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DATA PRESENTATION: Growing Old Together in Northern Virginia

Elizabeth Hughes
Senior Director, Insight Region® Community Foundation for Northern Virginia

growing old together
IN NORTHERN VIRGINIA
The family, homes, and budgets our region needs as we age
The Community Foundation’s 2014 report on older residents in Northern Virginia, *A Portrait of Our Aging Population in Northern Virginia*, predicted a precipitous rise in the population age 65+ between 2010 and 2020. This estimate has been borne out by recent Census data, and another jump from 2020 to 2030 is expected.

### A GROWING POPULATION OF OLDER ADULTS...

The growth in the region’s older population (61%) far outstrips overall population growth (14%) and growth in working-age adults (8%).

The increase is the 6th largest among the 50 largest metro areas and the 2nd highest when compared against the growth in working-age adults.

### THAT FAR OUTPACES OUR WORKING-AGE POPULATION

Source: Adapted from Figure 4, *Growing Old Together in Northern Virginia*

Source: Figure 2, *Growing Old Together in Northern Virginia*
This growth is driven by natural aging, not in-migration. In a given year, while older Northern Virginians are much more likely to leave (twice the national average for older movers) than to move in, the vast majority do not move at all.

93.5% of older Northern Virginians did not move

among movers...

<table>
<thead>
<tr>
<th>Moved Type</th>
<th>65+ Northern Virginians</th>
<th>&lt;65 Northern Virginians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moved IN</td>
<td>35%</td>
<td>40%</td>
</tr>
<tr>
<td>Moved OUT</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td>Moved WITHIN</td>
<td>38%</td>
<td>29%</td>
</tr>
</tbody>
</table>

INCREASES DUE TO NATURAL AGING

Source: Adapted from Figure 3, Growing Old Together in Northern Virginia

As our population grows older, we are likely to notice a regional shift in needs and priorities. For example, while younger adults tend to relocate to attain a better home in a better neighborhood, or find a better/closer job, older adults move for different reasons:

1. **family**
   and the ability to access support systems

2. **home**
   and the ability to age-in-place

3. **budget**
   and the ability to thrive on a fixed income

Source: Adapted from Figure 9, Growing Old Together in Northern Virginia
The Family Priority: Pop Quiz

Do you consider yourself a caregiver?

Do you live with or near 1+ human beings to whom you are bound by biology, marriage, adoption, or love?

Do you cook meals, launder clothes, pick up groceries, look up information, transport, or pay bills for those individuals at least once a week?

Do you consider yourself a caregiver?

THE IMPORTANCE OF FAMILY

Families literally care for one another, providing direct help with a variety of daily tasks.

Some of these tasks are intensive and basic to survival (ADLs).

A second group are instrumental (IADLs) and include things like cooking, cleaning, and helping out another human.

If you live with a family member (spouse/partner, child, sibling, parent), you are likely both a provider and recipient of care.

### Activities of Daily Living (ADLs)
- Bathing
- Dressing
- Grooming
- Mouth care
- Toileting
- Transferring bed/chair
- Walking
- Climbing stairs
- Eating

### Instrumental ADLs
- Shopping
- Cooking
- Managing medications
- Using the phone/internet, looking up info
- Doing housework
- Doing laundry
- Driving or using public transportation
- Managing finances
As we age, we are more likely to live without resident family (green line) who can provide this informal help, to have a major disability (blue line), and to experience both (purple line).

All told, over the course of our lives, two-thirds of us—regardless of race, wealth, or earlier health status—can expect to have a need for long-term care (physical help), and 1 in 4 will have these needs for 4+ years.

Source: ACS, 2017-2021, accessed through IPUMS

Historically, the role of caregiver has been assumed by a family member. However, many older adults do not have—or do not want to rely on—family to fill this role.
Meanwhile, the supply of paid caregivers in Northern Virginia—home health and personal care aides, or HHPCAs—is limited.

Per BLS data, there were just over 35,000 individuals in this occupation in the DC metro area in 2021, compared to 850,000+ residents age 65 and over.

### The Home Priority: Pop Quiz

Is your current home equipped for you to “age-in-place”?  

Does your home have a single level w/ kitchen, full bathroom, bedroom, laundry, and step-free exit to the outside?  

If you found yourself living alone or unable to drive, could you manage in this home on your own?  

Is your current home equipped for you to “age-in-place”?
Most older adults (77%) have some limitation in self-care or mobility, but the majority (until age 85) can accommodate these changes with a device or change in activity.

Accommodating—and relying less on others—requires an accessible home. However, most older adults in Northern Virginia still reside in their “forever home” (the average older resident has lived in the same house for 20+ years, and 31% have lived in the same house for over 30 years); about half reside in a single-family home (most built prior to 1980, when homes were less accessible and modifiable) and 17% live in a townhouse.
Those who wish to move may find it difficult to find accessible housing in the community.

- In the US, 58% of homes lack “basic” accessibility features, such as no-step entrances and an entry-level bedroom and bathroom, with rates lower in the DC metro area.

- 80% of new single-family homes built in the MidAtlantic are multi-story.

![Graph showing % of dwellings with accessible features](Source: Figure 14, Growing Old Together in Northern Virginia)

### The Budget Priority: Pop Quiz

Is your retirement income healthy enough to age in Northern Virginia?

A 40-year-old couple today is expected to have medical costs that are 50% more than the amount they receive in social security. Do you have other sources of income?

The median cost of living with 24-7 help from a paid caregiver is $23,000/month. Can you prepare for these costs now?

Is your retirement income healthy enough to age in Northern Virginia?
Older Northern Virginians need $1.6-3.3k (med $2.7k) each month to cover housing, food, medical, transit, and other needs.

**Housing.** Finding a new home with comparable monthly expenses poses an interesting problem for the 38% of older adults who own their home free and clear and spend $1,000+ less per month than those who rent or carry a mortgage.

<table>
<thead>
<tr>
<th>Median Housing Costs</th>
<th>Other Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own</td>
<td>Mortgage</td>
<td>Rent</td>
</tr>
<tr>
<td>Single older adult</td>
<td>$790</td>
<td>$1,940</td>
</tr>
<tr>
<td>Married older adult</td>
<td>$450</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

**Medical.** The main driver of spending is not health status, but rising insurance premiums, which are expected to eat away at an increasing share of SSI over time.

<table>
<thead>
<tr>
<th>Healthy Couple</th>
<th>Lifetime Med Costs</th>
<th>% of SSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>In their 60s</td>
<td>$675k</td>
<td>71%</td>
</tr>
<tr>
<td>In their 50s</td>
<td>$1.1m</td>
<td>93%</td>
</tr>
<tr>
<td>In their 40s</td>
<td>$1.8m</td>
<td>156%</td>
</tr>
</tbody>
</table>

Source: Figure 14, *Growing Old Together in Northern Virginia*

**Affordability with Long-Term Care**

These cost-of-living estimates do not account for long-term care costs, which a declining share of the population can afford as needs increase.

<table>
<thead>
<tr>
<th>Cost</th>
<th>% of Senior-headed Households with Sufficient Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>at home w/ no LTC</td>
<td>83%</td>
</tr>
<tr>
<td>at home w/ light LTC (10 hrs/wk)</td>
<td>75%</td>
</tr>
<tr>
<td>at home w/ standard LTC (44 hrs/wk)</td>
<td>48%</td>
</tr>
<tr>
<td>at home w/ 24/7 LTC (164 hrs/wk)</td>
<td>10%</td>
</tr>
<tr>
<td>independent living (CCRC base) w/ no LTC</td>
<td>76%</td>
</tr>
<tr>
<td>independent living (CCRC base) w/ light LTC</td>
<td>67%</td>
</tr>
<tr>
<td>assisted living (NOVA median)</td>
<td>59%</td>
</tr>
<tr>
<td>assisted living (CCRC median)</td>
<td>35%</td>
</tr>
<tr>
<td>skilled nursing</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Adapted from Figure 16, *Growing Old Together in Northern Virginia*
Our report examines some of these core considerations of aging—family, home, and budget—and compares Northern Virginia against the US average and the 15 largest metros.

<table>
<thead>
<tr>
<th></th>
<th>FAMILY PROXIMITY TO SUPPORT</th>
<th>HOME AGING-IN-PLACE</th>
<th>BUDGET THRIVING ON A FIXED INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adult Child Nearby</td>
<td>Spouse/Partner</td>
<td>Supply of Paid Care</td>
</tr>
<tr>
<td>U.S.</td>
<td>69%</td>
<td>59%</td>
<td>60</td>
</tr>
<tr>
<td>15 largest metros</td>
<td>75%</td>
<td>59%</td>
<td>76</td>
</tr>
<tr>
<td>Northern Virginia</td>
<td>68%</td>
<td>66%</td>
<td>32</td>
</tr>
<tr>
<td>NOVA rank out of 15</td>
<td>15</td>
<td>1</td>
<td>14</td>
</tr>
</tbody>
</table>

Source: Adapted from Figure 10, Growing Old Together in Northern Virginia

COMING TOGETHER AROUND SOLUTIONS

FAMILY
How do we make it easier to enter and remain in a caregiving role?

HOME
How do we increase the supply of accessible, affordable housing for older adults?

BUDGET
How do we help individuals afford to age in a place of their choosing?
KEYNOTE

Rita B. Choula, MA
Senior Director, Caregiving
AARP Public Policy Institute

Strengthening Supports for Family Caregivers

March 23, 2023
The term *family caregiving* here is defined by a range of tasks that include helping someone with:

- Activities of daily living (ADLs), such as eating, walking, using the toilet, getting dressed, and bathing
- Instrumental activities of daily living (IADLs) essential to living independently, such as cooking, transportation, housework, and managing finances
- Complex medical and nursing tasks such as medication management, help with assistive mobility devices, preparation of special diets, and wound care

Many of family caregivers' care tasks parallel those handled by LTSS providers.

Valuing the Invaluable

Recognizing and supporting family caregivers is crucial to the health and economic and social well-being of both the caregivers themselves and the people who receive their care.

Family caregivers provide needed day-to-day supports and services and manage complex care tasks for adults with chronic, disabling, or serious health conditions.

- **95%** Percentage of all older adults receiving help with activities of daily living from their family or close friends.
- **2/3** Ratio of those older adults receiving help with ADLs.
Caregivers receive little instruction or support in taking on these complex medical and nursing tasks, which have been historically performed by trained professionals in health care and long-term care facilities. (Lerner, 2022; NAC; AARP Public Policy Institute, 2020)

Family caregivers may also be responsible for advocating for the preferences and interests of those individuals in their care.

- Managing health insurance claims
- Communicating and coordinating care with various health care and social service providers across care settings
- Providing transportation to medical appointments
In 2021:

- **980 million** Family Caregivers
- **Provided 920 million** Hours of Care
- **Estimated Unpaid Value of Care = $14.3 billion**
Caregivers reflect the diversity of the U.S. population

More public policies are needed to support these groups

- **White**: 61%
- **Asian American & Pacific Islander**: 17%
- **Hispanic/Latino**: 17%
- **African American/Black**: 14%
- **Other**: 3%

**9%** of caregivers identify as LGBTQ

**61%** are women

**48M** caregivers

**39%** are men

**2019**

**61%** care for adults

**78%** of caregivers are women

**7%** are Greatest Generation

**23%** are Millennials

**35%** are Baby Boomers

**6%** are Gen X

**29%** are Gen Z
Demographic Trends Shaping Family Caregiving in the U.S.

- Increasing longevity
- Declining birth rate
- Delaying having children
- Increasing racial and ethnic diversity of US population

Which lead to following issues becoming prominent for caregivers:

- Caregivers sandwiched between care for older adults and children under 18
- Caregivers balancing work and care responsibilities
- Increasing need for direct care workers
- Greater share of racially & ethnically diverse caregivers and LGBTQ-identifying caregivers

By 2034, adults age 65 & older projected to outnumber children under 18 for the first time in US history.
The COVID-19 pandemic laid bare the realities of the caregiving experience

The pandemic affected paid and unpaid care, curtailing availability of HCBS paid care caregiving routines for unpaid caregivers.

- More than half of caregivers experienced disruptions to care arrangements
- Younger, African American/Black, and Hispanic/Latino caregivers were more likely to have faced disruptions
- 40% of caregivers increased hours of care
- Caregivers under 40 were more likely to take on higher hours of care
- For caregivers of someone in a nursing home, 70% were unable to visit or provide care to their care recipient

Roger Desrosiers
Mid-70's, New Hampshire. Caregiver to his father for 17 years:

“\textit{I had a professional job. I worked 8 to 4 or 9 to 5 and could not participate and impress my supervisors to work at a higher level for promotion.} 
\textit{... I tried my best to keep my boss updated and informed of what was going on; however, I could not overdeliver because I had to be home. I could not stay after hours for important meetings.”}
As population aging drives growing shares of older workers in the labor force and the country sees a growing share of younger caregivers, family caregivers will increasingly be in the labor force in the future, facing the dual demands of employment and caregiving responsibilities. (Toossi & Torpey, 2017; Dubina, Kim, Colato, & Rieley, 2022; Caregivers Providing Complex Chronic Care, 2012; Bynum, 2018)

Without workplace benefits to support family caregivers—such as using sick days for family care, taking paid family leave, and accessing employee counseling and services such as respite care—employed family caregivers can experience heightened financial and emotional strain.

**61%**
The percentage of caregivers of adults who worked either full-time or part-time in 2019

**54%**
The percentage of caregivers of adults who worked in hourly wage positions

**49%**
The percentage of caregivers of adults who worked either full-time or part-time in 2019

**54%**
The percentage of caregivers of adults who worked in hourly wage positions

Sandwich Generation Caregivers

Persons caring for someone under 18 in their household and an older family member or friend.

Caregivers caring for someone under 18 in their home AND older family member or friend

30% of caregivers were caring for a child or grandchild AND an older adult in 2019

Increasingly include Gen Z and millennial caregivers
Direct care workforce shortages result in more hours of care and higher-intensity care by family caregivers. In 2022 all 50 states were experiencing shortages in their direct care workforces. (Watts, Burns, & Ammula, 2022)

The aging of the US population, fueled by the overwhelming desire to age at home, will continue to drive demand for direct care workers.

Projected growth of the direct care workforce
(Campbell, Drake, Espinoza, & Scales, 2021)

<table>
<thead>
<tr>
<th>Year</th>
<th>Direct Care Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>4.6M</td>
</tr>
<tr>
<td>2028</td>
<td>5.9M</td>
</tr>
</tbody>
</table>

Annual turnover-rate: 40-60%

Caregivers often experience positive effects & feelings of satisfaction alongside feelings of being highly strained and overwhelmed. (Reinhard, et al., 2019; Miller, 1989; Robertson, Zant, Duncan, Rovine, & Femia, 2007; Folkman, 2008)

COMMON THEMES INCLUDE
- Emotional hardships on individual and family relationships
- Financial effects due to cutting back of giving up paid work or out-of-pocket care costs
- Physical demands of exhaustion and less time to take care of one's own health
- Concerns about being unprepared for the role, and not having a choice in taking on caregiving responsibilities
- Worry, isolation, and helplessness about where to seek help or how to provide care and support to their care recipient
The National Strategy to Support Family Caregivers is a unified approach to improving recognition of & support for family caregivers with five main goals:

1. Increase awareness of and outreach to family caregivers.
2. Advance partnerships and engagement with family caregivers.
3. Strengthen services and supports for family caregivers.
4. Ensure financial and workplace security for family caregivers.
5. Expand data, research, and evidence-based practices.

The CARE Act supports family caregivers when their relatives go into the hospital and as they transition home.

45 States and territories that have enacted CARE Act laws.
Recommendations that seek to:

- Ease the provision of care
- Alleviate financial and other challenges faced by many family caregivers
- Improve the health and well-being of family caregivers

Beyond Policy:

Creating a Family Caregiving Narrative in Media

- Representation matters
- Normalizes the caregiving experience
- Destigmatizes difficult topics
- Social media can foster community and learning opportunities
Strengthening Supports for Family Caregivers who Face the Cost of Care

- Opportunity
- Financial
- Health and Well-Being

THANK YOU!

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KEYNOTE

Melissa Andrews
President & CEO
LeadingAge Virginia
FIRESIDE CHAT

Moderator: Drew Wilder
NBC4 Northern Virginia Reporter

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2023 shape of the region™ CONFERENCE
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