



# VCU

Virginia Center on Aging  
College of Health Professions

**Needs Assessment Report to DARS**  
January 2023



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## **Needs Assessment Report to DARS**

### **Virginia Center on Aging**

As part of developing the most recent Virginia State Plan for Aging Services, the Virginia Department for Aging and Rehabilitative Services (DARS) spearheaded needs assessment efforts to identify critical areas of focus for the new plan. The Virginia Center on Aging (VCoA) at Virginia Commonwealth University completed two key pieces of the state needs assessment: conducting listening sessions with a diverse group of key stakeholders from across the Commonwealth and compiling a conditions and characteristics report. Here, we first present the process for carrying out the listening sessions followed by the conditions and characteristics report.

#### **Part 1: Stakeholder Engagement through Listening Sessions**

The VCoA research team began this process by drafting a set of questions for the listening sessions. Input from DARS regarding priority areas of interest, as well as a scoping review of publicly available data guided the development of listening session questions. Two semi-structured interview protocols were developed; one for any provider or professional who interfaces with older adults (see Appendix A) and one for older adults and caregivers (see Appendix B). This allowed us to gather information regarding need from both those who are the target population for services and resources as well as those who frequently need to link older adults to services and resources.

Recruitment of listening session participants occurred over the course of 5 months from June 2022 through October 2022. Emails were distributed to advocates, state agency



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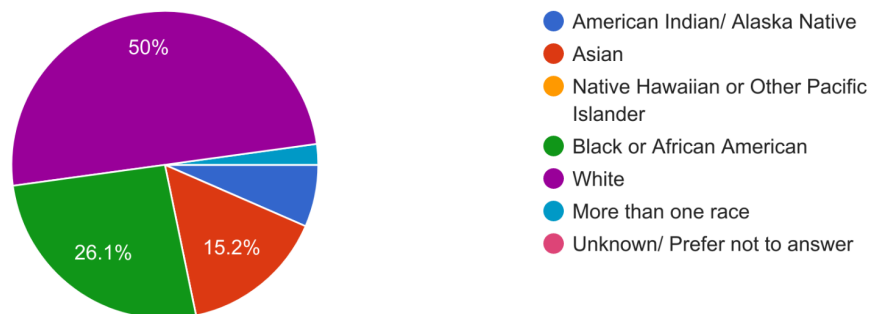
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representatives, professional provider associations, university representatives, Area Agencies on Aging employees, and older adults/caregivers/care partners. Recruitment announcements were also promoted during relevant, professional meetings, such as that of the Virginia Geriatric Education Center and the Virginia Center on Aging Advisory Committee. Additionally, other external community-based organizations assisted with recruiting older adults, caregivers, and care partners across the Commonwealth.

A total of 31 listening sessions were conducted and included individual interviews, focus groups, and two written interviews. Most sessions were conducted and recorded virtually via Zoom and lasted approximately one hour. Two focus groups were held in-person to allow participation from stakeholders living in rural parts of the state who frequently experience broadband challenges. Two participants anticipated participating in-person but needed to provide their responses to the questions in writing due to unforeseen circumstances. One session was held in Spanish and one session was held in Korean; both sessions were translated and transcribed by individuals fluent in each language (the same individuals who conducted the sessions, respectively). Participants ranged in age from 33-86 and represented diverse races (see Figure 1) and ethnicities (see Figure 2).

**Figure 1. Represented Races of Listening Session Participants**

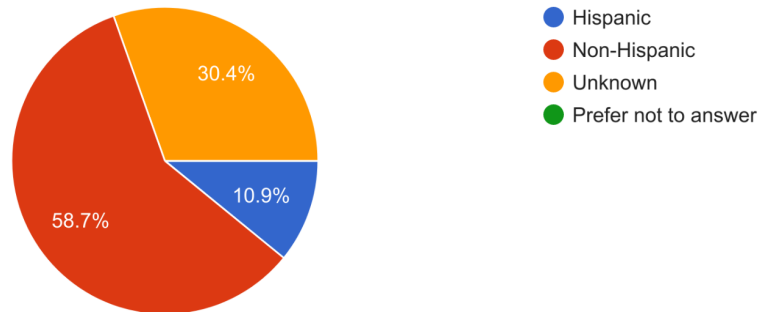
What is your race?  
46 responses



**Figure 2. Represented Ethnicities of Listening Session Participants**

What is your ethnicity?

46 responses



Session recordings were transcribed verbatim by a third-party entity. Transcripts of the listening sessions were then analyzed using inductive thematic analysis whereby themes emerged from the qualitative data. Several members of our research team reviewed and coded the transcripts and twelve major themes emerged from the data; themes, sample codes, and exemplar quotes are provided in Table 1.

### **Presentation of Themes**

The twelve themes that emerged from analysis of the listening sessions present a broad representation of issues impacting older adults and providers in the Commonwealth. *Finances and Income* concerns focused attention on the income gap and the need to restructure the income threshold to be more inclusive of challenges for middle income earners. *Increased Accessibility* addressed increasing awareness of various services available to increase access to quality information for supports and services. *Caregiver Support* describes the identified need for assistance for caregivers and care partners regarding training, support, respite care, and systems navigation. *Legal Assistance* was identified as a need to support and protect personal property and assets and also included the need for financially accessible legal assistance with will and other legal matters. The theme *Aging in Place* captured the need to provide services

that support older people to remain at home and be active participants in the community.

*Workforce Retention and Expansion* was a theme that emphasized the need to both promote healthcare jobs within all levels of the educational system as well as to expand job opportunities for older people in the community. *Housing* was a theme that describes the need to provide affordable housing and the integration of communities that are inclusive of all ages. The theme *Healthcare* captured the need for increased accessibility to healthcare services in rural communities as well as greater awareness of services for older people amongst healthcare providers. The need for more education on *Abuse in Later Life* included the need for expanded screenings and increased funding. *Systemic and Organizational Barriers* was referenced as responsible for silos amongst organizations and a need to decrease obstacles to receiving adequate healthcare and support services. *Stereotypes of Aging* arose as a theme related to the need to feel valued and autonomous, and the need for acknowledgement of the heterogeneity of the experience of growing old and living life as an older person. Finally, *Education and Awareness* was identified as a theme that described the need for greater awareness of available supports and services for older people at all levels (e.g., healthcare, community-based services, and the community at large).

Taken as a whole, the data elucidated two primary opportunities for investment to better serve older adults across the Commonwealth. Education and training was a stand-alone theme that emerged from the listening sessions, and the need for education and training across both the workforce and the general public was apparent. More importantly, Virginians *want* and *need* more education and training, particularly regarding elder mistreatment, as evidenced by the following quotes:

*And just education. I think some people just aren't aware that, when you take your parent's money or your grandparent's money and you use it for something other than what they need, that is abuse. It's not something that you are supposed to do. But some people feel like it's their right to do that. The person, 'They're living with me. I'm taking*

*care of them. I have a right to do this.' So I think, again, it's education and resources and things like that.*

*We have to do more education, too, with families, caregivers and others as to what is elder abuse, so that they know. Do we even talk about it in our caregiver trainings? A lot of times we don't even add that in our trainings.*

Education should increase knowledge of how to best interact with and provide care to older adults as well as work to reduce the ageist beliefs we have about what it means to age and be old and how those beliefs result in systems and policies that do not serve older Virginians effectively or efficiently, as described in the following quotes:

*I know in our area, the number of children 18 and under is 19% and the number of people 60 and over is 19%. I'm not saying take away from education, because we need young people to have a vital and strong education, so they can take care of seniors, but it's that big a demographic and yet...Nobody talks about it during their primaries or elections. There's never anything about what are you going to do for seniors. I don't know how we do it, but I think we've got to get a bigger presence, in terms of people's awareness, and then that would help drive, there's a need and then how do we do that.*

*We, the broader aging network, have to do a much better job at educating elected officials on why it's important, because they are the ones, in fact, who set policy, and when they are woefully uneducated about the needs of older people or the benefits that older people have, we can't expect them to do better than what they're doing now. That's hard for the general aging network to do, because so many of us are in public positions and lobbying is an absolute no-no, so we have to figure out better ways of providing education.*

*Then there's the general ageist culture that we live in, where we as an American society really do value youth. I mean, you look at all those jokes about Boomers now. It's a laugh line. And I don't know that that's going to change, but as long as it's a laugh line, it's going to be hard to make things better. It doesn't mean we should not try, and it doesn't mean we should not carve out small things to do, but as long as it's a laugh line...*

*I think we have an education issue of, you know, people are living much longer than they used to and are in better health, and I think our visions or our thoughts of, 'Oh, you're 65,' or, 'Oh, you're 70. You're over the hill. You can't do anything. You're just sitting on your porch, knitting or whatever,' I think we really need to change the whole society's attitude.*

The second opportunity Virginia has to better serve its older adult population is by engaging in outreach and marketing campaigns to increase awareness of what services and supports are currently available for older adults and their caregivers. This is illustrated by the following comment:

*I think there are a lot of resources out there in education, but sometimes we don't know how to find them. This is where networking works and joining groups where you can network and find out where the resources are. I looked for a support group for Alzheimer's. It took me years to find one. I didn't know where to look. The ones I found through the Alzheimer's website; they were in Hampton. There was nothing in Williamsburg. It wasn't until I signed my husband up for respite care that I found out they had a support group. It was only advertised at the place. There wasn't any information out there. Now, he is in another facility, they also have their own support group. I'm not sure why they don't advertise to the community.*

We also learned about more targeted needs as part of these listening sessions. For instance, access to healthcare and other services in rural parts of the states continue to be a barrier for many, as we can see from the following quote:

*I also think in some of the rural areas there's got to be better economic development because what we're finding is in the really rural areas, the percent of seniors is really high, not because it's a bigger number, but because the people 20-50 have moved away because there's no jobs. That makes the concern for seniors even greater, because now we don't have an infrastructure to help support them.*

There are also serious concerns about the cost of housing across the state. The following quote illustrates this sentiment:

*Most recently, I talked to a volunteer who also did save, she and her husband were professionals, and yet they're shocked that they can't afford an assisted living place. The need for serving people that are not just the most, most in need, the lowest economic buckets, is a need that's going to continue to grow.*

Housing concerns are coupled with concerns about the rise in cost-of-living that is not paired with increases from social security to keep pace with inflation and the high cost of healthcare, especially in-home care.

Table 1. State Needs Assessment Focus Group Themes		
Theme	Sample Codes	Exemplar Quotes
Abuse in Later Life	<ul style="list-style-type: none"> <li>- Abusive care in nursing homes</li> <li>- Lack of training on elder abuse</li> <li>- Self-neglect of the older adult within the community</li> <li>- Financial Scams</li> </ul>	<p>“And largely self-neglect is what we find out in the community, and so, to mitigate that, we need services, we need, maybe, meals, and that could be either congregate or that could be Meals on Wheels and other services that they are able to offer.”</p> <p>“The scams, and the safety when they’re out and about.”</p>



	<ul style="list-style-type: none"> <li>- Funding for elder abuse education</li> </ul>	<p>"You shouldn't treat anybody like that. And the most abusive care in those nursing homes..."</p>
<p>Stereotypes of Aging</p>	<ul style="list-style-type: none"> <li>- The "new senior"</li> <li>- Wisdom</li> <li>- Increased spirituality</li> <li>- Redefine "old age"</li> </ul>	<p>"... I guess I think about sometimes older people feel like the value of their word is not as meaningful" ... "I just feel like they need to feel as valued, being still felt like your words are valuable and that even though you're older, there are certain things you can do."</p> <p>"They have so much wisdom to impart and help the younger population. We have young people that need a lot of direction. We need the older population to teach the younger population how to manage your home, manage finances, manage a business, how to start a business and things like that."</p> <p>... "I don't want to play Bingo. I don't want to learn to knit.' They told me, 'We want another Curves class. We want Zumba. We want to do aqua aerobics, dance, salsa, all this other stuff,' but they said, 'There's nothing in our area to support what we want, but they assume we want to play Bingo."</p>
<p>Aging in Place</p>	<ul style="list-style-type: none"> <li>- More transportation</li> <li>- Home modifications</li> <li>- Hunger and food insecurity</li> <li>- Better job opportunities</li> <li>- Building communities that includes all ages</li> </ul>	<p>"... in a rural area, transportation is a real issue"</p> <p>"We might not get a lift, but we might have to get a ramp. It just depends on how things...we're pretty good now..."</p> <p>"But as we age, we become isolated, we need more senior centers, we need more programs to get people out, we need more transportation to get people back and forth."</p>
<p>Caregiver Support</p>	<ul style="list-style-type: none"> <li>- Additional respite</li> <li>- Employer support for caregivers</li> <li>- Liaison between the caregiver and insurance</li> <li>- Caregivers need training for providing care</li> <li>- Caregiver burnout</li> </ul>	<p>"I'm acutely aware of the lack of knowledge that I have to do this. I just don't feel like I was trained well. I was giving care from my heart, but it needed to be more from the brain."</p> <p>"For me the respite care, if I could either get an extra day or just a day when maybe I could sleep for a couple of hours or sleep later."</p> <p>"There definitely seems to be a higher need for mental health supports, whether it be for the individual that needs the care or the caregiver"</p>



		<p>themselves. There's a lot of burnout going on, so the respite care absolutely helps them."</p>
<p>Education/ Awareness at all Levels</p>	<ul style="list-style-type: none"> <li>- Not knowing where and who to complain to</li> <li>- Education on veterans' programs</li> <li>- Community unaware of how to access information</li> <li>- Doctors are uninformed of available services</li> <li>- Educating elected officials</li> </ul>	<p>"Educational seminars, focus groups. In the rural area, too, not just in Richmond, where you've got to drive for..."</p> <p>"We need to identify some of these things that we need to know but then know the sources as to where to go to get the help and the knowledge of them."</p> <p>"Really, there is a lack of education and training, and I think more outreach could be done."</p>
<p>Finances/ Income-related</p>	<ul style="list-style-type: none"> <li>- Financial barriers</li> <li>- Redefine the financial threshold</li> <li>- Caregiving costs are rising, but retirement incomes are not</li> <li>- Financial planning</li> <li>- Focus on both lower and middle income</li> </ul>	<p>"Yeah, that's the thing. People are trying to live off what they retired on, and seniors already retired, some of them, 30 years, and that's all they make, and then when you go to apply, it's like, 'Oh, you make too much.'"</p> <p>"After a certain age, if you've worked a good portion of your life and you have a retirement, taxes are difficult. Even though the state makes some consideration for your social Security taxes, but no consideration for your regular retirement."</p> <p>"So, we definitely need to do something to elevate financial opportunities for funding of assisted living services, because a lot of individuals don't necessarily need to go to a nursing home right away, once it becomes a safety issue for them to be home alone. We have seen a significant decrease in the number of assisted living communities accepting the auxiliary grant because it does not cover their basic out-of-pocket costs to care for an individual."</p>
<p>Healthcare</p>	<ul style="list-style-type: none"> <li>- Need for medication assistance</li> <li>- "Care desert"</li> <li>- Lack of communication in hospitals</li> <li>- Increase quality of care</li> <li>- Services only geared toward the</li> </ul>	<p>"...three things that our community decided are important to it are access to health care, affordable housing, and mental health."</p> <p>"We're sort of like a care desert here."</p> <p>"Even palliative care, I ended up signing my husband up for palliative care just recently. I mentioned it to his neurologist, and he was clueless. He didn't know what that was. I think on the side of doctors. They</p>

	initial diagnosis, but no guidance after	don't recommend you these services. I think they should be the ones telling you..."
Housing	<ul style="list-style-type: none"> <li>- Affordable housing</li> <li>- Older adults having to leave their community for affordable housing</li> <li>- Multi-aged housing</li> <li>- Homelessness amongst older adults</li> <li>- Age-friendly/livable communities</li> </ul>	<p>"A lot of our residents want to stay in Alexandria, where a lot of them have lived all of their lives, and, unfortunately, it's just not affordable."</p> <p>"...unfortunately, there's just no affordable housing here at all."</p> <p>"... we get a lot of calls for information or referral for financial assistance as well as with housing."</p>
Increased Accessibility	<ul style="list-style-type: none"> <li>- More services for deaf and hard of hearing</li> <li>- Automation for non-English speaking clients</li> <li>- Increased Wi-Fi and broadband connection</li> <li>- Need a one-stop shop for people to go and get information</li> <li>- Re-evaluate who qualifies for services</li> </ul>	<p>"... because with the deaf and hard-of-hearing community, oftentimes, when we have elderly individuals, they have to move a great distance in order to find a place that may have communication access."</p> <p>"There are very, very few programs in the United States that specifically are designed to work with deaf and hard-of-hearing individuals."</p> <p>"Okay, so people who make too much to qualify for certain things, but you don't make enough, like a higher income, so we need to put more emphasis on that, as well."</p>
Legal Assistance	<ul style="list-style-type: none"> <li>- Increased legal aid to address wills, land, deed questions</li> <li>- Affordable legal assistance</li> <li>- Education on advance directives, wills, etc.</li> <li>- Education/guidance on power of attorney forms and documents</li> </ul>	<p>"Yes, that goes back to the planning for your will, your power of attorney, all those things, that information, legal matters."</p> <p>"You know our finances are linked, and it's a matter of you have to make decisions. It's so hard because everybody wants him to be present to sign papers and things like that. He can't. All that, for everything you have to go. Oh, no you need a power of attorney. Oh no, you need a medical power of attorney. Now, you need this. So many forms and papers that they ask you just to take care of one thing. It just makes it so difficult. Financial stuff."</p> <p>"...how to go about getting your financial stuff in order, it's huge, huge. And every aspect, whether it be finances, whether it be getting your paperwork in order..."</p>



<p>Systemic/ Organizational Barriers</p>	<ul style="list-style-type: none"> <li>- Better standardization of AAAs</li> <li>- Having case managers that follow the person through the process</li> <li>- The system is difficult to navigate</li> <li>- Separating aging services from rehabilitation</li> <li>- Having assets work against older Virginians</li> </ul>	<p>“The service I did access was the respite care, and I did receive respite care for several years, and then the program funding...I think they were out of funding for a while, and so then I got more information in 2021 that they were still up and running, but I contacted different agencies and then they would send me to somebody else. I got sent from one agency to another trying to get respite care. But then I went online and saw the website in 2022, and I completed an application, sent it in, and then I was told that I had the wrong application and I had to do it over.”</p> <p>“So, she went to Office of the Aging, and they said, ‘Well, you’ve got to do this spenddown.’ And then what we found was, once you do the spenddown, if they provide you with help, then once you are deceased, you have to pay that money back. That, we never knew, that you have to pay that money back.”</p> <p>“Virginia needs to get terminology right, in order to include each of those levels of care. Saying “healthcare provider,” because of the way that the definition is written in the code, assisted living is excluded from that definition. So, if the general assembly passes a bill and says we’re going to give a hundred-million dollars to healthcare providers, assisted living is left out because of terminology.”</p>
<p>Workforce Retention/ Expansion</p>	<ul style="list-style-type: none"> <li>- Staffing in facilities</li> <li>- Expanding VICAP</li> <li>- Home health care agencies are unreliable</li> <li>- Better pay for skilled nursing facility employees</li> <li>- Workforce retention</li> </ul>	<p>“We were seeing a workforce shortage prior to covid and that has just been exacerbated. We would love to see the state do a blitz, trying to educate and putting it out to every single high school, every single community college, every single technical college and university.”</p> <p>“Come the fall, all the people who’ve been in this Medicaid expansion will have to provide their documentation, and, not surprisingly, I don’t think any of the local DSS’s are staffed up to handle that number of people, and if they are, we’re going to have a whole lot of people who have had health care and are suddenly going to lose it.”</p> <p>“I’m concerned right now, the work force, recruitment, retention across the human services spectrum, whether it be the medical field, my office, agencies on aging. We have had delays in getting services started for many of our clients because</p>



		there were no workers to provide the service, so I think that gives me the most worry, these days. It's not funding; it's are there bodies to do the work..."
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**Part 2: Conditions and Characteristics Across the Commonwealth**

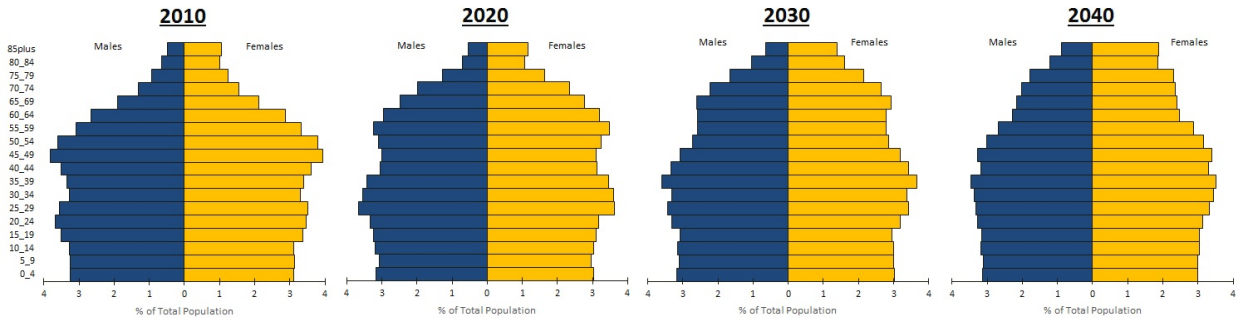
The global population is growing older and that trend is evident in Virginia, as well. Table 2 below shows the total number of adults aged 60 and older living in Virginia and what percent of the population they make up, both as of 2021. Adults 65 and older comprised 16 percent of Virginia’s total population. By 2030, it is projected that almost 24 percent, or just over 1.8 million, of Virginia’s population will be 65 and over. This age group will represent most of Virginia’s growth during that period. Figure 1 below illustrates the shift in age of Virginia’s population demographics across a 30-year span.

**Table 2. Frequency and Percentage of Adults Aged 60 and Older in Virginia**

2021	Total	Percent (%)
All Virginia	8,642,274	
60 – 64	562,217	6.5
65 – 74	855,903	9.9
75 – 84	403,700	4.7
85 +	146,877	1.7
Total age 60+	1,968,697	22.7

Source: 2021 ACS 1-Year Estimates Subject Tables

**Figure 1. Shift in Age of Virginia’s Population from 2010 to 2040**



**POPULATION PYRAMIDS FOR VIRGINIA**

Source: <https://statchatva.org/2017/12/28/what-is-the-biggest-demographic-trend-in-virginia/>

## Demographics

Tables 3 through 11 below contain other demographic data for Virginia’s older adults including racial and ethnic representation, gender and sexual orientation representation, and several indicators of living and housing circumstances.

**Table 3. Races Represented by Virginia’s Older Adult Population**

2021	Total	Percent (%)
All Virginia Population 60+	1,968,687	
White	1,417,455	72.0
Black or African American	334,677	17.0
Asian	102,372	5.2
American Indian or Native American	3,937	0.2
Native Hawaiian and Other Pacific Islander	1,969	0.1
Other	25,593	1.3
Two or more races	82,685	4.2

Source: 2021 ACS 1-Year Estimates Subject Tables

**Table 4. Ethnicity Representation of Virginia’s Older Adult Population**

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
Hispanic or Latino Origin (of any race)	76,779	3.9
White alone, not Hispanic or Latino	1,407,611	71.5

Source: 2021 ACS 1-Year Estimates Subject Tables

There is growing racial and ethnic diversity among older adults, especially as the population of older Black, American Indian/Alaska Native, Latino, and Asian adults increases across the nation. Nationwide, 36 percent of all counties are at least 25 percent non-White, while in Virginia, 49 percent of all counties (66 of 136 counties) are at least one-quarter non-White

([https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/Virginia%20Health%20Equity%20Facts\\_0.pdf](https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/Virginia%20Health%20Equity%20Facts_0.pdf)).

Life expectancy is a key population-level health status indicator. The White, non-Hispanic life expectancy advantage compared to the Black, non-Hispanic population in Virginia increased from 3.5 years in 2019 to 4.8 years in 2020

(<https://www.vdh.virginia.gov/content/uploads/sites/110/2022/05/EPI-Report-Life-Expectancy-in-VA-5-4-22.pdf>)

**Table 5. Life Expectancy of White and Black Individuals in Virginia**

Life Expectancy	2019	2020
White (non-Hispanic)	79.8	78.7
Black (non-Hispanic)	76.3	73.9

In 80 of Virginia’s 136 counties, the average life expectancy is below the U.S. average. Higher income correlates with lower mortality and better health outcomes. In 86 of Virginia’s 136 counties (63.2 percent of Virginia’s counties), the median annual household income is below the U.S. average.

**Table 6. Place of Birth of Virginia’s Older Adult Population**

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
Native Born in the U.S.	1,741,044	
Foreign Born --	227,653	
Entered U.S. 2010 or later	21,855	9.6
Entered U.S. 2000 to 2009	23,448	10.3
Entered U.S. before 2000	182,578	80.2
Naturalized U.S. Citizen	182,578	80.2
Not a U.S. Citizen	45,075	19.8

Source: 2021 ACS 1-Year Estimates Subject Tables

**Table 7. Self-Identified English Language Speaking Ability**

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
English Only	1,748,194	88.8
Language other than English	220,493	11.2
Speaks English Less Than “Very Well”	106,309	5.4

Source: 2021 ACS 1-Year Estimates Subject Tables

**Table 8. Frequency and Percentage of Sex of Virginia’s Older Adult Population**

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
Female*	1,068,997	54.3
Male*	899,690	45.7

Source: 2021 ACS 1-Year Estimates Subject Tables

\*Note: ACS did not collect data on other sexes.

**Table 9. Percentage of LGBT Identifying Individuals in Virginia**

2020	Total	Percent (%)
Virginians Identifying as LGBT*	257,000	3.9
Adults 65+ Identifying as LGBT*	20,560	.03

Source: [UCLA Williams Institute, July 2020](#)

\*Note: Data on LGBTQIA+ was not collected.

## Poverty and Disability

U.S. Census data has shown that while the poverty rate decreased for all other age groups last year, it increased for people who are 65 and older. Many older people left or were forced out of the workforce because of the COVID-19 pandemic, and face difficulty returning. Many were not eligible for relief provided to families with children. Before the pandemic, older workers' wages had stagnated at higher rates than other age groups (David et al., 2022). In a time of high inflation, minimal wage growth has now turned negative for older workers. Combined with the result of the reduction of employer defined-benefit pensions over the last few decades, this trend of increased poverty in late life is likely to continue if nothing is done to intervene. The U.S. elder poverty rate is already among the highest in the developed world (source: <https://data.oecd.org/chart/6Qc4>).

**Table 10. Poverty Level of Older Adults in Virginia**

2021	Total	Percent (%)
Virginia Population 60 + for Whom Poverty is Determined	1,942,827	
Below 100% of the Poverty Level	159,312	8.2
100-149% of the Poverty Level	132,112	6.8
At or above 150% of the Poverty Level	1,651,403	85

Source: 2021 ACS 1-Year Estimates Subject Tables



Developed by United Way, ALICE is an acronym for Asset Limited, Income Constrained, Employed, and represents the growing number of families who are unable to afford the basics of housing, child care, food, transportation, health care, and technology (<https://www.unitedforalice.org/research-briefs/focus-disabilities>). Having a disability — whether apparent or non-apparent, physical or cognitive—can be a substantial barrier to financial stability. Yet traditional economic measures hide the full extent of financial hardship for the 12 percent of people in Virginia (994,957) who have a cognitive, hearing, vision, or ambulatory disability, or one that makes self-care or independent living difficult. Half (50 percent) of people with disabilities in Virginia lived in households experiencing financial hardship in 2019. While 15 percent were below the federal poverty level, an additional 35 percent — more than twice as many — were ALICE. This has implications for growing older while experiencing a disability and outcomes for late life.

**Table 11. Disabilities Experienced by Older Adults in Virginia**

2021	Total	Percent (%)
All Virginia Population 65+	1,384,964	
With a hearing difficulty	174,974	12.6
With a vision difficulty	85,753	6.2
With a cognitive difficulty	99,104	7.2
With an ambulatory difficulty	271,749	19.6
With a self-care difficulty	97,350	7
With an independent living difficulty	177,762	12.8

Source: 2021 ACS 1-Year Estimates Subject Tables

**Table 12. Older Adult Medicaid Enrollee Demographics**

DMAS	Total	Percent (%)
Virginians 65+ enrolled in Medicaid	85,402	
Race		
White	45,263	53
African American	28,183	33
Asian	11,102	13
Other	854	1
Gender		
Men	28,183	33
Women	57,219	67

\*Note: These data are current as of 9/12/22

Source: DMAS Virginia Medicaid, FAMIS, and PACE enrollment and demographic data report, <https://www.dmas.virginia.gov/data/medicaid-famis-enrollment/>

## Rurality and Living Situation

Studies have shown that older people are socially engaged and place high amounts of trust in their communities, especially in rural areas (Henning-Smith et al., 2022). Rural Virginia, as with rural America, is older than the nation as a whole, and the impacts of an older and aging population are even more pronounced in these areas. Rural older adults are vital members of their communities, particularly as many rural places have experienced outmigration of younger adults and declining birth rates. Ensuring the social well-being and quality of life of rural older adults aging in place is paramount to ensuring the vitality of their communities as a whole.

**Table 13. Percent of Older Adults Living in Rural Areas**

2016	Total	Percent (%)
Percent of People age 65 + Living in Nonmetropolitan Areas in Virginia	374,350	32.7

Source: ACS Reports, The Older Population in Rural America: 2012–2016 (<https://www.census.gov/content/dam/Census/library/publications/2019/acs/acs-41.pdf>)

Table 13 below demonstrates the numbers of older adults in Virginia who are currently living alone; those who live alone are at greater risk of social isolation and/or loneliness. Having limited contact with others can intensify feelings of loneliness and isolation and living alone is one indicator that increases the risk of developing feelings of loneliness. The experience of loneliness was amplified during the COVID-19 pandemic and those living alone (men and women alike) had the greatest increase in loneliness (Wilson-Genderson et al., 2022).

The Geography of Social Isolation in U.S. Older Adults interactive mapping tool (AARP, 2022) integrates individual measures of social isolation at the state and county level including demographics, health and health behaviors, health care utilization, health system capacity and COVID-19 data. Examples include income, internet/broadband access, and the percent of adults aged 65 and older who live alone. According to the tool, parts of southwest Virginia, southside, and the eastern shore are experiencing very high levels of social isolation risk.

Tables 14 through 17 provide additional demographic data that illustrate the current status of Virginia’s older adults regarding things such as employment or veteran status as well as additional information about living situations.

**Table 14. Frequency and Percentage of Older Adults Living Alone in Virginia**

2021	Total	Percent (%)
All Virginia 60 + Households	1,188,208	
Living Alone	458,648	38.6

Source: 2021 ACS 1-Year Estimates Subject Tables

**Table 15. Marital Status of Virginia’s Older Adults**

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
Married	1,173,337	59.6
Widowed	330,739	16.8
Divorced	295,303	15
Separated	31,499	1.6
Never Married	137,808	7

Source: 2021 ACS 1-Year Estimates Subject Tables

**Table 16. Employment Status of Virginia’s Older Adults**

2021	Total	Percent (%)
All Virginia Population 60 +	1,968,687	
In Labor Force	631,949	32.1
Employed	608,324	30.9
Unemployed	25,593	1.3
Not in Labor Force	1,336,738	67.9

Source: 2021 ACS 1-Year Estimates Subject Tables

**Table 17. Veteran Status of Virginia’s Older Adults**

2021	Total	Percent (%)
All Virginia Veterans	641,144	
55 – 64	140,974	22
65 – 74	133,075	20.8
75 +	111,162	17.3

Source: 2021 ACS 1-Year Estimates Subject Tables

**Table 18. Frequency and Percentage of Older Adults in Virginia Living With and Without Grandchildren**

2021	Total	Percent (%)
All Virginia Population 60+	1,968,687	
Living with Grandchildren	104,340	5.3
Responsible for Grandchildren	31,499	1.6

Source: 2021 ACS 1-Year Estimates Subject Tables

## Housing

As we age as a nation and economic inequality in this growing older population becomes more acute, the demand for affordable, accessible housing is also about to soar, according to the RRF Foundation for Aging (RRF). In a report commissioned by the Virginia General Assembly, HB854 Statewide Housing Study found a dramatic rise in the older adult population will call for new housing opportunities across all parts of the commonwealth. The share of older people in Virginia will grow faster than all other age groups, creating major shifts in housing demand, healthcare needs, and the workforce. Until recently, Virginia has not undertaken a comprehensive state-led effort to identify and plan for housing needs statewide. A review of affordable housing in Virginia conducted by the Joint Legislative Audit and Review Commission (JLARC) found a declining number of Virginians can afford to buy a home, and the commonwealth has a shortage of at least 200,000 affordable rental units. Nation-wide, home ownership is a key piece of financial opportunity for older adults. Without selling their homes, three quarters of U.S. middle income older adults (11.5 million people) have insufficient resources to pay for private assisted living. Even with home equity, 6 million U.S. elders cannot pay for assisted living. In Virginia, JLARC found that state officials need statewide, regional, and locality-specific information on housing needs to make informed decisions about how and where to deploy available resources.



Increasing housing instability is currently affecting outcomes for older adults in Virginia. On the one hand, the increased focus on ending homelessness across the lifespan in the Commonwealth of Virginia has achieved significant results over the past decade:

- Overall homelessness decreased by 36 percent
- Family homelessness decreased by 49 percent
- Veteran homelessness decreased by 63 percent (since 2011)
- Youth homelessness decreased by 62 percent (since 2013)
- Chronic homelessness decreased by 20 percent

(<https://rga.lis.virginia.gov/Published/2021/RD642/PDF>)

However, elders experiencing homelessness are actually a **growing** population. Recent data show a steady increase in the number of older Virginians becoming homeless. For instance, from 2015 to 2018 there was a 69% increase in persons over the age of 55 accessing emergency shelter in Central Virginia. It should be noted that these data do not include domestic violence shelter data. The Homeless Management Information System (HMIS:

<https://centralvirginiacoc.org/homeless-older-adults>) predicts that over the next five years, homelessness among older adults aged 55 to 61 in Central Virginia will see an increase of 64% and an increase of 80% for those age 62+. Overall, 21.3% of people experiencing homelessness within the Greater Richmond Continuum of Care are adults aged 55+.

The National Academy of Medicine's 2022 Global Roadmap for Healthy Longevity identified late life housing affordability and accessibility as key health variables. A safe and secure place to live is a foundational social determinant of health, according to RRF. But many older people have difficulty accessing adequate housing, stymied by a combination of shrinking income, rising rents, and a shortage of places suitable to their needs. In its 2022 Gaps Analysis, homelessness services provider Homeward notes Virginia is situated in a time of rising evictions, rising rents, inflation, low rental market vacancy rates, and a decrease in affordable housing. To that end, housing instability among elders who live in Virginia continues to grow. Further contributing to this, Virginia has historically been one of the highest evicting states in the

country. During the pandemic, more than 32,000 eviction judgments were issued across the Commonwealth, even with protections in place. Now that eviction protections are expiring, these numbers are growing substantially, with more than 18,000 eviction hearings in Virginia in just September 2022 according to data collected from online court dockets by the Legal Services Corporation. Increases in eviction filings and eviction judgments are occurring in all regions of the state (<https://rampages.us/rvaevictionlab/2022/10/31/2nd-3rd-quarter-2022-report-memo/>)

RRF notes that the research and advocacy required—to persuade the public and private sectors to implement change—needs to keep pace with these growing needs. “We must continue to make the case for innovative and comprehensive policies that elevate the needs of older people in the design, financing and regulation of housing.” To that end, a Virginia program called the Virginia Eviction Reduction Pilot showed promise in reducing evictions statewide, according to a new study by the RVA Eviction Lab at Virginia Commonwealth University. They found a statistically significant decrease in eviction filings and judgements in zip codes that participated in the program([https://rampages.us/rvaevictionlab/wp-content/uploads/sites/33937/2022/05/RVAEL\\_2022-Q1-Report-1.pdf](https://rampages.us/rvaevictionlab/wp-content/uploads/sites/33937/2022/05/RVAEL_2022-Q1-Report-1.pdf)). According to RRF, sustaining the quality of life for older people, especially in apartment complexes and for the 2.9 million older people in public housing, is only possible by providing an array of integrated support services.

## **Transportation**

With regard to transportation, there are approximately 1.1 million people who lack access to transit across the commonwealth. Given the increase in older Virginians, it will be increasingly important for all modes of travel—especially transit—to be accessible to and convenient for people of all ages and abilities. Access to transit is a critical social determinant of health. Safe and affordable mobility options work to overcome health disparities and the



inequitable distribution of resources and opportunities. The average household in Virginia spends a quarter of their income on transportation, and transportation costs are often the second-highest household expenditure after housing. The presence of public transit can be critical to affordability and quality of life. Transit reduces motor fuel consumption and Virginia's carbon footprint and provides cost savings. But transit in Virginia is in need of expansion and enhancement.

According to the Virginia Dept. of Rail and Public Transportation (DRPT) the availability of basic transit infrastructure—such as shelters, seating, and lighting—is lacking across Virginia, with few systems providing these necessary features at most or all of their bus stops. The Virginia Transit Equity and Modernization Interim Study Report (2022) found 79 percent of transit agencies in Virginia indicated that they have bus stops that are not well-connected to sidewalks. Targeted action is needed to improve about a quarter of the roughly 15,000 bus stops in the commonwealth where accessibility is limited.

The Access to Opportunity analysis aims to quantify the “opportunities,” jobs and destinations, that are accessible via fixed-route transit across the Commonwealth. Destinations include locations such as healthcare, public spaces, grocery stores, government buildings, and schools/childcare. Scores are developed based on the average number of jobs and destinations accessible via 30-45- and 60-min transit travel sheds. This analysis has found that Virginians who rely on transit have less access to opportunity in comparison to those who have a vehicle ([https://www.vatransitequity.com/wp-content/uploads/2022/09/EM-Study\\_Final-Report\\_DIGITAL\\_08-29-2022.pdf](https://www.vatransitequity.com/wp-content/uploads/2022/09/EM-Study_Final-Report_DIGITAL_08-29-2022.pdf)). Robust planning has the potential to fortify communities when equity is integrated into the planning process.

## Internet Access

According to the Federal Communications Commission, 10 percent of U.S. residents lack access to broadband – a trend that the Joint Economic Committee found to be more pervasive across communities of color. Approximately 8.3 percent of Virginia residents lack broadband access, compared to 6.5 percent of residents across the U.S. In 21 of Virginia’s 136 counties (15.4 percent of Virginia’s counties), at least half of all county residents lack broadband access.

## Workforce Shortages

The Health Resource and Services Administration (HRSA) designates geographic regions as health professional shortage areas (HPSAs) if they lack health care providers. Counties in Virginia exhibit an average Mental Health HPSA score of 15 compared to the national average of 15.5 (on a scale of zero to 25, where 25 denotes an extreme HPSA shortage), and 61 percent of Virginia’s counties (83 of 136 counties) are designated as mental health HPSAs ([https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/Virginia%20Health%20Equity%20Facts\\_0.pdf](https://waysandmeans.house.gov/sites/democrats.waysandmeans.house.gov/files/documents/Virginia%20Health%20Equity%20Facts_0.pdf)). As of 2022, there are only 113 geriatricians and 52,990 home health and personal care aides in Virginia. To meet the current and increasing demand, there will need to be a 259.3% increase in geriatricians by 2050 and a 36% increase in home health and personal care aides by 2028.

## COVID-19

As with all ages, COVID-19 has touched every Virginian 60 and older. There is no single step or strategy that can stop the spread of COVID-19. Instead, the Virginia Department of Health reports we need to follow multiple strategies--all at the same time--to stop the spread. This includes vaccinations, masking, and staying home when you are sick.



According to the CDC, although many people with COVID-19 get better within weeks, some people continue to experience symptoms that can last months after first being infected, or may have new or recurring symptoms at a later time ([www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html](http://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html)). This can happen to anyone who has had COVID-19, even if the initial illness was mild. People with this condition are sometimes called “long-haulers.” This condition is known as “long COVID,” and might affect 6 percent of people diagnosed with COVID-19 (Hanson et al., 2022), which would equate to about 95,000 Virginians 60 and older. The August 2022 U.S. Census Household Pulse Survey found 16 million working-age Americans (aged 18 to 65) have long COVID today. This equates to ~8 percent prevalence. Of those, 2-4 million are out of work due to long COVID. This has emerging implications for Virginians across the lifespan, and the U.S. Department of Health and Human Services has issued guidance on long COVID as a disability.

**Table 19. Virginia Department of Health COVID-19 Data for Older Adults**

VDH COVID-19 Data Indicator	Total
COVID-19 deaths 60+	79,805
COVID-19 hospitalizations 60+	142,028
COVID-19 cases 60+	1,575,336*

\*Note: Underreported as at-home tests are not included in this number.

\*Note: These data are current as of 12/16/22

Source: <https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/>

## Elder Abuse

Since the onset of the COVID-19 pandemic, researchers and health officials across Virginia, the U.S., and the globe have been sounding the alarm: cases of abuse have skyrocketed (Jain, 2021; Peitzmeier, et al., 2021; UN Women Data Hub, 2021). Described as “a pandemic within a pandemic” (Evans et al., 2020), evidence shows the COVID-19 pandemic led to a stark increase in the number of cases of elder abuse (Chang & Levy, 2021). Even before the pandemic altered life as we knew it, cases of elder abuse had been steadily rising. In

Virginia, cases of both reported and substantiated elder abuse have been growing steadily. For example, the number of calls received by the state Adult Protective Services hotline in Virginia saw a 23% increase from fiscal year 2020 to fiscal year 2021

([https://www.vadars.org/downloads/publications/SFY2021\\_AnnualReport\\_010622.pdf](https://www.vadars.org/downloads/publications/SFY2021_AnnualReport_010622.pdf))

Cognitive impairment caused by Alzheimer's disease and related dementia places elders at a high risk for abuse and neglect (Lee et al., 2018). According to the Alzheimer's Association, 150,000 people aged 65 and older are living with Alzheimer's in Virginia and 9.5% of people aged 45 and older have subjective cognitive decline.

They also estimate there are 351,000 family caregivers who bear the burden of the disease in Virginia, which is a quarter of all unpaid caregivers in the state. This amounts to 524 million hours of unpaid care provided by Alzheimer's caregivers, valued at \$8.5 billion.

Alzheimer's cost the state Medicaid program \$1 billion in 2020.



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## Appendix A

### Provider and Professional Semi-Structured Protocol

**Script: Older adults and providers around the state** (including one in Spanish in northern Virginia, if possible)

Introduction: Hi, my name is \_\_\_\_\_. I work for Virginia Commonwealth University's Virginia Center on Aging and the Department of Gerontology. Our department is working with the Virginia Department of Aging and Rehabilitation Services (DARS) to learn more about older Virginians' needs and aspirations, and how we can best serve Virginians as we age.

-During this focus group, your input will impact the plans and services that will be provided in the Virginia State Plan for Aging.

-This session will be recorded via Zoom or audio for our notes and the session should take no longer than a 1-hour of your time. During our time together, you may find some of the topics to be challenging to discuss, especially when it comes to our personal experiences. As important as these topics are to discuss, we encourage you to take care of yourself when processing through each topic and know that we are here to support you as well. If at any time you feel uncomfortable with a question or a topic and would like to skip a question, please let me know. We can stop the conversation at any point once we get started.

All of your responses will be anonymous, and no individual information or response will be shared in the analysis or report.

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HCBS

1. With regards to helping older adults plan out their living arrangements to either continue to live at home, move in with family, or transition to an assisted living community or skilled nursing facility, what are some common barriers that you may have seen when it came to planning? (ex: lack of family, friends, community, and/or financial support/resources)
2. How familiar are you with the services and supports available through the Virginia Department of Aging and Rehabilitation Services (DARS) or your local Area Agency on Aging (AAA)?
  - a. Have you ever referred patients/clients to DARS or AAA services and supports? And if so, did you feel that the client/patient benefited from those services? Do you know of any barriers the client/patient had in accessing the services?

#### Caregiving

1. While providing care, what services or supports do your clients/patients find most helpful?
  - i. Respite, additional family support, community support, etc.

#### Elder Abuse

1. How do you screen for elder abuse?
2. If you suspect that an older adult has been abused, neglected, or exploited, what steps would you take?
3. 1 in 10 people over age 60 will be a victim of abuse. Why do you think elder abuse is so prevalent?

#### Equity & Inclusion

1. In many parts of Virginia, cost of living has been rapidly rising. All signs point to this continuing. How has this affected the services that you provide?
2. Do you agree with this statement: When creating the state plan on aging, it's important to acknowledge those with the greatest economic and social need? Why or why not?



3. Do you feel that older adults are important to your community? How so?

Last Question:

1. What would it take to make Virginia a great place to grow old?
  - a. What are we missing? What are we doing right?
2. When you think about your needs or the needs of older adults in your community, what concerns you the most?





## Appendix B

### Older Adults and Caregiver Semi-Structured Protocol

**Script: Older adults and providers around the state** (including one in Spanish in northern Virginia, if possible)

Introduction: Hi, my name is \_\_\_\_\_. I work for Virginia Commonwealth University's Virginia Center on Aging and the Department of Gerontology. Our department is working with the Virginia Department of Aging and Rehabilitation Services (DARS) to learn more about older Virginians' needs and aspirations, and how we can best serve Virginians as we age.

-During this focus group, your input will impact the plans and services that will be provided in the Virginia State Plan for Aging.

-This session will be recorded via Zoom or audio for our notes and the session should take no longer than a 1-hour of your time. During our time together, you may find some of the topics to be challenging to discuss, especially when it comes to our personal experiences. As important as these topics are to discuss, we encourage you to take care of yourself when processing through each topic and know that we are here to support you as well. If at any time you feel uncomfortable with a question or a topic and would like to skip a question, please let me know. We can stop the conversation at any point once we get started.

All of your responses will be anonymous, and no individual information or response will be shared in the analysis or report.

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HCBS

1. As you continue to age, are you happy with your current living arrangement?
  - a. Do you have a plan to change your living arrangement in the near future? Why?
2. With regards to your planned living arrangement, are there any barriers that you may foresee? (family, friends, community, and/or financial support/resources)
3. How familiar are you with the services and supports available through the Virginia Department of Aging and Rehabilitation Services (DARS) or your local Area Agency on Aging (AAA)?
  - a. Do you know what DARS is? AAA?
  - b. Have you used any of the services/supports they provide?
    - i. How satisfied were you with these services? What is easy to access?  
What services are missing?
4. What concerns do you have about your current and future transportation needs?
  - a. If a provider, ask: What concerns do you have about the transportation needs of your clients/patients?

#### Covid

1. Has covid-19 had an impact on your overall well-being?
  - a. Has it impacted your stress levels, mental health, trauma, the way you work, the way you visit with friends/family, etc.?
2. Have you ever utilized telehealth for any of your doctor's appointments? If so, how impactful was telehealth to you during covid-19?
  - a. What was your experience like?
  - b. Is it an option that you would utilize/prefer to use in the future?
  - c. If you have not used it, is there a specific reason why? (internet access, skills, cost, levels of trust, etc.)

#### Caregiving

1. Do you currently or have you ever provided care for an older adult?



- a. If yes, can you share the most challenging things you experienced while providing care? Most rewarding?
- b. While providing care, what services or supports do you find most helpful?
  - i. Respite, additional family support, community support, etc.

#### Elder Abuse

1. Do you know what elder abuse is? How would you describe it?
2. When someone asks you “do you feel safe at home”, what does that mean to you?

#### Equity & Inclusion

1. In many parts of Virginia, cost of living has been rapidly rising. All signs point to this continuing. How has this affected you and your family?
2. Do you agree with this statement: When creating the state plan on aging, it’s important to acknowledge those with the greatest economic and social need? Why or why not?
3. Do you feel that older adults are important to your community?
4. What do you think makes it easier to grow old?

#### Last Question

1. What would it take to make Virginia a great place to grow old?
  - a. What are we missing? What are we doing right?
2. When you think about your needs or the needs of older adults in your community, what concerns you the most?

