

THE community foundation
FOR NORTHERN VIRGINIA

2023 shape OF THE region™ CONFERENCE



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WELCOME
Dr. Anne Kress
President, Northern Virginia
Community College





WELCOME

Melinda Merk

Principal, McCandlish Lillard
Member, Community Foundation
for Northern Virginia Board of
Directors



HOST

Drew Wilder

NBC4 Northern Virginia Reporter



PRESENTING PARTNERS



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Deborah Tompkins Johnson
– Author, Writer, Speaker



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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

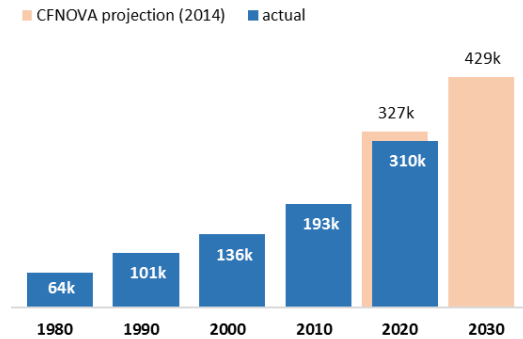
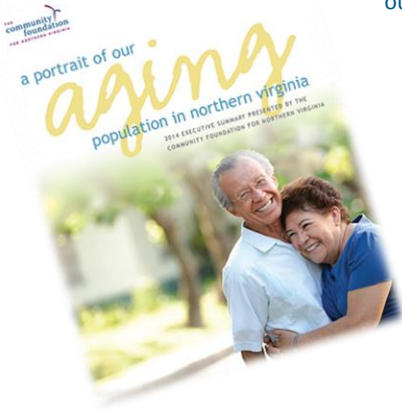
The family, homes, and budgets our region needs as we age



A SHAPE OF THE REGION™ SPECIAL REPORT

A GROWING POPULATION OF OLDER ADULTS...

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.



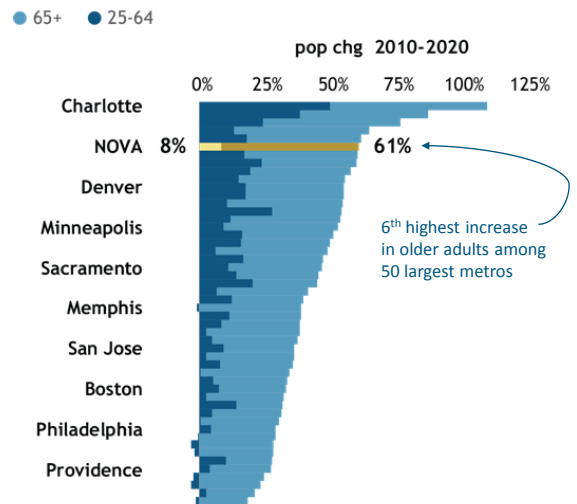
Source: Adapted from Figure 4, *Growing Old Together in Northern Virginia*

A SHAPE OF THE REGION™ SPECIAL REPORT

...THAT FAR OUTPACES OUR WORKING-AGE POPULATION

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.

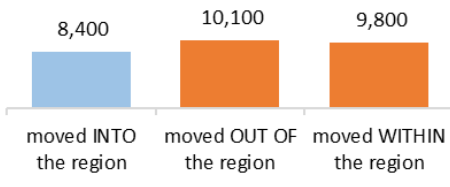


Source: Figure 2, *Growing Old Together in Northern Virginia*

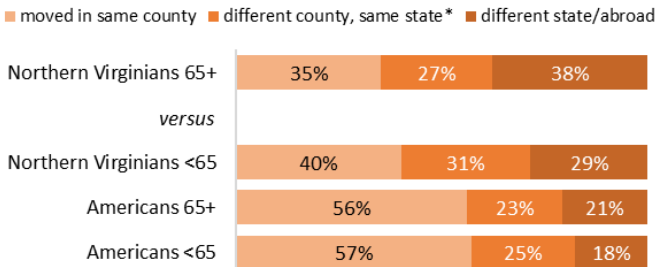
INCREASES DUE TO NATURAL AGING

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...

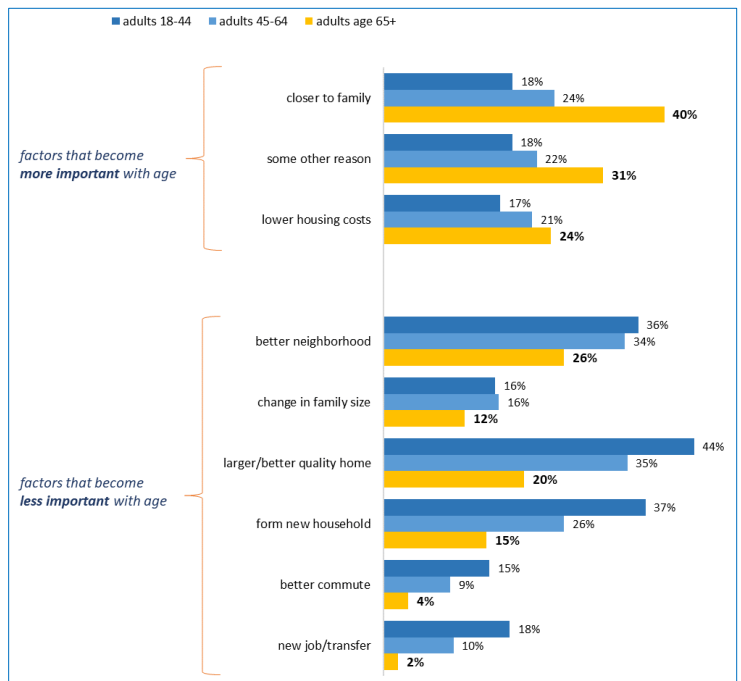


Source: Adapted from Figure 3, *Growing Old Together in Northern Virginia*

SHIFTING PRIORITIES AS A REGION

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

A SHAPE OF THE REGION™ SPECIAL REPORT

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

A SHAPE OF THE REGION™ SPECIAL REPORT

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)

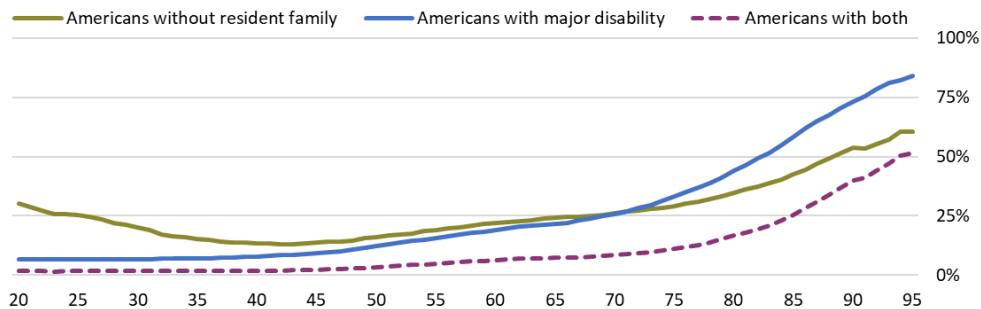
- Bathing
- Dressing
- Grooming
- Mouth care
- Toileting
- Transferring bed/chair
- Walking
- Climbing stairs
- Eating

Instrumental ADLs

- Shopping
- Cooking
- Managing medications
- Using the phone/internet, looking up info
- Doing housework
- Doing laundry
- Driving or using public transportation
- Managing finances

EVOLVING ROLE IN THE FAMILY / CARE ECOSYSTEM

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).



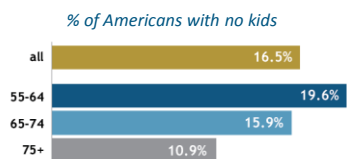
All told, over the course of our lives, two-thirds of us—regardless of race, wealth, or earlier health status—can expect to have a need for long-term care (physical help), and 1 in 4 will have these needs for 4+ years.

Source: ACS, 2017-2021, accessed through IPUMS

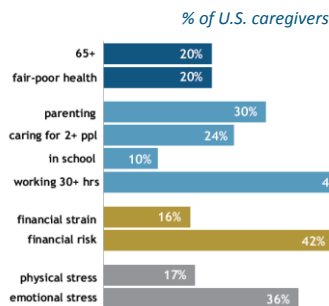
SUPPLY OF FAMILY CAREGIVING

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.

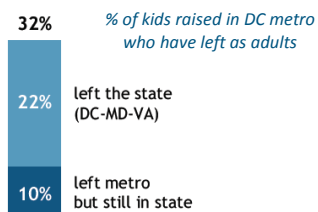
Those with no adult children



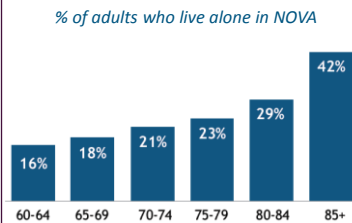
Those whose support networks have their own challenges



Those living far from their children, family, or “roots”



Those who live alone



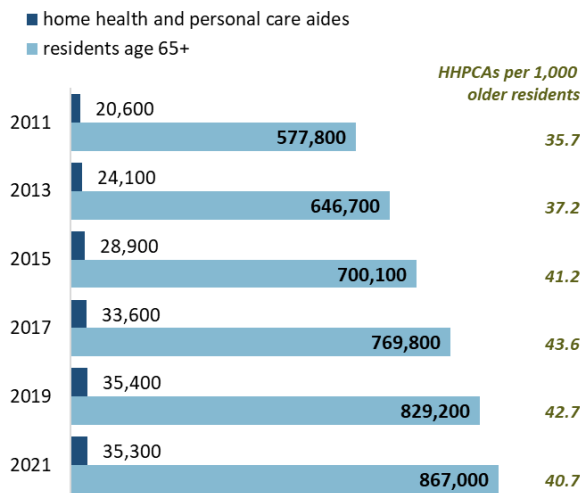
Source: Figure 11, Growing Old Together in Northern Virginia

SUPPLY OF PAID CAREGIVING

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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.



Source: Adapted from Figure 12, Growing Old Together in Northern Virginia

The Home Priority: Pop Quiz

A SHAPE OF THE REGION™ SPECIAL REPORT

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?

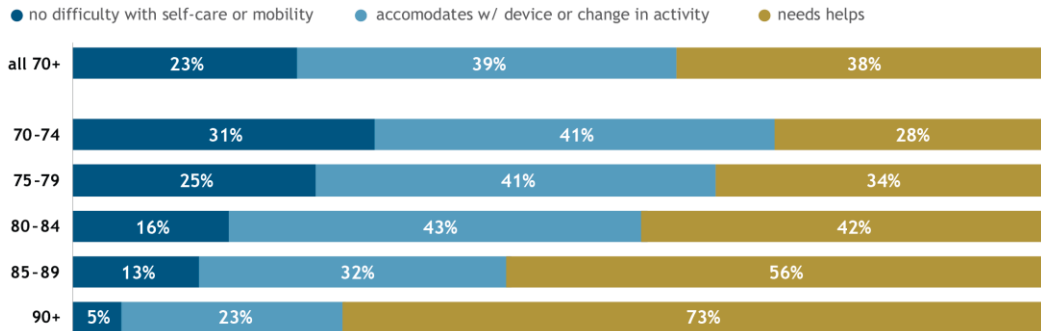
If you found yourself living alone or unable to drive, could you manage in this home on your own?

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

AGING-IN-PLACE BY ACCOMODATING

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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.

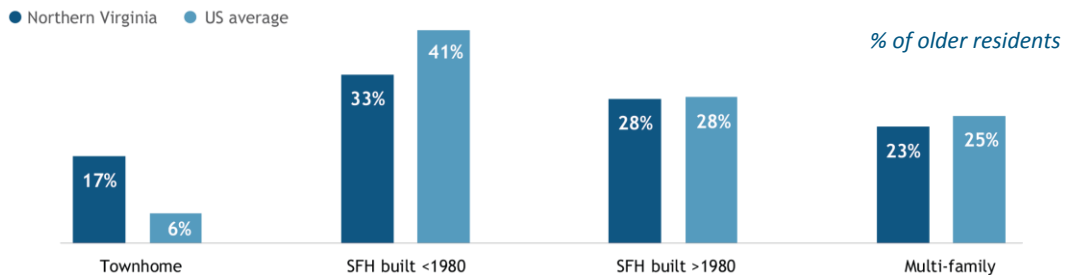


Source: Figure 8, Growing Old Together in Northern Virginia

THE REALITY OF WHERE WE LIVE

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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.



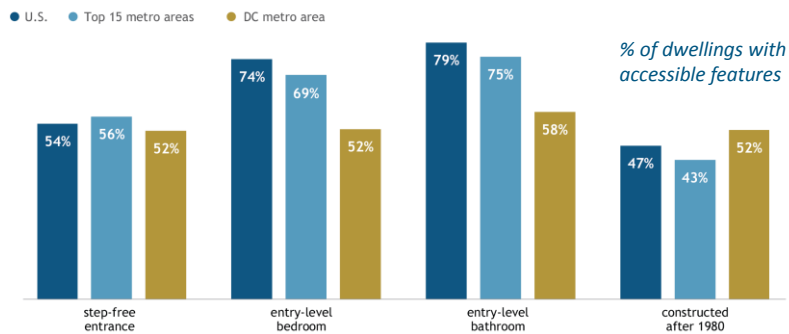
Source: Figure 13, Growing Old Together in Northern Virginia

STUCK-IN-PLACE?

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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.



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

The Budget Priority: Pop Quiz

A SHAPE OF THE REGION™ SPECIAL REPORT

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?

COST-OF-LIVING FOR OLDER RESIDENTS

A SHAPE OF THE REGION™ SPECIAL REPORT

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.

	MEDIAN HOUSING COSTS			OTHER COSTS				TOTAL
	Own	Mortgage	Rent	Food	Med	Transit	Other	
Single older adult	\$790	\$1,940	\$1,700	\$280	\$480	\$270	\$370	\$2,190 - \$3,340
Married older adult	\$450	\$1,250	\$960	\$250	\$480	\$210	\$270	\$1,660 - \$2,460

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.

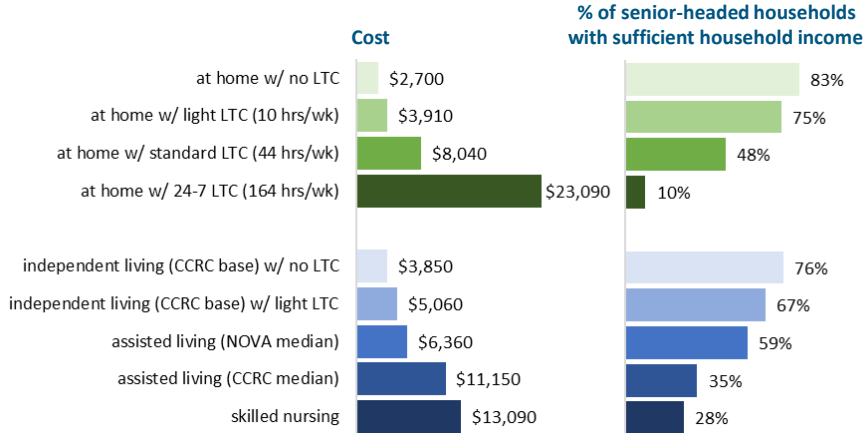
Healthy Couple	~Lifetime Med Costs	% of SSI
In their 60s	\$675k	71%
In their 50s	\$1.1m	93%
In their 40s	\$1.8m	156%

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

AFFORDABILITY WITH LONG-TERM CARE

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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.



Source: Adapted from Figure 16, *Growing Old Together in Northern Virginia*

HOW WE COMPARE

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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**.

	FAMILY PROXIMITY TO SUPPORT			HOME AGING-IN-PLACE			BUDGET THRIVING ON A FIXED INCOME		
	Adult Child Nearby	Spouse/ Partner	Supply of Paid Care	step-free entrance	entry-level bathroom	built >1980	Monthly \$ Needed	difficulty paying bills	Cost of HHA
U.S.	69%	59%	60	54%	79%	47%	\$2.3k	26%	\$5,148
15 largest metros	75%	59%	76	58%	75%	47%	\$2.5k	26%	\$5,625
Northern Virginia	68%	66%	32	52%	58%	52%	\$2.9k	18%	\$5,339
NOVA rank out of 15 largest metros	15	1	14	11	14	8	5	16	10

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?

insight
>region

the center for
community research
AT THE COMMUNITY FOUNDATION
FOR NORTHERN VIRGINIA

KEYNOTE

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





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Family Caregivers: A Precious Resource

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

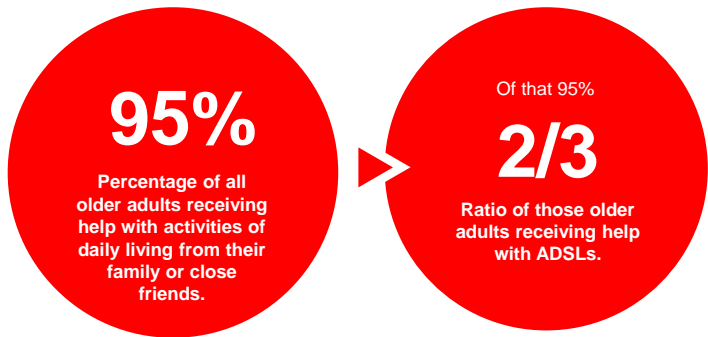
Many of family caregivers' care tasks parallel those handled by LTSS providers.



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.



Valuing the Invaluable

Family caregivers also handle complex med/nursing tasks.

(Reinhard, et al., 2019)

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)

60%

Percentage of family caregivers that are also employed in the workforce.

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Valuing the Invaluable

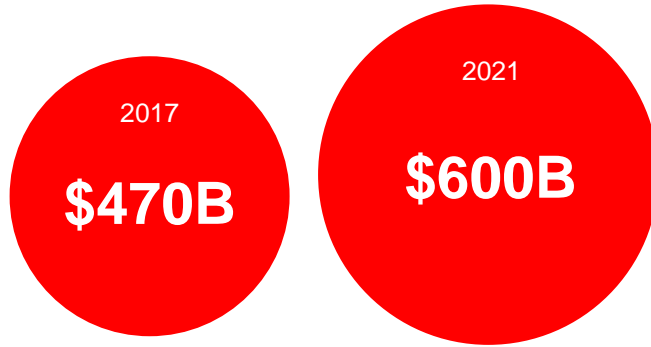
Family caregivers may also be responsible for advocating for the preferences and interests of those individuals in their care.

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



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National Estimated Economic Value of Unpaid Care by Family Caregivers



In 2021:

- **980 million Family Caregivers**
- **Provided 920 million Hours of Care**
- **Estimated Unpaid Value of Care = \$14.3 billion**



NEW REPORT: FAMILY CAREGIVERS STRUGGLING FINANCIALLY
The Credit for Caring Act Could Help

\$7,242
Average Out-of-Pocket Expenses for Family Caregivers in 2021

Family Caregivers in the U.S. Provide \$470 Billion in Unpaid Care

Source: Working the Invisible 2022 Update: Charting a Path Forward
AARP Public Policy Institute

More than three in four family caregivers (78%) are incurring out-of-pocket costs as a result of caregiving

78%

\$10,525
Average expenses for caregivers with two or more work-related strains

26%

Family caregivers are spending, on average, a quarter of their income on caregiving activities

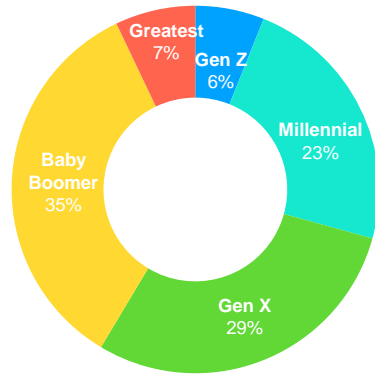
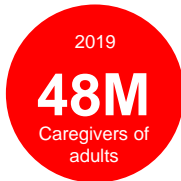
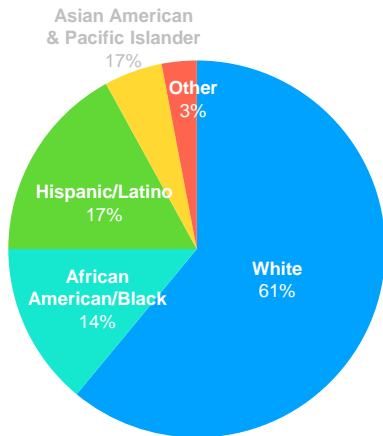
AFRICAN AMERICAN	HISPANIC/LATINO	ASIAN AMERICANS & PACIFIC ISLANDERS
\$6,746 Average Out-of-Pocket Expenses in 2021	\$7,167 Average Out-of-Pocket Expenses in 2021	\$8,368 Average Out-of-Pocket Expenses in 2021
34% of income on average spent on caregiving activities	47% of income on average spent on caregiving activities	22% of income on average spent on caregiving activities

To learn more about the Credit for Caring Act visit: aarp.org/caregiving

Source: 2021 Caregiving Out-of-Pocket Costs Study
DOI: <https://doi.org/10.26434/chem.10473.002>
Report: aarp.org/caregiverscosts

Caregivers Diversity Dashboard

More public policies are needed to support these groups



Demographic Trends Shaping Family Caregiving in the U.S.

By 2034, adults age 65 & older projected to outnumber children under 18 for the first time in US history.

- 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



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

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Caregivers' Experiences in Their Own Words

Roger Desrosiers

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

"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. ... 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."

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Family Caregivers

Balancing Work and Care

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)

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

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.

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

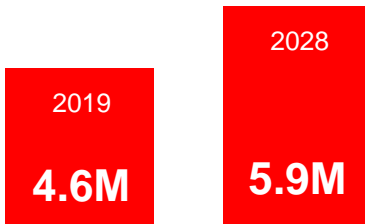
30% of caregivers were caring for a child or grandchild AND an older adult in 2019

Increasingly include Gen Z and millennial caregivers

Direct Care Worker Shortages and Family Caregiving

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.

(Fleiss, Burns, & Almeida, 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.

Annual
turnover-rate
40-60%

Projected growth of the direct care workforce

(Campbell, Drake, Espinoza, & Scales, 2021)

10/20

Family Caregivers

Caregivers often experience positive effects & feelings of satisfaction alongside feelings of being highly strained and overwhelmed.

(Reinhard, et al., 2019; Miller, 1989; Robertson, Zarit, 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

10/20

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Promising Policy and Practices
Supporting Caregivers

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.**

10

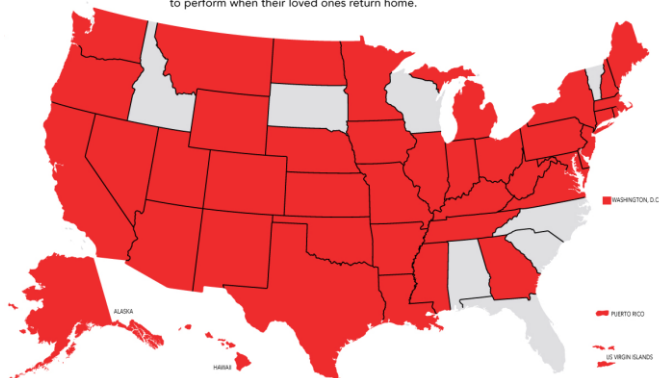
Caregiver Advise, Record, & Enable Act

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



The Caregiver Advise, Record, Enable (CARE) Act

The CARE Act is a commonsense solution that supports family caregivers when their loved ones go into the hospital, and provides for instruction on the medical tasks they will need to perform when their loved ones return home.



45

States and territories
that have enacted
CARE Act laws.

11



Promising Policy and Practices
Supporting Caregivers

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

10/16

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

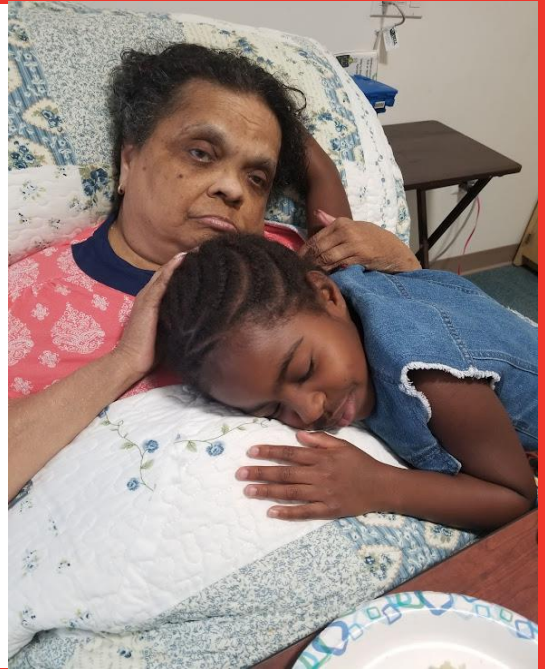
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6



***Strengthening Supports
for Family Caregivers who
Face the Cost of Care***

- **Opportunity**
- **Financial**
- **Health and Well-Being**



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KEYNOTE

Melissa Andrews
President & CEO
LeadingAge Virginia



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FIRESIDE CHAT



Moderator:
Drew Wilder
NBC4 Northern
Virginia Reporter



**Melissa
Andrews**
President & CEO
LeadingAge
Virginia



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





PANEL DISCUSSION



MODERATOR:
Catherine F. Schott Murray
 Odin Feldman & Pittleman, P.C.
 Chair, Community Foundation for
 Northern Virginia Board of Directors



Delores Athey-Clearfield
 Director of Strategic Partnerships & Continuum of Care, Capital City Nurses



Steve Gurney
 Founder/Director, Positive Aging Community



Sarah Henry
 Director, Prince William Area Agency on Aging



Helen King
 Director, Arlington Area Agency on Aging



Heather Suri
 Mid-Atlantic Chapter President, Aging Life Care Association



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CLOSING

Eileen Ellsworth
President and CEO
Community Foundation for
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www.cfnova.org/aging

