The Greater Richmond Regional Plan for

**Age Wave Readiness**

engaged • livable • stable • well
“This is where my family lives. What we do now will affect us 20 years from now.”

– Resident, Richmond’s Promise Neighborhood
**What is the Age Wave?**

Older adults represent the fastest growing segment of the U.S. population. Baby Boomers (born between 1946 and 1964) are rapidly entering their retirement years. By 2030, the number of people in our region age 65 and over will double and those age 85 and over will more than triple.

Over the next 20 years, Greater Richmond’s demographic landscape will continue to change dramatically, and the number of older adults age 60 and over will outnumber school-aged children for the first time in history.

Over one quarter of a million people in our region will be an older adult by the year 2030. This demographic shift, known as the Age Wave, signals unprecedented change in our community and beckons us to consider new ways of utilizing the existing talents of our residents and addressing their changing needs.

**POPULATION PROJECTIONS**
Richmond Regional Planning District

- **2010**
  - Older adults 60+: 171,664
  - Children 5 – 19: 192,939

- **2020**
  - Older adults 60+: 243,710
  - Children 5 – 19: 209,685

- **2030**
  - Older adults 60+: 299,294
  - Children 5 – 19: 239,612

*source: Virginia Employment Commission, 2010*
Why does Greater Richmond need an Age Wave Plan?

Integrated planning is critical to ensure that Greater Richmond is ready for the challenges and opportunities presented by the Age Wave. From adequate jobs to affordable housing, from accessible health care to regional transportation, the need for greater supports and resources for older adults exists now—a need that will only increase. As Boomers age, our region will experience increasing demands for supportive services, health care choices, and lifestyle options that promote independence and safety for older adults. Our region will be impacted extensively in the areas of: retirement and the workforce, health and well-being, civic engagement, housing, transportation, community design, and financial stability. A regional plan is one way to support our community in becoming vibrant, safe, and prosperous for residents of all ages and abilities.

Aging well is but one measure of a strong region; therefore, the Age Wave Plan was developed and should be considered in concert with related plans such as:

- Virginia Department for the Aging’s Four-Year Plan
- Virginia’s Blueprint for Livable Communities
- Research initiatives of Older Dominion Partnership
- Greater Richmond Ten-Year Plan to End Homelessness
- Regional Plan for Children’s School Readiness
- United Way of Greater Richmond & Petersburg’s Financial Stability Initiative
What **Opportunities** Does the Age Wave Present?

**Volunteerism**

Greater Richmond’s volunteers make an estimated annual economic contribution of $816 million through their donated service hours. Older adults participate in unpaid services and activities within a wide range of settings. Such activities provide a positive impact on the economy, in the community, and in the lives of individuals.

**Caregiving**

About 44 million Americans provide 37 billion hours of unpaid, “informal” care each year. In 2007, the estimated economic value of family caregivers’ unpaid contributions was at least $375 billion. Family caregivers are our nation’s core long-term care providers. They fulfill invaluable roles in health care and the economy.

**Experienced Workforce**

“There are so many seasoned, experienced people here. To find a climate where you have so many highly educated, highly experienced people is really something and really special.” Marc LaFountain, Tumblr. Older workers offer employers and the regional labor market a deep pool of experience, knowledge, expertise, and professionalism.

**Buying Power**

Boomers, on the whole, have $2.1 trillion in annual buying power. The annual buying power of Americans born between 1946 and 1964 is more than seven times Generation X (1965 – 1982) and Generation Y (1983 – 2001) combined.

**Physical Health**

Just over seven in 10 adults age 45+ (71%) say they are currently physically active. Exercise is one of the best strategies for staying healthy, fit, and independent. From managing weight to stemming bone density loss to maintaining good circulation, exercise is a prevention strategy that works. For example, people who exercise reduce their chances of depression, diabetes, and heart disease.

**Civic Engagement**

In 2010, 42% of registered voters in the U.S. were between the ages of 45 and 64. Twenty-one percent of registered voters in 2010 were over 65 years of age Voting is one measure of civic engagement. The National Election Exit Poll showed a much older electorate in 2010 than in 2008.

**Happiness**

People get happier as they age. A 2008 Gallup poll of 340,000 Americans ages 18 to 85 found that by age 50 people start getting happier. By the time they are 85, people are more satisfied with their lives and themselves than they were at 18.

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**Footnotes**

1 Older Dominion Partnership (ODP)
2 Family Caregivers Alliance
3 Richmond Times-Dispatch
4 MetLife Mature Market Institute
5 AARP
6 NonProfit Vote

“I want a community with different generations blending together and learning from one another.”

— High School Student, Chesterfield County
What **Community Needs** are Impacted by the Age Wave?

**Housing**
Three in five Boomers (62%) say they plan to stay in their current home when they retire.\(^viii\) Safe, secure affordable housing is a basic human need. Older adults prefer to age-in-place in their communities, therefore demand for accessibility improvements is likely to increase as older, very frail persons become a larger share of the older adult demographic. One way to ensure accessible housing is to incorporate accessible design features as new homes are built.

**Transportation and Mobility**
Three in five adults say it would be difficult to stay in their current home if they aren’t able to drive.\(^ix\) Transportation and mobility are essential to the regional infrastructure. Lack of access to safe, reliable, efficient, and affordable transportation may isolate older adults by leaving them unable to access health care, groceries, banking services, or entertainment. Suburban areas have insufficient transit options and this is where many older adults now live.

**Workforce**
The top concerns of employers over the next five to ten years are: finding skilled employees and an aging workforce.\(^x\) Labor shortages will substantially impact certain occupations and industries. Especially affected will be health and educational services, public administration, and some manufacturing. Public policies and private practices often overlook the potential contributions of older workers and encourage them to retire prematurely. Knowledge must be transferred to new employees. Job training and educational instruction are essential to assist older adults who change jobs or reenter the workforce.

**Financial Stability**
One in five (18%) of Boomers have not done any financial planning for retirement.\(^xi\) American households do not save in any systematic way and personal saving rates have declined by nearly half since 1970. Low-income families may find it especially difficult to save, and most public assistance programs penalize personal saving by requiring low levels of financial assets in order to qualify.

**Caregiving**
22% of Boomers in Virginia are caregivers for a parent, stepparent, or older relative.\(^xii\) The rise of aging parents, spouses, siblings, and friends will drive the demand for more caregivers, respite, education on caregiving and flexible workplace policies that enable caregivers to maintain employment and care for their loved ones. This will also fuel a need for more affordable options of care especially among the rise of single people who may not have a relative able to provide support.

**Chronic Disease**
By 2030, more than six of every 10 Boomers will be managing more than one chronic condition.\(^xiii\) As longevity has increased, so too, has the number of older adults living with chronic conditions, especially women. Many face long-term illness, diminished quality of life, increased health care costs, and difficulty conducting activities of daily living. More focus should be on prevention and chronic disease management.

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**Footnotes**
\(^viii\) Older Dominion Partnership (ODP)
\(^ix\) ODP
\(^x\) ODP
\(^xi\) ODP, 2009
\(^xii\) ODP, 2008
\(^xiii\) American Hospital Association
**Vision and Framework for Age Wave Ready Communities**

The purpose of the Greater Richmond Age Wave Plan is to promote and support the creation of Age Wave Ready Communities that are Engaged, Livable, Stable, and Well for people of all ages.

An **Engaged** Community has dedicated, active residents who give back through civic participation and by volunteering on both formal and informal levels. An engaged community also includes opportunities for lifelong learning, recreation, cultural experiences, social and networking forums, and spiritual enrichment. Engaged residents participate in public life through local, regional, or national advocacy.

A **Livable** Community meets the needs of its residents for affordable, accessible, safe, and repairable housing; affordable, dependable, and accessible transportation; and community design that is Americans with Disabilities Act (ADA) accessible, comprehensive, and conducive to personal mobility. A livable community is safe and secure for its residents and businesses.

A **Stable** Community has adults who are equipped for and have access to jobs that enable them to achieve financial security, plan for retirement, and continue to be healthy, productive members when they are no longer able or desire to work. Likewise, experienced workers are retained and new employees across generations are recruited through flexible workplace policies. Businesses invest in local communities and community members support local businesses.

A **Well** Community has supports, health management systems, and comprehensive health services that provide for the changing needs of the population as it ages.
Call to Action

The Age Wave Plan provides a tool for strategic planning, coordinating efforts, achieving economies of scale, and measuring progress. It can be used by public and private agencies, for-profit and nonprofit organizations, funders, local governments, universities, coalitions, associations, businesses, and partnerships to inform their own work or work collaboratively; it can also be used by individuals, families, or faith communities. The plan is a living document representing our region’s consensus on what it will take to achieve Age Wave Readiness. It provides a framework and guidance to encourage the public and private sectors to work toward a common goal.

Over the past three years, hundreds of Greater Richmond residents have contributed to the creation of this Age Wave Plan. Now, it is time to put the Age Wave Plan into action. Change starts here, and there is a role for each of us to play.

Throughout the plan, you will see questions and empty spaces designed to hold your thoughts and ideas about Age Wave Readiness. Use these spaces to make notes, draw pictures, or write lists. As you read, periodically pause to reflect on how the Age Wave relates to you, your family, your neighborhood, or your business.

Annotate the plan; mark it up. When you have finished reading, ask yourself:

What can I do to make Greater Richmond ready for the Age Wave?

Then, start making change by taking one or more of these next steps:

- Learn more about our region and how you can inspire leaders and policy makers by visiting www.yourunitedway.org/agewave.
- Volunteer your time or give resources to an organization that serves older adults.
- Check on an older neighbor regularly.
- Create an Age Wave forum within your workplace, neighborhood, faith community, or school and start a dialogue about how you can use the ideas in this plan.
- Offer your personal support to a family caregiver: fix a meal, run an errand, or help with yard work.
- Communicate with your local government officials about reducing barriers to safety or mobility in your neighborhood.
- Lend a voice, lend a hand, and take a risk.

Photo courtesy of: Virginia Senior Games, provided by the Virginia Recreation and Park Society
The Greater Richmond Age Wave planning area includes:

**City**
- Richmond

**Town**
- Ashland

**Counties**
- Charles City
- Chesterfield
- Goochland
- Hanover
- Henrico
- New Kent
- Powhatan
Guiding Principles

The development of the Greater Richmond Age Wave Plan (AWP) is guided by key principles established by the Leadership Committee:

- **Now and the Future:** The plan will emphasize the importance of today’s issues and those of the future; incorporating both short-term and long-term perspectives.

- **Older Adults as a Resource:** Older adults will be viewed as resources to the community, not just service recipients.

- **Benefiting All:** Age Wave preparedness is critical for individuals as well as families in the Greater Richmond region regardless of age. The plan will also foster multi-generational opportunities.

- **Regional Strengths:** The plan will build on our region’s unique assets and other regional collaborative efforts in Greater Richmond.

- **Learning from Others:** We will learn about and apply lessons from other Age Wave Planning efforts, communities with high populations of older adults, and cultures that engage and support older adults.

- **Impact of Boomers:** We will learn about and apply our understanding of the Boomer generation and the impact of their generational characteristics for future planning.

- **Shared Ownership:** The Age Wave Plan will be created by mobilizing the community and gaining consensus from a wide variety of stakeholders. The community will own the Age Wave Plan.

Development of the Age Wave Plan

The Greater Richmond Age Wave planning process involved hundreds of community stakeholders in a participatory, community-based approach. The goals for the planning process were to:

- Create opportunities to educate the public about the needs of older adults and the effects of anticipated population changes

- Seek input on a broad range of community livability needs, assets, and services

- Bring together and join with other stakeholders to achieve a concentration of interest in jointly-developed community goals

- Develop and prioritize strategies that prepare for the projected growth of the region’s older adult population and its impact on community long-term care systems and other services

- Establish baselines to measure achievement of goals and determine plan updates
Planning Phases

Age Wave planning participants used these activities to conduct their work:

- Review of other community and organizational plans focused on Age Wave preparedness
- Establishment of definitions for the plan’s components and development of guiding principles
- Development of an initial draft of the plan based on input from a committee of community leaders and subject-experts serving on the Leadership Committee and work groups
- Collection of input and feedback from hundreds of providers, community leaders, funders, and aging experts
- Review of the draft in an open Regional Roundtable
- Evaluation of community input, prioritization of strategies, and completion of the plan
- Development of infrastructure and partnerships to implement the plan

1. Awareness Raising and Visioning
   January 2009 – May 2010

   **Intended Outcomes:** localities, regional planners and human service stakeholders will know about the Age Wave and the planning effort; a leadership Committee will be created; a regional vision for 2030 will be developed.

2. Drafting the Age Wave Plan
   January 2010 – March 2012

   **Intended Outcomes:** a final draft of the plan will be completed; support from a broad array of stakeholders for the draft plan will exist.
“As the Richmond Region plans for its future, it is important for the community to consider the opportunities and challenges presented by the Age Wave. The Age Wave Plan will provide our Region a blueprint to ensure that our community is prepared for this demographic trend and capitalizes on the opportunities this trend presents for our Region’s economy.”

– Executive Director, Richmond Regional Planning District Commission

**Implementation and Evaluation**

2012 – Ongoing

**Intended Outcomes:** Leadership for implementation; accountability structure; key components of the plan are adopted by stakeholders and implemented; the plan is monitored and adapted based on learnings.
At the request of the Older Dominion Partnership; United Way of Greater Richmond & Petersburg; and Senior Connections, The Capital Area Agency on Aging, partnered to facilitate development of the Age Wave Plan for Greater Richmond. Each organization committed staff and leadership to the project. The structure includes a Leadership Committee supported by work groups focused on the four goal areas of an Age Wave Ready community: Engaged, Livable, Stable, and Well.

**Age Wave Planning Model**

Leadership Committee: Comprised of individuals that represent five essential sectors of our community, the Leadership Committee convened to oversee the project and to establish a vision statement and guiding principles. Members were recruited to reflect a broad representation of our region.

Work Groups: Additional experts were recruited from a cross-section of people to advise the Leadership Committee, facilitate the planning process, and prepare draft documents. These work groups were established for the four goal areas of the Age Wave Plan:

- Engaged Communities
- Well Communities
- Livable Communities
- Stable Communities
Community Input: Individuals throughout Greater Richmond provided input and insight into the Greater Richmond Age Wave Plan. The planning process involved older adults, caregivers, service providers, funding organizations, local government representatives, business community representatives, and advocates.

Regional Roundtable: Over 200 people gathered in September 2011 to help develop the plan. Besides soliciting input from the participants in extended working sessions, the Regional Roundtable presented the draft Age Wave Plan and highlighted broader national trends in aging, promising practices, innovation, and replicable models.

Community Network: The Age Wave Plan extended network reaches more than 600 individuals throughout the Greater Richmond region. Through strategies such as the Regional Roundtable, focus groups, and the Age Wave Listserv, residents are engaged in a community conversation that keeps the Age Wave Planning process fresh and diverse.

The information-gathering sessions that guide the framework, content and vision of our regional Plan employed participatory mechanisms to engage cross sectors of our community. Many themes and insights emerged from participant input sessions for our work plan:

- Empower older adults—self advocacy
- Continue to recognize diversity among seniors—cultural, linguistic, racial, and sexual minority
- Emphasize contributions of mature workers including institutional knowledge
- Aim for effective regional, coordinated medical transportation system
- Expand financial advocacy for low-income seniors
- Emphasize caregiver wellness in addition to caregiver awareness, training, retention and possibly registration
- Include chronic disease self-management practices in addition to acute care and preventative measures
- Expand content for Alzheimer’s Disease and dementia
- Include importance of life-planning documents (will, durable power of attorney, advance medical directive)
- Expand long-term care insurance to include in-home health assistance not just institutionalized care such as nursing homes

Through this planning process, goals, objectives, strategies, and action steps were developed around each of the four goal areas:

engage[live]+stable+well
Age Wave Ready Communities emphasize regional leadership, policy making, public awareness and communication.

**ENGAGED**

An Engaged Community has dedicated, active residents who give back through civic participation and by volunteering on both formal and informal levels. An engaged community also includes opportunities for lifelong learning, recreation, cultural experiences, social and networking forums, and spiritual enrichment. Engaged residents participate in public life through local, regional, or national advocacy.

**GOAL:** People of all ages are connected through various volunteer, educational, or leisure pursuits that enhance quality of life.

**LIVABLE**

A Livable Community meets the needs of its residents for affordable, accessible, safe, and repairable housing; affordable, dependable, and accessible transportation; and community design that is ADA accessible, comprehensive, and conducive to personal mobility. A livable community is safe and secure for its residents and businesses.

**GOAL:** Our region will offer housing, transportation, and design features that enable residents to live safely and with dignity through all the stages of their lives.
**STABLE**

**BUSINESS INVESTMENT**

**WORKFORCE ENTRY AND RETENTION**

**FINANCIAL SECURITY AND STABILITY**

A Stable Community has adults who are equipped for and have access to jobs that enable them to achieve financial security, plan for retirement, and continue to be healthy, productive members when they are no longer able or desire to work. Likewise, experienced workers are retained and new employees across generations are recruited through flexible workplace policies. Businesses invest in local communities and community members support local businesses.

**GOAL:** Individuals of all ages are able to obtain jobs and to access services that help to build and safeguard assets; plan for retirement; lead productive lifestyles; and care for loved ones.

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**WELL**

**WELLNESS, PREVENTION AND CHRONIC DISEASE MANAGEMENT**

**ACCESS AND COORDINATION**

**CAREGIVER AND SKILLED HEALTH PROFESSIONALS**

**LONG-TERM CARE RESOURCES**

A Well Community has supports, health management systems, and comprehensive health services that provide for the changing needs of the population as it ages.

**GOAL:** Our region has effective and sustainable health and wellness resources that are coordinated, accessible, and well utilized.
The importance of regional leadership and public awareness of aging emerged in all goal areas and at every phase of Age Wave planning. These two objectives relate directly to each of the goals within the Engaged, Livable, Stable, and Well Communities sections of the plan.

1. Increase **regional leadership and policy making** to meet the needs of our aging population
2. Broaden **public awareness and communication** of aging and Age Wave planning

**Strategies & Targeted Actions**

1. **Regional Leadership and Policy Making**
   - 1.1 Educate professionals such as clergy, counselors, business leaders, and physicians on the Age Wave Plan, regional challenges, and opportunities
   - 1.2 Engage regional leadership and local governments in planning to promote effective practices for Age Wave Ready communities

2. **Public Awareness and Communication**
   - 2.1 Build public awareness of the Age Wave Plan and seek public support and participation
   - 2.2 Improve the image of aging and challenge ageism by building awareness of diversity in age, abilities, culture, and families
   - 2.3 Disseminate targeted information and messages to five key sectors: businesses, nonprofits, academia, philanthropies, and governments
   - 2.4 Promote positive examples of engaged older adults in non-age specific media such as *Parenting* magazine, *Richmond Times-Dispatch*, *HandsOn Greater Richmond* Newsletter, and in social-media outlets such as YouTube, Facebook, Twitter, etc.

“Churches are aware of our Age Wave and working hands-on as congregation members transition from mid-life to their later years. It is vital for our entire community to recognize this transition and work together.”

— Local Rector, Episcopal Priest

**All Age Wave Ready Communities**

The Greater Richmond Age Wave Plan, 2012
Engaged Communities

An Engaged Community has dedicated, active residents who give back through civic participation and by volunteering on both formal and informal levels. An engaged community also includes opportunities for lifelong learning, recreation, cultural experiences, social and networking forums, and spiritual enrichment. Engaged residents participate in public life through local, regional, or national advocacy.

Goal:
People of all ages are connected through various volunteer, educational, or leisure pursuits that enhance quality of life.

Objectives:
1. Increase knowledge of lifelong learning and civic engagement opportunities
2. Increase volunteerism
3. Increase identification of support networks that engage older adults, such as neighborhood associations, faith communities, and workplaces

Strategies & Targeted Actions

1. Lifelong Learning and Civic Engagement
   1.1 Build awareness among older adults of the benefits of continuing education throughout life; encourage older adults to seek out lifelong learning opportunities
   1.2 Promote availability of local lifelong learning opportunities such as those at Shepherd Centers, community colleges, universities, and senior centers
   1.3 Promote availability of refresher courses on topics such as driving, physical fitness, healthy eating, and food safety
   1.4 Encourage older adults to pursue their entrepreneurial ideas and artistic aspirations

2. Volunteerism
   2.1 Promote older adults’ use of volunteer clearinghouses such as HandsOn Greater Richmond, Volunteer Match, and the Retired and Senior Volunteer Program
   2.2 Enhance informal and structured volunteer opportunities for individuals, families, neighborhoods, and adult communities
   2.3 Encourage businesses to offer volunteer and engagement opportunities for retirees
   2.4 Promote multi-generational engagement opportunities across all populations and within communities
   2.5 Create forums for multi-organizational conversations about the benefits of intergenerational engagement

“My abuela (grandmother) is really great at knitting. She teaches me different ideas to knit. She has super knitting needles and she just has to think about what to make.”

– 2nd Grader, William Fox Elementary School
3. Support Networks

3.1 Promote healthy networks to support those in need by engaging older adults within neighborhoods, workplaces, and faith communities

3.2 Encourage associations and affiliation groups to advocate and care for at-risk members, especially members who face barriers to inclusion due to language, economic, social, or mobility factors.

How Engaged is Your Community?

Use this space to help you think about the formal and informal networks in your life. What roles do older adults play in your family, your faith community, and your workplace? Can you think of new ways to engage older adults? What ideas do you have about how older and younger generations can join together? From this section, is there something new you learned or something you would like to research and learn more about?
A Livable Community meets the needs of its residents for affordable, accessible, safe, and repairable housing; affordable, dependable, and accessible transportation; and community design that is Americans with Disabilities Act (ADA) accessible, comprehensive, and conducive to personal mobility. A livable community is safe and secure for its residents and businesses.

Goal:
Our region will offer housing, transportation, and design features that enable residents to live safely and with dignity through all the stages of their lives.

Objectives:
1. Increase opportunities for affordable housing and home modification services for older adults
2. Increase mobility and transportation infrastructure in order to decrease isolation of older adults and persons with disabilities
3. Improve physical infrastructure including accessibility to housing and public transportation
4. Promote public safety and make disaster planning widely accessible

Strategies & Targeted Actions

1. Affordable Housing and Home Modification
   1.1 Review data and community planning documents to better understand and determine the unmet housing needs of older adults
   1.2 Promote community awareness about supports that may allow older adults to stay safely in their homes including universal design, home modifications, housing options, and adult support services such as adult day health care
   1.3 Assess and promote best practices of affordable, accessible housing models and the community services available through these models
   1.4 Encourage the creation of quality, affordable housing options and resources to help individuals afford quality home modifications and universal design
   1.5 Increase awareness of availability of accessible housing and transportation options for older adults

2. Mobility and Transportation
   2.1 Support regional and local transportation services that are affordable, reliable, and safe
   2.2 Promote a broad range of specialized transportation options, including curb-to-curb and door-through-door services
   2.3 Encourage businesses, organizations, and faith communities to provide transportation for older adults through paid or volunteer drivers as part of their outreach
   2.4 Educate individuals, families, and caregivers about available programs for driving, walking, and vehicle safety
   2.5 Educate individuals, families, and caregivers to recognize how medication and changes in dexterity, vision, and cognitive ability can impair the ability to drive safely and how to effectively intervene

“When I go to the market, I take my scooter. I drive up to people and say, ‘Do you want to race?’ You have to see the big smile on their face. It makes me feel good and a part of the community.”

– Grandmother, Age 70
3. Physical Infrastructure
   3.1 Assess and determine community service gaps, feasibility, and cost-benefit analysis of physical modifications to public spaces, transportation routes, and housing
   3.2 Advocate for community design features that encourage social interaction among all ages and that promote walkable communities and livable neighborhoods with public spaces
   3.3 Enhance community design by implementing more features that are pleasing and functional for people of all ages, to the greatest extent possible, in all areas of daily life
   3.4 Advocate for critical physical improvements in at-risk neighborhoods with a high concentration of older adults
   3.5 Promote programs in which neighbors assist neighbors

4. Public Safety and Disaster Planning
   4.1 Support local government efforts to implement disaster and emergency planning policies that safeguard older adults
   4.2 Enhance public safety awareness and promote monitoring of neighborhood crime by working with local neighborhood watch programs, faith communities, medical providers, regional leaders, and public safety departments
   4.3 Support elder abuse prevention initiatives, domestic violence awareness, and crime prevention programs

Use this space to help you think about the infrastructure that supports your life such as street lights, sidewalks, traffic signs, and roads. What enhancements might make your life easier? Do you or your neighbors experience any barriers to mobility? How well are you able to get to the grocery, the pharmacy, or the doctor?

What features would make your neighborhood, city, or county more accessible for you, your family, and your neighbors? Consider your personal safety and disaster readiness. Are there areas in your daily life that you could change in order to feel safer? Are there public spaces in your community where caregivers or older adults may gather safely to share information and resources? What have you learned from this section? What questions do you have?
Stable Communities

A Stable Community has adults who are equipped for and have access to jobs that enable them to achieve financial security, plan for retirement, and continue to be healthy, productive members when they are no longer able or desire to work. Likewise, experienced workers are retained and new employees across generations are recruited through flexible workplace policies. Businesses invest in local communities and community members support local businesses.

Goal:
Individuals of all ages are able to obtain jobs and to access services that help to build and safeguard assets, plan for retirement, lead productive lifestyles, and care for loved ones.

Objectives:
1. Encourage businesses to invest in older adult workers
2. Increase workforce entry and retention for older adults who choose to remain in the workforce
3. Increase options for financial security and stability of older adults

Strategies & Targeted Actions

1. Business Investment
   1.1 Encourage transfer of knowledge among older and younger employees in the workplace through skills sharing, mentoring, and succession planning
   1.2 Cultivate business champions for older adult issues and opportunities
   1.3 Encourage development of a plan for the business community that clearly defines investment opportunities, expense reductions, and policies to benefit the older adult workforce, caregivers, and older adult clientele
   1.4 Promote regional tourism directed toward older adult visitors

2. Workforce Entry and Retention
   2.1 Support workers who are caregivers by encouraging flexible workplace policies such as telecommuting, job sharing, and flex time
   2.2 Promote educational and technical training opportunities that enable older adults to continue to participate in the workforce
   2.3 Promote workplace diversity training that raises awareness of older adult workers
   2.4 Promote job creation in localities with a higher concentration of older adults by fostering greater collaboration between older adults, local businesses, and local governments including incentives for businesses to retain older workers who want to remain in the workforce
   2.5 Feature older adult workers at forums to share entrepreneurship and lessons learned, inspire innovation, and encourage entry of new workers into sectors of the labor force with foreseeable job shortages
2. Workforce Entry and Retention, cont’d

2.6 Build awareness of existing neighborhood-based centers such as libraries and community colleges that can harness the entrepreneurial spirit of older adults, provide skills training, and offer opportunities for reentry into the workforce.

3. Financial Security and Stability

3.1 Promote use of existing neighborhood-based resource centers and forums where older adults and caregivers can gather to share financial information, goods, services, and practical advice.

3.2 Encourage faith communities to connect older adults and individuals with disabilities to resources that provide supportive financial services.

3.3 Encourage workplaces, faith communities, recreation centers, and regional leaders to promote financial and long-term planning education, including the preparation of wills, powers of attorney, and advance directives.

Use this space to help you think about your financial stability and long-term planning.

How could your workplace make better use of the knowledge and experience of its older employees? Do you need more information or knowledge about how to plan for your future? How will you find the information you need?
Well Communities

A Well Community has supports, health management systems, and comprehensive health services that provide for the changing needs of the population as it ages.

Goal:
Our region has effective and sustainable health and wellness resources that are coordinated, accessible, and well utilized.

Objectives:
1. Increase the number of older adults participating in prevention, wellness, and chronic disease management
2. Increase access to and coordination of health care and adult supportive services
3. Increase awareness of the critical role of caregiving and training that supports caregivers and skilled health professionals
4. Increase awareness of long-term care resources

Strategies & Targeted Actions

1. Prevention, Wellness, and Chronic Disease Management
   1.1 Promote healthy lifestyle strategies that help individuals make healthier choices to prevent illness
   1.2 Raise awareness of the importance of illness prevention and health screenings
   1.3 Build awareness of the health risks to older adults of depression, substance abuse, hypertension, diabetes, and sexually transmitted diseases
   1.4 Promote chronic disease self-management education, activities, and resources and underscore the importance of effective aftercare
   1.5 Strengthen outreach to older adults experiencing vision and hearing loss
   1.6 Expand elder abuse, neglect, and exploitation prevention initiatives and follow up

2. Access and Coordination
   2.1 Encourage the development of coordinated health care systems that, in addition to physical health services, include health education, mental health, substance abuse, dental, vision, and hearing services
   2.2 Promote communication and coordination among community-based service providers to maximize program effectiveness and reduce program duplication, where appropriate
   2.3 Promote communication and coordination between medical providers and community-based service providers in order to improve quality of care as individuals transition from institutional care to community care or vice-versa
2. Access and Coordination, cont’d
   2.4 Build awareness of single-point-of-entry programs for access to community resources and adult supportive services such as adult day health care

3. Caregivers and Skilled Health Professionals
   3.1 Advocate for an increase in the number of trained, retained, and effectively used skilled health care professionals including medical providers, discharge planners, and geriatric professionals
   3.2 Educate older adults and their families about employing and accessing in-home, non-medical supportive service providers
   3.3 Advocate for, strengthen outreach to, and support voluntary, non-family respite caregivers
   3.4 Educate consumers about and advocate for increased person-centered planning throughout the continuum of care
   3.5 Encourage caregivers to take care of themselves through regular health care visits, stress management, physical fitness, healthy eating, and adequate respite from caregiving tasks

4. Long-Term Care Resources
   4.1 Raise awareness of the need to plan and encourage residents to prepare for the possibility of needing long-term care
   4.2 Advocate for an adequately funded continuum of effective community-based long-term care choices
   4.3 Promote multi-generational awareness of and access to end-of-life care, support, advance directives, and resources
   4.4 Raise multi-generational awareness of the impact of projected increases of Alzheimer’s Disease and other dementias, diabetes, hypertension, stroke, obesity, and other chronic diseases

Use this space to help you think about wellness, illness prevention, and health care. Are there personal wellness practices that you enjoy doing every day such as taking a nature walk, reflective reading, or playing with your pets? Are there aspects of your personal wellness that you find yourself avoiding?

If so, why? What areas of health and health care would you like to learn more about? Do you know how to find the information you need? Try answering these questions from the perspective of an older person in your life. How do your responses differ as your think about yourself, your neighbor, or your loved ones?
While there is no universally accepted definition of old age, chronological age is one measure that can help us understand the lives of older adults in Greater Richmond. Demographic data can reveal what is important to or what is lacking for residents as they age—things that are important to each of us.

- **Regional Maps**
  - 2005–2009 Percentage of Total Population Age 60+
  - 2030 Projections Percentage of Total Population Age 60+

- **Aging Cohort Charts & Graphs**
  - Older Adult Population
  - Projected Growth of Older Adult Population
  - Median Household Income by Age
  - Adults Age 45+ Living in Poverty
  - Older Adults Living Alone
  - Older Adults Receiving Social Security Benefits
  - Older Adults Caring for Grandchildren
  - Workforce Comparison by Age

- **Health Data**
  - Hospital Inpatient Discharges
  - County Health Rankings
  - Adults Living with Disabilities

“Aging is like walking the stairs. That’s the way your body is, and, if you stay in good shape, you never worry about your age. You keep your body in shape, and that keeps your mind in shape.”

– Retired Sharecropper

Age 76
2005-2009 Percentage of Total Population Age 60+
Source: American Community Survey 2005-2009

The Greater Richmond Age Wave Plan, 2012
2030 Projections Percentage of Total Population Age 60+

Source: Virginia Employment Commission

- 31% to 35%
- 26% to 30%
- 21% to 25%
- 16% to 20%
- 11% to 15%
- 6% to 10%
## Older Adult Population


### POPULATION, 65+

<table>
<thead>
<tr>
<th>Locality</th>
<th>1990 Census</th>
<th>2000 Census</th>
<th>2010 Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>710</td>
<td>874</td>
<td>1,214</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>12,815</td>
<td>21,007</td>
<td>32,878</td>
</tr>
<tr>
<td>Goochland</td>
<td>1,567</td>
<td>2,109</td>
<td>3,237</td>
</tr>
<tr>
<td>Hanover</td>
<td>6,709</td>
<td>9,159</td>
<td>13,104</td>
</tr>
<tr>
<td>Henrico</td>
<td>26,984</td>
<td>32,601</td>
<td>37,924</td>
</tr>
<tr>
<td>New Kent</td>
<td>918</td>
<td>1,268</td>
<td>2,226</td>
</tr>
<tr>
<td>Powhatan</td>
<td>1,350</td>
<td>1,883</td>
<td>3,407</td>
</tr>
<tr>
<td>Richmond</td>
<td>31,181</td>
<td>26,129</td>
<td>22,619</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>82,234</td>
<td>95,030</td>
<td>116,609</td>
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</table>

### POPULATION, 85+

<table>
<thead>
<tr>
<th>Locality</th>
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<th>2000 Census</th>
<th>2010 Census</th>
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<tr>
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<td>57</td>
<td>46</td>
<td>86</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>812</td>
<td>1,281</td>
<td>3,496</td>
</tr>
<tr>
<td>Goochland</td>
<td>143</td>
<td>143</td>
<td>298</td>
</tr>
<tr>
<td>Hanover</td>
<td>488</td>
<td>636</td>
<td>1,631</td>
</tr>
<tr>
<td>Henrico</td>
<td>2,743</td>
<td>3,279</td>
<td>6,129</td>
</tr>
<tr>
<td>New Kent</td>
<td>56</td>
<td>63</td>
<td>191</td>
</tr>
<tr>
<td>Powhatan</td>
<td>87</td>
<td>101</td>
<td>277</td>
</tr>
<tr>
<td>Richmond</td>
<td>3,435</td>
<td>2,676</td>
<td>3,839</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>7,821</td>
<td>8,225</td>
<td>15,947</td>
</tr>
</tbody>
</table>
The 65+ population in the Age Wave Region is projected to **more than double** from 2000 to 2030.

## Projected Growth in 65+ Population

*source: 2000 and 2010 Census, Virginia Employment Commission Estimates*

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>874</td>
<td>1,214</td>
<td>39%</td>
<td>1,712</td>
<td>96%</td>
<td>2,143</td>
<td>145%</td>
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<tr>
<td>Chesterfield</td>
<td>21,007</td>
<td>32,878</td>
<td>57%</td>
<td>56,513</td>
<td>169%</td>
<td>79,772</td>
<td>280%</td>
</tr>
<tr>
<td>Goochland</td>
<td>2,109</td>
<td>3,237</td>
<td>53%</td>
<td>5,257</td>
<td>149%</td>
<td>8,137</td>
<td>286%</td>
</tr>
<tr>
<td>Hanover</td>
<td>9,159</td>
<td>13,104</td>
<td>43%</td>
<td>21,385</td>
<td>133%</td>
<td>31,107</td>
<td>240%</td>
</tr>
<tr>
<td>Henrico</td>
<td>32,601</td>
<td>37,924</td>
<td>16%</td>
<td>52,401</td>
<td>61%</td>
<td>67,988</td>
<td>109%</td>
</tr>
<tr>
<td>New Kent</td>
<td>1,268</td>
<td>2,226</td>
<td>76%</td>
<td>4,504</td>
<td>255%</td>
<td>7,572</td>
<td>497%</td>
</tr>
<tr>
<td>Powhatan</td>
<td>1,883</td>
<td>3,407</td>
<td>81%</td>
<td>5,196</td>
<td>176%</td>
<td>7,899</td>
<td>319%</td>
</tr>
<tr>
<td>Richmond</td>
<td>26,129</td>
<td>22,619</td>
<td>-13%</td>
<td>24,959</td>
<td>-4%</td>
<td>27,405</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Age Wave Region</strong></td>
<td><strong>95,030</strong></td>
<td><strong>116,609</strong></td>
<td><strong>23%</strong></td>
<td><strong>171,927</strong></td>
<td><strong>81%</strong></td>
<td><strong>232,023</strong></td>
<td><strong>144%</strong></td>
</tr>
</tbody>
</table>
### Projected Growth in 85+ Population

*source: 2000 and 2010 Census, Virginia Employment Commission Estimates*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>46</td>
<td>86</td>
<td>87%</td>
<td>116</td>
<td>152%</td>
<td>179</td>
<td>289%</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>1,281</td>
<td>3,496</td>
<td>173%</td>
<td>4,639</td>
<td>262%</td>
<td>7,838</td>
<td>512%</td>
</tr>
<tr>
<td>Goochland</td>
<td>143</td>
<td>298</td>
<td>108%</td>
<td>348</td>
<td>143%</td>
<td>522</td>
<td>265%</td>
</tr>
<tr>
<td>Hanover</td>
<td>636</td>
<td>1,631</td>
<td>156%</td>
<td>2,169</td>
<td>241%</td>
<td>3,374</td>
<td>431%</td>
</tr>
<tr>
<td>Henrico</td>
<td>3,279</td>
<td>6,129</td>
<td>87%</td>
<td>6,922</td>
<td>111%</td>
<td>8,792</td>
<td>168%</td>
</tr>
<tr>
<td>New Kent</td>
<td>63</td>
<td>191</td>
<td>203%</td>
<td>209</td>
<td>232%</td>
<td>332</td>
<td>427%</td>
</tr>
<tr>
<td>Powhatan</td>
<td>101</td>
<td>277</td>
<td>174%</td>
<td>249</td>
<td>147%</td>
<td>319</td>
<td>216%</td>
</tr>
<tr>
<td>Richmond</td>
<td>2,676</td>
<td>3,839</td>
<td>43%</td>
<td>4,293</td>
<td>60%</td>
<td>4,835</td>
<td>81%</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>8,225</td>
<td>15,947</td>
<td>94%</td>
<td>18,945</td>
<td>130%</td>
<td>26,191</td>
<td>218%</td>
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</tbody>
</table>

The 85+ population in the Age Wave Region is projected to **more than triple** from 2000 to 2030.
Median Household Income by Age
source: U.S. Census American Community Survey (ACS) 2005 – 2009 estimates

Charles City  $53,964 $33,214
Chesterfield  $84,325 $46,422
Goochland  $95,670 $38,938
Hanover  $89,072 $43,630
Henrico  $69,730 $43,445
New Kent  $75,362 $36,563
Powhatan  $81,250 $43,176
Richmond  $44,798 $27,361
Virginia  $72,807 $37,244

Why is this important?
Median Household Income is one of the best income measures available. It indicates how well a family is doing financially.

note: There is a large margin of error for localities with smaller populations due to smaller sizes used by the ACS. Data presented should be considered the best estimate currently available.
**Poverty Thresholds**
source: U.S. Census Bureau, Housing and Household Economic Statistics Division, 2009

<table>
<thead>
<tr>
<th>2009 Poverty Thresholds (Under 65)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of poverty threshold</td>
</tr>
<tr>
<td>100%</td>
</tr>
<tr>
<td>200%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2009 Older Adult (65+) Poverty Thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of poverty threshold</td>
</tr>
<tr>
<td>100%</td>
</tr>
<tr>
<td>200%</td>
</tr>
</tbody>
</table>

**Why is this important?**
Adults and older adults who live at or below the poverty level face limited choices and limited resources that may negatively impact their quality of life. They are at risk of lacking adequate financial resources to ensure a quality diet, housing, health care and other needs. The challenges of living at or near poverty create a living situation that becomes unmanageable for many adults.

Because the poverty level is only about 30% of the region’s median income, a more comprehensive picture of economic vulnerability includes individuals in households with income up to 200% of the poverty level.
Adults Age 45+ Living in Poverty
source: U.S. Census American Community Survey (ACS) 2005 – 2009 5-year estimates

Percent Below Poverty by Age

<table>
<thead>
<tr>
<th>Locality</th>
<th>45 – 64</th>
<th>65+</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>219</td>
<td>154</td>
<td>60</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>2,757</td>
<td>1,009</td>
<td>607</td>
</tr>
<tr>
<td>Goochland</td>
<td>458</td>
<td>229</td>
<td>200</td>
</tr>
<tr>
<td>Hanover</td>
<td>861</td>
<td>852</td>
<td>495</td>
</tr>
<tr>
<td>Henrico</td>
<td>4,120</td>
<td>1,788</td>
<td>704</td>
</tr>
<tr>
<td>New Kent</td>
<td>215</td>
<td>147</td>
<td>65</td>
</tr>
<tr>
<td>Powhatan</td>
<td>312</td>
<td>224</td>
<td>155</td>
</tr>
<tr>
<td>Richmond</td>
<td>6,009</td>
<td>4,111</td>
<td>2,256</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>14,951</td>
<td>8,514</td>
<td>4,542</td>
</tr>
<tr>
<td>Virginia</td>
<td>130,335</td>
<td>78,118</td>
<td>42,741</td>
</tr>
</tbody>
</table>

Percent Below 100% of Poverty by Age

<table>
<thead>
<tr>
<th>Locality</th>
<th>45 – 64</th>
<th>65+</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>8.8%</td>
<td>13.4%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>3.3%</td>
<td>4.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Goochland</td>
<td>7.9%</td>
<td>8.7%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Hanover</td>
<td>3.0%</td>
<td>7.3%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Henrico</td>
<td>5.6%</td>
<td>5.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>New Kent</td>
<td>3.8%</td>
<td>9.2%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Powhatan</td>
<td>4.8%</td>
<td>8.3%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Richmond</td>
<td>14.2%</td>
<td>14.9%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>6.0%</td>
<td>8.4%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Virginia</td>
<td>6.6%</td>
<td>8.9%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

note: There is a large margin of error for localities with smaller populations due to smaller sizes used by the ACS. Data presented should be considered the best estimate currently available.
### Adults Age 45+ Living in Poverty

*source: U.S. Census American Community Survey (ACS) 2005 – 2009 5-year estimates*

#### Percent Below 200% of Poverty by Age

<table>
<thead>
<tr>
<th>Locality</th>
<th>45 – 64</th>
<th>65+</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>19.2%</td>
<td>19.9%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>9.3%</td>
<td>14.4%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Goochland</td>
<td>14.7%</td>
<td>22.3%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Hanover</td>
<td>9.2%</td>
<td>13.4%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Henrico</td>
<td>13.9%</td>
<td>15.1%</td>
<td>17.5%</td>
</tr>
<tr>
<td>New Kent</td>
<td>10.2%</td>
<td>20.1%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Powhatan</td>
<td>13.5%</td>
<td>16.8%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Richmond</td>
<td>33.1%</td>
<td>24.8%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>15.1%</td>
<td>17.8%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Virginia</td>
<td>16.4%</td>
<td>19.5%</td>
<td>23.5%</td>
</tr>
</tbody>
</table>

#### Number Below 200% of Poverty by Age

<table>
<thead>
<tr>
<th>Locality</th>
<th>45 – 64</th>
<th>65+</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>479</td>
<td>229</td>
<td>113</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>7,842</td>
<td>3,273</td>
<td>1,614</td>
</tr>
<tr>
<td>Goochland</td>
<td>849</td>
<td>587</td>
<td>315</td>
</tr>
<tr>
<td>Hanover</td>
<td>2,630</td>
<td>1,560</td>
<td>942</td>
</tr>
<tr>
<td>Henrico</td>
<td>10,132</td>
<td>4,813</td>
<td>2,679</td>
</tr>
<tr>
<td>New Kent</td>
<td>577</td>
<td>321</td>
<td>213</td>
</tr>
<tr>
<td>Powhatan</td>
<td>879</td>
<td>454</td>
<td>309</td>
</tr>
<tr>
<td>Richmond</td>
<td>14,058</td>
<td>6,860</td>
<td>3,865</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>37,446</td>
<td>18,097</td>
<td>10,050</td>
</tr>
<tr>
<td>Virginia</td>
<td>323,095</td>
<td>170,673</td>
<td>90,808</td>
</tr>
</tbody>
</table>

#### Note:
There is a large margin of error for localities with smaller populations due to smaller sizes used by the ACS. Data presented should be considered the best estimate currently available.
Older Adults Living Alone

### Percent of older adults living alone

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>23.2%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>21.4%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Goochland</td>
<td>19.8%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Hanover</td>
<td>23.8%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Henrico</td>
<td>28.0%</td>
<td>28.7%</td>
</tr>
<tr>
<td>New Kent</td>
<td>22.2%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Powhatan</td>
<td>18.0%</td>
<td>18.0%</td>
</tr>
<tr>
<td>Richmond</td>
<td>37.8%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>28.4%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Virginia</td>
<td>27.6%</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

Why is this important

Household structure can impact a person’s well-being. Older adults who live alone can be at risk for reduced quality of life if there are co-existing conditions such as poverty, lack of transportation, and/or illness, disease or disability. It is important to understand the number of older adults who are living alone because they may require more support to live independently.

Note: There is a large margin of error for localities with smaller populations due to smaller sizes used by the ACS. Data presented should be considered the best estimate currently available.
Older Adults Receiving Social Security Benefits

source: Social Security Administration, Office of Retirement and Disability Policy, 2009

Number of Older Adults Receiving Social Security Benefits, December, 2009

<table>
<thead>
<tr>
<th>Locality</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>465</td>
<td>605</td>
<td>1,070</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>13,130</td>
<td>17,235</td>
<td>30,365</td>
</tr>
<tr>
<td>Goochland</td>
<td>1,415</td>
<td>1,675</td>
<td>3,090</td>
</tr>
<tr>
<td>Hanover</td>
<td>5,290</td>
<td>7,025</td>
<td>12,315</td>
</tr>
<tr>
<td>Henrico</td>
<td>13,075</td>
<td>20,730</td>
<td>33,805</td>
</tr>
<tr>
<td>New Kent</td>
<td>1,030</td>
<td>1,110</td>
<td>2,140</td>
</tr>
<tr>
<td>Powhatan</td>
<td>1,460</td>
<td>1,680</td>
<td>3,140</td>
</tr>
<tr>
<td>Richmond</td>
<td>7,795</td>
<td>12,725</td>
<td>20,520</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>43,660</td>
<td>62,785</td>
<td>106,445</td>
</tr>
<tr>
<td>Virginia</td>
<td>367,620</td>
<td>496,283</td>
<td>863,903</td>
</tr>
</tbody>
</table>

Total Social Security Benefits Received by All Older Adults (65+), December, ’09 (in thousands of dollars)

<table>
<thead>
<tr>
<th>Locality</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>$590</td>
<td>$557</td>
<td>$1,147</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>$19,432</td>
<td>$18,609</td>
<td>$38,041</td>
</tr>
<tr>
<td>Goochland</td>
<td>$2,128</td>
<td>$1,728</td>
<td>$3,856</td>
</tr>
<tr>
<td>Hanover</td>
<td>$7,719</td>
<td>$7,633</td>
<td>$15,352</td>
</tr>
<tr>
<td>Henrico</td>
<td>$18,911</td>
<td>$23,314</td>
<td>$42,225</td>
</tr>
<tr>
<td>New Kent</td>
<td>$1,435</td>
<td>$1,140</td>
<td>$2,575</td>
</tr>
<tr>
<td>Powhatan</td>
<td>$2,101</td>
<td>$1,733</td>
<td>$3,834</td>
</tr>
<tr>
<td>Richmond</td>
<td>$10,071</td>
<td>$13,306</td>
<td>$23,377</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>$62,387</td>
<td>$68,020</td>
<td>$130,407</td>
</tr>
<tr>
<td>Virginia</td>
<td>$488,198</td>
<td>$496,157</td>
<td>$984,355</td>
</tr>
</tbody>
</table>

The Greater Richmond Age Wave Plan, 2012
Older Adults Caring for Grandchildren
source: U.S. Census American Community Survey (ACS) 2005 – 2009 5-year estimates

Why is this important?
Taking care of a grandchild may create or exacerbate a number of health and financial hardships for a grandparent caregiver. Grandparent caregivers are more likely to live in poverty than other grandparents and they are at risk for poor mental and physical health.

note: There is a large margin of error for localities with smaller populations due to smaller sizes used by the ACS. Data presented should be considered the best estimate currently available.

<table>
<thead>
<tr>
<th>Locality</th>
<th>2005 – 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>24</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>554</td>
</tr>
<tr>
<td>Goochland</td>
<td>64</td>
</tr>
<tr>
<td>Hanover</td>
<td>256</td>
</tr>
<tr>
<td>Henrico</td>
<td>545</td>
</tr>
<tr>
<td>New Kent</td>
<td>53</td>
</tr>
<tr>
<td>Powhatan</td>
<td>48</td>
</tr>
<tr>
<td>Richmond</td>
<td>648</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>2,192</td>
</tr>
<tr>
<td>Virginia</td>
<td>19,928</td>
</tr>
</tbody>
</table>
### Workforce Comparison by Age

**Source:** Virginia Employment Commission, 2011

#### Percent of Total Workforce by Age

<table>
<thead>
<tr>
<th>Locality</th>
<th>45 – 64</th>
<th>% of Total Workforce</th>
<th>65+</th>
<th>% of Total Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles City</td>
<td>2,631</td>
<td>36.0%</td>
<td>1,214</td>
<td>17.0%</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>90,163</td>
<td>29.0%</td>
<td>32,878</td>
<td>10.0%</td>
</tr>
<tr>
<td>Goochland</td>
<td>7,689</td>
<td>35.0%</td>
<td>3,237</td>
<td>15.0%</td>
</tr>
<tr>
<td>Hanover</td>
<td>30,718</td>
<td>31.0%</td>
<td>13,104</td>
<td>13.0%</td>
</tr>
<tr>
<td>Henrico</td>
<td>81,971</td>
<td>27.0%</td>
<td>37,924</td>
<td>12.0%</td>
</tr>
<tr>
<td>New Kent</td>
<td>6,283</td>
<td>34.0%</td>
<td>2,226</td>
<td>12.0%</td>
</tr>
<tr>
<td>Powhatan</td>
<td>8,937</td>
<td>32.0%</td>
<td>3,407</td>
<td>12.0%</td>
</tr>
<tr>
<td>Richmond</td>
<td>47,919</td>
<td>23.0%</td>
<td>22,619</td>
<td>11.0%</td>
</tr>
</tbody>
</table>
### Hospital Inpatient Discharges July 1, 2010 – June 30, 2011

*Sources: Discharge data - Intellimed; population - 2011 Claritas; query & analysis by Cameron Targeted Solutions.*

<table>
<thead>
<tr>
<th>Locality</th>
<th>INPATIENT DISCHARGES</th>
<th>DISCHARGE RATES (PER 1,000 PEOPLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45 – 64</td>
<td>65 – 74</td>
</tr>
<tr>
<td>Charles City</td>
<td>231</td>
<td>115</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>8,141</td>
<td>3,961</td>
</tr>
<tr>
<td>Goochland</td>
<td>660</td>
<td>408</td>
</tr>
<tr>
<td>Hanover</td>
<td>2,478</td>
<td>1,565</td>
</tr>
<tr>
<td>Henrico</td>
<td>7,767</td>
<td>4,249</td>
</tr>
<tr>
<td>New Kent</td>
<td>618</td>
<td>368</td>
</tr>
<tr>
<td>Powhatan</td>
<td>714</td>
<td>345</td>
</tr>
<tr>
<td>Richmond</td>
<td>8,511</td>
<td>2,995</td>
</tr>
<tr>
<td>Age Wave Region</td>
<td>29,120</td>
<td>14,006</td>
</tr>
<tr>
<td>Virginia</td>
<td>213,533</td>
<td>118,700</td>
</tr>
</tbody>
</table>

**Of the 65,340 Inpatient Discharges of Adults 45+ in the Age Wave Region, the Top Diagnosis Groups were:**

- Major Joint Replacement
- Rehabilitation
- Psychoses
- Septicemia without Ventilation (commonly known as blood poisoning)
- Heart Failure & Shock (shock is a condition in which a suddenly weakened heart isn’t able to pump enough blood to meet the body's needs)

All discharges from Virginia’s acute care hospitals are reported to Virginia Health Information (VHI). Numerous types of data, such as the patient’s age, ZIP code and diagnosis, are collected about each patient. These data contain valuable information that provides insights about the Age Wave Region’s health needs.
2012 County Health Rankings

Each rank is out of 132 Virginia counties. A rank of 1 is the best in the state. A rank of 132 is the worst in the state.

Source: www.countyhealthrankings.com
Note: Three localities (Highland, Lexington City and Norton City) were not included in the state’s rankings.

Morbidity includes measures of quality of life and poor birth outcomes.

Specific measures used include:
• Poor or fair health
• Poor physical health days
• Poor mental health days
• Low birth weight

Mortality is a measure of premature death. The specific measure used is years of potential life lost before age 75.

Health Outcomes Ranking is based on a summary score of Mortality and Morbidity.

The Greater Richmond Age Wave Plan, 2012
### HEALTH FACTORS RANKING

Healthy Factors Ranking is based on a summary score of Health Behaviors, Clinical Care, Social and Economic, and Physical Environment.

#### HEALTH BEHAVIORS

<table>
<thead>
<tr>
<th>Rank</th>
<th>Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Goochland</td>
</tr>
<tr>
<td>16</td>
<td>Hanover</td>
</tr>
<tr>
<td>17</td>
<td>Henrico</td>
</tr>
<tr>
<td>29</td>
<td>Chesterfield</td>
</tr>
<tr>
<td>38</td>
<td>Powhatan</td>
</tr>
<tr>
<td>43</td>
<td>New Kent</td>
</tr>
<tr>
<td>100</td>
<td>Richmond</td>
</tr>
<tr>
<td>107</td>
<td>Charle City</td>
</tr>
</tbody>
</table>

**Health Behaviors** include smoking, diet and exercise, alcohol use, and unsafe sex.

Specific measures include:
- Adult Smoking
- Adult Obesity
- Excessive Drinking
- Vehicle Crash Death Rate
- Sexually Transmitted Infections
- Teen Birth Rate

#### CLINICAL CARE

<table>
<thead>
<tr>
<th>Rank</th>
<th>Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Henrico</td>
</tr>
<tr>
<td>8</td>
<td>Goochland</td>
</tr>
<tr>
<td>12</td>
<td>Chesterfield</td>
</tr>
<tr>
<td>20</td>
<td>Hanover</td>
</tr>
<tr>
<td>51</td>
<td>New Kent</td>
</tr>
<tr>
<td>56</td>
<td>Richmond</td>
</tr>
<tr>
<td>86</td>
<td>Charles City</td>
</tr>
<tr>
<td>112</td>
<td>Powhatan</td>
</tr>
</tbody>
</table>

**Clinical Care** includes access to care and quality of care.

Specific measures include:
- Uninsured Adults
- Primary Care Physicians
- Preventable Hospital Stays
- Diabetic Screening
- Mammography Screening

#### SOCIAL & ECONOMIC

<table>
<thead>
<tr>
<th>Rank</th>
<th>Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Hanover</td>
</tr>
<tr>
<td>20</td>
<td>Chesterfield</td>
</tr>
<tr>
<td>23</td>
<td>Powhatan</td>
</tr>
<tr>
<td>29</td>
<td>New Kent</td>
</tr>
<tr>
<td>32</td>
<td>Goochland</td>
</tr>
<tr>
<td>33</td>
<td>Henrico</td>
</tr>
<tr>
<td>62</td>
<td>Charles City</td>
</tr>
<tr>
<td>128</td>
<td>Richmond</td>
</tr>
</tbody>
</table>

**Social and Economic factors** include education, employment, income, family and social support, and community safety.

Specific measures include:
- High School Graduation
- Some College
- Unemployment
- Children in Poverty
- Inadequate Social Support
- Children in Single-Parent Households
- Violent Crime or Homicide

#### PHYSICAL ENVIRONMENT

<table>
<thead>
<tr>
<th>Rank</th>
<th>Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>Powhatan</td>
</tr>
<tr>
<td>86</td>
<td>Hanover</td>
</tr>
<tr>
<td>97</td>
<td>New Kent</td>
</tr>
<tr>
<td>99</td>
<td>Charles City</td>
</tr>
<tr>
<td>101</td>
<td>Chesterfield</td>
</tr>
<tr>
<td>104</td>
<td>Richmond</td>
</tr>
<tr>
<td>115</td>
<td>Goochland</td>
</tr>
<tr>
<td>122</td>
<td>Henrico</td>
</tr>
</tbody>
</table>

**Physical Environment** includes environmental quality and built environment.

Specific measures include:
- Air Pollution-Particulate Matter Days
- Air Pollution-Ozone Days
- Access to Healthy Foods
- Access to Recreational Facilities

Health Behaviors include smoking, diet and exercise, alcohol use, and unsafe sex.

Clinical Care includes access to care and quality of care.

Social and Economic factors include education, employment, income, family and social support, and community safety.

Physical Environment includes environmental quality and built environment.
## Older Adults Living With a Disability

**Source:** U.S. Census Bureau, 2008–2010 American Community Survey (ACS)

<table>
<thead>
<tr>
<th>Locality</th>
<th>35 – 64</th>
<th>65 – 74</th>
<th>75 +</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>With Disability</td>
<td>With Disability and in Poverty</td>
<td>With Disability</td>
</tr>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Chesterfield</td>
<td>12,470</td>
<td>9%</td>
<td>1,963</td>
</tr>
<tr>
<td>Goochland</td>
<td>669</td>
<td>8%</td>
<td>36</td>
</tr>
<tr>
<td>Hanover</td>
<td>3,689</td>
<td>8%</td>
<td>414</td>
</tr>
<tr>
<td>Henrico</td>
<td>12,435</td>
<td>10%</td>
<td>2,614</td>
</tr>
<tr>
<td>Powhatan</td>
<td>1,132</td>
<td>10%</td>
<td>223</td>
</tr>
<tr>
<td>Richmond</td>
<td>13,564</td>
<td>19%</td>
<td>4,048</td>
</tr>
</tbody>
</table>

**Note:** Data is not available for Charles City and New Kent counties due to population requirements for 3 year ACS estimates.

The Census defines a disability as a “long-lasting physical, mental, or emotional condition”. Specific disability categories in the ACS include: Hearing, Vision, Cognitive, Ambulatory, Self-care, and Independent Living.
Elders are Superheroes

Students in our local community completed an art assignment that illustrates the value of older people and grandparents in our communities by examining their talents—as superheroes.

After a student completed their assignment, each one was asked to explain their image, and identify the super power (talent) they had chosen for their elder. The student’s thoughts were captured by their teacher and are displayed with the artwork.

Special thanks to William Fox Elementary School

“My Mema’s superpower is making Pho soup. I chose that because I want to make good Pho soup just like Mema.”

– 3rd Grader

Glossary of Terms

Activities of Daily Living (ADLs)
Basic tasks of everyday life: eating, bathing, dressing, toileting, transferring (walking), and continence. An individual’s ability to perform ADLs is important for determining what type of long-term care (e.g. nursing-home or in-home care) and coverage (i.e. Medicaid or long-term care insurance) the individual needs.

ADA Accessibility
As required by the Americans with Disabilities Act, removal of barriers that would hinder a person with a disability from entering, functioning, and working within a facility. Required restructuring of the facility cannot cause undue hardship for the employer. (U.S. Department of Health and Human Services)

Adult Day Health Care
Also known as adult day services or adult day care. These terms describe care and activities provided during the day in a center environment for older adults or adults with disabilities who live at home. Adult day centers are licensed and provide friends and activities along with nursing care, help with personal needs, cognitive and emotional support, and resources for family caregivers. Adult day health care serves as an alternative to nursing home placement for many who attend these centers.

Advance Directives
Advance directives are legal documents that allow you to convey your decisions about end-of-life care ahead of time. They provide a way for you to communicate your wishes to family, friends, and health care professionals and to avoid confusion later on. (National Institutes of Health)

Affordable Housing
The U.S. Department of Housing and Urban Development (HUD) defines housing affordability for a household as spending no more than 30 percent of its annual income on housing. Families who pay more than 30 percent of their income for housing are considered cost-burdened and may have difficulty affording necessities such as food, clothing, transportation, and medical care.

Aftercare
Follow-up care provided after a medical procedure or treatment program.

Ageism
Ageism, also called age discrimination, is a set of beliefs, attitudes, norms, and values used to justify age-based prejudice, stereotypes, discrimination, and subordination.
Age Wave
In 2030, when all of the baby boomers will be 65 and older, nearly one in five U.S. residents is expected to be 65 and older. This age group is projected to increase to 88.5 million in 2050, more than doubling the number in 2008 (38.7 million). Similarly, the 85 and older population is expected to more than triple, from 5.4 million to 19 million between 2008 and 2050. The nation is projected to reach the 400 million population milestone in 2039.

Age Wave Plan
The Greater Richmond Age Wave Plan provides a vision and framework to achieve regional readiness for the Age Wave. The plan defines community goals, indicators, objectives, and strategies to achieve those goals. Ultimately the plan will provide a tool for strategic planning, coordinating efforts, achieving economies of scale, and measuring progress. It can be used by public and private agencies, for-profit and nonprofit organizations, funders, local governments, universities, coalitions, associations, businesses, and partnerships.

American Community Survey (ACS)
The American Community Survey (ACS) is an ongoing survey that provides data every year, giving communities the current information they need to plan investments and services. Information from the survey generates data that help determine how more than $400 billion in federal and state funds are distributed each year. (U.S. Census Bureau)

Area Agencies on Aging (AAA)
“Agencies established under federal law, the Older Americans Act (OAA), to respond to the needs of Americans aged 60 and over in every local community with the goal of keeping seniors living independently in their own homes. AAAs...plan and provide social services and nutrition services for elders, and support for caregivers.” (Bookman et al., 2007)

Business Partnerships
Relationships between nonprofits and businesses; actively developed shared leadership, responsibility, and contributions (financial, business and civic expertise, engagement of workers) by both businesses and nonprofits.

Caregivers
Often called family caregivers or informal caregivers, meaning an unpaid individual (such as a spouse, significant other, family member, friend, or neighbor) who assists someone who is unable to perform certain activities on their own. 66 percent of caregivers are women; 64 percent of America’s caregivers work outside the home. (National Family Caregivers Alliance)

Civic Engagement
“Civic engagement means working to make a difference in the civic life of our communities and developing the combination of knowledge, skills, values and motivation to make that difference. It means promoting the quality of life in a community, through both political and non-political processes.” Civic Responsibility and Higher Education, Thomas Ehrlich (ed.), Oryx Press, 2000, Preface vi.

Community-Based Care
Care in one’s home or the home of another, but not in an institution. Services designed to help older people remain independent and in their own homes; can include senior centers, transportation, delivered meals or congregate meals site, visiting nurses or home health aides, adult day care, and homemaker services. (U.S. Department of Health and Human Services)

Community-Based Choices
The availability of adequately funded high quality supports, services, and living arrangements in the least restrictive setting possible (i.e. home or community) to adequately meet the needs of older adults for housing, safety, mobility, etc.
Consumer Friendly
In this context, goods and services that are appropriately adapted to older adults with limitations of age, illness or disability.

Continuum of Care
The entire spectrum of specialized health, rehabilitative, and residential services available to the frail and chronically ill. The services focus on the social, residual, rehabilitative, and supportive needs of individuals as well as needs that are essentially medical in nature. (U.S. Department of Health and Human Services)

Coordination of Care Services
Coordinated care and chronic disease management to improve the quality of care patients receive. Reimbursement is tied to achieving health care quality goals and outcomes that result in cost savings.

Curb-to-Curb Transportation
The most common designation for paratransit services, the transit involves picking up and discharging passengers at the curb or driveway in front of their home or destination. The driver does not assist or escort passengers to the door. (National Center on Senior Transportation)

Dementia
A loss of brain function that occurs with certain diseases. Dementia affects memory, thinking, language, judgment, and behavior.

Door-Through-Door Transportation
A hands-on service for passengers with significant mobility limitations in which a driver escorts the passenger into the destination and may also provide assistance with belongings (e.g., groceries). This service is for those who would otherwise not be able to use regular or even enhanced paratransit services. (National Center for Senior Transportation)

Elder Abuse
Elder abuse is doing something or failing to do something that results in harm to an elderly person or puts a helpless older person at risk of harm. This includes: physical, sexual and emotional abuse, neglecting or deserting an older person you are responsible for, or taking or misusing an elderly person’s money or property. (National Institutes of Health)

End-of-Life Care
Care at the end of life focuses on making patients comfortable. They still receive medicines and treatments to control pain and other symptoms. Some patients choose to die at home. Others enter a hospital or a hospice. Either way, services are available to help patients and their families deal with issues surrounding death. (National Institutes of Health)

Faith Community
A community of people sharing the same religious faith.

Flexible Workplace Policies
Workplace arrangements that provide flexibility for when, where, or how much one works. They include a variety of arrangements such as job sharing, phased retirement of older workers, and telecommuting, that allow workers to continue making productive contributions to the workforce while also attending to family and other responsibilities. (Executive Office of the President)

Home Care Services
Also called in-home care, in-home services, or in-home supports. Home care is care that allows a person with special needs to stay in their home. It might be for people who are getting older, are chronically ill, recovering from surgery, or living with a disability. Home care services include: personal care, such as help with bathing, washing your hair or getting dressed; homemaking, such as cleaning, yard work and laundry; cooking or delivering meals; and health care, such as having a home health aide come to your home. (National Institutes of Health)

“Nana Banana’s superpower is calling dolphins because once when we were on a cruise, she sat on the side of the boat and she screamed and a dolphin came. – 4th Grader

“Nice Power! My grandmother is really really really nice, so I chose to give her NICE POWER!” – 3rd Grader
Knowledge Transfer
Knowledge transfer seeks to organize, create, capture or distribute knowledge and ensure its availability for future users. (Wikipedia)

Lifelong Learning
The continuous building of skills and knowledge throughout the life of an individual. It occurs through experiences encountered in the course of a lifetime. (Wikipedia)

Long-Term Care Insurance
A type of insurance developed specifically to cover the costs of long-term care services, most of which are not covered by traditional health insurance or Medicare. These include services in your home such as assistance with ADLs as well as care in a variety of facility and community settings.

Long-Term Care Planning
An on-going analysis of available long-term care services, the cost of these services, and financing options available to support long-term care costs.

Medicaid
A program jointly funded by the states and the federal government that reimburses hospitals and medical providers for services to qualifying people who cannot finance their own medical expenses.

Medicaid Eligibility
In Virginia you may be eligible for Medicaid if you are an infant, a child, pregnant, the parent of a dependent child, elderly, or disabled and your family income meets the Medicaid income standards.

Medicare
A federal system of health insurance for people over 65 years of age and for certain younger people with disabilities.

Mobility
The ability to get where you need to go safely and independently. Mobility, or impaired mobility, has significant implications for health and well-being.

Person-Centered Planning
Person-centered planning is a process, directed by the family or the individual with long term care needs, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the individual. The family or individual directs the family or person-centered planning process. The process includes participants freely chosen by the family or individual who are able to serve as important contributors. The family or participants in the person-centered planning process enables and assists the individual to identify and access a personalized mix of paid and non-paid services and supports that will assist him/her to achieve personally-defined outcomes in the most inclusive community setting. The individual identifies planning goals to achieve these personal outcomes in collaboration with those that the individual has identified, including medical and professional staff. The identified personally-defined outcomes and the training supports, therapies, treatments, and or other services the individual is to receive to achieve those outcomes becomes part of the plan of care. (Centers for Medicare and Medicaid Services)

Poverty Guidelines
The poverty guidelines are one version of the federal poverty measure. They are issued each year in the Federal Register by the Department of Health and Human Services (U.S. Department of Health and Human Services). The guidelines are a simplification of the poverty thresholds for use for administrative purposes—for instance, determining financial eligibility for certain federal programs including the Food Stamp Program, Medicaid, Weatherization, Medicare Prescription Drug Benefits, and many more. The poverty guidelines are sometimes loosely referred to as the “federal poverty level” (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important. (United States Department of Health and Human Services)

“Nana’s superpower is making lunch in one second. She makes really good lunch.”
– 1st Grader

“Grammy is really good at playing cards. And the back of my cards are see through to her as her superpower, so she always wins”
– 4th Grader
Poverty Thresholds
The U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If a family’s total income is less than that family’s threshold, then that family, and every individual in it, is considered poor. The poverty thresholds do not vary geographically, but they are updated annually for inflation with the Consumer Price Index (CPI-U). The official poverty definition counts money income before taxes and excludes capital gains and noncash benefits (such as public housing, Medicaid, and food stamps). (U.S. Census Bureau)

Powers of Attorney
A medical power of attorney is a document that lets you appoint someone you trust to make decisions about your medical care. This type of advance directive also may be called a health care proxy, appointment of health care agent or a durable power of attorney for health care. (Centers for Medicare and Medicaid Services)

Residential Care
Care in an institution of any size where care at any level is given to a number of adults in one place.

Single-Point-of-Entry
A single-point-of-entry can vary greatly in scope and implementation. Generally, they involve the development of a single entry point through which consumers are able to access the care they need. A single-point-of-entry typically provides one place for information and referral, one place to find out about and apply for services, and one place to evaluate and provide service recommendations. (Long Term Care Community Coalition)

Supportive Services
Supportive services are services provided to allow you to stay your own home. Supportive services may include: house-cleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), or accompaniment to medical appointments.

Transitional Care
Transition means passage from one phase to another. Transitional care is a bridge between two phases of care. (National Institutes of Health)

Universal Design
The concept of designing all products, buildings and environments to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life.

Walkable Communities
A walkable community is one where it is easy and safe to walk to goods and services (i.e., grocery stores, post offices, health clinics, etc.). Walkable communities encourage pedestrian activity, expand transportation options, and have safe and inviting streets that serve people with different ranges of mobility. (U.S. Department of Transportation)

Workforce Retention
Workforce or employee retention is a systematic effort by employers that uses policies and practice to encourage current employees to continue. Employee retention efforts are one way to offset the costs of employee turnover.

“My grandmother’s superpower is plants and jewelry. She turns plants into jewelry.” – 4th Grader

“My mima’s superpower is setting the table. I chose that because she is great at setting the table and she helps me set the table!” – 3rd Grader
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“It starts with me. I need to meet my neighbors and engage with them.”
—Resident, Richmond’s Promise Neighborhood

50 The Greater Richmond Age Wave Plan, 2012
I look to my parents as role models for the successes and challenges of aging. I am happy to know that our community is planning ahead to enhance livability for all ages. I like this multi-generational approach.

—City of Richmond Resident, Age 59
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What are you doing to help Greater Richmond be ready for the Age Wave?

Share your thoughts with us: yourunitedway.org/agewave
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