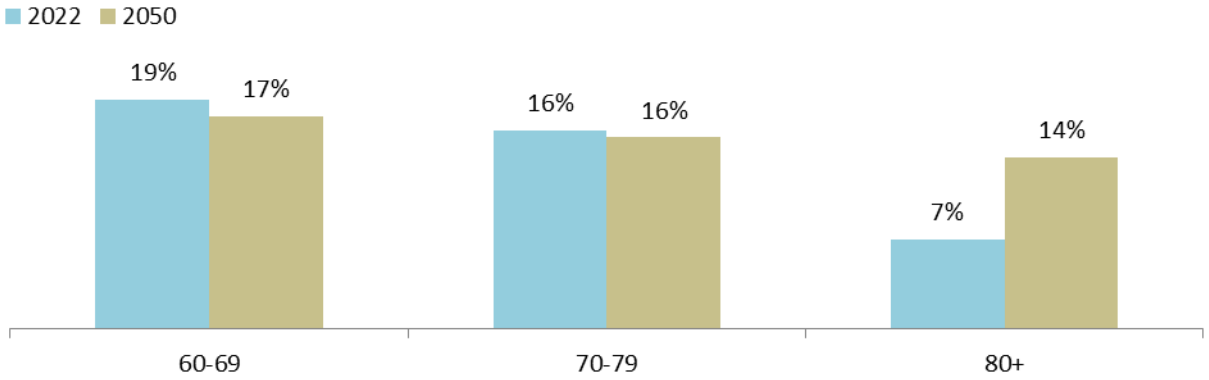


Source: Authors' analysis of data from IPUMS, 2018-22

Older residents are currently paying a substantial portion of the region's taxes. The typical older homeowner reports between $1,000 and $3,000 a year in property taxes, and 6 percent pay $5,000+.[60]As older adults in the Peninsula region age in place, the age composition of property taxpayers is projected to change. Currently, householders in their 60s comprise the largest cohort of property taxpayers, and households headed by individuals age 80+ pay 7.3 percent of total property taxes. Assuming changes in householder demographics mirror changes in population demographics, an

estimated 14 percent of property taxes will be paid by residents aged 80 and older by 2050. If the region's governments continue to derive 54 percent of their total revenue from property taxes, then property taxes from householders age 80+ are expected to account for 8 percent of local government revenue on the Peninsula by 2050. See **Figure 30**.

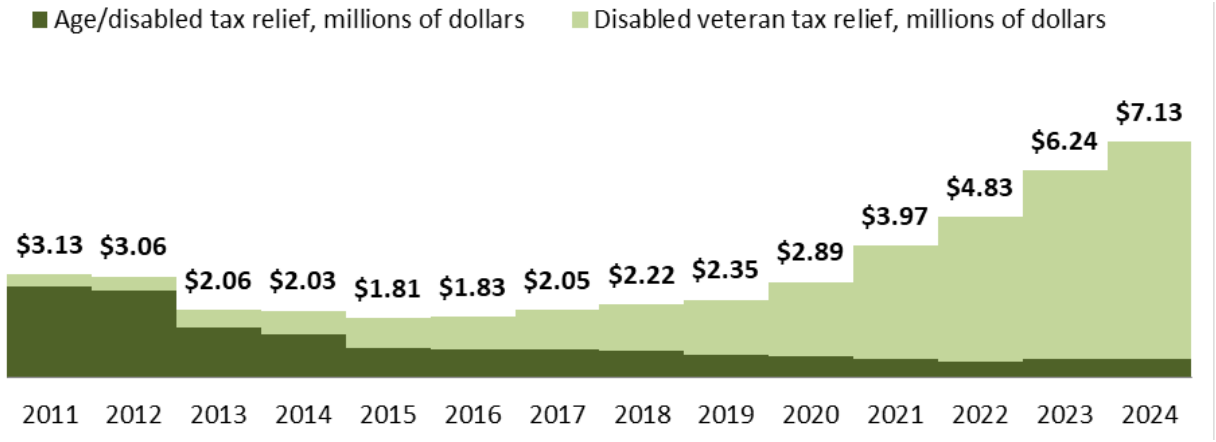
Fig 30. Percent of all property tax paid, by age: 2022 and 2050



Source: Authors' analysis of data from ACS PUMS, 2018-22

This shift toward older taxpayers will begin to impact revenues if older residents qualify for property tax relief programs, which are offered to select individuals to help them remain in their homes. Historically, these tax relief programs have seen *declining* participation in the older/disabled adult tax relief program, which is means-tested, and rising participation in the disabled veteran tax relief program, which is not means-tested. For example, see data from Newport News in **Figure 31**.

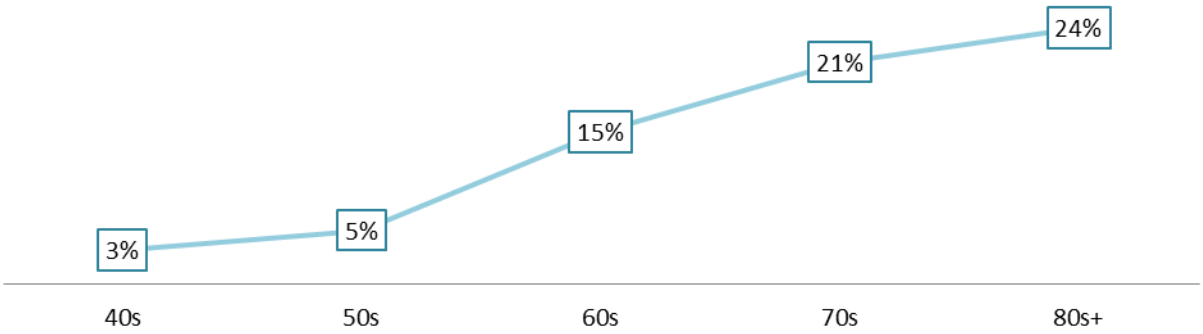
Fig 31. Tax relief benefits, by type, Newport News, 2011-2024



Source: Newport News

While it is difficult to estimate how many older Peninsula residents will qualify for property tax relief in the future, data suggest that individuals in their 70s and 80s are far more likely to rely exclusively on Social Security or other public assistance for income (**Figure 32**), and an increasing share of residents in their 80s may shift the overall portion of older adults who qualify for tax relief. Recent trends also suggest a rising level of need among older adults. For example, while about six percent of older Peninsula residents receive benefits from the Supplemental Nutrition Assistance Program (SNAP), the rate has been growing over the past few years.[61] Newport News reports the number of SNAP recipients age 60+ grew by 75 percent between 2019 and 2023.[62]

Fig 32. Percent of Peninsula residents whose income depends entirely on SS or other public assistance



Source: Authors' analysis of data from ACS PUMS, 2018-22

Reflections & Insights

In the coming years, a shift is predicted that will impact the needs of Peninsula residents—and the composition of the region's older population.

By 2050, an estimated 43,000 residents (8 percent of the population) will be over the age of 80, more than double the size from today. While some jurisdictions are expected to have substantially higher rates of growth, nearly all can expect their 80+ population to double or triple over the next 25 years.

As people age, their needs change. As communities age—that is, as the portion of the population that falls into this category increases—there will be a shift in major areas of the economy, from what people buy in the community and need in terms of social and safety net services, to what jobs and industries prosper, and even how much the government generates in local taxes.

Preparing for the changing needs of older adult residents will require regional collaboration and a dual focus on both older adults and their families and the broader community they call home. This report offers several questions for regional leaders to consider in their planning processes, oriented around the five domains of need covered in this report.

Health & Wellness

1. **What strategies exist to help the region proactively build its healthcare workforce?**
   To have an appropriate level of medical service to meet future demand, regional leaders might consider strategies aimed both at attracting medical talent from other localities and investing in upskilling/reskilling the current population of workers.

2. **To what extent does commercial real estate support a larger healthcare industry?**
   Regional leaders may want to review the existing mix of commercial real estate for opportunities to provide space for medical offices and clinics, which may help attract new medical businesses to the area.

3. **How can technology be leveraged to improve physical and mental health?**
   Regional leaders might consider virtual options to connect older adults to vital services, such as telehealth, and to improve wellbeing and connectedness, such as hosting virtual friendly visits, offering social groups, connecting older adults to volunteer opportunities, and promoting resources that foster positive aging.

Help at Home

1. **How can local partners collaborate to identify and serve isolated older residents?**
   Regional leaders might consider developing an annual survey of older residents' support systems, with a particular focus on populations at risk of isolation and/or not having local help. The confidential survey could prompt respondents to sign up separately for services.[63]

2. **What resources would help support, recognize, and empower family caregivers?**
   To better support caregivers, regional leaders might expand access to: (a) family respite services, (b) care coordination resources, (c) training on how to provide at-home medical support, (d) peer groups of family care providers, and (e) employer-led programs.[64]

3. **How can the region expand the number of caregivers?**
   Regional partners might consider options to supplement the supply of formal caregivers, such as reducing barriers to entering the field (e.g., supplementing pay or offering worker housing) and encouraging other individuals to provide support in a less formal capacity (e.g., matching older adults with individuals who can help with at-home care needs in exchange for room and board).

Age-Friendly Living

1. **How can the region improve the accessibility of existing homes at the scale needed?**
   Regional partners might consider expanding government-sponsored home modification services and maintaining a list of competent, trustworthy professionals that can provide basic and emergency home maintenance as well as retrofit homes to support aging in place.

2. **What approach to future development and zoning would promote aging in place?**
   Regional partners may want to consider changes to zoning that would allow older adults to live near and/or with loved ones (e.g., allowing accessory dwelling units).[65] Dense, affordable, multi-family units might be another housing option, though demand might be low.

3. **How can the region think creatively about transportation?**
   Regional leaders recognize that the lack of robust, affordable transportation (particularly for non-medical errands) is one of the greatest challenges facing older adults in the region and might consider a combination of options for expanding access, such as shuttles that go from neighborhoods to centralized medical/economic hubs, government-sponsored ride share services,[66] and incentives for residents to become drivers.

Emergency & Safety Assistance

1. **What models exist to proactively serve frequent EMS-users?**
   Regional leaders might consider opportunities to coordinate and expand existing community paramedicine services to reach more individuals, capitalizing on existing mutual aid / shared CAD resources.

2. **How can the region prepare for a large-scale emergency?**
   Regional leaders may want to review current emergency plans and processes for how equipped they are to respond to a much larger, more vulnerable older adult population, with particular consideration for areas at high-risk of experiencing an environmental emergency and/or a heavy concentration of individuals age 80+.

3. **How can regional partners continue to protect older adults from exploitation and crime?**
   Regional leaders may want to review their current system for detecting and responding to victimization of vulnerable older adults, particularly in populations that are unlikely to report, and consider preventive measures, including community education.

Money in Reserve

1. **How can the region offer a more age-friendly shopping experience in the community?**
   Regional leaders might consider a range of economic development strategies specifically targeted at older shoppers, such as developing a list of businesses that are "age friendly"[67] and providing workers with formal, specialized training in how to best serve older adults and the range of medical, cognitive, and physical issues they present.[68]

2. **What strategies exist to attract younger workers to the region?**
   Regional leaders may want to focus on strategies that attract and retain working-age residents based on their core reasons for moving to/from a community,[69] such as expanding affordable, high-quality early childhood care and education (ECCE), lowering housing costs, and helping individuals secure living-wage jobs through upskilling/reskilling.

3. **What services could improve financial stability in the older adult population?**
   Regional leaders may want to plan for expanding programs that provide in-kind help with non-fixed cost basic needs, such as food and utilities, and financial stabilization, as the older adult population requires more income go to healthcare.

Appendix A. Endnotes

[1] SSA period life table, 2021

[2] This change is substantial but in line with national trends. As of 2023, 1 in every 4 of the Region's residents was age 60+ (24%), higher than the level observed in 2000 (15%) yet equal to the current U.S. average (24 percent). Shaped by extended lifespans and low birth rates, this trend is expected to continue across the region, state, and country.

[3] Weldon Cooper estimates population growth by age using the Hamilton Perry cohort method, which applies rates of deaths, migrations, and births to forecast population growth for small geographies. These estimates are then blended with state and county estimates More detail on this method can be found at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2822904/ and https://www.coopercenter.org/research/national-50-state-population-projections-2030-2040-2050

[4] For more on population change, see https://www.census.gov/library/stories/2022/03/net-domestic-migration-increased-in-united-states-counties-2021.html

[5] Authors' analysis of data from Conduent Healthy Communities Institute. Community Indicators Dashboard: Greater Hampton Roads.

[6] In 2003, about 11 percent of the older adult population described themselves in poor or fair health. Jensen, C.J. (2009). The Williamsburg Community Action Plan On Aging: 2010-2020. The Center for Excellence in Aging and Geriatric Care.

[7] Livingston, G. (2019). On average, older adults spend over half their waking hours alone. Pew Research Center.

[8] Baig, E.C. (2020). Worried About Increased Screen Time? Think About Its Quality. AARP.

[9] Rosenberg, D., Szura, N., & the Conversation. (2023). Teens are spending the equivalent of a 40-hour work week on their devices. Here's how to help them find the right balance. Fortune Well.

[10] Livingston, G. (2019). Americans 60 and older are spending more time in front of their screens than a decade ago. Pew Research Center.

[11] Research suggests that age, chronic conditions, and limitations in daily living tend to co-occur. See Buttorf, C., Ruder, T., and Bauman, M. (2017). Multiple Chronic Conditions in the United States. RAND Corporation.

[12] Add citation here

[13] Researchers found a 10-15 years gap between life span and health span in the U.S.; individuals who survive to 83 often have longer death processes that extend their life, not their health. (Health span refers to the years lived "well", i.e., free from chronic disease and disability). Pomeroy, R. (2023). A longer life often means a worse death. Big Think.

[14] Ansah, J.P. & Chiu, C..T. (2023). Projecting the chronic disease burden among the adult population in the United States using a multi-state population model. Front Public Health. The CDC reports that that 27% of individuals age 18-44 and 63% of individuals age 45-64 have a chronic medical condition; 7 and 33%, respectively, experience multiple chronic conditions. See Boersma P, Black LI, Ward BW. (2020). Prevalence of Multiple Chronic Conditions Among US Adults, 2018. Preventing Chronic Disease, 17:200130.

[15] IPUMS, 2018-22

[16] Committee on Family Caregiving for Older Adults, 2016

[17] Edemekong, P.F., Bomgaars, D.L., Sukumaran, S., & Schoo, C. (2023). Activities of Daily Living. National Institutes of Health.

[18] The Committee on Family Caregiving for Older Adults, 2016 provide a detailed review of the most common tasks performed by caregivers and their varied effects.

[19] AARP. (2023).Family Caregivers in Virginia Provide $14.3 Billion in Unpaid Care to Loved Ones.

[20] Researchers estimate that 42 percent of young adults who grew up in the Peninsula Region have moved away, including 24% who left the state. See migrationpatterns.org.

[21] Valerio, T., Kreider, R.M., & He, W. (2021). Childless Older Adults More Educated, More Likely to Live Alone Than Older Parents. American Counts: Stories.

[22] ACS, 2018-22

[23] AARP Caregiving and the National Alliance for Caregiving. (2020). Caregiving in the U.S. 2020: A Focused Look at Family Caregivers of Adults Age 50+.

[24] CDC. (2021). Virginia Caregiving.

[25] Family Caregiver Alliance. Caregiver Statistics: Demographics.

[26] Committee on Family Caregiving for Older Adults (Schulz R, Eden J, editors). (2016). Families Caring for an Aging America. Washington (DC): National Academies Press.

[27] Authors' estimate using ACS, 2018-22, based on PUMA of residence 1 year ago

[28] Freedman, V. A., & Spillman, B. C. (2014). Disability and care needs among older Americans. *The Milbank quarterly*, *92*(3), 509–541

[29] *Ibid*

[30] Disabled refers to individuals with major difficulty with cognition (deciding, remembering, concentrating), mobility (walking, climbing stairs), self-care (bathing, dressing), and/or independent living (performing errands alone). Research suggests that a sizable portion of older adults have limited mobility *but do not identify as disabled*. For example, among those 65 and over, 59 percent report having a limitation, 42 percent have a "severe" limitation, and 38 percent have a major disability. The reason for this disconnect appears to be related to whether the limitation can be accommodated. See Freedman, V.A., J.C. Cornman, & J.D. Kasper JD. (2021). National Health and Aging Trends Study Trends Chart Book: Key Trends, Measures and Detailed Tables; and Bowers, L. (2017). CDC: More than 20% of 85+ adults need ADL assistance. McKnight Senior Living.

[31] Scheckler, S., J. Molinsky, & W. Airgood-Obrycki . (2022). How Well Does the Housing Stock Meet Accessibility Needs? An Analysis of the 2019 American Housing Survey. Joint Center for Housing Studies at Harvard University.

[32] For a completion discussion, see Bo'sher, L., Chan, S., Ellen, I.G., Karfunkel, B., & Liao, H. (2015). Accessibility of America's Housing Stock: Analysis of the 2011 American Housing Survey (AHS).

[33] Data provided by York County Government, August 2024

[34] Joint Center for Housing Studies of Harvard University. (2023). Housing America's Older Adults 2023. and Davis, M.R. (2022). Despite Pandemic, Percentage of Older Adults Who Want to Age in Place Stays Steady. AARP.

[35] Federal Highway Administration. (2022). Average Annual Miles per Driver by Age Group.

[36] Braitman, Keli A. / McCartt, Anne T. (2008). Characteristics of older drivers who self-limit their driving. Proceedings of the 52nd Annual Conference of the Association for the Advancement of Automotive Medicine (CD-ROM).

[37] Johnson, J. (2024). Transportation Leads to Better Health Outcomes for Older Adults. National Council on Aging.

[38] AARP Caregiving and the National Alliance for Caregiving, 2020

[39] Committee on Family Caregiving for Older Adults, 2016

[40] Personal communication, Riverside Health.

[41] Authors' analysis of data from the US EPA National Walkability Index.

[42] Bayne, A., Siegfried, A., Beck, L. F., & Freund, K. (2021). Barriers and facilitators of older adults' use of ride share services. *Journal of Transport & Health, 21*.

[43] Data provided by Hampton Roads Transit, September 2024

[44] Virginia Department of Medical Assistance Services. (2024). DMAS – Virginia Medicaid Non-Emergency Medical Transportation (NEMT).

[45] This trend is well-documented in the literature. See, for example, Evans, C. S., Platts-Mills, T. F., Fernandez, A. R., Grover, J. M., Cabanas, J. G., Patel, M. D., Vilke, G. M., & Brice, J. H. (2017). Repeated Emergency Medical Services Use by Older Adults: Analysis of a Comprehensive Statewide Database. Annals of Emergency Medicine, 70(4). Duong, H. V., Herrera, L. N., Moore, J. X., Donnelly, J., Jacobson, K. E., Carlson, J. N., Mann, N. C., & Wang, H. E. (2018). National Characteristics of Emergency Medical Services Responses for Older Adults in the United States. Prehospital emergency care, 22(1). Public Safety Group. (2023). The Case for Better Geriatric Patient Care Training for EMTs and Paramedics.

[46] For example, the Hampton's Mobile Integrated Healthcare service reports serving about 171 clients and makes 2-3 visits per client a year. Clients have seen decreased hospital admissions by 86 percent (pre/post) and emergency department admissions by 72 percent. Data from City of Hampton, August 2024

[47] Fengler, W. (2021). The silver economy is coming of age: A look at the growing spending power of seniors. Brookings Institute.

[48] AARP. (2019). The Longevity Economy® Outlook.

[49] Riverside health reports rates of food insecurity among older adults (4-7 percent) at roughly half the level of the general PCP population (14 percent), and housing insecurity even lower (3-4 percent, versus 12 percent).

50 31 percent of older residents are housing cost burdened, compared to 34 percent of working-age adults. Authors' analysis of data from IPUMS, 2018-22

[51] After housing costs, older adults in the Peninsula can expect to spend between $13,600 (if married and in excellent health) to $17,000 (if single and in poor health) per year, per the University of Massachusetts Boston's Elder Index.

[52] ACS, 2018-22, through IPUMS

[53] Research suggests that unlike homelessness among younger populations, individuals who first experience homelessness at age 50 and older tend to have experienced a financial, health, or family crisis Homelessness in younger populations is more likely to result from adverse experiences, substance use, mental health, justice system involvement, and underemployment. National Alliance to End Homelessness. (2023). Older Adults.

[54] The Planning Council. (2023). Southeastern Virginia Homeless Coalition 2023 PIT & HIC Report.

[55] Data provided by ForKids, September 2024

[56] Bureau of Labor Statistics. (2022). Table 1300. Age of reference person: Annual expenditure means, shares, standard errors, and relative standard errors, Consumer Expenditure Surveys, 2022.

[57] Healthview Services. (2022). Retirement Healthcare Costs Data Report Brief: The Long-Term Impact of Short-Term Inflation.

[58] Genworth Financial. Cost of Care Survey.

[59] Budget documents for James City County, City of Newport News, York County, City of Williamsburg, and City of Hampton.

[60] ACS, 2018-22

[61] Just 2.4 percent of individuals age 60+ receive the service in York County and 3.8% in James City, compared to 11.3% in Hampton and 10.3% in Newport News. ACS, 2018-22

[62] Data provided by Newport News City Government, August 2024

[63] Wagner, M., Kuppler, M., Rietz, C., & Kaspar, R. (2018). Non-response in surveys of very old people. European journal of ageing, 16(2).

[64] For example, Riverside Heath has been working to identify and support family caregivers on its staff. Researchers at Riverside estimate that 20 percent of its 10,000-person workforce is providing care to an older family member at home.

[65] A recent national AARP poll found that 60 percent of older adults would consider living in an accessory dwelling unit (ADU) if it allowed them to be near a loved one but maintain their space, have support doing daily activities, and save money. Respondents were also open to building such a unit on their property (62 percent) and sharing a home with a family member (69 percent) or a friend (54 percent). Davis, 2022

[66] Abdul Latiff, A. R., & Mohd, S. (2023). Transport, Mobility and the Wellbeing of Older Adults: An Exploration of Private Chauffeuring and Companionship Services in Malaysia. International journal of environmental research and public health, 20(3).

[67] For example, curbside parking, proximity to a bus stop, sidewalk cutouts, no step entrances, wheelchair-wide doors, reserved seating, reserved hours, and accessible options for those with hearing/seeing limitation

[68] Such trainings are being piloted for medical professionals in the community and could be offered to workers in non-health fields—including restaurants, grocery stores, and other venues—to help them respond effectively and empathically to a growing older customer base.

[69] For example, see Kerns-D'Amore, K. (2023). Change in Marital Status Became More Common Reason for Moving from 2021 to 2022, Housing/Neighborhood Improvement Reasons Declined. Census.