



# Older Adults: Where We Are and Where We're Going

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# Older Adults in Greater Williamsburg: Where We Are and Where We're Going

## Executive Summary

### *Objectives*

This report is intended to catalyze community collaboration to support older adults in Greater Williamsburg in their well-being, independence, and overall quality of life. The over-arching objective is to help make ours an age-friendly community.

The report presents and analyzes data on the demographics, health status, and available health and human services for this large and growing segment of our population. The report presents key findings from the most recent publicly available, locality-level data on older adults and then uses the data to tell the story of where the community stands and where it's going. Where applicable, the report compares Greater Williamsburg's older adult population to the local population at large and/or state-level data on older adults.

The report identifies specific challenges and opportunities. In the report you will see the community landscape, health-related trends, and socioeconomic factors that impact the well-being of older adults.

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***Our premise is that “an age-friendly community allows people of all ages to participate in activities that keep the community healthy.” In an age-friendly community, “older persons can easily stay connected with others and remain independent. An age-friendly community also looks out for those who need support to age successfully.”<sup>1</sup>***

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While the focus of this report is on older adults, the authors wish to emphasize that older adult well-being is critical to the overall well-being of residents of all ages.

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<sup>1</sup> <https://vantageaging.org/blog/age-friendly-community/> Accessed November 12, 2021.

## *Structure*

The report includes four sections:

**Section 1: Demographic Profile:** a description and analysis of population data. This section includes growth trends looking back over two decades and projecting forward for two decades. The increase of the older adult population relative to the entire population is highlighted.

**Section 2: Health Profile:** a multi-faceted illustration of health status. The section includes common risk factors, unhealthy behaviors, chronic disease prevalence, mental/behavioral health, and factors impacting access to care.

**Section 3: Aging-in-Place Supports through a Lens of Social Determinants of Health (SDOH):** a view of the availability of supports and resources that promote the ability of older adults to age in place. The section includes data and maps illustrating household income, housing costs, Medicare enrollment, food access, and disability rates, among other measures.

**Section 4: Interviews with Key Informants:** semi-structured interviews with selected community leaders working in various spheres of aging services. Respondents were asked about overall trends and their blue-sky vision for making Greater Williamsburg as age friendly as possible. In addition to Section 4, please see Appendices F and G for a listing of key informants and questions posed.

## *Scope*

The geographic area of study for this report is Greater Williamsburg, includes three localities: James City County, York County, and the City of Williamsburg. As of 2019, Greater Williamsburg had a population of approximately 160,000.

## *Notes on the Data*

The population data used in the report is from the 2019 census. At the time of writing (November 2021), locality-level census data is not available. Second, as mentioned in Section 1: Demographic Profile, the threshold age at which a person is considered an “older adult” is not standardized across data sets. For this report, the default threshold age is sixty. Where the data referenced has a different threshold age, the authors have noted it.

Where available, Greater Williamsburg data is compared to state-level data. In instances where the data is “estimated,” locally collected data is not available so the state-level prevalence rate is applied to Greater Williamsburg population numbers.

### *Selected Key Findings*

This report reveals a community that is already age-friendly in many respects. There are strengths and positive attributes as well as significant challenges. The appeal of Greater Williamsburg for older adults is illustrated in many ways, including the rate of population growth, which is significantly higher than that of the state as a whole. Highlighted below are notable trends and findings. We hope you will use this report to find additional information and data based on specific areas of interest.

#### *Demographic Findings*

- Since 2000, the overall population of Greater Williamsburg has grown by 28% compared with 17.5% for Virginia overall.
- Greater Williamsburg is home to a larger proportion of older adults than is typical for Virginia. Moreover, the older adult population is the fastest-growing age segment of the community. It is projected to grow to 33% of the population by 2030 and to remain close to that proportion until at least 2040. James City County has the largest number and proportion of older adults in Greater Williamsburg.
- Nationally, by 2034, people aged sixty-five and over will outnumber people under the age of eighteen for the first time in our history. Greater Williamsburg has already passed that threshold. Our older adult population is 35% larger than the population under eighteen.

#### *Health-Related Findings*

- The prevalence of chronic illnesses is significantly higher among older adults than the population at large. An older adult is almost three times as likely to have diabetes and more than twice as likely to have high blood pressure or high cholesterol as a younger person.
- Nearly 70% of the older adult population is either overweight or obese.
- In Virginia, approximately 40% of older adults have at least one disability.
- Medicare data shows racial disparities for all three localities for preventable hospitalizations. Black older adults are more frequently hospitalized for preventable conditions than their White counterparts.
- The pandemic has disproportionately affected older adults. As of October 2021, 87% of COVID deaths in Virginia were people aged sixty or older.
- Population growth and aging will continue to contribute to a growing demand for health and human services.

### *Aging in Place Supports and SDOH Findings*

- National survey data shows that 90% of older adults would like to age in place.
- To assess aging-in-place supports, the report uses an appropriate proxy: Social Determinants of Health (SDOH) variables.
- With ongoing implementation of healthcare reform, public and commercial insurers are incentivizing providers of healthcare services to address SDOH.
- Depending on the locality, between 13% and 17% of older adult households in Greater Williamsburg are below 200% of the Federal Poverty Level.
- A person of any age earning minimum wage would have to work 103 hours per week to afford 2-bedroom rental housing.
- The report details the number of older adult households cost-burdened by housing expenses, i.e., paying more than 30% of monthly income for housing.
- Between 16% and 27% of older adult households have limited food access.
- An older adult living alone is not an indication of successfully aging in place; rather it is a marker for numerous risk factors, including social isolation, physical health problems, and depression.
- In Greater Williamsburg, more than 20% of all older adults live alone, representing more than 10% of all households. The majority of these are female households.

### *Key Informant Findings*

- The most frequently noted concern among key informants was social isolation and its impacts, followed closely by transportation and housing.
- Suggestions to address isolation include the need to expand both in-home care and opportunities for socialization.
- Informants identified not only a need for increased availability of preventive healthcare services but also a need for additional person-centered dementia care.
- Findings from the qualitative data from the interviews correlate closely with the quantitative data in the previous sections of the report.

### *For Community Consideration*

We ground these suggestions in the assertion that in an age-friendly community, older persons can stay connected and engaged while remaining as independent as possible.

- Review community data and analysis with a view to developing priorities and action plans.
- Encourage community dialogue within and between organizations on how to make Greater Williamsburg a more age-friendly community.
- Engage older adults from all spheres and leverage their input; seek to strengthen the participation of under-represented groups because this will help to build equitable approaches.



- Develop action items even if these seem like small steps.
- Based on quantitative and qualitative data, action steps for Greater Williamsburg might include:
  - Increase health opportunities to support both physical and mental health and encourage making the healthy choice the easy choice.
  - Address social isolation by increasing in-home care and socialization opportunities.
  - Adapt homes and living spaces to allow aging in place as long as possible.
  - Improve mobility with additional transportation options and enhanced community walkability.
  - Support the use of technology to aid independence.

### *Conclusion*

This report documents the significant proportion of the Greater Williamsburg community composed of older adults. These older adults deserve dignity, respect, and autonomy in the choices they make about aging. Moreover, older adults have a lifetime of skills, expertise, and experience to offer. An age-friendly community provides the supports older adults need in order to stay active and engaged, and to both benefit from, and contribute to, their families, social networks, and community.

The findings included here are designed to transform the data and numbers into actionable knowledge that will bring change. The Williamsburg Health Foundation will continue to work with community partners in the healthcare, human services, and local government sectors and continue to promote collaboration across sectors. The Foundation looks forward to engaging in the dialogue we hope this report will foster.

Most importantly, the hope is that this dialogue and collaborative action will ultimately lead to building an age-friendly community that supports the health and well-being of older adults — and all residents — of Greater Williamsburg.

## Section 1: Demographic Profile

This section examines the demographics of the Greater Williamsburg area with a focus on its older adult population. Greater Williamsburg is defined as James City County, York County, and the City of Williamsburg. This section will highlight the population growth, population projections, and age distribution of Greater Williamsburg and its three localities for both the total and older adult populations.

### Note on the Data:

It should be noted that the threshold age of an “older adult” can mean a person fifty years of age and older, sixty years and older, or sixty-five years and older, depending on the data source. For the purpose of this report, an older adult is an individual aged 60 and older. Data sources with other age thresholds will be noted.

The data used in this section is largely from the Weldon Cooper Center for Public Service at the University of Virginia. The Weldon Cooper Center offers detailed analyses on Virginia population data. The Center’s Demographics Research Group synthesizes data from the U.S. Census Bureau which is updated yearly in the American Community Survey. Due to the size of the data set, there is typically a time lag of one to two years in the annual data releases.

### Section 1.1: Population Growth

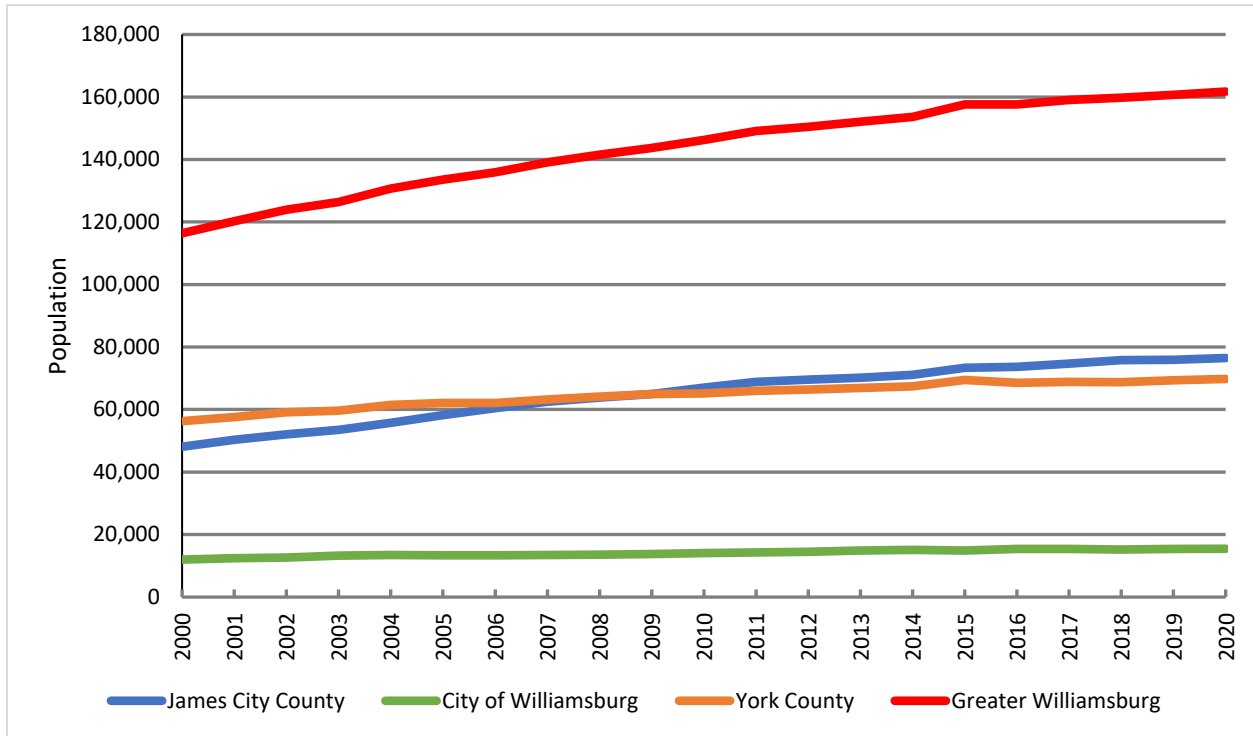
Greater Williamsburg has shown consistent population growth from 2000 to 2020. The Weldon Cooper Center estimates the combined population of Greater Williamsburg was 161,733 in 2020 with a population of 76,484 in James City County, 69,792 in York County, and 15,457 in the City of Williamsburg. This is a significant increase in population size from 2000 when Greater Williamsburg had a population of 116,397, James City County had a population of 48,102, York County had a population of 56,297, and the City of Williamsburg had a population of 11,998. For Greater Williamsburg, this represents a 28.03% growth over the 20-year period. By contrast, the state of Virginia’s population has grown from 7,079,030 in 2000 to 8,586,967 in 2020<sup>2</sup> for 17.56% growth.

See Appendix A for Table 1.1A which shows population growth by locality from 2000 to 2020.

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<sup>2</sup> Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates.

Figure 1.1A Population Size from 2000 to 2020 by Locality



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates

While Greater Williamsburg and its localities have all experienced consistent population growth over the past twenty years, their growth rates differ. Since 2000, Greater Williamsburg has seen an estimated 28.03% population growth, averaging to about 1.33% growth per year. James City County has experienced the highest estimated population growth of 37.11% since 2000 with its average annual growth being 1.77%. York County has experienced an estimated population growth of 19.34% and a 0.92% average population growth per year since 2000. The City of Williamsburg has experienced a 22.38% estimated population growth with an average of 1.07% population growth per year. Greater Williamsburg’s population is growing faster than the state of Virginia’s population. Contrasted with Greater Williamsburg’s 20-year growth of 28.03%, Virginia has grown 17.56% from 2000 to 2020 with an average annual population growth of 0.92%.

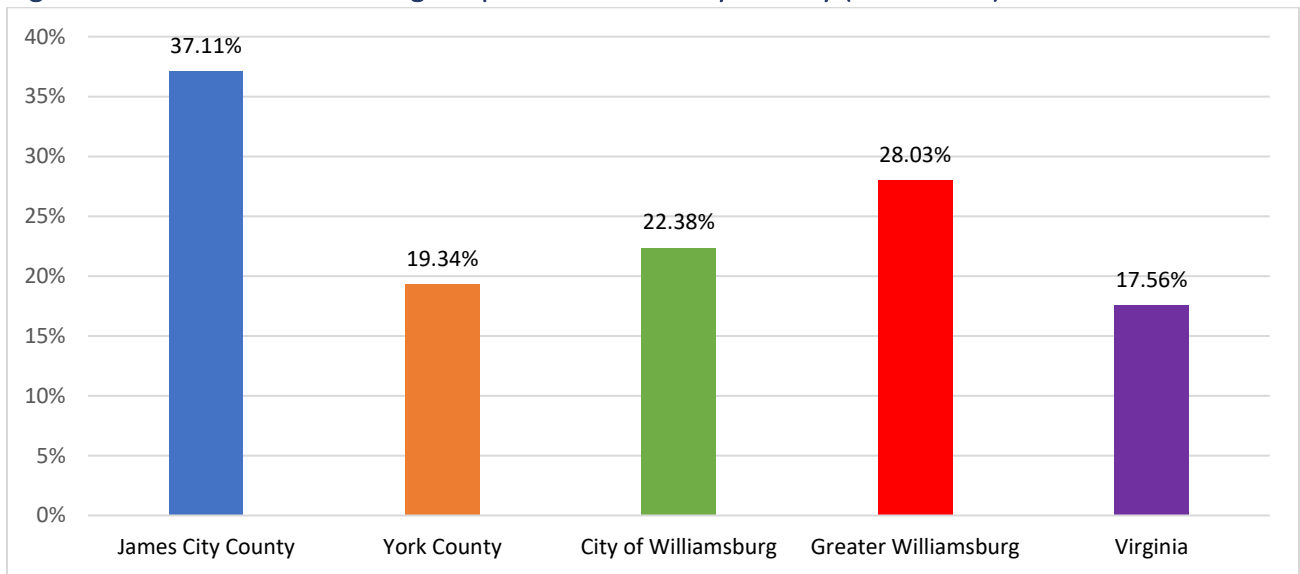
Table 1.1B Rate of Growth of Populations in Greater Williamsburg and Virginia

Locality	Estimated Percent Population Growth (2000 to 2020) <sup>3</sup>	Average Population Growth Per Year
James City County	37.11%	1.77%
York County	19.34%	0.92%
City of Williamsburg	22.38%	1.07%
Greater Williamsburg	28.03%	1.33%
Virginia	17.56%	0.92%

Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates

Greater Williamsburg Population Growth over the Past Decade

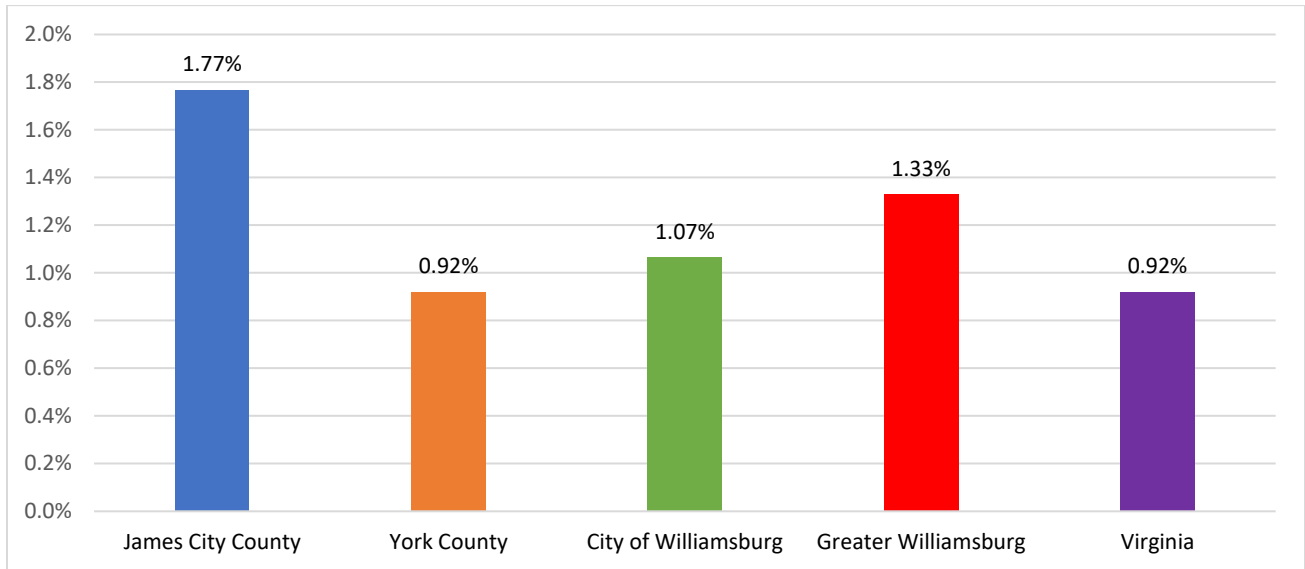
Figure 1.1B Estimated Percentage Population Growth by Locality (2011-2019)



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates

<sup>3</sup> Rate of Population Growth calculated as (Increase in Population / 2020 Population) \* 100

Figure 1.1C Average Rate of Population Growth Year Over Year by Locality (2011-2019)



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates

### Growth of Older Adult Population

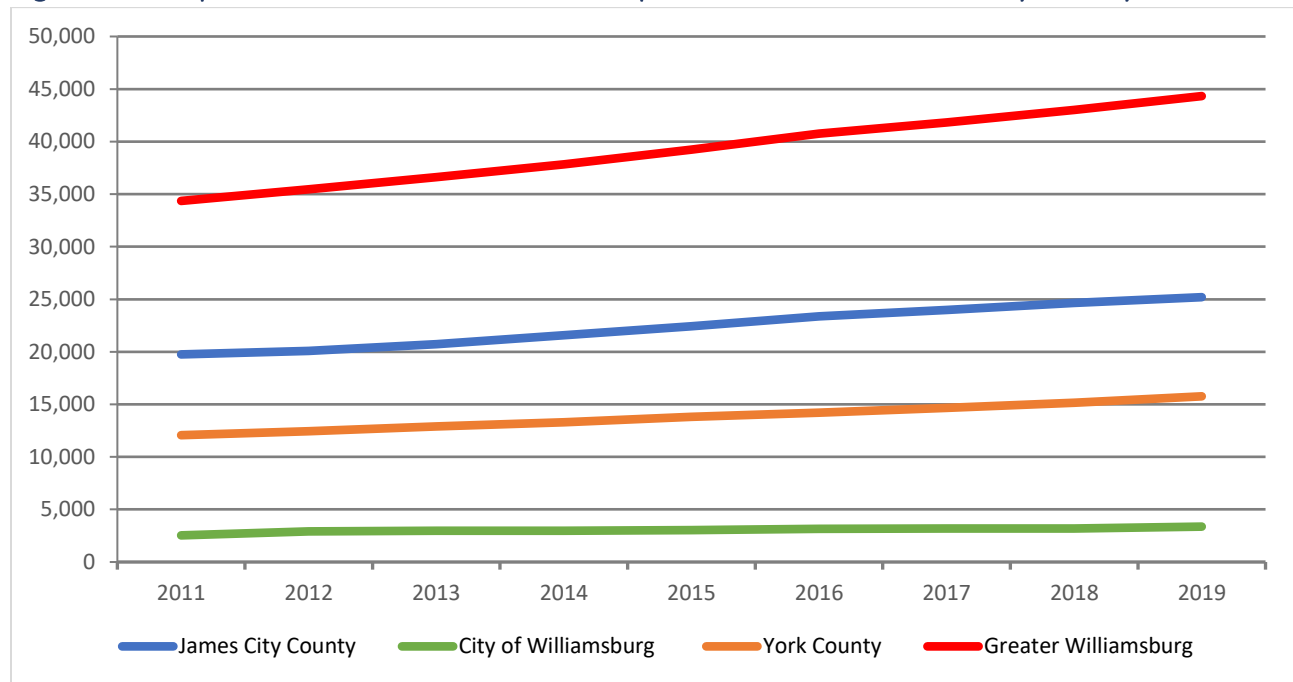
Like the population as a whole, the older adult population of Greater Williamsburg has grown significantly over recent years. The population of those 60 years of age and older in Greater Williamsburg has increased from 34,357 in 2011 to 44,330 in 2019 for approximately a 22.5% increase. The older adult population has also grown within each locality of Greater Williamsburg with James City County’s older adult population expanding from 19,752 in 2011 to 25,198 in 2019. York County’s older adult population has grown from 12,068 in 2011 to 15,763 in 2019. The City of Williamsburg’s older adult population has grown from 2,537 in 2011 to 3,369 in 2019.

Table 1.1C Population Growth of Older Adult Population from 2011 to 2019 by Locality

Locality:	2011	2012	2013	2014	2015	2016	2017	2018	2019
James City County	19,752	20,098	20,730	21,574	22,424	23,383	23,974	24,648	25,198
York County	12,068	12,452	12,908	13,283	13,798	14,194	14,669	15,163	15,763
City of Williamsburg	2,537	2,920	2,982	2,968	3,027	3,170	3,183	3,194	3,369
<b>Greater Williamsburg</b>	<b>34,357</b>	<b>35,470</b>	<b>36,620</b>	<b>37,825</b>	<b>39,249</b>	<b>40,747</b>	<b>41,826</b>	<b>43,005</b>	<b>44,330</b>

Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates for Age & Sex, Race & Hispanic, and Towns

Figure 1.1D Population Growth of Older Adult Population from 2011 to 2019 by Locality



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates for Age & Sex, Race & Hispanic, and Towns

Greater Williamsburg’s older adult population experienced a 22.5% growth from 2011 to 2019 with an average annual population growth of 2.81%, James City County’s older adult population grew 21.61% with an average annual growth of 2.7%, York County’s older adult population grew by 23.44% from 2011 to 2019 with an average annual growth of 2.93%, and the City of Williamsburg’s older adult population had 24.7% growth with an average annual growth of 3.09%.

Table 1.1E Rate of Population Growth for Older Adult Population by Locality

Locality	Estimated Percent Population Growth (2011 - 2019)	Average Population Growth Per Year
James City County	21.61%	2.70%
York County	23.44%	2.93%
City of Williamsburg	24.70%	3.09%
<b>Greater Williamsburg</b>	<b>22.50%</b>	<b>2.81%</b>

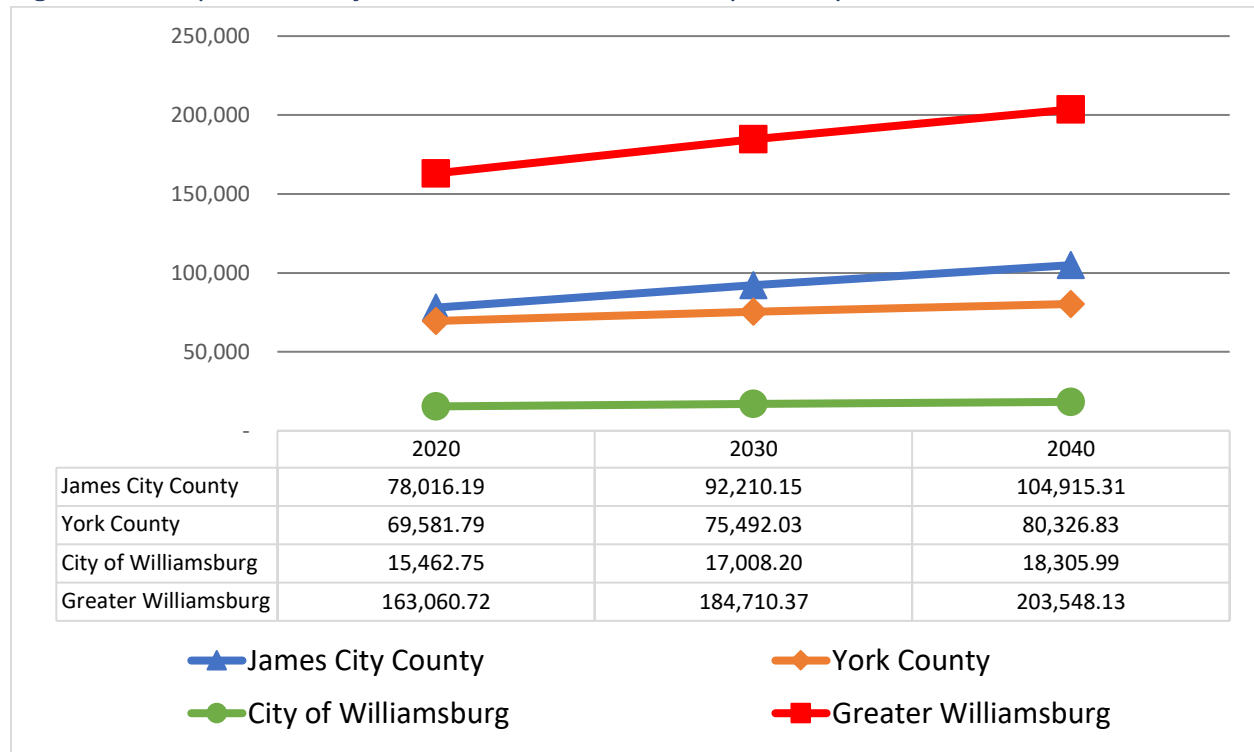
Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates for Age & Sex, Race & Hispanic, and Towns

## Section 1.2: Population Projections

Greater Williamsburg and its individual localities are predicted to grow in population size over the next two decades. Greater Williamsburg’s population is projected to grow from 163,061 in 2020 to 184,710 in 2030 to 203,548 in 2040. James City County’s population is projected to increase from 78,016 in 2020 to 92,210 in 2030 to 104,915 in 2040. York County’s population is projected to grow from 69,582 in 2020 to

75,492 in 2030 to 80,327 in 2040. The City of Williamsburg is projected to grow from 15,463 to 17,008 in 2030 to 18,306 in 2040.

Figure 1.2A Population Projections from 2020 to 2040 by Locality

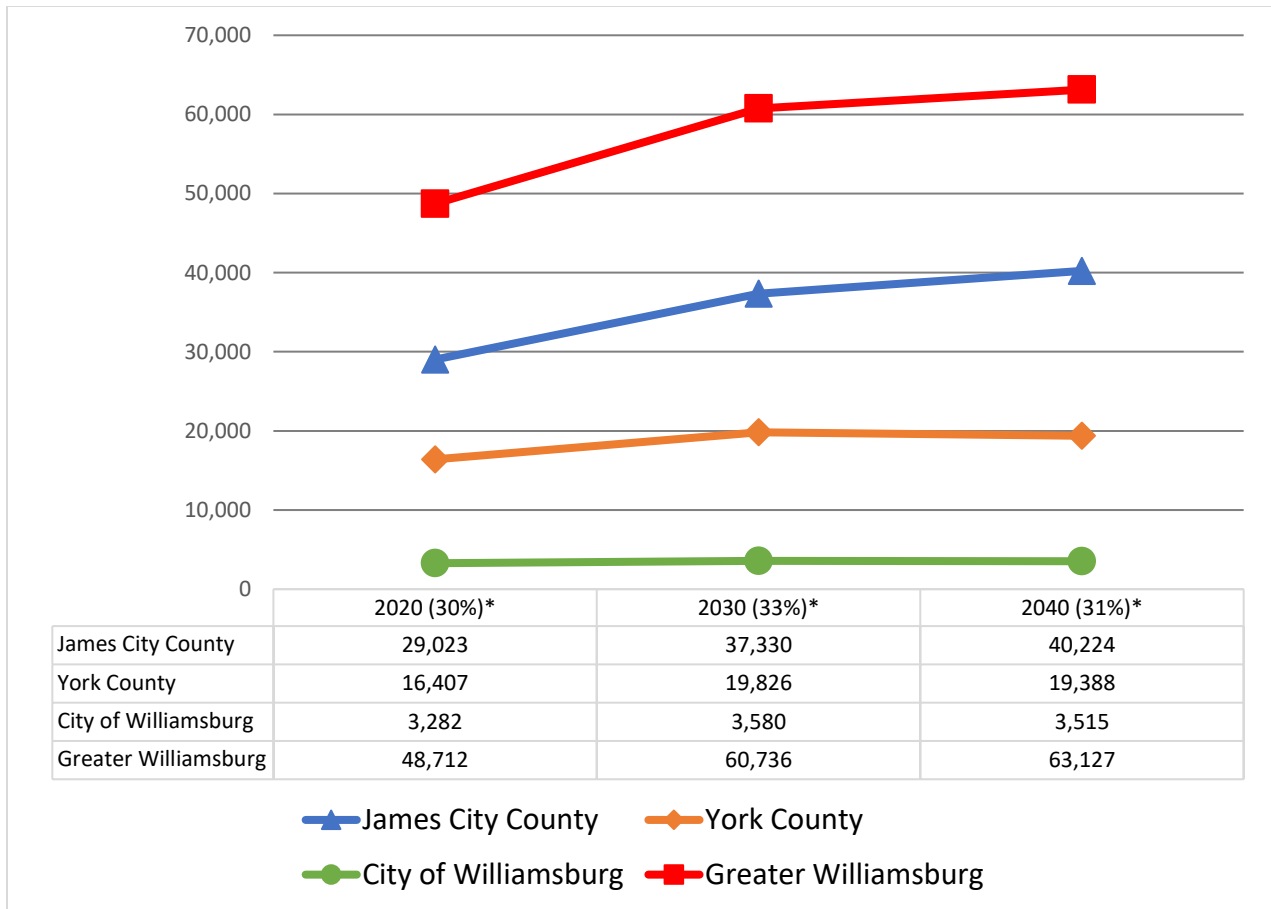


Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Projections

### Projections of Older Adult Population

Like the entire population, the older adult population of Greater Williamsburg and its localities is expected to maintain a relatively fast rate of growth over the next twenty years. The older adult population of Greater Williamsburg is projected to grow from 48,712 in 2020 to 60,736 in 2030 to 63,127 in 2040. This represents a 22.83% increase. The older adult population of James City County is projected to grow from 29,023 in 2020 to 37,330 in 2030 to 40,224 in 2040. This represents a 27.85% increase. York County’s older adult population is projected to grow from 16,407 in 2020 to 19,826 in 2030 then drop slightly to 19,388 in 2040. This represents a 15.38% increase. The City of Williamsburg’s older adult population is projected to grow from 3,282 in 2020 to 3,580 in 2030 then drop slightly to 3,515 in 2040. This represents a 6.63% increase. The state of Virginia’s older adult population is expected to grow from 1,889,268 in 2020 to 1,994,194 in 2030 to 2,281,091 in 2040. This represents a 17.18% increase.

Figure 1.2B Older Adult Population Projections by Locality

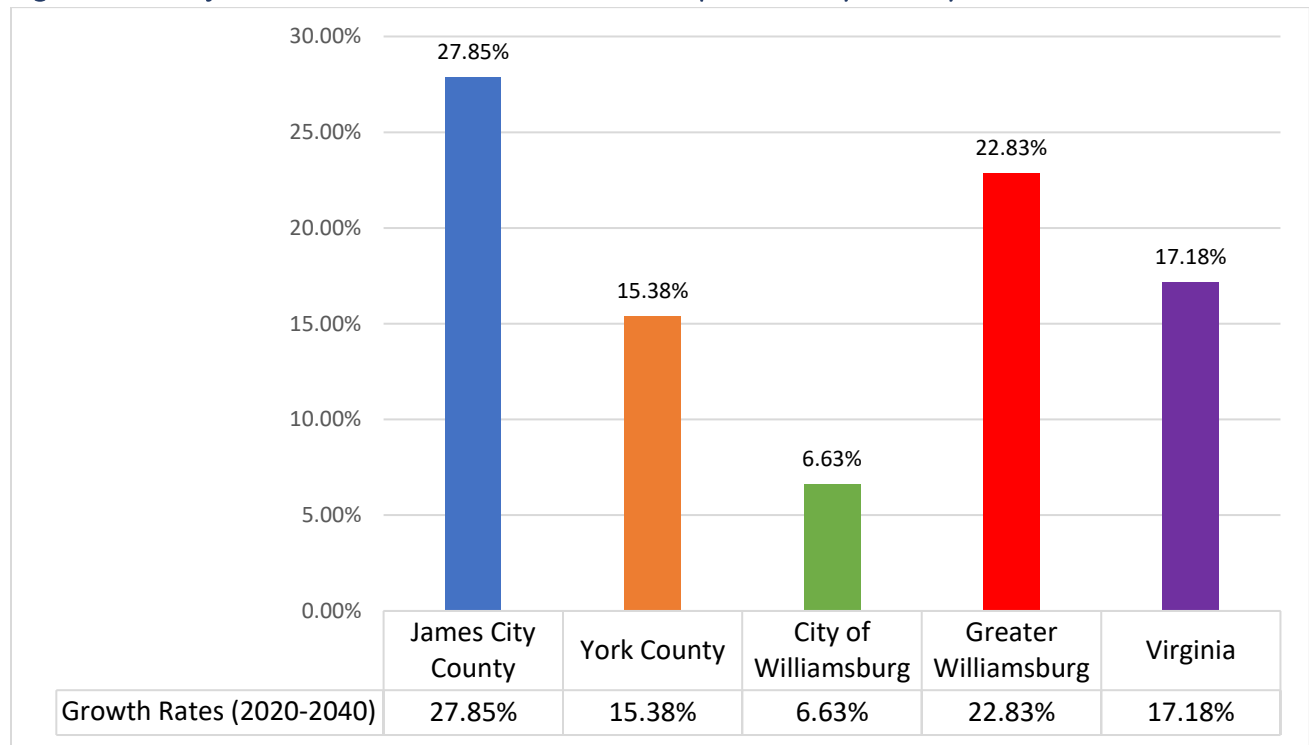


\* Percentage of older adults in the total area population

Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Projections



Figure 1.2C Projected Growth Rates of Older Adult Populations by Locality



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Projections

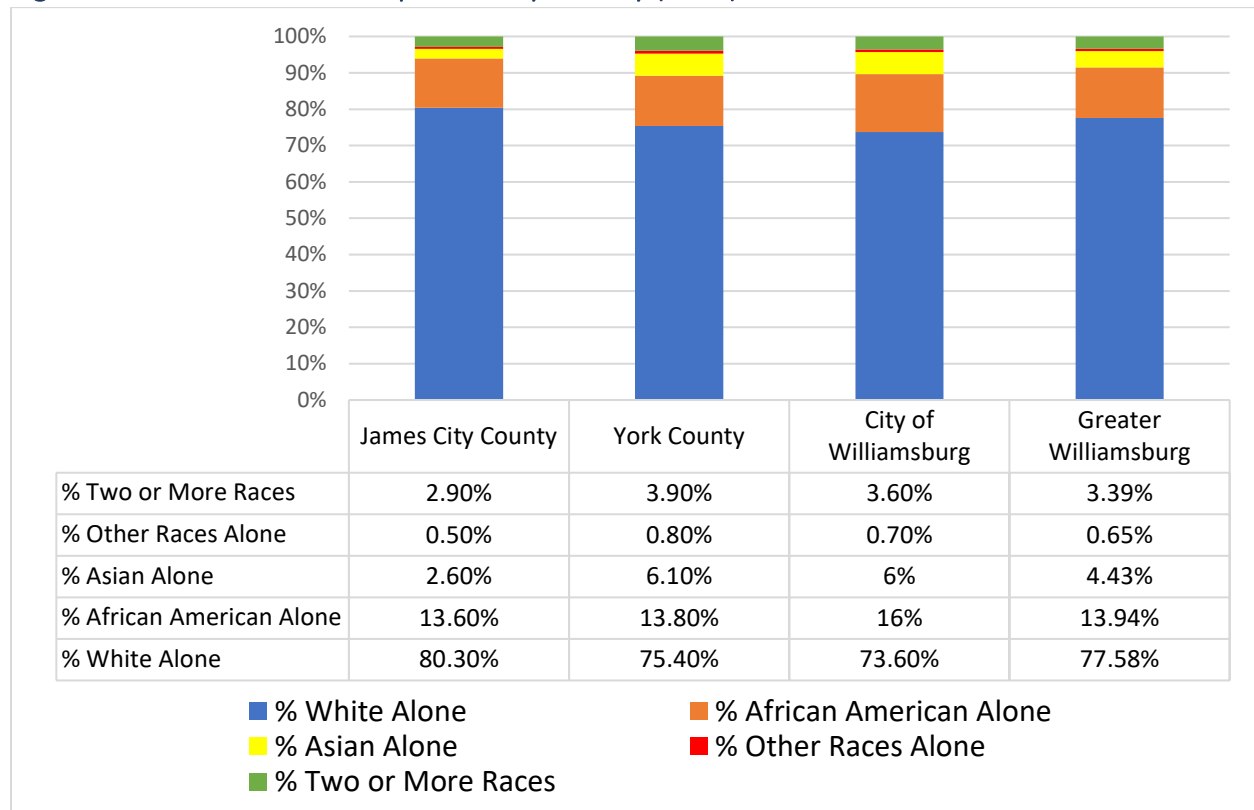
A large proportion of the population of Greater Williamsburg is older adults. This proportion of older adults is projected to grow. James City County’s population will be 38.34% older adults in 2040, growing from 37.2% in 2020 and falling slightly from 40.48% in 2030. York County’s population is projected to be 24.14% older adults in 2040, growing from 23.58% in 2020 and falling slightly from 26.26% in 2030. The City of Williamsburg’s population will be 19.2% older adults in 2040, falling slightly from 21.23% in 2020 and 21.05% in 2030.

Census projections show that both numerically and as a proportion of the population, the older adult population of Greater Williamsburg is rapidly growing, and that this trend will continue over the next two decades.

### Section 1.3: Race and Ethnicity

Greater Williamsburg is predominately White with approximately 77.58% of its population identifying solely as White, according to the U.S. Census Bureau’s 2019 estimates. Greater Williamsburg’s population is 13.94% African American, 4.43% Asian, 0.8% other races, and 3.9% two or more races as of 2019. James City County, York County, and the City of Williamsburg are all predominately White. James City County’s population is 80.3% White, 12.6% African American, 2.6% Asian, 0.5% other races, and 2.9% two or more races. The City of Williamsburg’s population is 73.6% White, 16% African American, 6% Asian, 0.7% other races, and 3.6% two or more races. York County’s population is 75.4% White, 13.8% African American, 6.1% Asian, 0.8% other races, and 3.6% two or more races.

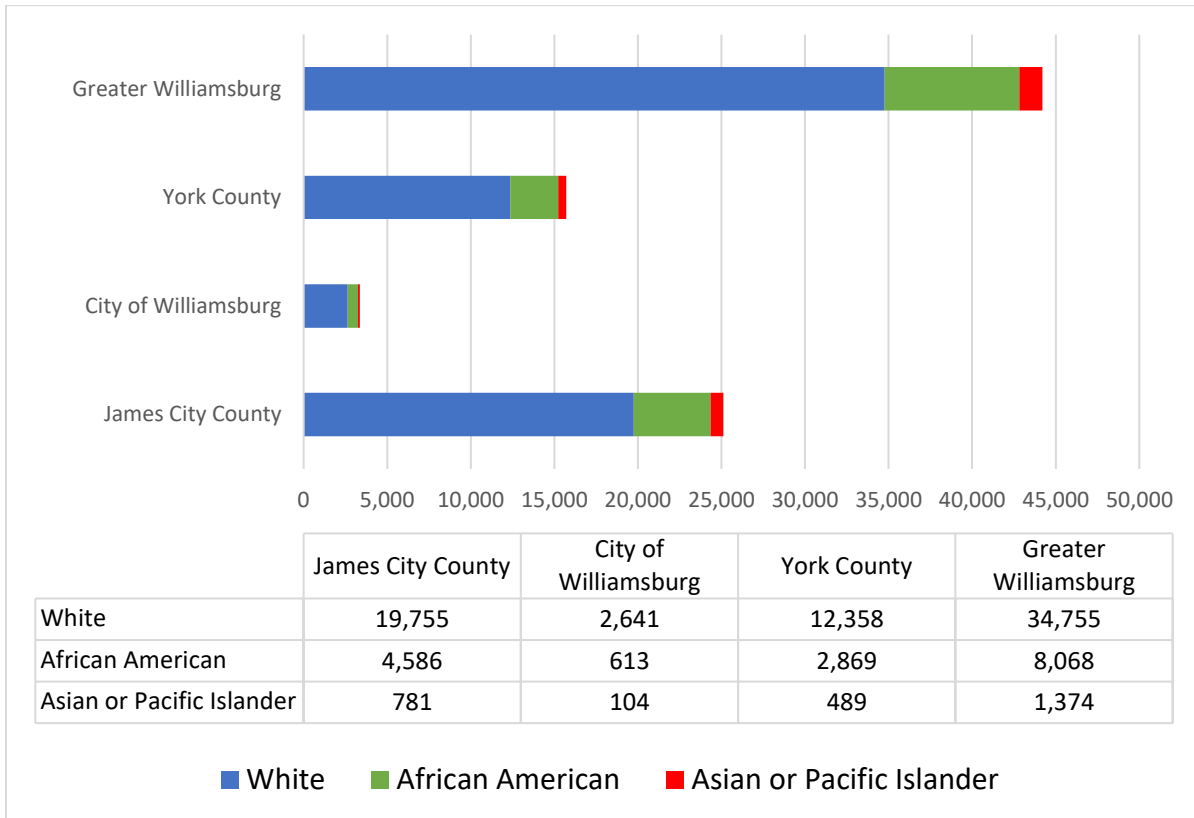
Figure 1.3A Race of Overall Population by Locality (2019)



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Population Estimates for Age & Sex, Race & Hispanic, and Towns.

The older adult population of Greater Williamsburg’s racial breakdown is similar to that of the overall population. An estimated 78.40% of the older adult population is White, 18.2% are African American, and 3.1% are Asian or Pacific Islander. In Greater Williamsburg’s older adult population, there are approximately 34,755 White older adults, 8,068 African American older adults, and 1,374 Asian or Pacific islander older adults. Extrapolating to the localities, which would mean that James City County’s older adult population is comprised of 19,755 White older adults, 4,586 African American older adults, and 781 Asian or Pacific Islander older adults. The City of Williamsburg’s older adult population is comprised of roughly 2,641 White older adults, 613 African American older adults, and 104 Asian or Pacific Islander older adults. York County’s older adult population is comprised of approximately 12,358 White older adults, 2,869 African American older adults, and 489 Asian or Pacific Islander older adults.

Figure 1.3B Estimated Racial Breakdown of Older Adult Population by Locality (2016)

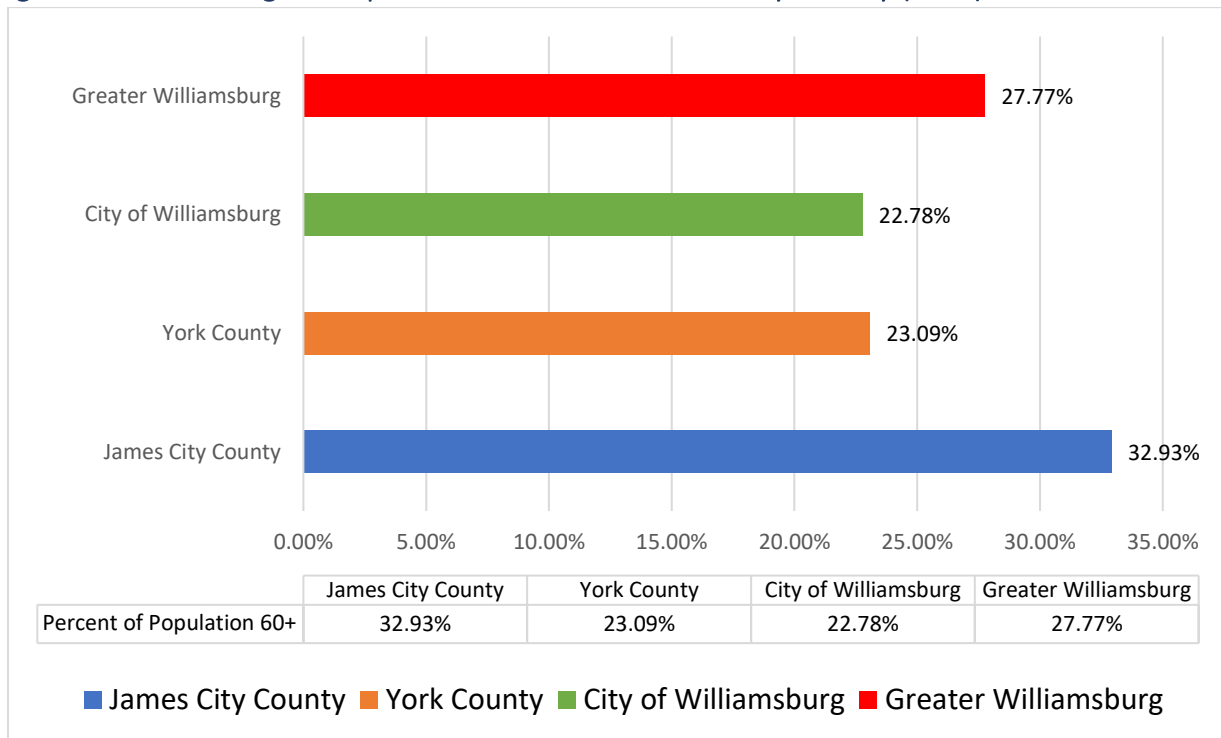


Source: Virginia Department of Health; Virginia Population Estimates 2016.

### Section 1.4: Population Age Distribution

As of 2019, older adults made up a significant proportion of the population of Greater Williamsburg; however, this varies by locality. Greater Williamsburg’s population is 27.77% older adults. For people aged 60 and over, James City County has the highest percentage among the three localities with 32.93%. York County’s population is 23.09% older adults, and the City of Williamsburg’s population is 22.78%.

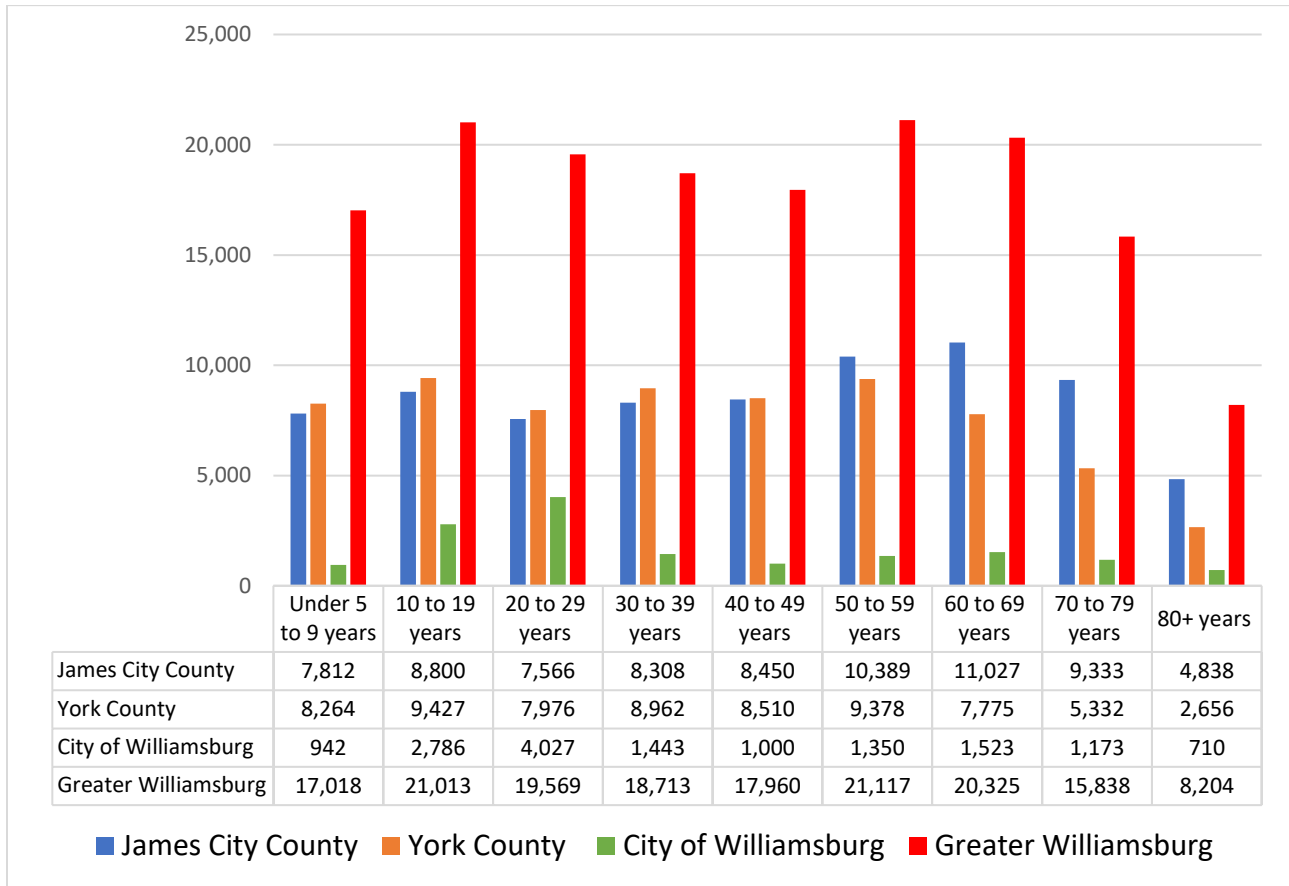
Figure 1.4A Percentage of Population that are Older Adults by Locality (2019)



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates for Age & Sex, Race & Hispanic, and Towns

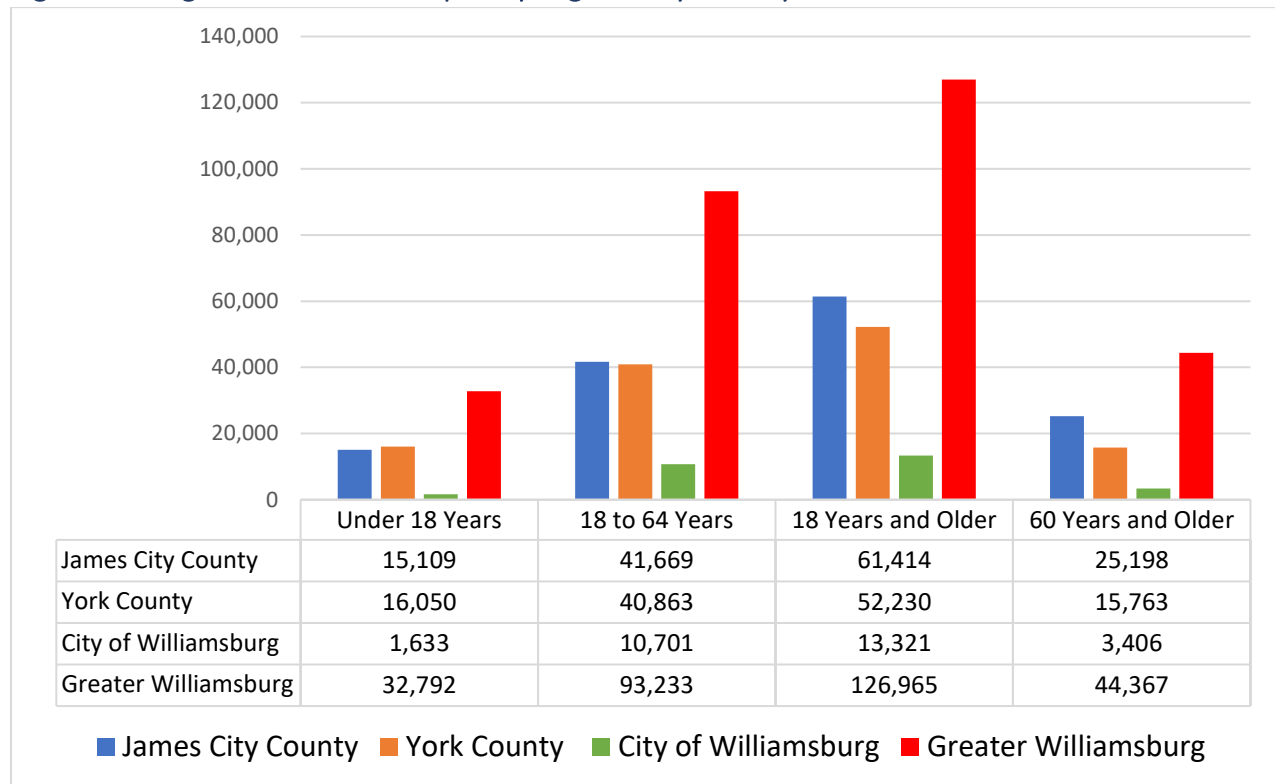
The distribution of the population across age categories in the Greater Williamsburg area varies between localities. The City of Williamsburg skews younger than the other localities, most likely because of its proximity to the College of William and Mary. A considerable portion of James City County’s population is between the ages of 50 and 70. York County has a significantly younger population and a lower proportion of older adults relative to James City County. Greater Williamsburg has an older adult population of 44,367. James City County has an older adult population of 25,198. York County has an older adult population of 15,763. The City of Williamsburg has an older adult population of 3,406.

Figure 1.4B Age Distribution by Locality in 2019



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates for Age & Sex, Race & Hispanic, and Towns

Figure 1.4C Age Distribution Grouped by Segment by Locality in 2019



Source: Weldon Cooper Center for Public Service; Demographics Research Group 2019 Virginia Population Estimates for Age & Sex, Race & Hispanic, and Towns

## Section 1.5: Implications of Growing Older Adult Population

As evident by Tables 1.1B and 1.2B and Figures 1.1B and 1.2B, the older adult population of Greater Williamsburg is growing significantly and is projected to make up 32% of the overall population by 2030 and remain close to this level through 2040<sup>4</sup>. Since older populations are more frequent users of health and human services, this demographic trend will impact not only citizens but the service community as well.

Older adults also have a higher likelihood of dealing with disabilities than the population at large. The Administration for Community Living (ACL) documented in the 2020 Profile of Older Americans that 19% of older adults are severely disabled due to multiple disabilities<sup>5</sup>. According to the National Center for Health Statistics, 7% of noninstitutionalized persons aged 65 and older need help with personal care<sup>6</sup>. An aging population requires additional access to care and resources, which can place a strain not only on individuals and households, but on communities both socially and economically.

<sup>4</sup> Weldon Cooper Center, "[Virginia Population Projections](#)." 2019. Accessed June 21, 2021.

<sup>5</sup> Administration for Community Living, "[Profile of Older Americans](#)." 2020. Accessed June 21, 2021. This finding is based on 19% of older adults reporting that they could not function at all or had multiple disabilities.

<sup>6</sup> Center for Disease Control and Prevention (CDC): National Center for Health Statistics, "[Older Persons' Health](#)." Last updated March 26, 2021. Accessed June 20, 2021.

For the community-at-large and those providing healthcare, these trends point to the need to focus on healthy aging, including aging in place. How might resources cater to an older adult population? An aging population requires additional resources and planning put into areas such as transportation services, physical activity, social engagement, age-appropriate healthcare services, nutrition, the availability of caregivers, and more. Given the demographic data on the older adult community, it is clear that resources and care must be made available to support the aging population of Greater Williamsburg. The following sections will explore the health profiles of older adults and present the social, economic, and environmental factors that will help support healthy aging.

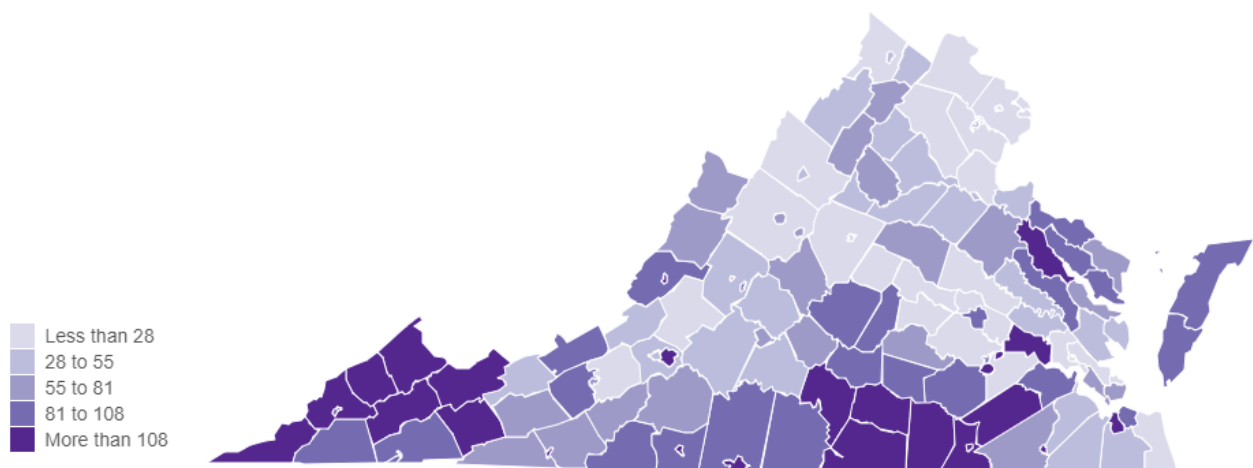
## Section 2: Health Profile of Older Adults

Section 2 examines the health status of older adults in Greater Williamsburg compared to the population at-large. Prevalence rates of chronic disease, disability, serious mental illness, and unhealthy behaviors are used to illustrate current challenges and as markers for future utilization of resources, which should be factored into community planning. The section includes Medicare data that highlights health outcomes and racial disparities in healthcare access, and summary figures for the disproportionate impact of COVID-19 on the older adult population.

### Health Ranking for Overall Population of Greater Williamsburg Localities

County Health Ranking & Roadmaps, a program of the University of Wisconsin Population Health Institute and sponsored by the Robert Wood Johnson Foundation, provides data for nearly every county in all 50 states and creates a health ranking based on five measures: premature death, poor or fair health, the average number of poor physical health days, the average number of poor mental health days, and low birth weight<sup>7</sup>. Greater Williamsburg ranked well in the 2021 county health rankings. The rank represents the overall health of each county's residents, with the healthiest county receiving a rank of 1 and the least healthy county receiving a rank of 138, based on the total number of localities in Virginia. James City County received an 11, York County received a 6, and the City of Williamsburg received a rank of 17.

Figure 2.1A Locality Health Outcomes 2021



Source: Robert Wood Johnson Foundation, County Health Rankings, and Roadmaps

<sup>7</sup> The Virginia Public Access Project. "[Locality Health Outcomes 2021](#)." July 12, 2021; County Health Rankings and Roadmaps. "[Virginia 2021](#)." 2021.



## Section 2.1 Rate of Chronic Illness and Disability with Longitudinal Trends

### Chronic Disease in Older Adults

Among the U.S. population, 70% of deaths are caused by factors relating to chronic diseases, which are responsible for more than 1.7 million deaths each year<sup>8</sup>. Ninety percent of the nation's annual healthcare expenditures address chronic physical or mental health conditions<sup>9</sup>. Importantly, older adults are more likely to have a chronic illness or illnesses<sup>10</sup>.

The National Council on Aging reports that 80% of adults 65 and older have at least one chronic condition, and 68% have two or more<sup>11</sup>. Certain chronic illnesses such as high blood pressure (hypertension), arthritis, high cholesterol, diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease, and Alzheimer's, and other forms<sup>12</sup> of dementia are among the most common chronic conditions among older adults<sup>13</sup>. The leading causes of death among older adults in the United States are chronic diseases, specifically, heart disease, cancer, chronic lower respiratory diseases, stroke, and Alzheimer's disease<sup>14</sup>. Alzheimer's dementia is the 6<sup>th</sup> leading cause of death in the United States with 1 in 3 older adults dying with Alzheimer's or some form of dementia<sup>15</sup>.

Sections 2.2 through 2.4 primarily use data from the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS)<sup>16</sup> to estimate the prevalence of chronic illness in the older adult population of Greater Williamsburg<sup>17</sup>.

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<sup>8</sup> Raghupathi, Wullianallur, and Viju Raghupathi. "[An Empirical Study of Chronic Diseases in the United States: A Visual Analytics Approach](#)." March 1, 2018. Accessed July 1, 2021.

<sup>9</sup> Center for Disease Control and Prevention (CDC). "[Health and Economic Costs of Chronic Diseases](#)." Last updated June 2021. Accessed July 1, 2021.

<sup>10</sup> CDC. "[Promoting Health for Older Adults](#)." Last updated September 21, 2020. Accessed July 30, 2021.

<sup>11</sup> National Council on Aging (NCOA). "[The Top 10 Most Common Chronic Conditions in Older Adults](#)." Last updated April 23, 2021. Accessed June 28, 2021.

<sup>12</sup> Alzheimer's is a form of dementia but not the only form.

<sup>13</sup> National Council on Aging. "[The Top 10 Most Common Chronic Conditions in Older Adults](#)." April 23, 2021. Accessed July 8, 2021.

<sup>14</sup> National Council on Aging. "[Get the Facts on Healthy Aging](#)." January 1, 2021. Accessed August 12, 2021.

<sup>15</sup> Alzheimer's Association. "[2021 Alzheimer's Disease Facts and Figures Special Report: Race, Ethnicity and Alzheimer's in America](#)." 2021. Accessed July 26, 2021.

<sup>16</sup> The Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) is administered through State Health Departments that collects state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

<sup>17</sup> Estimated numbers calculated by applying the proportion of older adults in Virginia with these chronic illnesses with the older adult population size of the different localities.

Table 2.1A shows the number and proportion of older adults with common chronic diseases. Individuals with multiple chronic diseases appear in each relevant disease category. For example, it is estimated that 62% of all older adults in Greater Williamsburg live with hypertension – more than 27,000 individuals.

Table 2.1A Estimated Number of Older Adults<sup>18</sup> with Chronic Illness by Locality

	Hypertension	Arthritis	High Cholesterol	Diabetes	COPD	Cardiovascular Disease <sup>19</sup>	Alzheimer's Dementia <sup>20</sup>
<b>James City County</b>	15,648	13,179	12,977	3,677	3,074	3,780	2,772
<b>York County</b>	9,789	8,244	8,118	2,300	1,923	2,364	893
<b>City of Williamsburg</b>	2,092	1,762	1,735	492	411	505	371
<b>Total for Greater Williamsburg</b>	<b>27,529 (62%)</b>	<b>23,185 (52%)</b>	<b>22,830 (52%)</b>	<b>6,469 (15%)</b>	<b>5,408 (12%)</b>	<b>6,650 (15%)</b>	<b>2,511 (11%)</b>

Note: The percentages in parentheses represent the proportion of older adults in the specified locality living with the specified chronic condition.

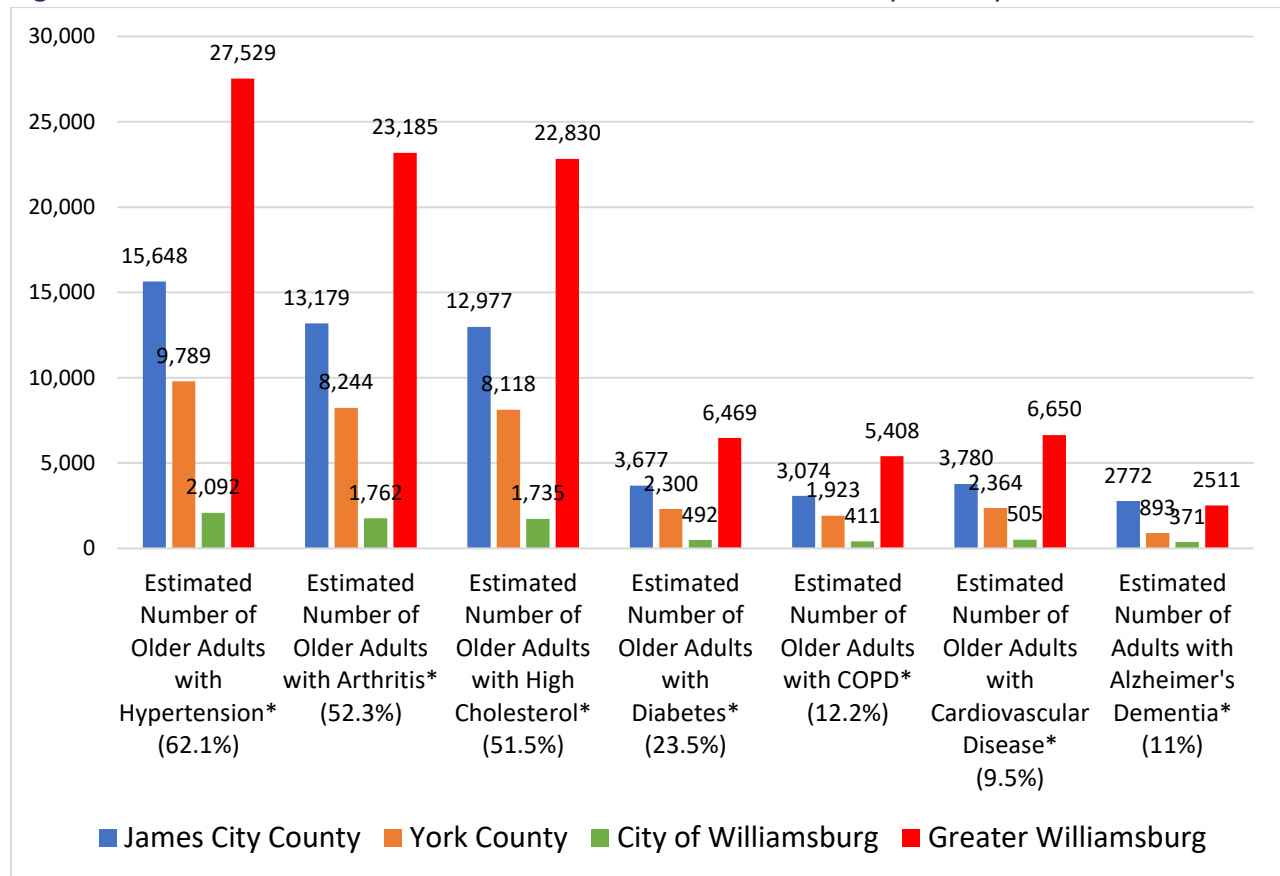
Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2019

<sup>18</sup> In BRFSS data, the threshold for older adults is age 65. Actual numbers of those in Greater Williamsburg 60 years of age and older who have these chronic illnesses are likely higher as the data uses an alternative age threshold to this report.

<sup>19</sup> Respondents that have ever reported having coronary heart disease (CHD) or myocardial infarction (MI).

<sup>20</sup> Unlike the rest of the table, data on Alzheimer's dementia is from the Alzheimer's Association's 2021 Alzheimer's Disease Facts and Figures Special Report.

Figure 2.1A Estimated Number of Older Adults with Chronic Illness by Locality



Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2019

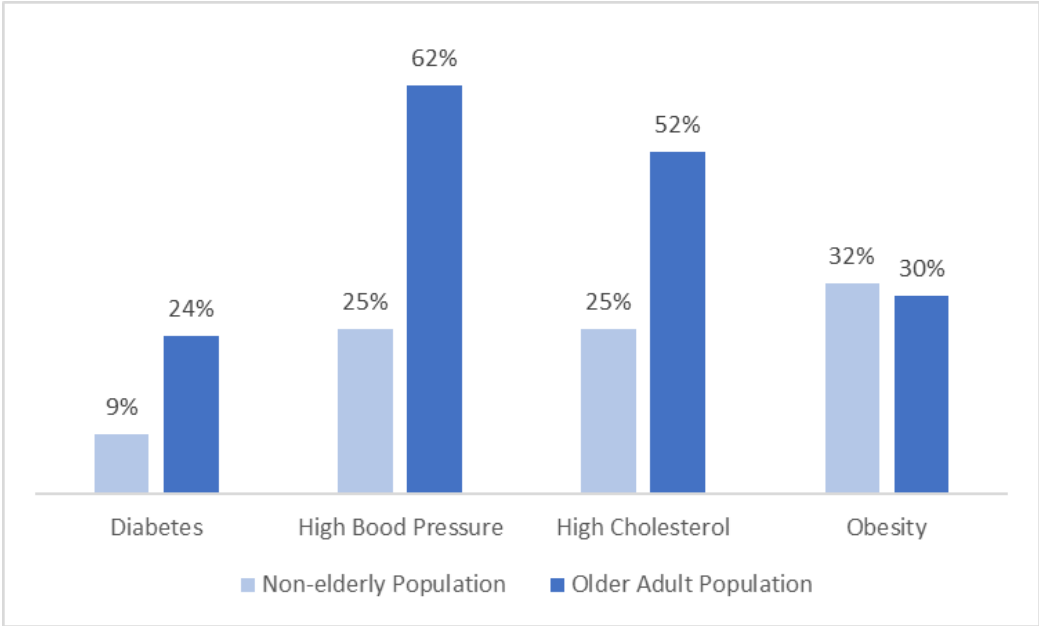
Table 2.1B illustrates the higher prevalence rates of common chronic diseases among older adults compared to the non-elderly population. Of note are the prevalence rates of high blood pressure, high cholesterol, and diabetes among older adults. Additionally, while Alzheimer’s dementia is not the most prevalent, its mortality rate is notably higher than many chronic diseases. For example, only an estimated 25% of non-elderly adults have been diagnosed with high blood pressure, but an estimated 62% of older adults have that chronic disease.

Table 2.1B Chronic Conditions in the Non-elderly Population Compared to the Older Adult Population in Virginia

Chronic Disease	Estimated Prevalence for Non-elderly Population	Estimated Prevalence for Older Adult Population
Diabetes	9%	24%
High Blood Pressure	25%	62%
High Cholesterol	25%	52%
Obesity	32%	30%

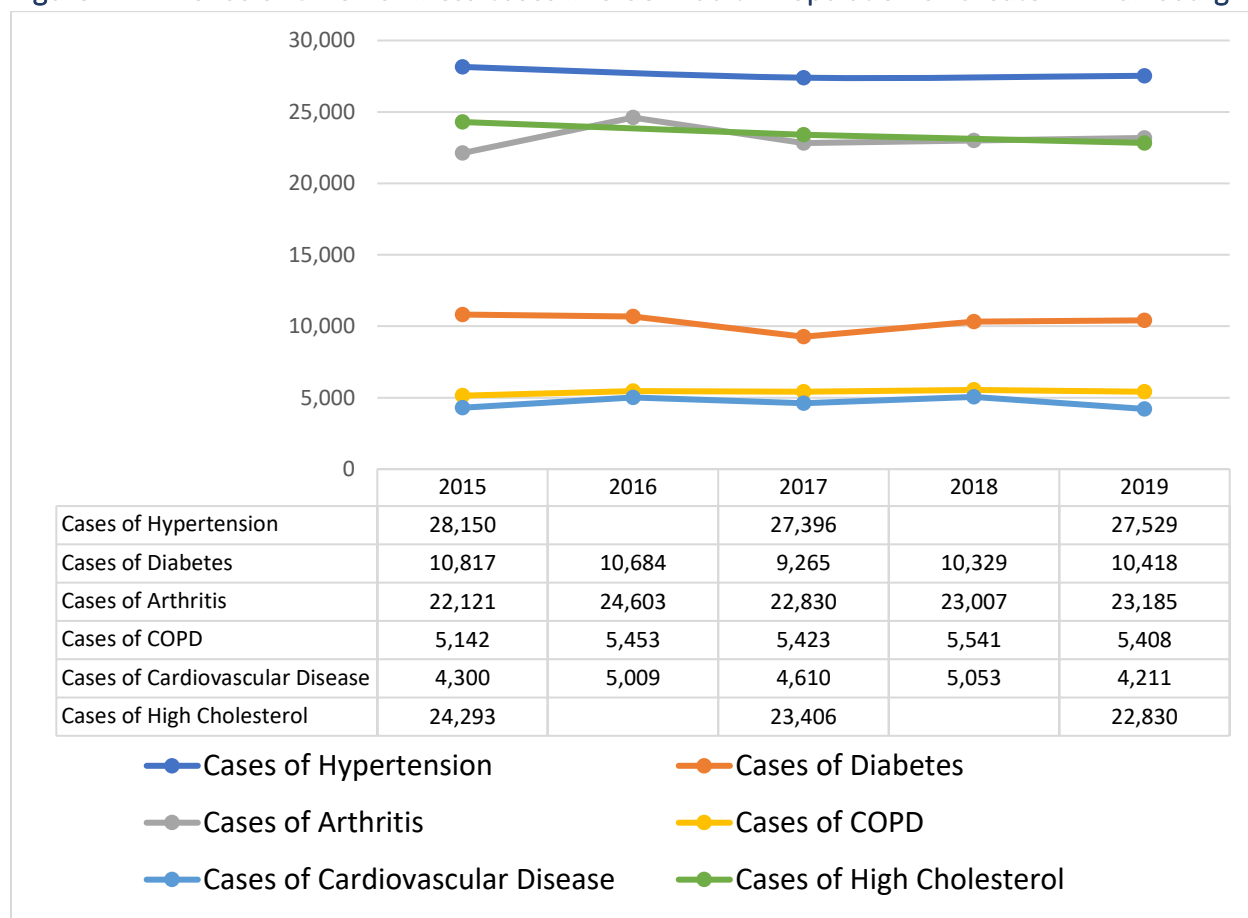
Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2019

Figure 2.1B Estimated Prevalence of Chronic Conditions in the Non-elderly Population Compared to the Older Adult Population in Virginia



Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2019

Figure 2.1B Trends of Chronic Illness Cases in Older Adult<sup>21</sup> Population of Greater Williamsburg<sup>22</sup>



Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2015-2019<sup>23</sup>

Rates of arthritis and COPD are rising in the older adult population of Virginia<sup>24</sup>. Rates of hypertension, diabetes, cardiovascular disease, and high cholesterol appear to be declining but at very slow rates and inconsistently. Chronic conditions are responsible for significant healthcare expenses. The cost of healthcare<sup>25</sup> (across all age groups) for a person with diabetes is 2.3 times higher than for someone without the disease<sup>26</sup>. Given the cost to quality of life and healthcare resources that these chronic conditions cause, a steadier decline of chronic conditions among older adults will increase overall health and wellbeing as well as reduce the strain on health and human services.

<sup>21</sup> In BRFSS data, the threshold for older adults is age 65.

<sup>22</sup> No data collected in 2016 or 2018 on number of cases of hypertension or high cholesterol.

<sup>23</sup> Estimated numbers calculated by multiplying proportion of older adults in Virginia with these chronic conditions by the older adult population size in Greater Williamsburg.

<sup>24</sup> Center for Disease Control and Prevention (CDC); "[BRFSS Prevalence & Trends Data](#)." 2019. Accessed June 28, 2021.

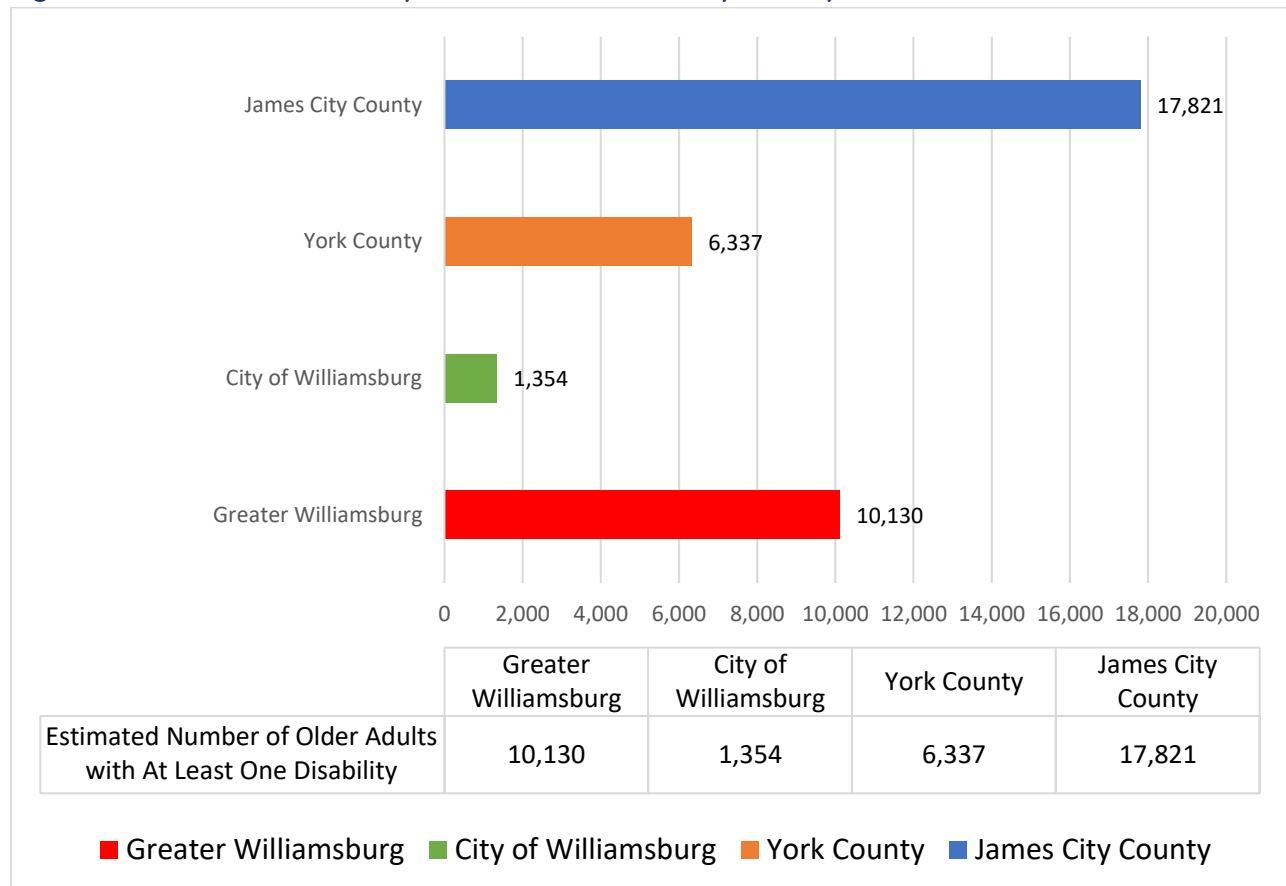
<sup>25</sup> One dollar of every seven dollars spent in healthcare is for diabetes and its complications.

<sup>26</sup> American Diabetes Association. "[The Cost of Diabetes](#)." Last updated February 2020. Accessed July 1, 2021.

## Disability Rates Among Older Adults

Average disability rates are higher among older adult populations. In Virginia, approximately 40% of adults aged 65 and older have at least one disability<sup>27</sup>. Having a physical, mental, or vision disability can cause issues with mobility, accessing transportation, and quality of everyday life. See Appendix B for the BRFSS definition and classification of disability. In Virginia, 40.2% of older adults<sup>28</sup> have at least one disability.

Figure 2.1C Estimated Disability Rates of Older Adults by Locality



Source: CDC Disability and Health Data System; Virginia 2019; “Disability Status and Types among Adults 18 Years of Age or Older by Age Group.”

The prevalence rates for disability among the older adults of Greater Williamsburg document the importance of resources and services available for those suffering from chronic illness and disability. The data indicates the value of supports including transportation, accessible nutritious food, caregivers, and other resources that help ease the burden of disability on everyday life.

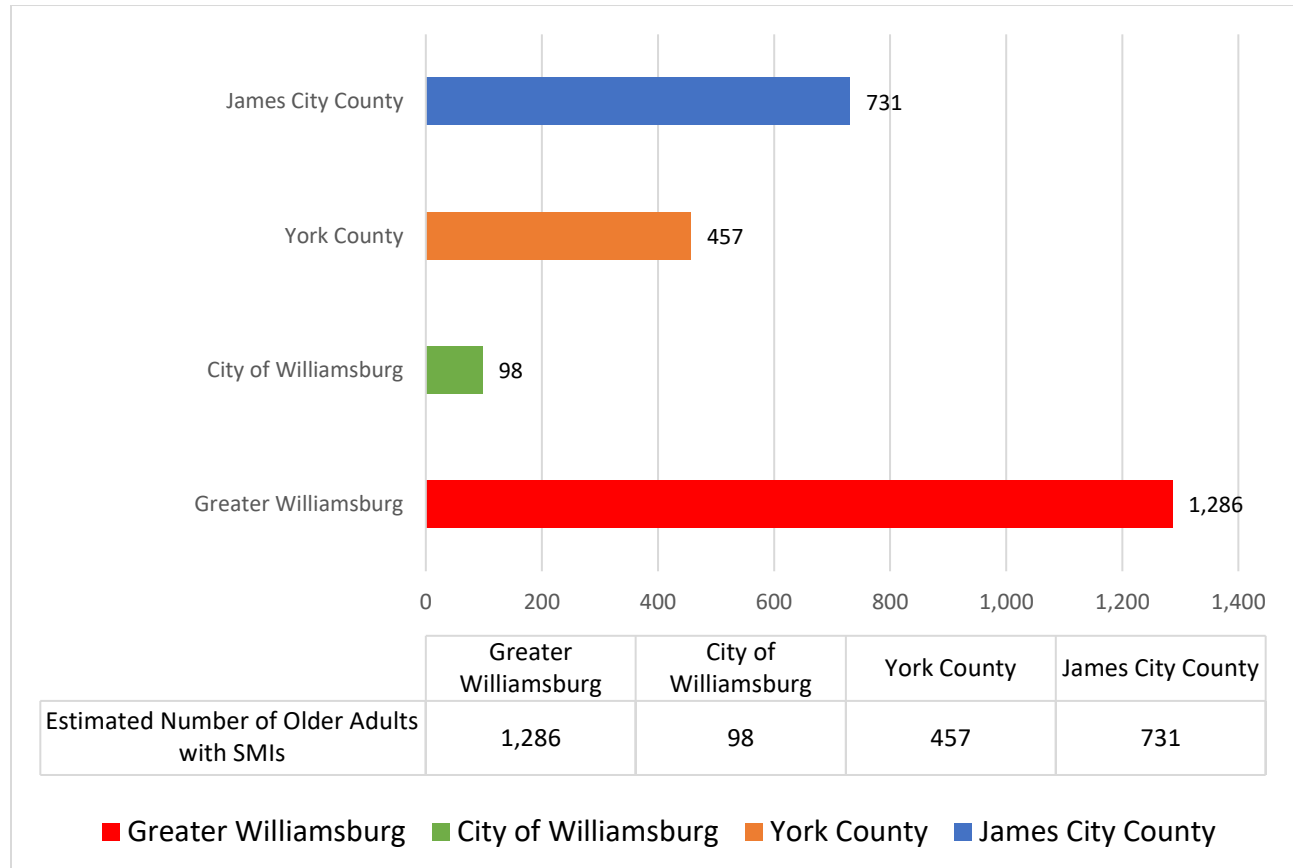
<sup>27</sup> Center for Disease Control and Prevention (CDC); Disability and Health Data System (DHDS), “[Virginia Disability Estimates](#).” 2019. Accessed June 28, 2021.

<sup>28</sup> The CDC Disability and Health Data System considers and older adult to be 65 years of age and older.

## Serious Mental Illness in Older Adults

While all mental health struggles can impact the ease and quality of life, Serious Mental Illness (SMI) severely affects one’s ability to maintain everyday activities. SMI is a subset of mental illnesses defined as mental, behavioral, or emotional disorders resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities<sup>29</sup>. This subset includes bipolar disorder, schizophrenia, and major depressive disorder<sup>30</sup>. Approximately, 2.9% of those 50 and older suffered from an SMI in 2019.

Figure 2.1D Estimated Number of Older Adults with SMI by Locality



Source: National Institute on Mental Health. “Mental Illness.” 2019.

## Section 2.2 Unhealthy Behaviors and Risk Factors

Certain behaviors and habits such as smoking, excessive alcohol consumption, and physical inactivity can adversely affect health. Additionally, obesity or being overweight can contribute, exacerbate, or cause many health issues.

<sup>29</sup> National Institute on Mental Health. “[Mental Illness](#).” Last updated January 2021. Accessed July 26, 2021.

<sup>30</sup> Substance Abuse and Mental Health Services Administration. “[Living Well with Serious Mental Illness](#).” Last updated July 19, 2021. Accessed July 26, 2021.

The number of older adults in the Greater Williamsburg engaging in unhealthy behaviors has been estimated using the locality-level data from the Center for Disease Control’s Behavioral Risk Factor Surveillance System (BRFSS), which is administered through State Health Departments<sup>31</sup>.

**Smoking<sup>32</sup>:** This reflects the estimated number of older adults who are current smokers, defined as those who either smoke every day or reported smoking on some days.

**Excessive Drinking<sup>33</sup>:** This represents the estimated number of older adults who reported meeting the criteria of either a binge drinker or heavy drinker. Binge drinking is defined as consuming 4 or more drinks for women on one occasion or 5 or more drinks for men on one occasion. Heavy drinking is defined as consuming more than 7 drinks a week for women or 14 drinks a week for men. These two definitions may have overlap, so the actual number of older adults who drink excessively may be lower than estimated if individuals have been counted in both categories of excessive drinking.

**Physical Inactivity:** This represents the estimated number of older adults who reported not participating in any physical activities in the last month.

**Obesity or Being Overweight:** This represents the estimated number of older adults that report a body mass index (BMI) greater than 25 (the threshold for being considered overweight).

Table 2.2A shows the number and proportion of older adults that report ongoing unhealthy behaviors and who are overweight or obese.

**Table 2.2A Estimated Number of Older Adults<sup>34</sup> Engaging in Unhealthy Behaviors/Risk Factors**

<b>Locality:</b>	<b>Overweight or Obese</b>	<b>Physically Inactive</b>	<b>Smoke</b>	<b>Drink Excessively</b>
James City County	17,084	8,013	2,041	1,789
York County	10,687	5,013	1,277	1,119
City of Williamsburg	2,284	1,071	273	240
<b>Greater Williamsburg</b>	<b>30,056</b>	<b>14,097</b>	<b>3,591</b>	<b>3,147</b>
<b>Aggregated Percentage</b>	<b>67.8%</b>	<b>31.8%</b>	<b>8.1%</b>	<b>7.1%</b>

Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2019

<sup>31</sup> Estimated numbers calculated by applying proportion of older adults in Virginia who engage in these unhealthy behaviors/risk factors with the localities’ older adult population numbers.

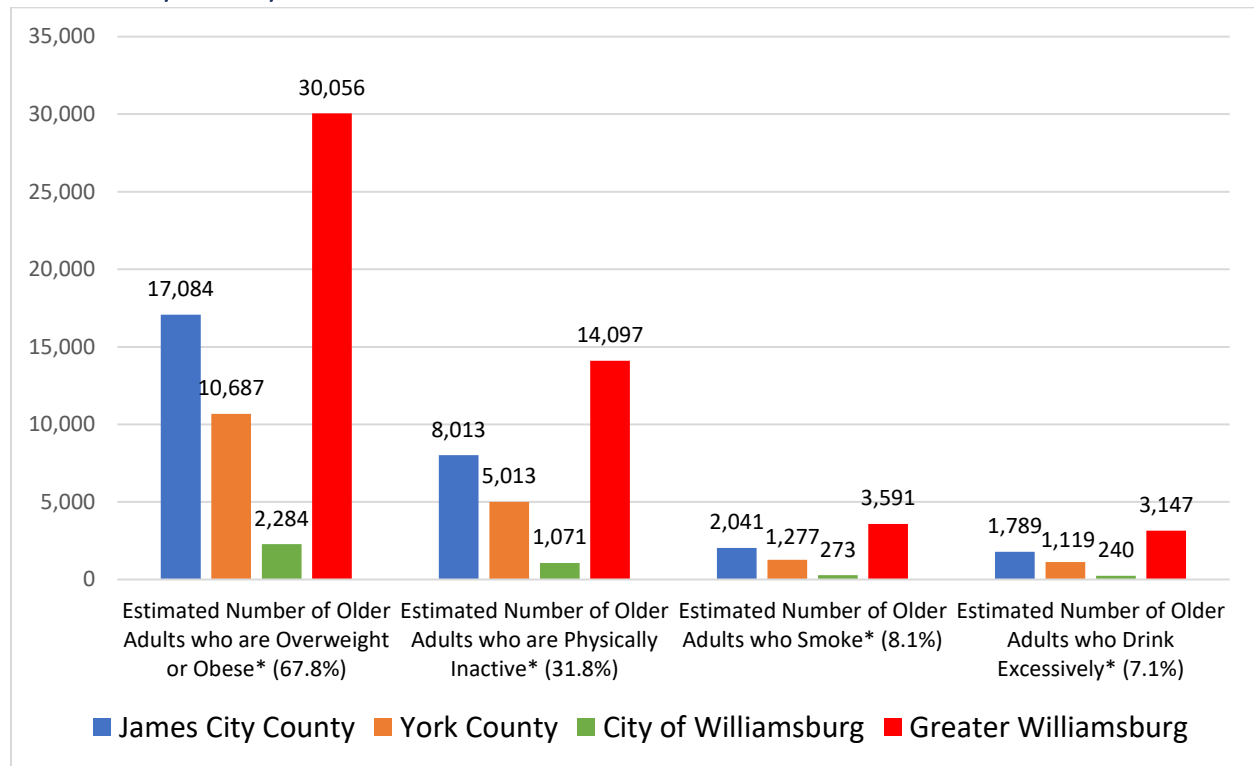
<sup>32</sup> This metric is self-reported and may be biased downward as it is an adverse health behavior.

<sup>33</sup> This metric is self-reported and may be biased downward as it is an adverse health behavior.

<sup>34</sup>In BRFSS data, the threshold for older adults is age 65. Actual numbers of those in Greater Williamsburg 60 years of age and older who engage in these behaviors are likely higher.



Figure 2.2A Estimated Number of Older Adults in Greater Williamsburg who Engage in Unhealthy Behaviors by Locality



Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2019

The most prevalent risk factor among older adults in Greater Williamsburg is being overweight or obese. Obesity is a risk factor for many chronic illnesses such as cardiovascular disease, diabetes, high blood pressure, and high cholesterol<sup>35</sup>. Obesity and being overweight is highly prevalent in Greater Williamsburg as is physical inactivity, which undoubtedly correlates to the obesity rates. Resources and educational materials on proper diet, nutrition, and exercise may help decrease levels of obesity and physical inactivity; however, there is a large range of factors and circumstances that keep older adults from making healthy eating and exercise choices, including access to healthy and fresh foods, availability of greenspace, community walkability, and amount of leisure time. These social and environmental determinants will be explored more fully in Section 3.

## Section 2.3 Access to Healthcare and End-of-Life Care

### Access to Healthcare

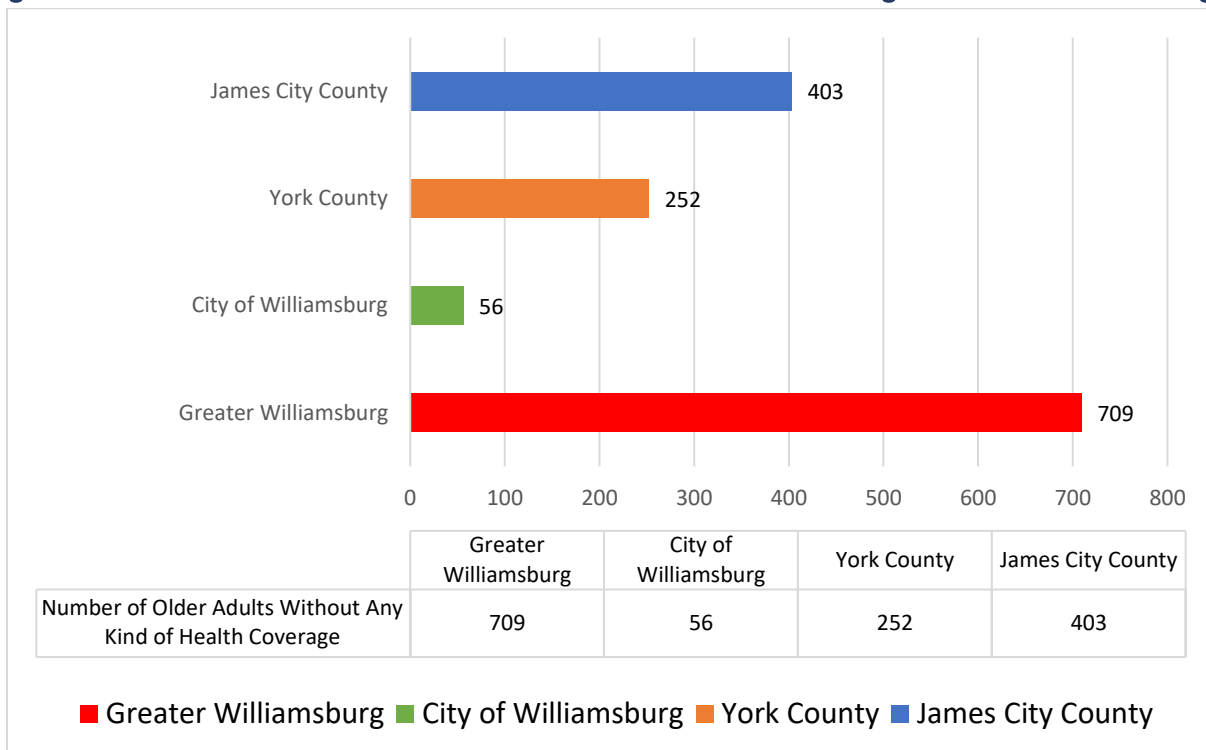
Access to healthcare is vital to the health and wellbeing of older adults. Having health insurance is a strong determinant in receiving care<sup>36</sup>. Lack of citizenship can disqualify individuals from receiving

<sup>35</sup> Center for Disease Control and Prevention (CDC), "[Adult Obesity Causes & Consequences](#)." Last updated March 22, 2021. Accessed June 28, 2021.

<sup>36</sup> Urban Institute. "[Why Healthcare is Important](#)." November 9, 2007. Accessed July 20, 2021.

coverage from universal federal insurance programs like Medicare or Medicaid<sup>37</sup>. As seen in the figures above, many older adults in Greater Williamsburg have been diagnosed with a chronic illness and/or disability. While the majority of older adults in Greater Williamsburg have health insurance coverage of some kind, approximately 709 older adults in Greater Williamsburg do not have any kind of health coverage<sup>38</sup>. An estimated 403 older adults living in James City County, 252 older adults in York County, and 56 older adults living in the City of Williamsburg have no health coverage. While these numbers are low, older adults generally require more medical care than younger people. Any older adult with no health coverage may forgo seeking medical attention when necessary or incur greater costs if they do choose to seek treatment.

Figure 2.3A Estimated Number of Older Adults in Greater Williamsburg Without Health Coverage



Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2019

An older adult is considered to be underinsured if she/he is covered only by Medicare Parts A and B. Part A of Medicare covers in-patient hospital care, skilled nursing facility care, and hospice, inter alia. Part B covers doctor’s visits, lab tests, diagnostic screenings, ambulance transportation, and other outpatient costs; however, it involves a higher monthly premium and annual deductible than Part A<sup>39</sup>.

<sup>37</sup> The Commonwealth Fund. “[Who Are the Remaining Uninsured, and Why Do They Lack Coverage?](#)” August 28, 2019. Accessed July 20, 2021.

<sup>38</sup> Medicare coverage is universal. However, there are reasons for exclusion such as health insurance fraud or lack of citizenship.

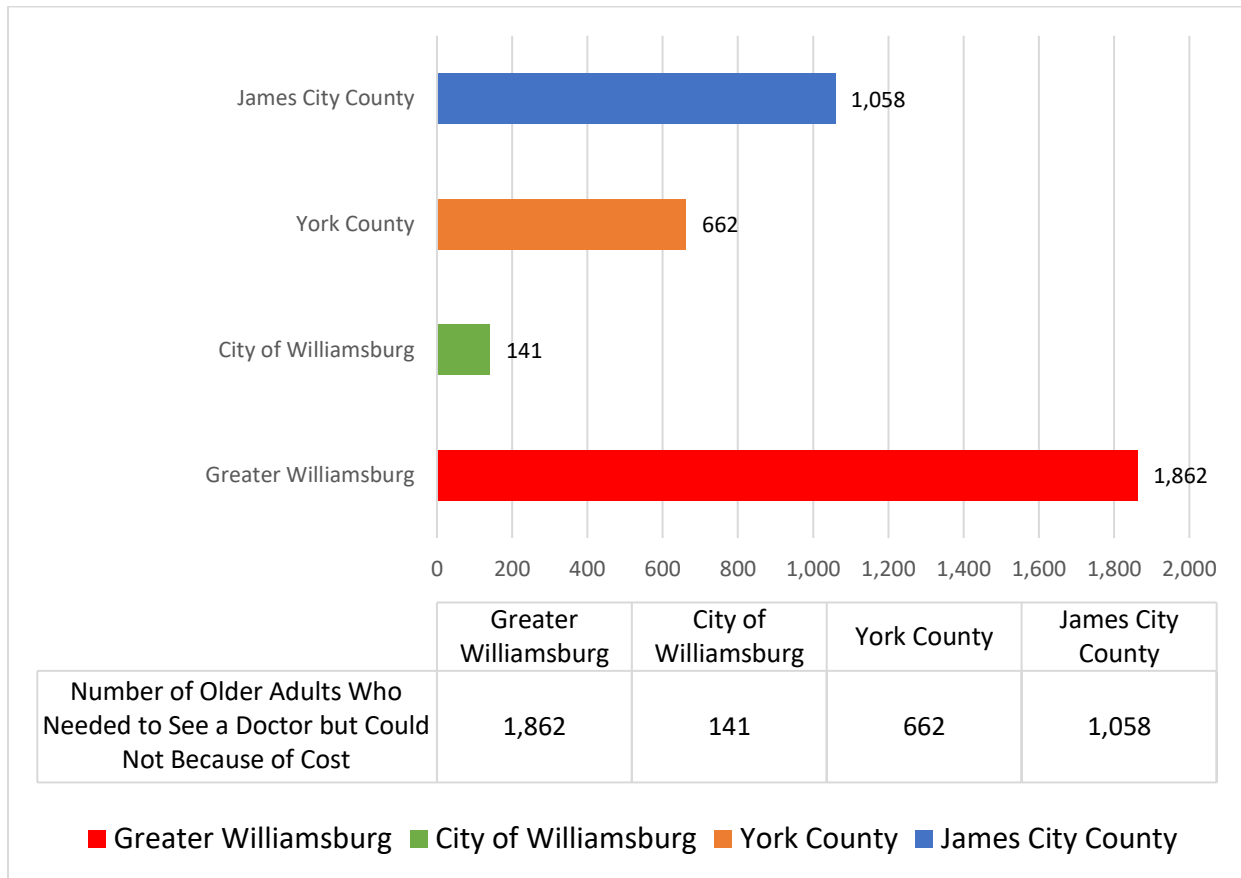
<sup>39</sup> AARP. “[Understanding Medicare’s Options: Parts A, B, C and D.](#)” Updated January 2021. Accessed July 20, 2021.

Part B requires the patient covers 20% of nonemergency care, so Parts A and B only fully cover sudden and dire medical needs and require individuals to pay substantial copays for non-urgent care<sup>40</sup>.

In 2019, approximately 1,862 older adults in Greater Williamsburg needed to see a doctor but did not seek care because of cost. 1,058 older adults in James City County, 662 in York County, and 141 older adults in the City of Williamsburg did not seek care for medical needs because of cost in 2019. Given the rates of chronic illness and disability among older adults in Greater Williamsburg<sup>41</sup>, this is a concern.

A wide range of factors influence one’s ability to receive healthcare. The social determinants of health (SDOH)<sup>42</sup> that directly influence one’s ability to receive medical care will be explored in Section 3.

**Figure 2.3B Estimated Number of Older Adults Who Needed to See a Doctor in the Past Year but Did Not Because of Cost**



Source: CDC Behavioral Risk Factor Surveillance System; BRFSS Prevalence & Trends Data 2019

<sup>40</sup> AARP. [“Understanding Medicare’s Options: Parts A, B, C and D.”](#) Updated January 2021. Accessed July 20, 2021.

<sup>41</sup> See Tables 2.2A and 2.2C

<sup>42</sup> According to the U.S. Department of Health and Human Services’ Office of Disease Prevention and Health Promotion, the social determinants of health (SDOH) are “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

Additionally, those who are uninsured or underinsured may encounter health crises because of a lack of regular care and checkups. Tables 2.3A, B, and C display the rate of preventable hospitalizations<sup>43</sup> per 100,000 Medicare enrollees by age segment and race by locality, illustrating the racial disparities in access to healthcare in the Greater Williamsburg localities.

**Table 2.3A Rate of Preventable Hospitalizations per 100,000 Medicare Enrollees by Race and Age Segment in James City County**

Age Segment	Race		
	Overall	White	Black
Overall	3,769	3,458	6,474
65-74	2,178	1,849	4,745
75-84	3,696	3,606	4,580
85+	7,764	7,965	6,000

Source: Centers for Medicare and Medicaid Services; Mapping Medicare Disparities Dataset 2019  
<https://data.cms.gov/mapping-medicare-disparities>

**Table 2.3B Rate of Preventable Hospitalizations per 100,000 Medicare Enrollees by Race and Age Segment in the City of Williamsburg**

Age Segment	Race		
	Overall	White	Black
Overall	3,081	2,739	5,970
65-74	1,259	810	4,620
75-84	3,009	2,796	6,250
85+	8,140	7,920	10,294

Source: Centers for Medicare and Medicaid Services; Mapping Medicare Disparities Dataset 2019  
<https://data.cms.gov/mapping-medicare-disparities>

**Table 2.3C Rate of Preventable Hospitalizations per 100,000 Medicare Enrollees by Race and Age Segment in York County**

Age Segment	Race		
	Overall	White	Black
Overall	2,743	2,522	5,075
65-74	1,179	978	3,555
75-84	3,234	3,012	5,828
85+	8,063	7,666	12,805

Source: Centers for Medicare and Medicaid Services; Mapping Medicare Disparities Dataset 2019  
<https://data.cms.gov/mapping-medicare-disparities>

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<sup>43</sup> These hospitalizations would not have occurred if the patient had been receiving appropriate preventative and maintenance healthcare. Measured as the Prevention Quality Overall Composite (PQI #90).

The rate of preventable hospitalizations highlights disparities in access to healthcare as the Black population, especially those aged 85 and older, have significantly higher rates of preventable hospitalizations.

Additionally, disparities in healthcare access are often illustrated through access to preventive services such as mammography screenings. Tables 1.3D, E, and F display the percent per year of mammogram screenings by age segment and race in Greater Williamsburg.

**Table 2.3D Percent per Year with Mammogram Screenings by Age Segment and Race in James City County**

Age Segment	Race		
	Overall	White	Black
Overall	46%	47%	45%
65-74	57%	58%	56%
75-84	49%	50%	48%
85+	15%	15%	23%

Source: Centers for Medicare and Medicaid Services; Mapping Medicare Disparities Dataset 2019  
<https://data.cms.gov/mapping-medicare-disparities>

**Table 2.3E Percent per Year with Mammogram Screenings by Age Segment and Race in the City of Williamsburg**

Age Segment	Race		
	Overall	White	Black
Overall	46%	47%	42%
65-74	59%	61%	48%
75-84	48%	47%	56%
85+	15%	14%	17%

Source: Centers for Medicare and Medicaid Services; Mapping Medicare Disparities Dataset 2019

**Table 2.3F Percent per Year with Mammogram Screenings through Medicare by Age Segment and Race in York County**

Age Segment	Race		
	Overall	White	Black
Overall	48%	49%	45%
65-74	57%	58%	52%
75-84	48%	49%	49%
85+	17%	17%	21%

Source: Centers for Medicare and Medicaid Services; Mapping Medicare Disparities Dataset 2019  
<https://data.cms.gov/mapping-medicare-disparities>

Across localities, mammogram screenings through Medicare are lower among the Black population. Research shows that access to preventive care and mental health services decreases preventable hospitalizations<sup>44</sup>. Equitable access to preventive services is an important tactic for reducing racial disparities in services provided and health outcomes.

### End-of-Life Care

With the large and growing older adult population in Greater Williamsburg, ease of access and quality of end-of-life care is critical.

Hospice and end-of-life care is largely funded by Medicare, which will be discussed further in Section 3. The proportion of Medicare decedents enrolled in hospice at the time of death for the state of Virginia was 46.7% in 2020<sup>45,46</sup>.

Table 2.3E Virginia Medicare Hospice Utilization in 2019

Total Patients	Total Payments	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement per Patient	Average Days per Patient
37,125	\$444,360,405	2,745,443	105,302	21,187	\$11,969	74

Source: Centers for Medicare & Medicaid Services; Medicare Fee for Service for Part A; 2019

In 2019, the Center to Advance Palliative Care<sup>47</sup> awarded Virginia an A grade of 86.5 (out of 100) for palliative care<sup>48</sup>. Virginia ranks well in end-of-life care compared to other states although locality level data is unavailable.

## Section 2.4 Impact of COVID-19

### Impact of COVID-19 on the Total Population

As of August 20, 2021, Greater Williamsburg reported 10,306 cases of COVID-19 with 335 hospitalizations and 147 deaths. James City County reported 5,225 cases with 198 hospitalizations and 73 deaths. York County has reported 4,218 COVID-19 cases with 104 hospitalizations and 60 deaths. The City of Williamsburg has reported 863 cases with 33 hospitalizations and 14 deaths.

<sup>44</sup> Chen, Jie et al. "[Reducing Preventable Hospitalization and Disparity: Association With Local Health Department Mental Health Promotion Activities.](#)" 2018. Accessed July 30, 2021.

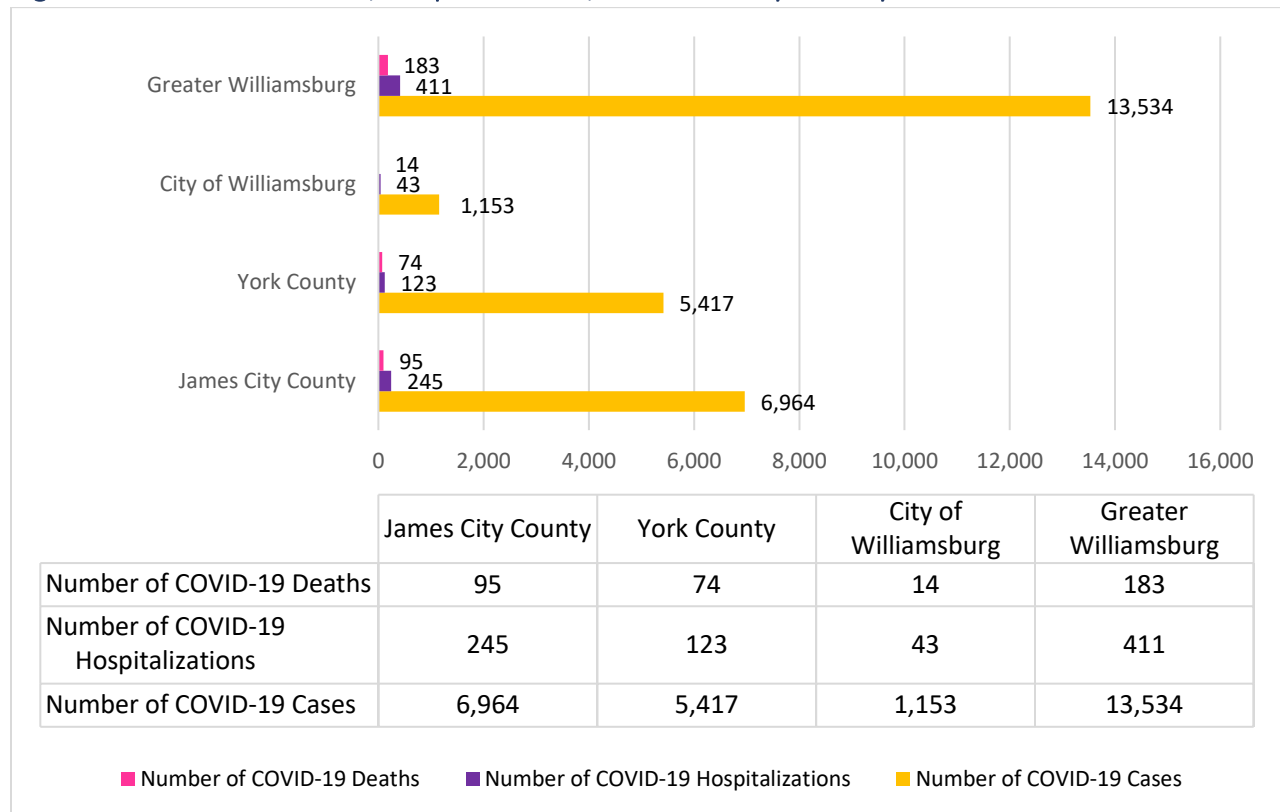
<sup>45</sup> National Hospice and Palliative Care organization, "[Hospice Facts and Figures.](#)" August 2020. Accessed June 28, 2021.

<sup>46</sup>Most hospice and end-of-life data is available state by state rather than by locality. Virginia state data may not be entirely representative of the hospice and end of life care and utilization of the localities of Greater Williamsburg.

<sup>47</sup>Center to Advance Palliative Care, "[America’s Care of Serious Illness.](#)" 2019. Accessed June 28, 2021.

<sup>48</sup> The National Institute on Aging defines palliative care as specialized medical care for people living with a serious illness. Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life.

Figure 2.4A COVID-19 Cases, Hospitalizations, and Deaths by Locality



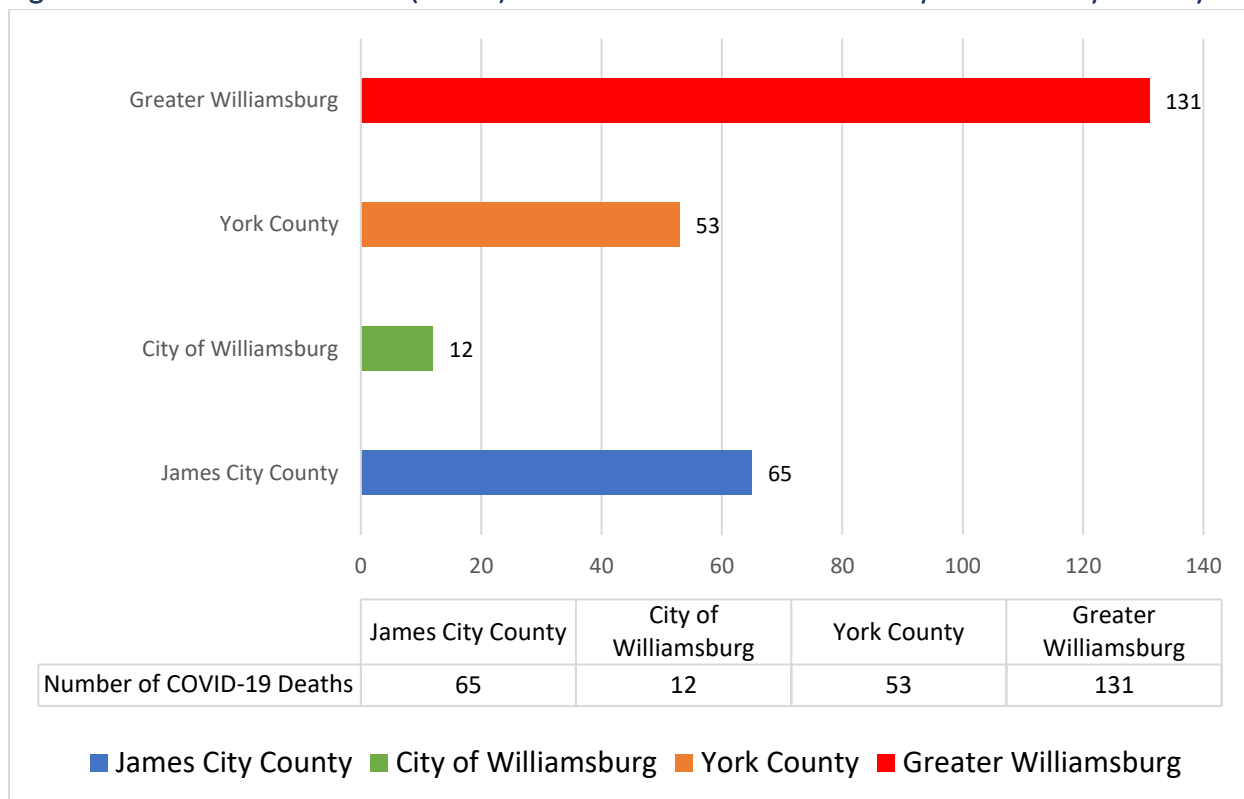
Source: Virginia Department of Health; COVID-19 Cases & Testing Dashboards; 2021

### Impact of COVID-19 on Older Adults

The COVID-19 pandemic has significantly affected older adults, who were particularly vulnerable to experiencing extreme cases and death from COVID-19. Out of the 11,647 deaths from COVID-19 in Virginia<sup>49</sup>, 10,351 of those were older adults aged 60 and older. Approximately 88.9% of the COVID-19 related deaths in Virginia as of June 21, 2021, were older adults. Extrapolating this proportion to Greater Williamsburg, of the 147 COVID-19 deaths, approximately 131 of those were older adults (88.9%). Approximately 65 older adults in James City County, 53 older adults in York County, and 12 in the City of Williamsburg died due to COVID-19 as of August 20, 2021.

<sup>49</sup> Virginia Department of Health. “[COVID-19 Cases & Testing Dashboards](#).” Last updated August 20, 2021. Accessed August 20, 2021.

Figure 2.4B Estimated Number (88.9%) of Older Adult Deaths Caused by COVID-19 by Locality



Sources: Virginia Department of Health; COVID-19 Cases & Testing Dashboards; 2021 and CDC; Provisional COVID-19 Deaths by Sex and Age; 2021

### Changes in Life Expectancy During the COVID-19 Pandemic

Additionally, while COVID-19 caused many deaths and hospitalizations, the pandemic has also shortened life expectancy in the United States. Between 2018 and 2020, U.S. life expectancy dropped by 1.87 years, 8.5 times the average decrease in peer countries<sup>50</sup>. These losses are pronounced in communities of color, reflecting the gaps in health equity in the United States.

### COVID-19 Vaccines

While the costs of the COVID-19 pandemic have been very high, especially among the older adult population, vaccination rates are climbing. Older adults were among the first group to receive the COVID-19 vaccines and as of August 20, 2021, 29,553 of those 65 and older are vaccinated in Greater Williamsburg, which is about 87.6% of the older adult population. The Centers for Medicare and Medicaid Services reported from Winter 2021 data that 70% of older beneficiaries had received at least one vaccine dose compared to 24% of beneficiaries under 65, and 67% of white beneficiaries had received at least one vaccine dose compared to 53% of non-white beneficiaries<sup>51</sup>. As of August 20, 2021,

<sup>50</sup> Urban Institute. [“Effect of the Covid-19 Pandemic in 2020 on Life Expectancy Across Populations in the USA and Other High Income Countries: Simulations of Provisional Mortality Data.”](#) June 24, 2021. Accessed July 15, 2021.

<sup>51</sup> Centers for Medicare & Medicaid Services. Medicare Current Beneficiary Survey. [“COVID-19 Experiences Among the Medicare Population.”](#) July 2021. Accessed July 30, 2021.



in James City County, 17,577 of those 65 and older are fully vaccinated, which is approximately 89% of the older adult population. In York County, 9,738 of those 65 and older are fully vaccinated, which is approximately 85.7% of the older adult population. In the City of Williamsburg, 2,238 of those 65 and older are fully vaccinated, which is roughly 85.4% of the older adult population.

Figure 2.4C Number of Fully Vaccinated Older Adults<sup>52</sup> by Locality as of August 20, 2021

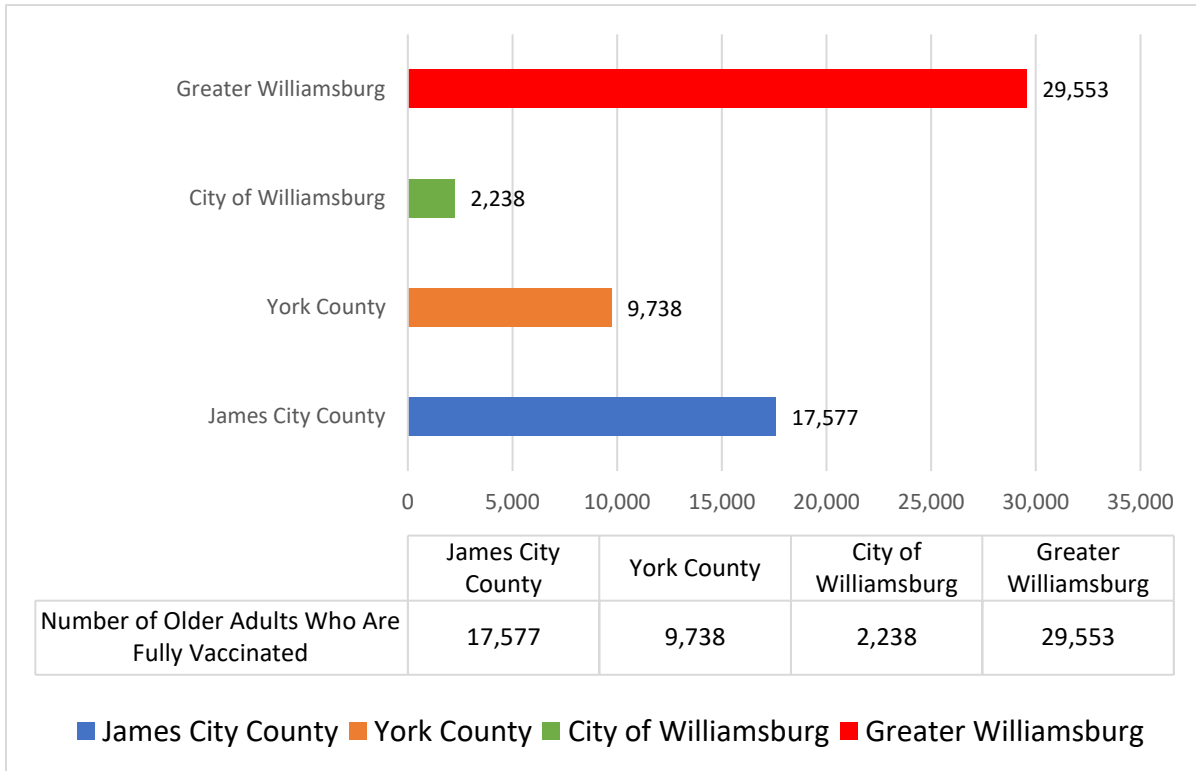


Table 2.4A Percentage of Older Adult<sup>53</sup> Population Who Are Fully Vaccinated as of July 30, 2021

Locality	Percentage of Older Adults Who Are Fully Vaccinated
James City County	89.0%
York County	85.7%
City of Williamsburg	85.4%
Greater Williamsburg	87.6%

Source: Virginia Department of Health; COVID-19 Vaccine Dashboards; 2021

<sup>52</sup> 65 years and older.

<sup>53</sup> 65 years and older.

## Section 3: Aging in Place Supports and Social Determinants of Health (SDOH)

The Centers for Disease Control and Prevention define aging in place as “the ability to live in one’s own home and community safety, independently, and comfortably regardless of age, income or ability level.” Optimally, aging in place supports provide older adults not only with autonomy but a sense of dignity as they make choices pertaining to their home and community environments. National surveying consistently shows that nearly 90% of Americans aged 50 and older want to age in place<sup>54</sup>. However, challenges with personal care, household chores, food purchasing, and meal preparation, money management, and mobility may mean that moving out of their home becomes the only viable choice. The availability of affordable and appropriate resources and services can mitigate the difficulties older adults face and can significantly extend the period during which older adults can remain in their home of choice.

Older adults have a lifetime of skills, expertise, and experience to offer their families, friends, and communities. Many older adults remain in the workforce, live active lifestyles, and volunteer in the community. With proper supports and the ability to age in place, older adults are often able to maintain those active lifestyles and continue to benefit from and contribute to their communities.

While this section explores the potential challenges of aging and accessing resources note that many older adults remain active and may not need the supports and services discussed below for many years or ever. The term “older adult” covers a wide range of ages of those 60 and older, so those in the younger segment of this demographic may not be experiencing the same difficulties as those in the older segment.

Because the variables included in Social Determinants of Health (SDOH) can serve as a proxy for aging in place supports, this section is organized around common SDOH topics<sup>55</sup>. This section aims to explore and assess the supports for aging in place in Greater Williamsburg. As above, only a subset of older adults may face difficulties, and many older adults live active, busy, and social lives, uninhibited by illness or disability. While this section explores the services available should older adults need assistance, note that older adults bring much to the workforce, volunteering efforts, and community-at-large. With that said, there are several external factors that can make aging in place more or less difficult for older adults.

### Section 3.1: Household Income and Financial Resources

Individual and household income and financial assets significantly influence economic stability. In Greater Williamsburg, many older adults are faced with the fears and uncertainty of maintaining

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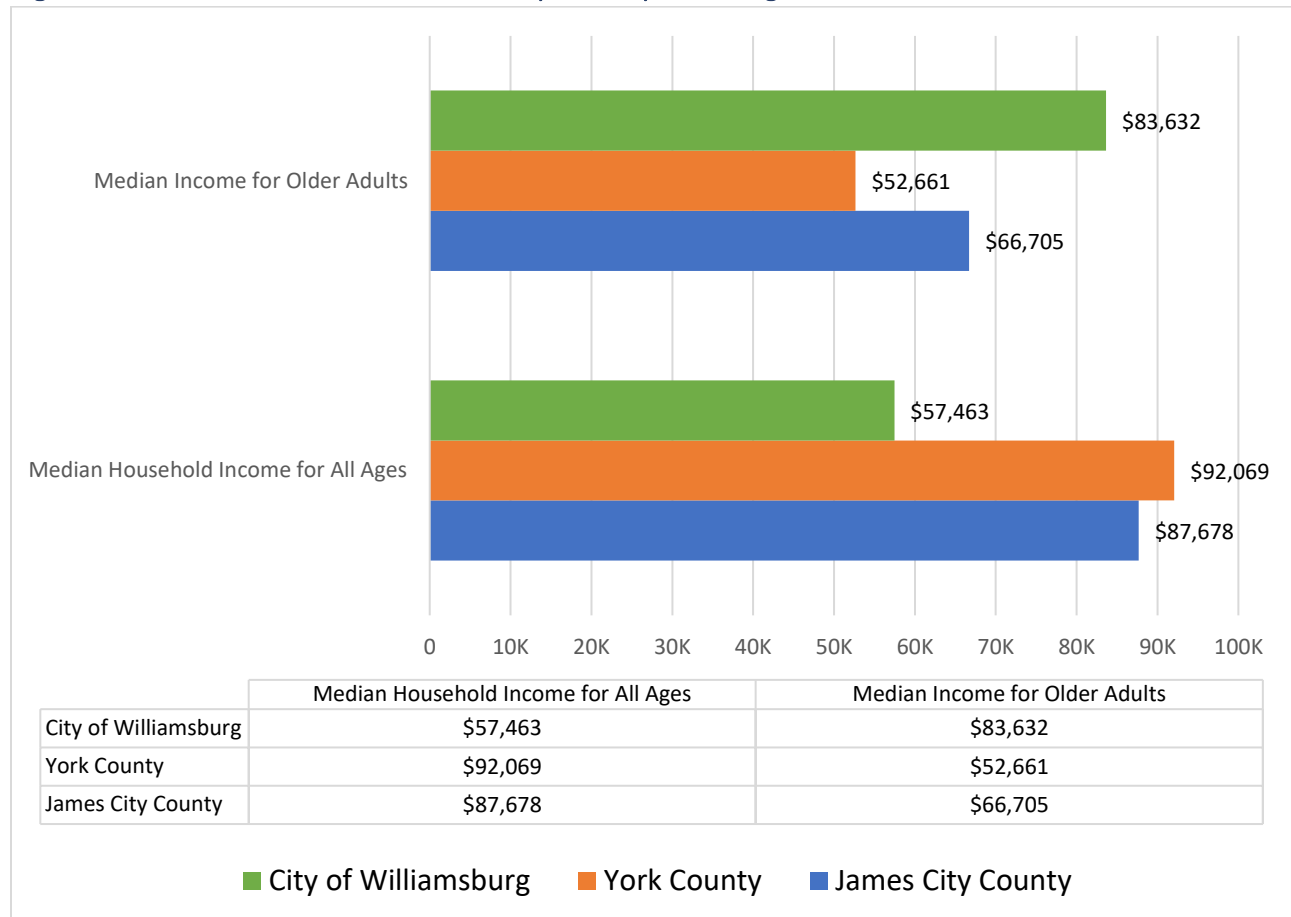
<sup>54</sup> Intrado Global Newswire, “[NEARLY 90% OF AMERICANS AGE 50 AND OLDER WANT TO ‘AGE IN PLACE’.](#)” May 2021. Accessed September 1, 2021.

<sup>55</sup> Social Determinants of Health (SDOH) are a proxy for the factors which impact older adults’ ability to age in place. SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks<sup>55</sup>.) National Institute on Aging. “Aging in Place: Growing Older at Home.” Last updated May 1, 2017. Accessed August 6, 2021.

economic stability, particularly through retirement. Economic stability is a cross-cutting issue and fundamental determinant of older adults’ ability to age in place.

The median household income for all ages in Virginia in 2019 was \$74,222<sup>56</sup>. In James City County, the median household income was \$87,678. In York County, the median household income was \$92,069. In the City of Williamsburg, the median household was \$57,463. The median household income for older adults in Greater Williamsburg is lower than the overall median household income as many older adults live alone and have retired or left the workforce for other reasons. The median household income of an older adult in James City County is \$83,632. In York County, the median household income of an older adult is \$52,661. In the City of Williamsburg, the median household income of an older adult is \$66,705.

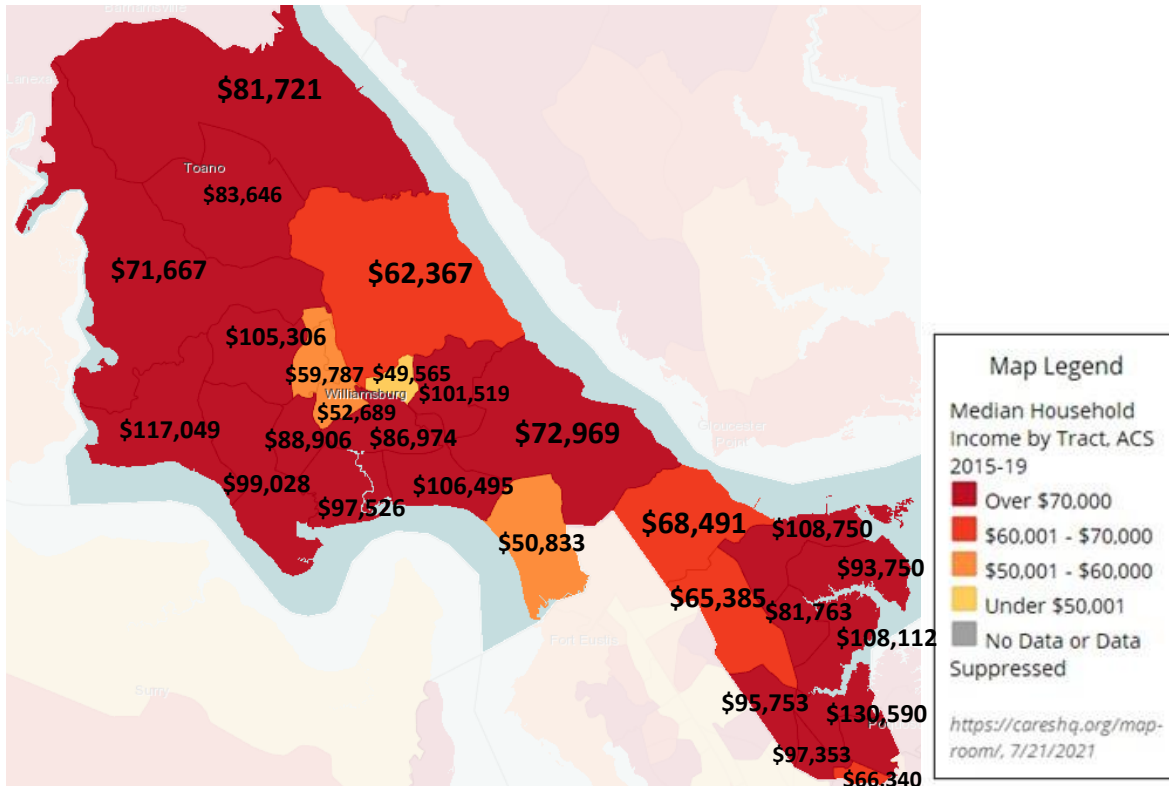
Figure 3.1A Median Household Income by Locality for All Ages and Older Adults



<sup>56</sup> U.S. Census Bureau. “[QuickFacts Virginia](#).” 2019. Accessed July 21, 2021. Note that this is household, not per capita income.

Source: U.S. Census Bureau (2019). "Median Household Income in the Past 12 Months (In 2019 Inflation-adjusted Dollars)," American Community Survey<sup>57</sup> 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

Figure 3.1B Median Household Income by Census Tract for All Ages



Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

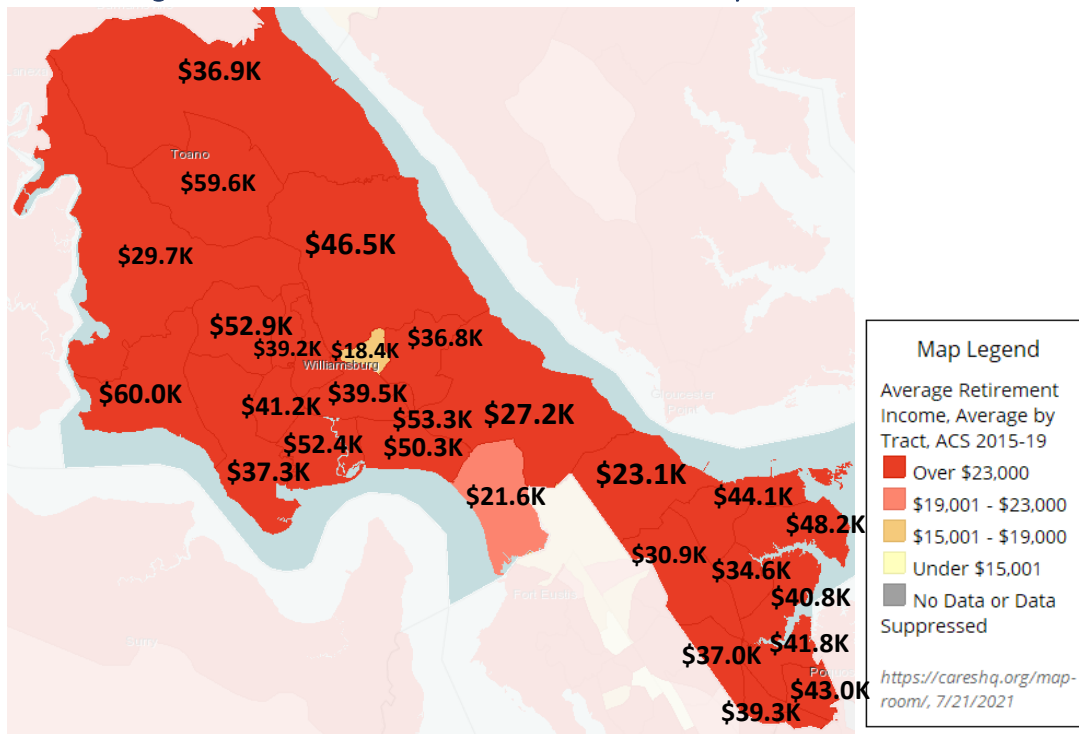
Table 3.1B Average Annual Household Income for Retirees by Locality

Locality	Average Income for Retirees
James City County	\$46,748
York County	\$38,482
City of Williamsburg	\$40,208
Virginia	\$33,381

Source: U.S. Census Bureau (2019). "Retirement Income in the Past 12 Months for Households," American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

<sup>57</sup> The American Community Survey (ACS) from the US Census Bureau is an annual survey of households across the country that collects a wide range of demographic and socioeconomic information. The 5-year survey estimates data for lower-population area. Larger populations are estimated in the 1-year surveys.

Figure 3.1C Average Annual Household<sup>58</sup> Income for Retirees by Census Tract



Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

## Poverty

In the state of Virginia, 9.9% of the total population lived below 100% of the Federal Poverty Level (FPL), also known as living below the poverty line or in poverty in 2019<sup>59</sup>. Nationally, approximately 10% of people aged 65 and older lived below 100% of the federal poverty level, in 2019<sup>60</sup>. The annual income that classifies one as below 100% of the Federal Poverty Level is \$12,880 for single households and \$17,420 for two-person households<sup>61</sup>. An estimated 9.67% of the total population of Greater Williamsburg lived below the poverty line in 2020, according to the Virginia Department of Social Services<sup>62</sup> with a 6% poverty rate in James City County, a 5% poverty rate in York County/City of Poquoson<sup>63</sup>, and an 18% poverty rate in the City of Williamsburg.

An estimated 7.1% of older adult households in Virginia live below the FPL<sup>64</sup>. Applying this proportion, an estimated 582 older adult households in James City County, 553 older adult households in York

<sup>58</sup> Households with at least one person who is retired from the workforce.

<sup>59</sup> U.S. Census Bureau. "[QuickFacts Virginia](#)." 2019. Accessed July 21, 2021.

<sup>60</sup> Administration for Community Living. "[2020 Profile of Older Americans](#)." May 2021. Accessed Jul 14, 2021.

<sup>61</sup> Paying for Senior Care. "[2021 Federal Poverty Guidelines / Federal Poverty Levels](#)." Last Updated July 16, 2021. Accessed July 21.

<sup>62</sup> Virginia Department of Social Services. "[Local Departments of Social Services Profile](#)." 2020. Accessed August 3, 2021

<sup>63</sup> York County and the City of Poquoson are under one Department of Social Services (DSS).

<sup>64</sup> Administration for Community Living. "[2020 Profile of Older Americans](#)." May 2021. Accessed Jul 14, 2021.

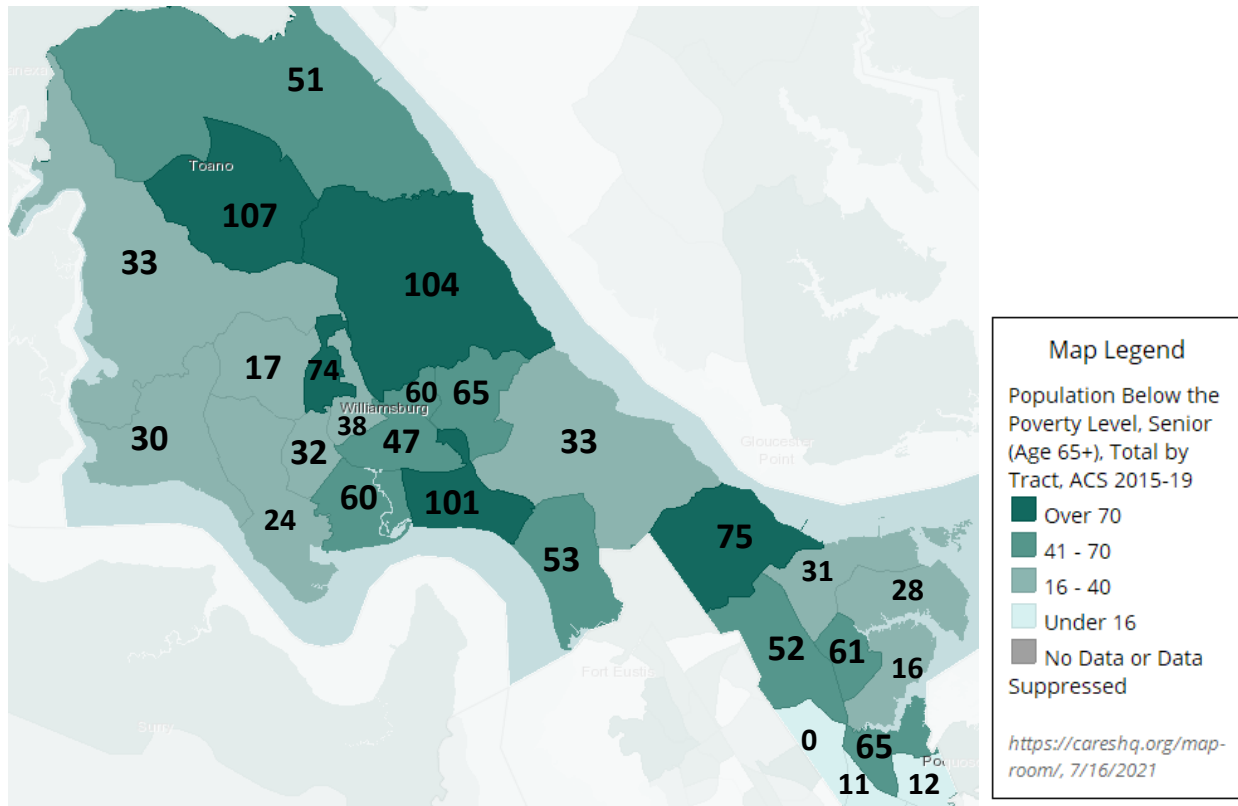
County, and 145 older adult households in the City of Williamsburg live below 100% of the FPL. This means 3.22% of the older adult population in James City County, 5.24% of the older adults in York County, and 6.42% of the older adult population in the City of Williamsburg live in households that are below the FPL.

Table 3.1C Number and Percentage of Older Adult Households Living in Poverty by Locality

Locality	Number of Older Adult (65+) Households Living in Poverty	Percent of Older Adult (65+) Households Living in Poverty
James City County	582	3.22%
York County	553	5.24%
City of Williamsburg	145	6.42%
Virginia	92,951	7.46%

Source: U.S. Census Bureau (2019). "Poverty Status in the Past 12 Months by Age," American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

Figure 3.1D Estimated Number of Older Adult Households Below 100% of the FPL by Census Tract



Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

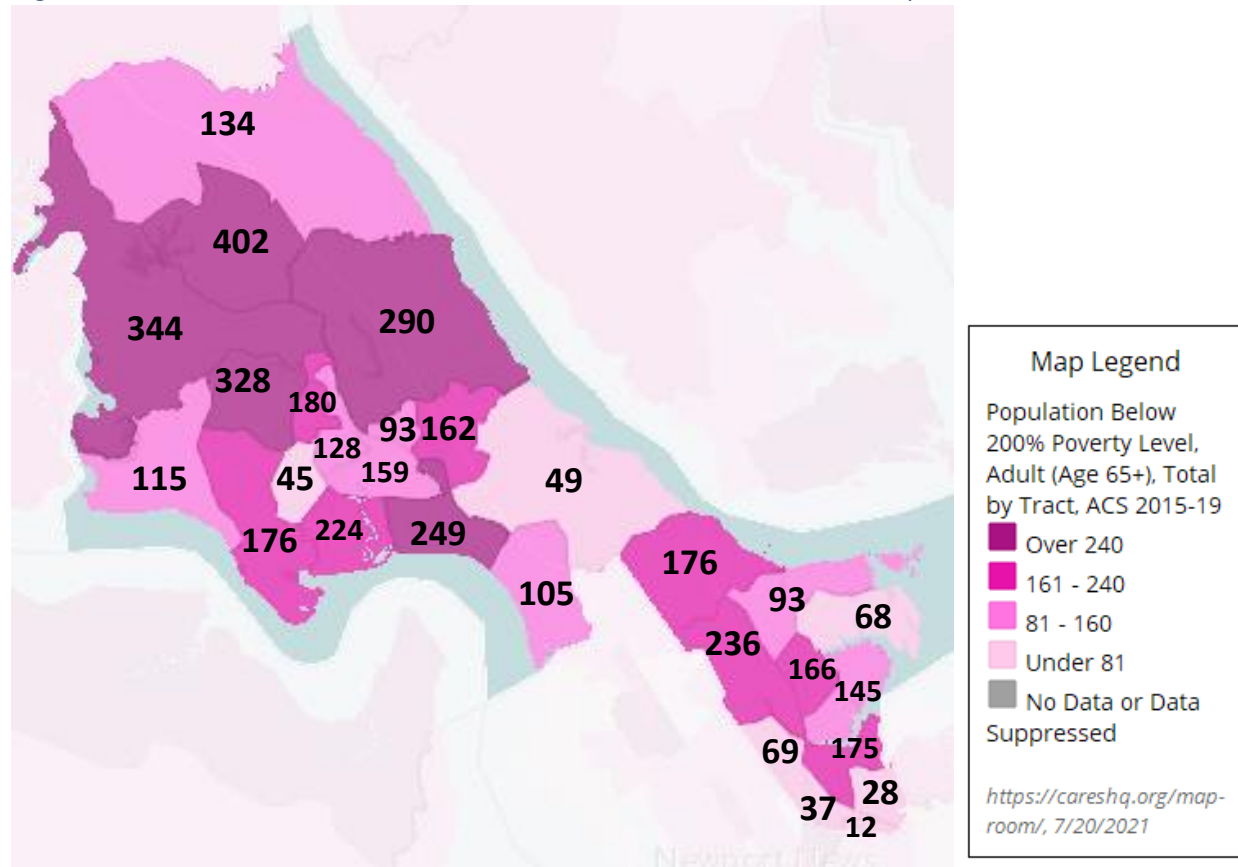
Living in a household below 200% of the FPL is a common criterion for many public assistance programs. In the United States, 200% below the poverty level is an annual income of \$25,760 for a single person household and \$34,840 for a two-person household. In James City County, 2,302 older adults lived in a household below 200% of the poverty line. In York County, 1,706 older adults lived in a household below 200% of the poverty line and in the City of Williamsburg, 380 older adults lived in a household below 200% of the poverty line in 2019.

Table 3.1D Number of Older Adult Households Living 200% Below the Poverty Line (2019)

Locality	Population Aged 65 and Older Below 200% of the Poverty Level	Population Below 200% of the Poverty Level, Pct. of Pop. Aged 65 and Older
James City County	2,302	12.74%
York County	1,706	16.15%
City of Williamsburg	380	16.83%
Virginia	289,761	23.27%

Source: U.S. Census Bureau (2019). "Poverty Status in the Past 12 Months by Age," American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

Figure 3.1F Number of Older Adult Households Below 200% the FPL by Census Tract



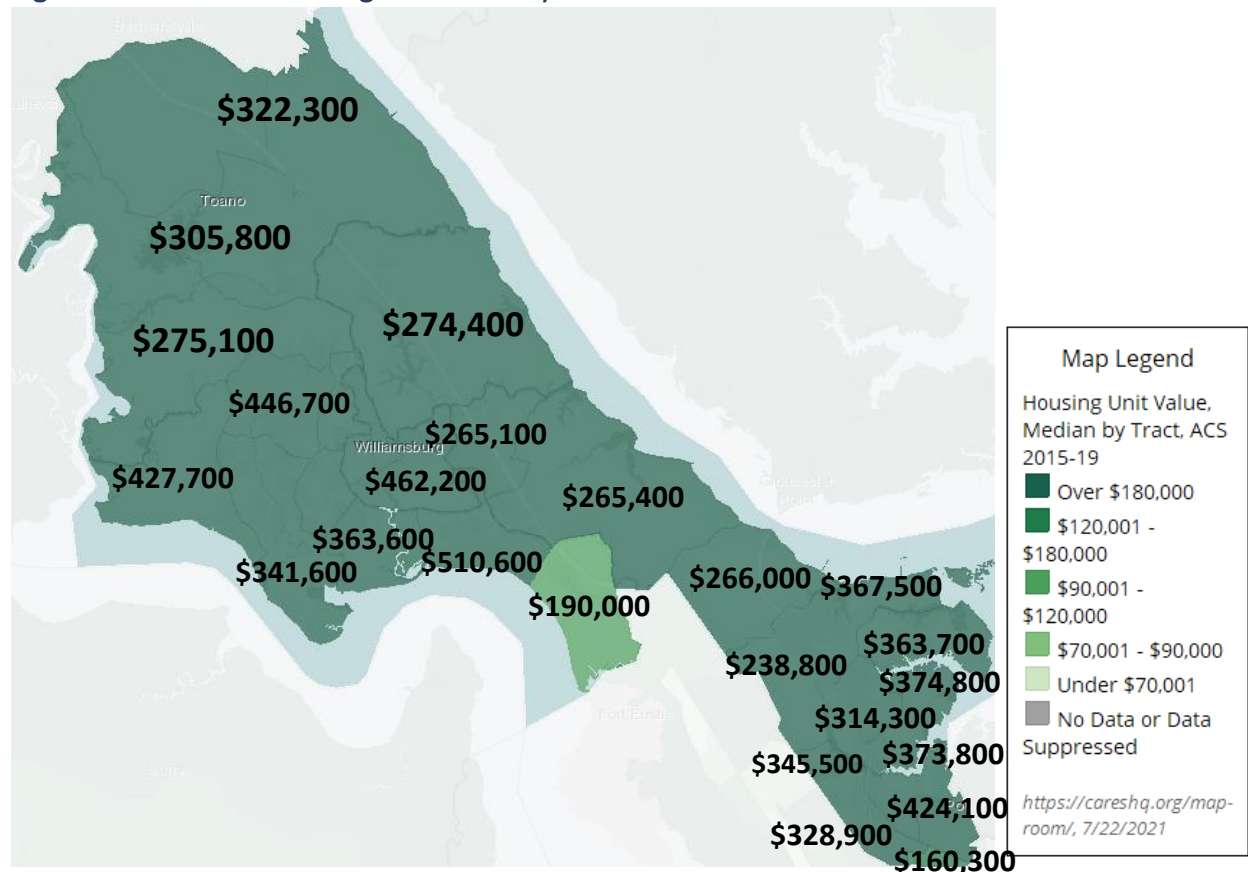
Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

### Section 3.2: Housing

Safe, affordable, and stable housing is a key support for health and well-being and is essential to an older adult’s ability to age in place. Challenges arise when older adults need to retrofit current housing for the sake of safety or face the disruption and expense of finding different and more accessible housing.

As shown in Figure 3.2A, median housing unit values in Greater Williamsburg are one illustration of the challenges faced by lower-income older adult households in being able to maintain or secure affordable and stable housing.

Figure 3.2A Median Housing Unit Value by Census Tract

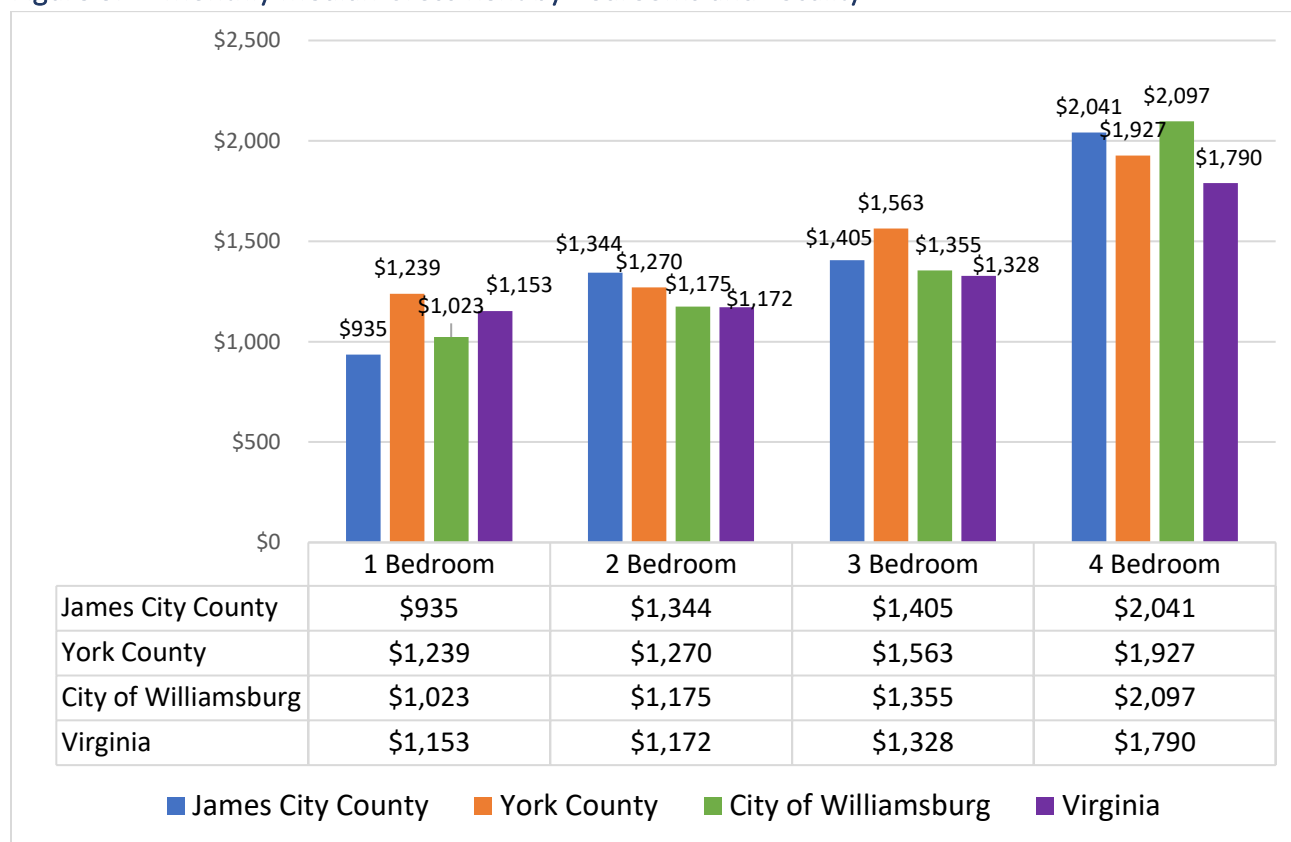


Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

Figure 3.2B shows the monthly median gross rent in Greater Williamsburg by the number of bedrooms. A one-bedroom home or apartment costs an average of \$935 a month in James City County, \$1,239 in York County, and \$1,023 a month in the City of Williamsburg. Considering the percentage of older adults in fixed income households, these rent prices may present a barrier to older adults who would like to downsize to more accessible rental housing.



Figure 3.2B Monthly Median Gross Rent by Bedrooms and Locality



Source: U.S. Census Bureau (2019). “Median Gross Rent by Bedrooms,” American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

For a person earning minimum wage, over 103 hours of work a week would be required to afford rental housing in Greater Williamsburg in 2021<sup>65</sup>. Many older adults, who are out of the workforce, face similar struggles as they are on a fixed income.

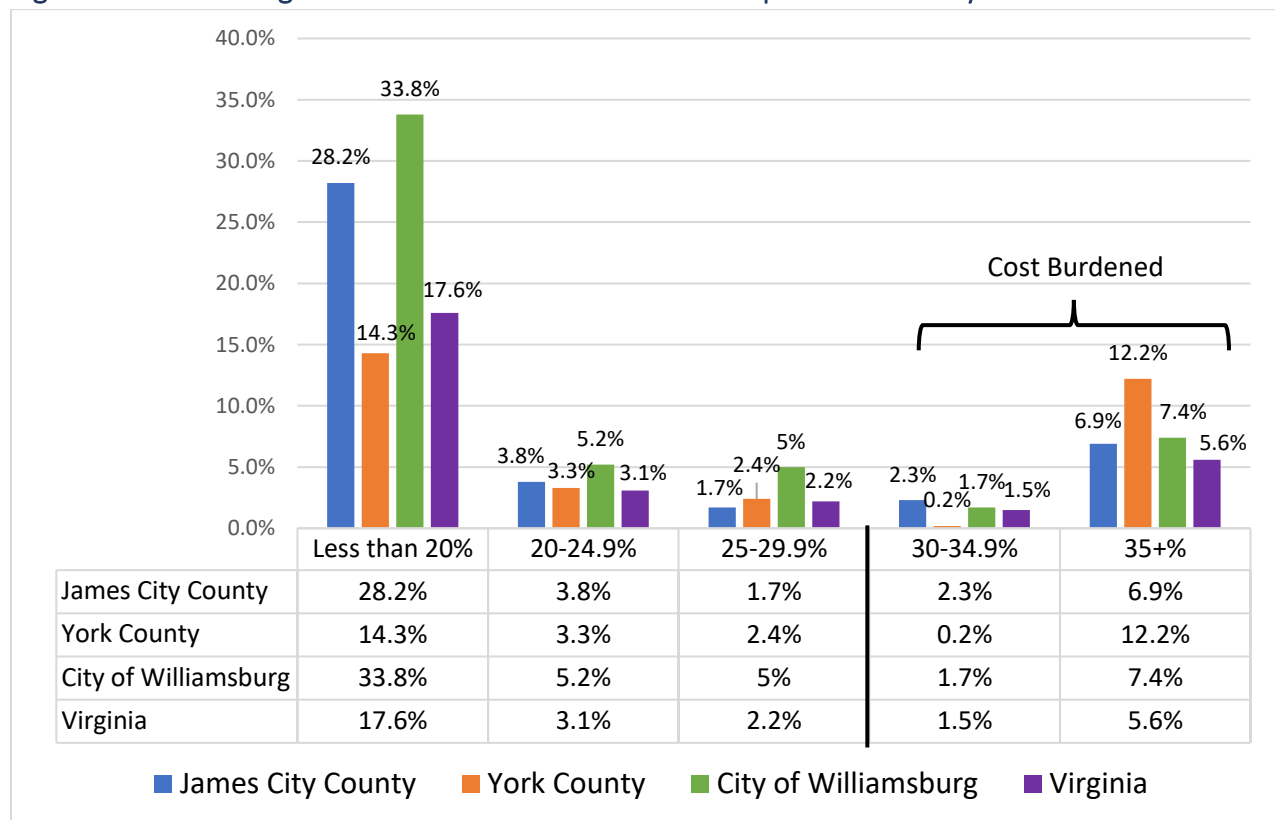
Paying above 30% of one’s income on monthly housing costs is the threshold for individuals to be considered cost-burdened by housing<sup>66, 67</sup>. As shown in figure 3.2C, in Greater Williamsburg, many older adults are burdened by the cost of their housing, paying over 30% of their monthly income on housing. In James City County, 2,240 older adults are paying 30% or above of their income on monthly housing costs. In York County, 2,240 older adults are cost burdened. In the City of Williamsburg, 211 older adults are cost burdened.

<sup>65</sup> National Low Income Housing Coalition. “[Out of Reach 2021](#).” 2021. Accessed August 5, 2021. This is based on the amount required to afford a two-bedroom rental.

<sup>66</sup> Housing Forward Virginia. “[Cost Burden: Households Paying More than 30% for Housing](#).” Accessed July 23, 2021.

<sup>67</sup> U.S. Census Bureau; Mary Schwartz and Ellen Wilson. “[Why the 30 Percent of Income Standard for Housing Affordability](#).” 2006. Accessed August 3, 2021.

Figure 3.2C Percentage of Older Adults’<sup>68</sup> Annual Income Spent on Monthly Owner Costs



Source: U.S. Census Bureau (2019). “Age of Householder by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months,” American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

### Section 3.3 Access to Healthcare

Access to healthcare insurance is a significant determinant for receiving healthcare and therefore for health outcomes<sup>69,70</sup>. Medicare is a universal federal insurance program; however, lack of citizenship can disqualify individuals from receiving coverage and only emergency and hospitalization coverage is universal. Medicaid is only available for low-income individuals. So, while Medicare is a universal insurance plan for citizens, and Medicaid is available to very low-income citizens, not all older adults may qualify for either Medicare or Medicaid coverage.

#### Medicare

Medicare is government-provided health insurance offered to citizens aged 65 and older. Universal Medicare only offers Parts A and B. Part A of Medicare is hospital insurance and Part B covers primary care doctor’s visits, lab tests, diagnostic screenings, ambulance transportation, and a portion of other outpatient costs; however, Part B requires a higher monthly premium and annual deductible than Part

<sup>68</sup> Age 65 and older.

<sup>69</sup> Urban Institute. “[Why Healthcare is Important](#).” November 9, 2007. Accessed July 20, 2021.

<sup>70</sup> Having some type of insurance is a key determinant as to whether an individual has regular access to healthcare.

A<sup>71</sup>. Part B requires the patient to cover 20% of nonemergency care, so Parts A and B only provide benefits for sudden and dire medical needs and require individuals to pay substantial copays for non-urgent care<sup>72</sup>.

In Virginia, there are 1,227,305 Medicare enrollees aged 65 and older as of 2019, which is 95% of the older adult population. In James City County, 97% of the 65 and older population has Medicare coverage. In York County, 91% of the older adult population has health care coverage through Medicare. In the City of Williamsburg, 96% of the older adult population is covered through Medicare.

**Table 3.3A Older Adult Medicare Enrollees in Greater Williamsburg**

<b>Locality</b>	<b>Population with Medicare Coverage</b>	<b>Percentage of Older Adult Population with Medicare Coverage</b>
James City County	18,404	97%
York County	10,587	91%
City of Williamsburg	2,252	96%
Greater Williamsburg	31,994	95%
Virginia	1,227,305	95%

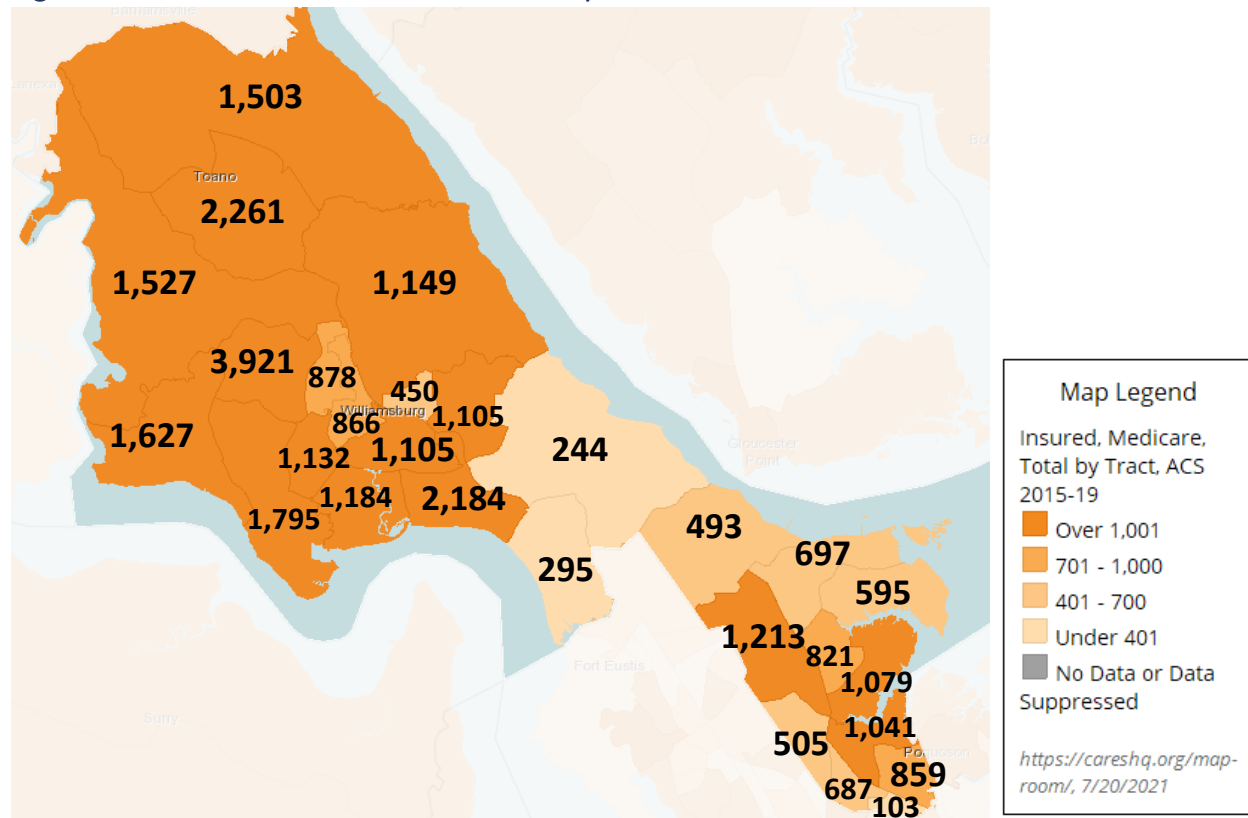
Source: U.S. Census Bureau (2019). "Medicare Coverage by Sex by Age," American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org> <sup>73</sup>

<sup>71</sup> AARP. "Understanding Medicare's Options: Parts A, B, C and D." Updated January 2021. Accessed July 20, 2021.

<sup>72</sup> AARP. "Understanding Medicare's Options: Parts A, B, C and D." Updated January 2021. Accessed July 20, 2021.

<sup>73</sup> <https://censusreporter.org/tables/C27006/> ; <https://data.census.gov/cedsci/table?q=Medicare%20Coverage%20by%20Sex%20by%20Age&tid=ACSDT1Y2019.B27006>

Figure 3.3A Number of Medicare Enrollees by Census Tract



Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

### Medicaid

Medicaid is a federal and state program for low-income individuals to cover health care benefits and costs<sup>74</sup>. To be eligible for Medicaid, the individual must be living in a household with an income of no more than 138% of the FPL. This is \$17,775 in annual gross income for an individual, \$24,040 annual gross income for a household of two, or \$30,305 annual gross income for a family of three in 2021<sup>75</sup>. Approximately 1.8 million individuals are currently enrolled in Medicaid in Virginia,<sup>76</sup> and 571,034 people in Virginia have enrolled in Medicaid since the expansion benefits began in January 2019<sup>77</sup>. An individual may be dual-eligible for both Medicare and Medicaid if they are 65 and older, live in a household below 138% of the FPL, and meets other income and asset requirements<sup>78</sup>.

<sup>74</sup> Center for Medicare & Medicaid Services. “[Eligibility](#).” Accessed July 19, 2021.

<sup>75</sup> Virginia Health Care Foundation. “[Income Guidelines](#).” Last Updated February 16, 2021. Accessed July 20, 2021.

<sup>76</sup> Virginia Department of Medical Assistance Services. “[About the Agency](#).” Accessed August 3, 2021.

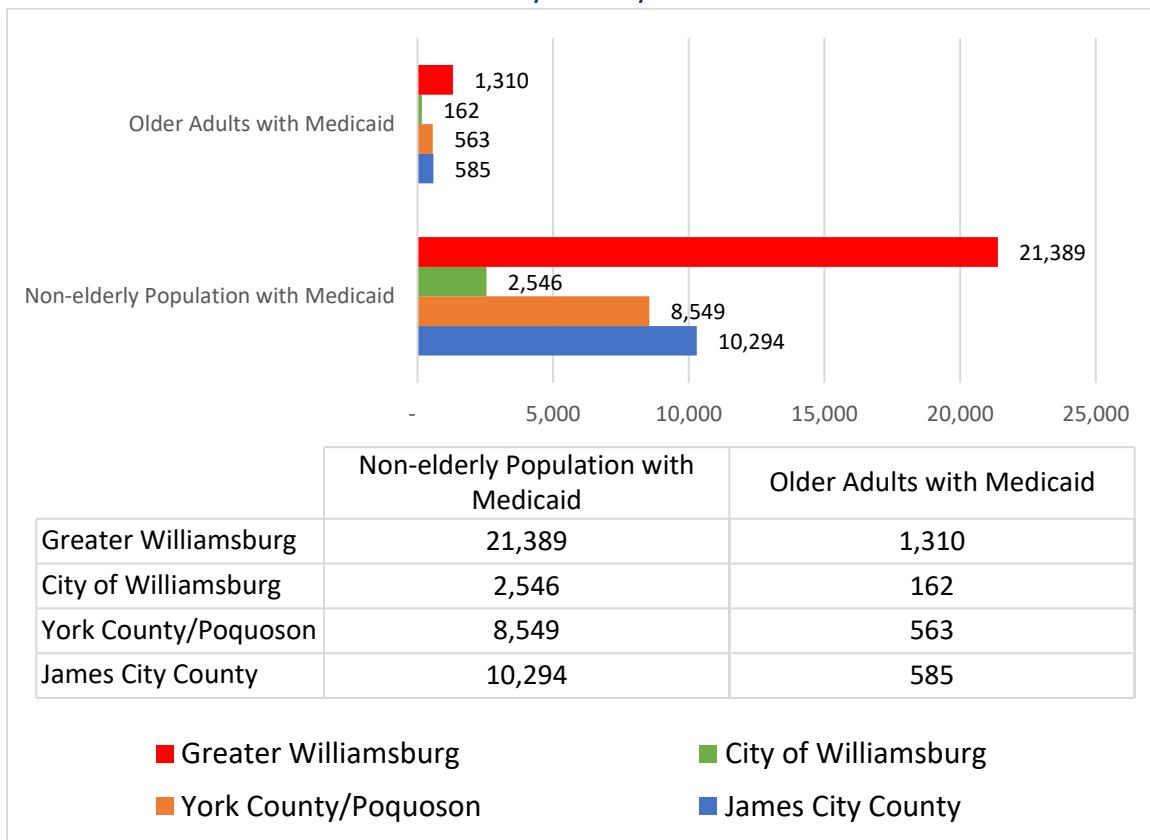
<https://www.dmas.virginia.gov/> Accessed September 20, 2021.

<sup>77</sup> Virginia Medicaid; Department of Medical Assistance Services. “[Medicaid Expansion Enrollment](#).” August 1, 2021. Accessed August 6, 2021.

<sup>78</sup> The Medicare Resource Center. “[Can I be enrolled in Medicare and Medicaid at the same time?](#)” July 21, 2021. Accessed September 8, 2021.

As of December 2020, in Greater Williamsburg, 21,389 non-elderly people and 1,310 older adults are enrolled in Medicaid. In James City County, 10,294 non-elderly people and 585 older adults are enrolled in Medicaid. In York County/Poquoson City<sup>79</sup>, 8,549 non-elderly people and 563 older adults are enrolled in Medicaid<sup>80</sup>. In the City of Williamsburg, 2,46 non-elderly people and 162 older adults are enrolled in Medicaid.

Figure 3.3B Number of Medicaid Enrollees by Locality



Source: Virginia Department of Social Services. Local Departments of Social Services Profile 2020.

### Section 3.4 Access to Caregivers and Respite/Daycare Centers

As older adults age, additional care or help may be required to maintain the activities of daily living<sup>81</sup>. If mobility, vision, or cognitive function decreases, caregivers may need to step in to provide assistance. Many caregivers are family members, friends, or neighbors of the older adult they care for. It’s estimated that over a million people in Virginia are caring for loved ones<sup>82</sup>. In Virginia, family caregivers

<sup>79</sup> York County and the City of Poquoson have one Department of Social Services (DSS).

<sup>80</sup> [https://www.dss.virginia.gov/geninfo/reports/agency\\_wide/ldss\\_profile.cgi](https://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi) Medicaid enrollment numbers are from the Virginia Department of Social Services Local Department of Social Services Profile Report 2020.

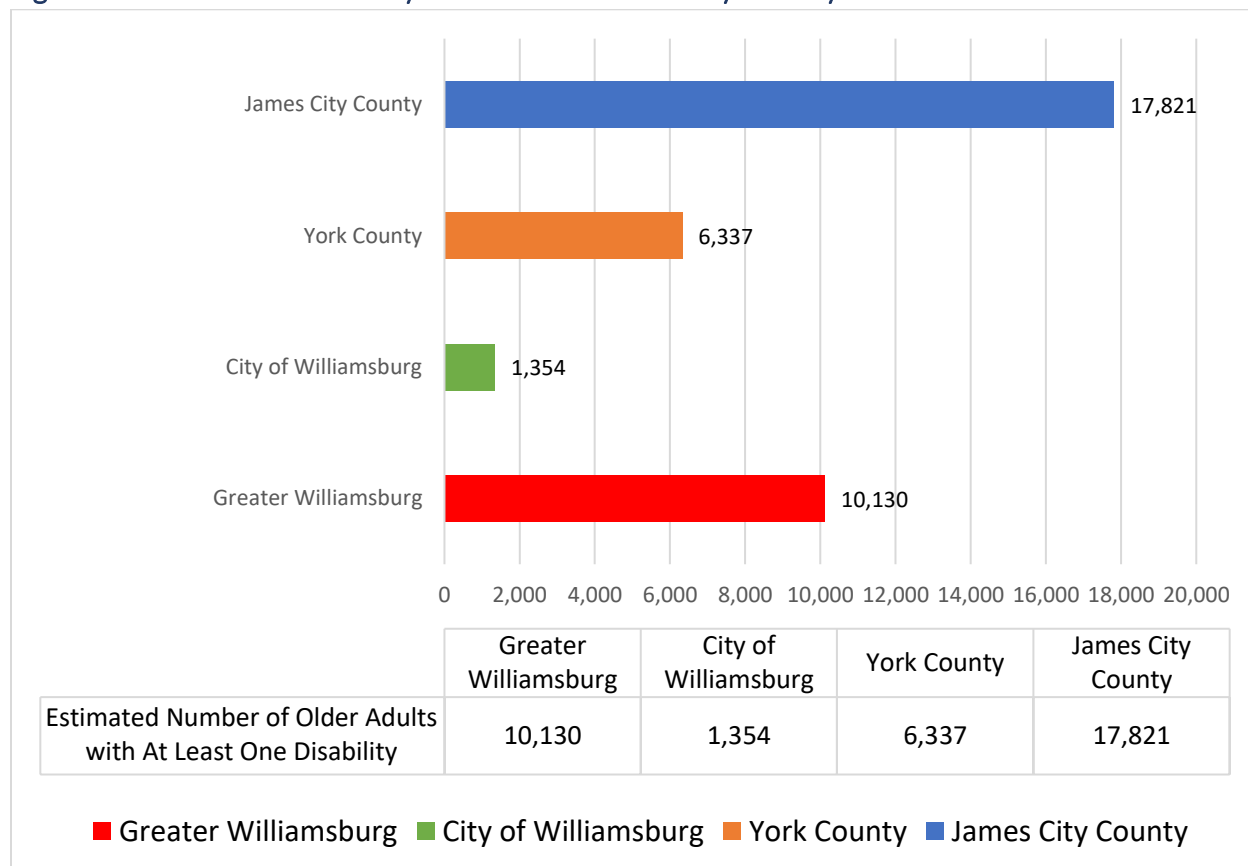
<sup>81</sup> National Center for Biotechnology Information <https://www.ncbi.nlm.nih.gov/books/NBK470404/> Accessed September 30, 2021.

<sup>82</sup> AARP Public Policy institute. “[Number of Medicare Beneficiaries Enrolled in Part D.](#)” 2013. Accessed July 20, 2021.

provide approximately \$11.2 billion dollars in free care per year<sup>83</sup>. In some cases, families/households are able to hire trained healthcare aides.

Having a physical or mental disability can cause issues with mobility, transportation, and quality of everyday life. In Virginia, 40.2% of older adults<sup>84</sup> have at least one disability. Extrapolating this percentage to Greater Williamsburg, 17,821 out of 44,330 older adults are estimated to have at least one disability<sup>85</sup>. 10,130 older adults in James City County, 6,337 older adults in York County, and 1,354 older adults in the City of Williamsburg are estimated to have at least one disability<sup>86</sup>.

Figure 3.4A Estimated Disability Rates of Older Adults by Locality



Source: CDC Disability and Health Data System; Virginia 2019; “Disability Status and Types among Adults 18 Years of Age or Older by Age Group.”

### Access to Caregivers

If an older adult requires assistance, access to a caregiver is vital to maintaining normalcy and routine as well as continuing everyday life and activities. However, in-home health care can be very expensive for

<sup>83</sup> AARP. “[Virginia Family Caregivers Provide \\$11.2 BILLION in Unpaid Care to Family, Friends at Home.](#)” 2017. Accessed July 20, 2021.

<sup>84</sup> The CDC Disability and Health Data System considers an older adult to be 65 years of age and older.

<sup>85</sup> Center for Disease Control and Prevention (CDC); Disability and Health Data System (DHDS), “[Virginia Disability Estimates.](#)” 2019. Accessed June 28, 2021.

<sup>86</sup> See Section 2.1 for more information on disability rates among older adults.

an older adult household. In Virginia, home care ranges from \$16 to \$24 an hour or higher with an average cost of \$17.50 an hour<sup>87, 88, 89</sup> Hiring a caregiver can be a financial strain to an older adult and their household/family. Public agencies offer some assistance to low-income older adults and their caregivers; services in Greater Williamsburg include the Peninsula Agency on Aging and the local Departments of Social Services.

## Respite and Daycare Centers

Respite centers are designed to provide relief to full-time or part-time caregivers by creating a safe, engaging environment for older adults who need care for a portion of the day or longer. Most insurance plans do not cover respite care<sup>90</sup>. Ideally, adult daycares provide breaks for caregivers and the opportunity to remain in the workforce, while at the same time offering socialization and cognitive stimulation opportunities for older adults<sup>91</sup>. Research shows that adult daycares can improve older adults' quality of life, especially those with dementia or other cognitive impairments<sup>92</sup>.

## Section 3.5 Care Transitions, and End-of-Life Services

### Care Transitions

When an older adult is discharged from a hospital or healthcare facility, the transition back to home or a rehabilitation center may be difficult. After a stay in the hospital, older adults may be facing new diagnoses, worsened symptoms of chronic disease, and/or reduced mobility. Nationally, nearly one in five Medicare patients are readmitted to the hospital in the thirty days following their discharge<sup>93, 94</sup>. Care transitions have historically been overseen by hospitals and their discharge planners. However, there is an increasing trend for agencies involved in aging to assemble care coordination teams to ease the transition for older adults out of health care facilities and reduce the rate of readmittance. This is beneficial to the hospitals as well, which face fines for readmittance<sup>95</sup>. Care transition coordinators and their teams function to keep older adults from having to return to the hospital by working with them to ensure that the patient and caregiver understand discharge instructions, the patient has prescribed medications, and the patient will be able to attend follow-up medical appointments.

See Appendix C for online directories of care transition programs.

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<sup>87</sup> Paying for Senior Care. "[Paying for Assisted Living & Home Care in Virginia](#)." Last updated May 1, 2021. Accessed July 26, 2021.

<sup>88</sup> Virginia Department for Aging; Office for Aging Services, Division for Community Living. "[Family Caregiver Support](#)." Accessed July 26, 2021. Virginia Department for Aging and Retirement Services. Office for Aging Services. "[Family Caregiver Support](#)." Accessed July 16, 2021.

<sup>89</sup> Senior Connections VA. "[Assistance for Caregivers](#)." 2017. Accessed July 16, 2021.

<sup>90</sup> National Institute on Aging. "[What is Respite Care?](#)" May 1, 2017. Accessed July 26, 2021.

<sup>91</sup> AARP. "[Adult Day Care: What Family Caregivers Need to Know](#)." October 3, 2019. Accessed July 16, 2021.

<sup>92</sup> AARP. "[Adult Day Care: What Family Caregivers Need to Know](#)." October 3, 2019. Accessed July 16, 2021.

<sup>93</sup> Patient readmits for the same reason as previous hospitalization.

<sup>94</sup> Centers for Medicare and Medicaid Services. "[Community-based Care Transitions Program](#)." Last updated July 19, 2021. Accessed July 26, 2021.

<sup>95</sup> Kaiser Health News; Jordan Rau. "[Medicare Fines Half of Hospitals for Readmitting Too Many Patients](#)." November 2, 2020. Accessed August 3, 2021.

## End-of-Life Services

When an individual reaches the point where recovery from an illness or other health condition is no longer possible, end-of-life care is indicated. This may include palliative and/or hospice care. The National Institute on Aging defines palliative care as specialized medical care for people living with a serious illness<sup>96</sup>. Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness who is approaching the end of life<sup>97</sup>. Hospice care generally occurs in the home, with primary caregivers being supported by hospice staff<sup>98</sup>. In-home hospice care is usually covered by Medicare<sup>99</sup>.

## Section 3.6 Food and Nutrition

Access to affordable and nutritious food significantly affects health, health outcomes, and quality of life. Many older adults face challenges to their mobility, so ease of access to nutritious food and the ability to prepare meals may become more difficult.

Table 3.6C displays the percentage and number of older adults who face limited food access in Greater Williamsburg. There are several factors that can influence older adults' ability to have a healthy diet, including cost and ease of access to nutritionally dense foods. The Virginia Peninsula Foodbank reports that older adults represented 11% of those they served, but 14% of the visits, which means they received assistance more times than the average household, who only came 5.34 times in the year. Additionally, the Food Bank reports that close to 8,800 of total residents in Greater Williamsburg<sup>100</sup> can be classified as food insecure, an increase of 1,200 since 2019<sup>101</sup>. In James City County, 26.58% of older adults, approximately 6,698 people, have limited food access. In York County, 25.19% of older adults, approximately 3,970 people, have limited food access. In the City of Williamsburg, 15.61% of older adults, approximately 526 people, have limited food access.

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<sup>96</sup> National Institute on Aging. "[What Are Palliative Care and Hospice Care?](#)" Last updated May 14, 2021. Accessed July 27, 2021.

<sup>97</sup> National Institute on Aging. "[What Are Palliative Care and Hospice Care?](#)" Last updated May 14, 2021. Accessed July 27, 2021.

<sup>98</sup> National Hospice and Palliative Care Organization. Hospice Facts and Figures; "[Facts & Figures on Hospice Care in America.](#)" August 20, 2020. Accessed July 16, 2021.

<sup>99</sup> Center for Medicare & Medicaid Services. "[Hospice Care.](#)" Accessed August 3, 2021.

<sup>100</sup> Note this data is not age-segmented and reflects the total population, not just older adults.

<sup>101</sup> Virginia Peninsula Foodbank. Report to Williamsburg Health Foundation. 2021. Website: <https://hrfoodbank.org/>

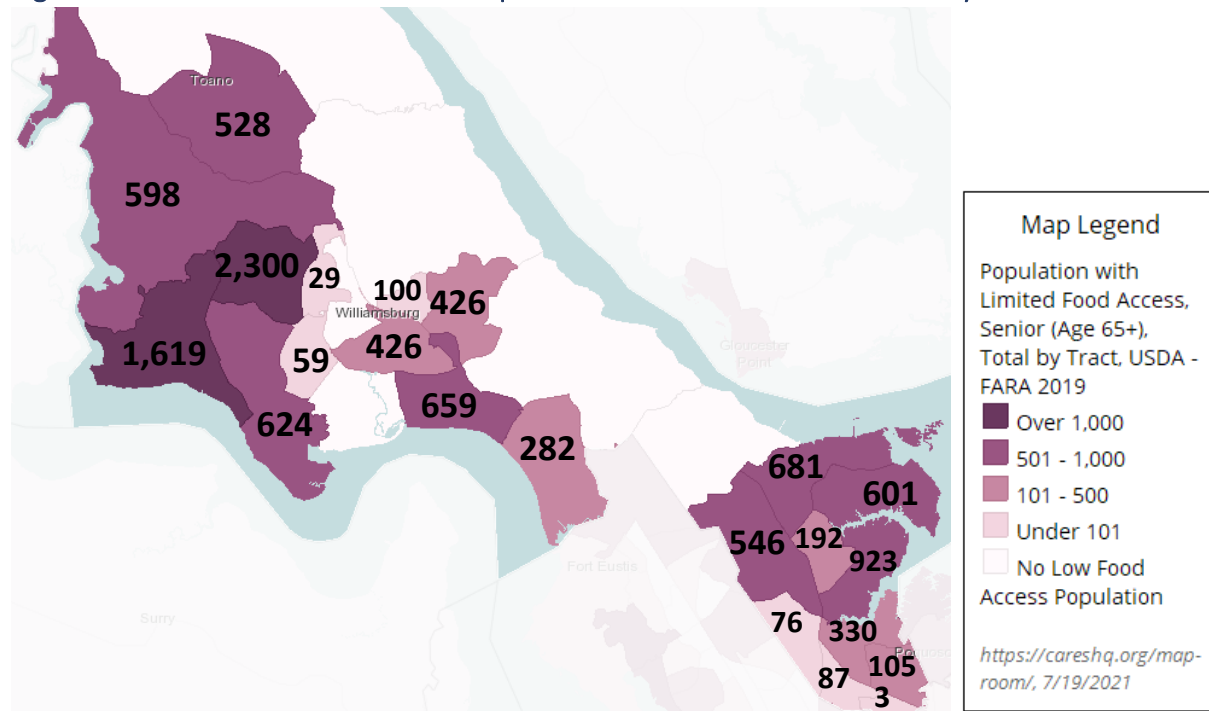


Table 3.6A Number and Percentage of Older Adults with Limited Food Access<sup>102</sup> in Greater Williamsburg

Locality	Percentage of Population Aged 65 and Older with Low Food Access	Number of Older Adults Aged 65 and Older with Low Food Access
James City County	26.58%	6,698
York County	25.19%	3,970
City of Williamsburg	15.61%	526

Source: U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas: 2019.

Figure 3.6A Number of Older Adult Population with Limited Food Access by Census Tract<sup>103</sup>



Source: Center for Applied Research and Engagement Systems; U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas: 2019.

### Section 3.7 Employment and Education

Employment and education can be significant influences on the ability to age in place, often determining income and financial stability. If employment is possible, it has been shown to help keep older adults

<sup>102</sup> A population is defined as having limited food access if they are living more than 1 mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.

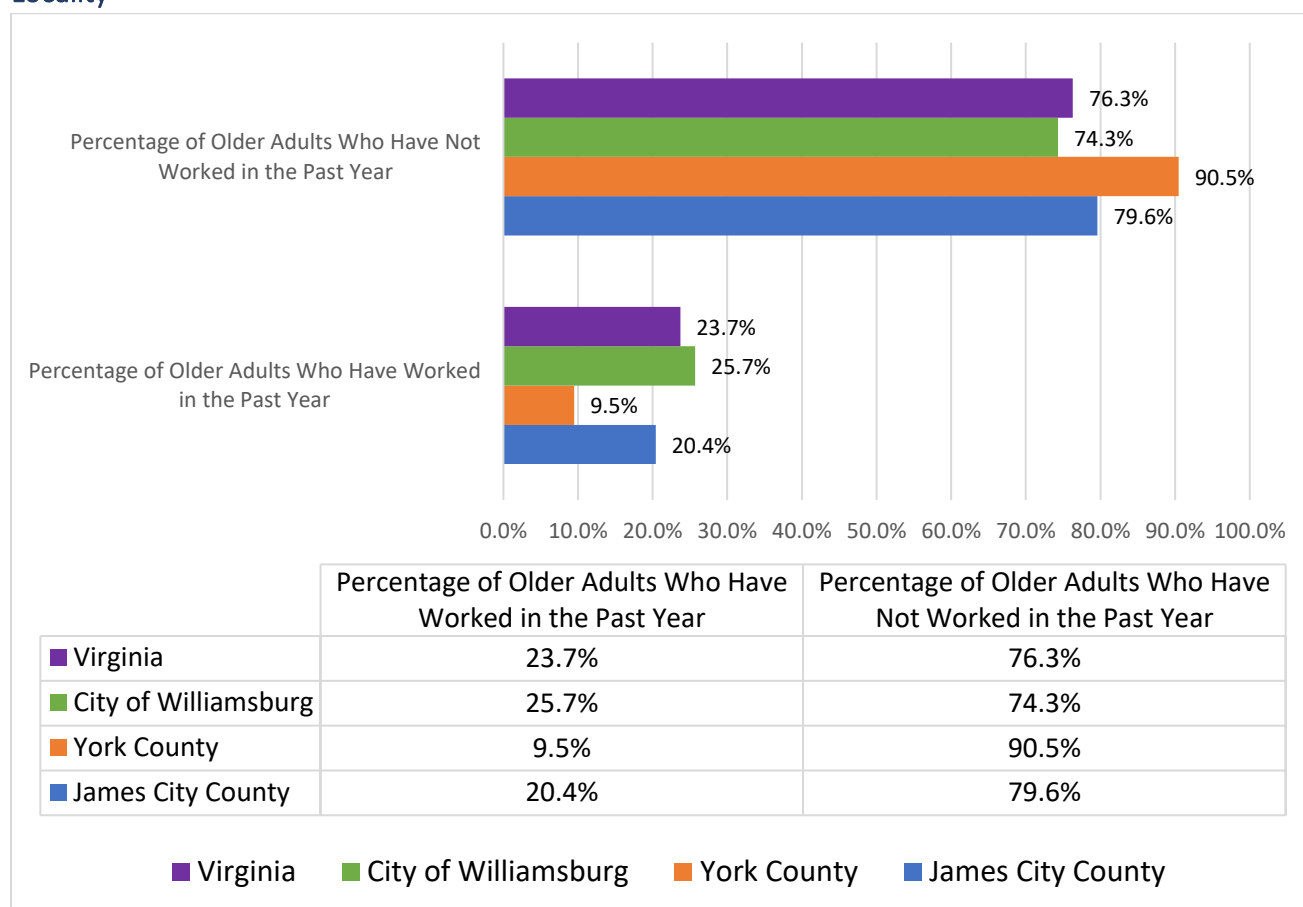
<sup>103</sup> Some census tracts' data is unavailable.

mentally sharp, physically active, and connected socially<sup>104</sup>. Additionally, Americans with higher levels of education tend to have healthier lifestyle habits<sup>105</sup>.

## Employment

In some cases, as older adults reach retirement age, financial necessity can force older adults to remain in the workforce or reenter it. In Virginia and Greater Williamsburg, the majority of older adults<sup>106</sup> are no longer in the workforce. An estimated 76.3% of older adults in Virginia did not work in the past year as of 2019. An estimated 79.6% of older adults in James City County, approximately 90.5% of older adults in York County, and an estimated 74.3% of older adults in the City of Williamsburg had not worked in the past year as of 2019.

Figure 3.7A Percentage of Older Adults who Have or Have not Worked in the Past Year by Locality



Source: U.S. Census Bureau (2019). "Work Status in the Past 12 Months by Employment Status for the

<sup>104</sup> Population Reference Bureau. "[Is Working Longer Good for Older Americans' Health?](#)" April 23, 2018. Accessed August 3, 2021.

<sup>105</sup> VCU Center of Society and Health. "[Why Education Matters to Health: Exploring the Causes.](#)" February 13, 2015. Accessed July 27, 2021.

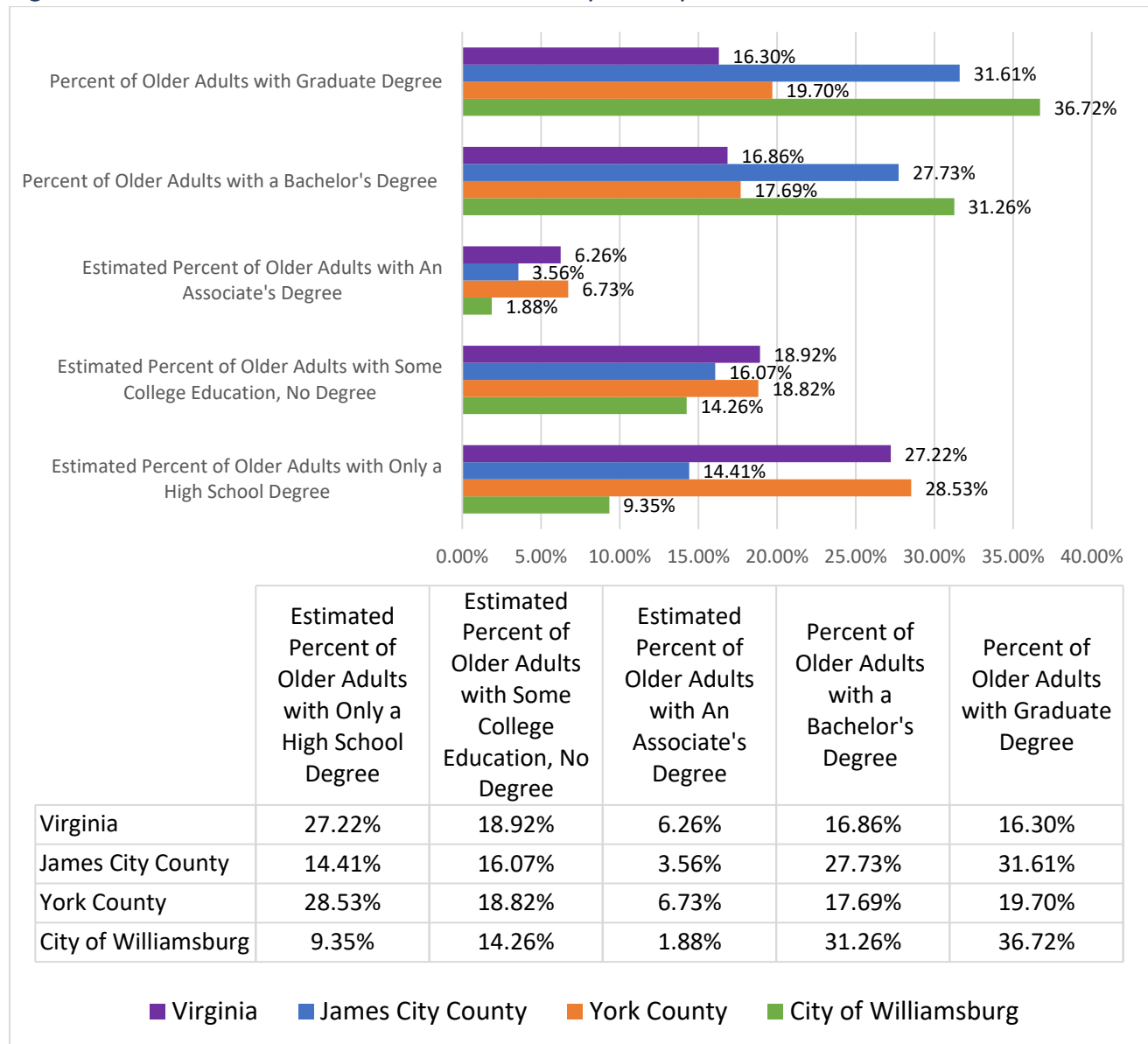
<sup>106</sup> Considered to be 65 and older by the Census Bureau.

Civilian Population 65 Years and Over,” American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

## Education

In Virginia, 27.22% of older adults have a high school degree, 18.92% of older adults have attended some college, 6.26% have an associate degree, 16.86% have a bachelor’s degree, and 16.30% have a graduate degree. In James City County, 14.41% of older adults have only a high school degree, 16.07% of older adults have attended some college, 3.56% of older adults have an associate degree, 27.73% bachelor’s degree, and 31.61% of older adults have a graduate degree. In York County, 28.53% of older adults have only a high school degree, 18.82% of older adults have attended some college, 6.73% of older adults have an associate degree, 17.69% of older adults have a bachelor’s degree, and 19.70% have a graduate degree. In the City of Williamsburg, 9.35% of older adults have only a high school degree, 14.26% have attended some college, 1.88% of older adults have an associate degree, 31.26% of older adults have a bachelor’s degree, and 36.72% of older adults have a graduate degree.

Figure 3.7B Education Attainment of Older Adults by Locality



	Estimated Percent of Older Adults with Only a High School Degree	Estimated Percent of Older Adults with Some College Education, No Degree	Estimated Percent of Older Adults with An Associate's Degree	Percent of Older Adults with a Bachelor's Degree	Percent of Older Adults with Graduate Degree
Virginia	27.22%	18.92%	6.26%	16.86%	16.30%
James City County	14.41%	16.07%	3.56%	27.73%	31.61%
York County	28.53%	18.82%	6.73%	17.69%	19.70%
City of Williamsburg	9.35%	14.26%	1.88%	31.26%	36.72%

■ Virginia ■ James City County ■ York County ■ City of Williamsburg

Source: U.S. Census Bureau (2019). "Sex by Age by Educational Attainment for the Population 18 Years and Over," American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

### Section 3.8 Public Assistance Programs

Individuals living in households at or below 200% of the FPL, may qualify for several public assistance programs. Public assistance programs are government-funded programs that may help with expenses for food, housing, health care, and other basic living necessities<sup>107</sup>. Examples of public assistance programs include Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps)

<sup>107</sup>USA.gov. "Government Benefits." Last updated June 14, 2021. Accessed July 26, 2021. <https://www.dss.virginia.gov/benefit/>. Accessed September 20, 2021.

and Supplemental Security Income (SSI). All programs have income limits, most require U.S. citizenship, and many programs have state-level requirements<sup>108</sup>.

### Supplemental Nutrition Assistance Program (SNAP)

SNAP benefits provide public assistance to those struggling to pay for groceries and can be used like cash to pay for food. A single-person household must be below \$16,744 in annual income to qualify and a two-person household must be below \$22,646 a year to qualify<sup>109</sup>. In Greater Williamsburg, approximately 3.14% of households with older adults in James City County, 2.21% of households with older adults in York County, and 3.29% of households with older adults in the City of Williamsburg receive SNAP benefits. An estimated 297 households in James City County, 210 households in York County, and 83 households in the City of Williamsburg with older adults receive SNAP benefits.

**Table 3.8A Estimated Number of Older Adults Receiving SNAP Benefits by Locality**

Locality	Number of Older Adults <sup>110</sup> Receiving SNAP Benefits
James City County	297
York County	210
City of Williamsburg	83
Greater Williamsburg	590

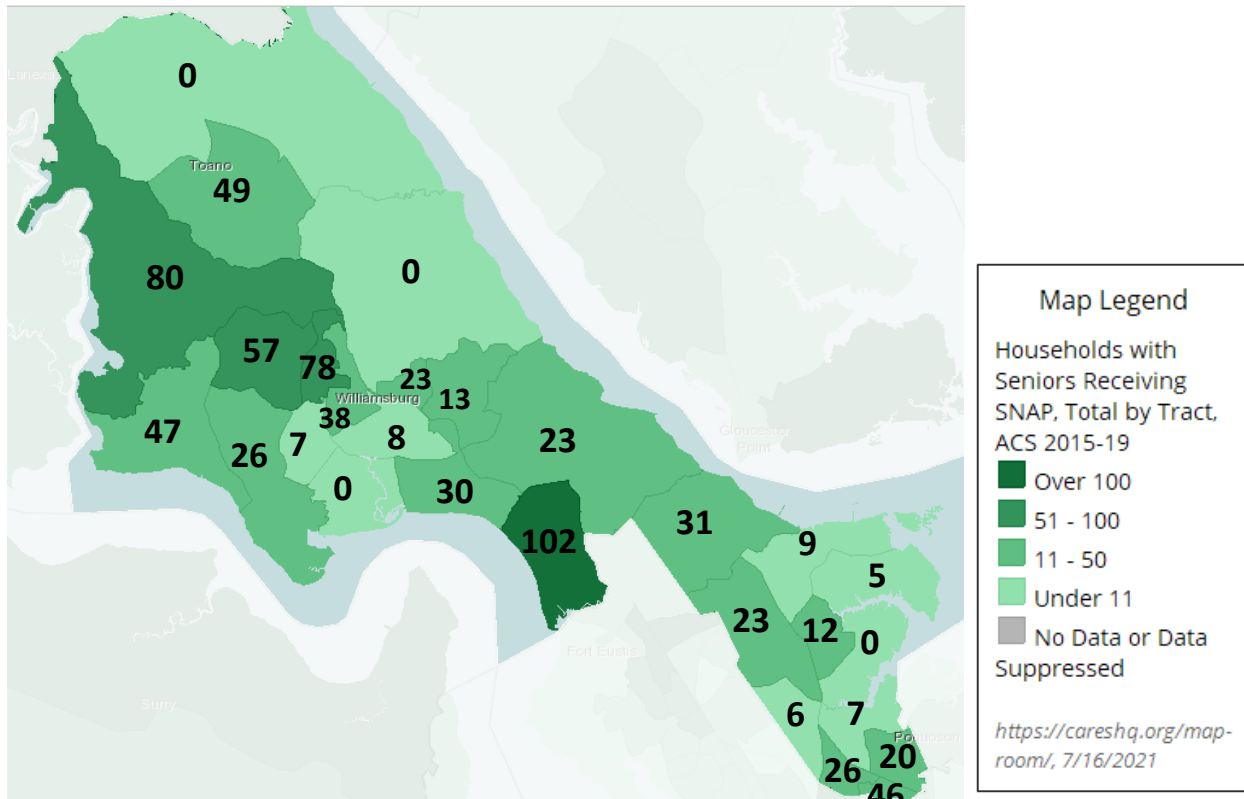
Source: Virginia Department of Social Services, Profile Report 2020.

<sup>108</sup> USA.gov. "[Government Benefits](#)." Last updated June 14, 2021. Accessed July 26, 2021.

<sup>109</sup> Benefits.gov. "[Virginia Supplemental Nutrition Assistance Program \(SNAP\)](#)." Accessed July 26, 2021.

<sup>110</sup> Designated as those 65 and older by the Virginia Department of Social Services.

Figure 3.6A Number of Households with Older Adults Receiving SNAP Benefits by Census Tract



Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

### Supplemental Security Income (SSI)

The Supplemental Security Income (SSI) program provides monthly payments to adults and children with a disability, including blindness, who have income and resources below specific financial limits<sup>111</sup>. Though many people who qualify for Social Security benefits may also qualify for SSI and both programs are monthly payments issued by the Social Security Administration. Unlike Social Security benefits, SSI benefits are not based on prior work history<sup>112</sup>. A person who is 65 and older or disabled qualifies for SSI if they demonstrate limited income and resources. Limited income and resources are defined as a single person with less than \$9,530 annual income and a household of two with less than \$14,293 in annual income<sup>113</sup>.

<sup>111</sup> Social Security Administration. "[Supplemental Security Income](#)." Accessed July 26, 2021.

<sup>112</sup> Social Security Administration. "[Supplemental Security Income \(SSI\) Overview](#)." Accessed August 3, 2021.

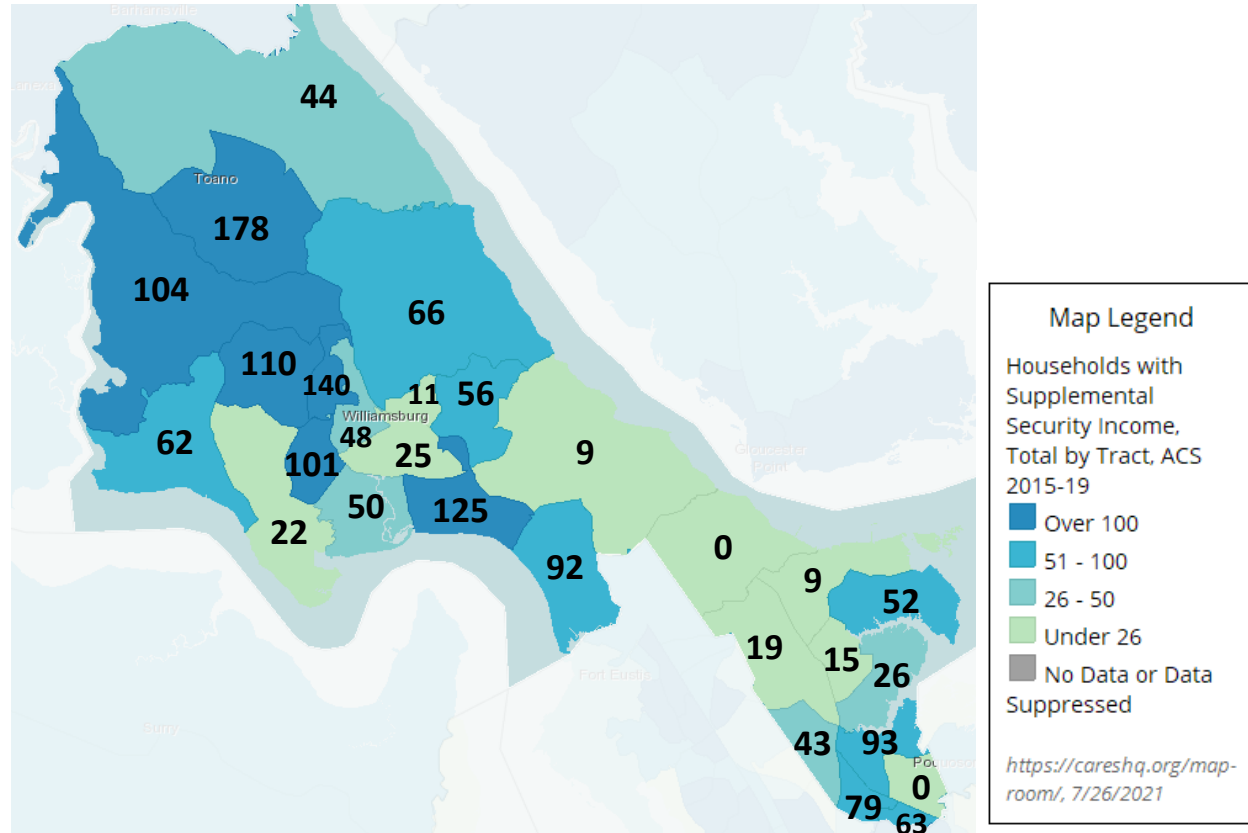
<sup>113</sup> Social Security Administration. "[SSI Federal Payment Amounts For 2021](#)." 2021. Accessed August 3, 2021.

Table 3.8B Households Receiving Supplemental Security Income by Census Tract

Locality	Percent of Households with Receiving SSI	Number of Households Receiving SSI
James City County	3.55%	1,028
York County	1.78%	84
City of Williamsburg	2.11%	530

Source: U.S. Census Bureau (2019). "Poverty Status in the Past 12 Months of Families by Family Type by Social Security Income by Supplemental Security Income (SSI) and Cash Public Assistance Income," American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

Figure 3.6B Households Receiving Supplemental Security Income by Census Tract



Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

### Section 3.9 Access to Transportation

Easy and reliable access to transportation allows for access to a variety of essentials and resources that support the ability to age in place. For older adults with vision or motor disabilities that prevent them from operating a vehicle, access to public transportation or ride services is vital to continuing activities and accessing basic needs. Additionally, affordable, reliable, and safe public transportation contributes to older adults' ability to receive medical care and engage with their community. In Greater

Williamsburg, access to transportation is largely dependent on access to a car and the ability to drive<sup>114</sup>. Many older adults are unable to drive for various reasons, so low- or no-cost transportation is a valuable support.<sup>115</sup>

See Appendix D for examples of transportation services in Greater Williamsburg.

Table 3.9A shows the percentage and number of total households in Greater Williamsburg without a vehicle. In James City County, 3.36% of all households and approximately 474 older adult householders do not own a vehicle. In York County, 2.33% of all households and approximately 391 older adult householders do not own a vehicle. In the City of Williamsburg, 7.56% of all households and approximately 115 of older adult householders do not own a vehicle.

**Table 3.9A Percentage and Number of Total Households with No Vehicle by Locality**

<b>Locality</b>	<b>Percent of Total Occupied Housing Using with No Vehicles</b>	<b>Total Occupied Housing with No Vehicles</b>	<b>Number of Householders 65+ Without a Vehicle</b>
James City County	3.36%	973	474
York County	2.33%	586	391
City of Williamsburg	7.56%	356	115

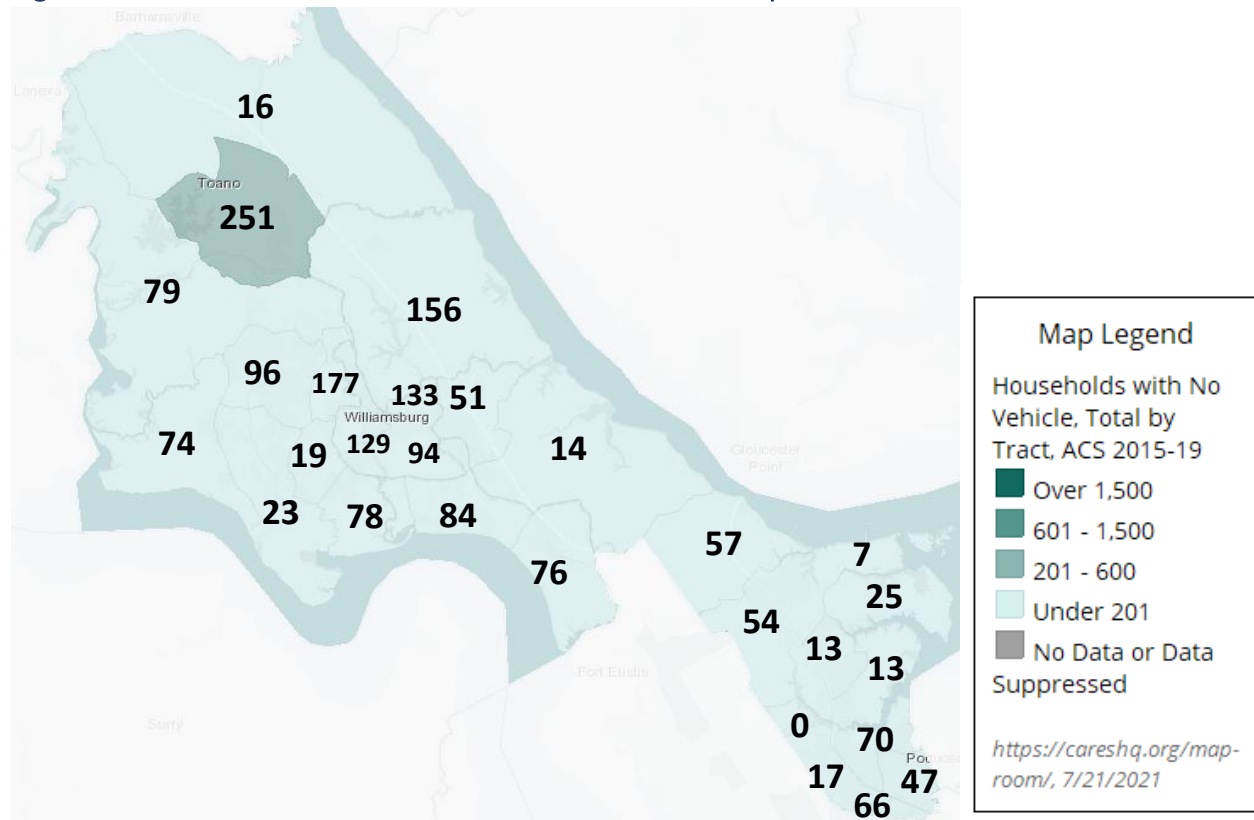
Source: U.S. Census Bureau (2019). "Tenure by Vehicles Available," American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

<sup>114</sup> The Williamsburg Area Transit Authority (WATA) bus route.

<sup>115</sup> <https://www.gowata.org/175/Accessibility-Paratransit-Service> Accessed on September 20, 2021.



Figure 3.9A Number of Total Households with No Vehicle by Census Tract



Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

### Section 3.10 Social Isolation

Research shows that loneliness and social isolation negatively impact quality of life and health status. Social isolation results in poorer health outcomes and significantly increases a person’s risk of premature death from all causes, rivaling the risks of obesity, smoking, and physical inactivity<sup>116</sup>. On the other hand, social connectedness is associated with decreased risk for all-cause mortality as well as a range of disease morbidities<sup>117</sup>. Loneliness and social isolation have been linked to higher risks for high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer’s disease, and even death<sup>118</sup>. Research also documents that loneliness can impair executive functioning, sleep, and mental and physical well-being<sup>119</sup>. For many older adults, the COVID-19 pandemic has exacerbated loneliness and social isolation, coupled with the fear and anxiety of

<sup>116</sup> Center for Disease Control. “[Loneliness and Social Isolation Linked to Serious Health Conditions](#).” Last updated April 29, 2021. Accessed July 21, 2021.

<sup>117</sup> Holt-Lunstad, Julianne, et al. “[Advancing Social Connection as a Public Health Priority in the United States](#).” American Psychologist, vol. 72, no. 6, Sept. 2017, pp. 517–530. Accessed August 9, 2021.

<sup>118</sup> National Institute on Aging. “[Social Isolation, Loneliness in Older People Pose Health Risk](#).” April 23, 2019. Accessed July 26, 2021.

<sup>119</sup> Cacioppo, J.T. and Cacioppo, S. (2014), “[Social Relationships and Health: The Toxic Effects of Perceived Social Isolation](#).” *Social and Personality Psychology Compass*, 8: 58-72. Accessed August 9, 2021

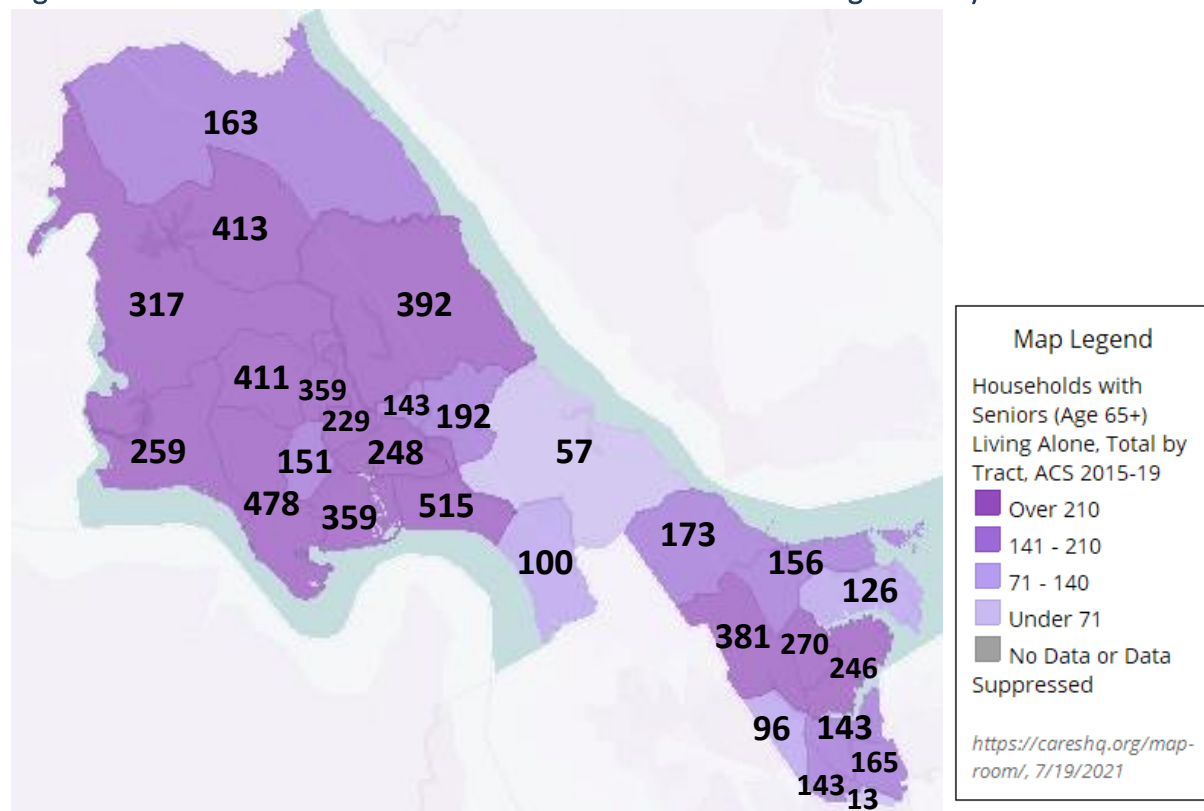
contracting the virus<sup>120</sup>. With a large older adult population, Greater Williamsburg has many older adults living alone, putting them at greater risk for social isolation. In James City County, approximately 3,525 older adults live alone. In York County, approximately 2,553 older adults live alone. In the City of Williamsburg, an estimated 620 older adults live alone.

Table 3.10A Households with Older Adults Living Alone by Locality

Locality	Percentage of All Households with Older Adults <sup>121</sup> Living Alone	Households with Seniors Age 65+ Living Alone	Total Households
James City County	12.19%	3,525	28,920
York County	10.17%	2,553	25,103
City of Williamsburg	13.17%	620	4,706

Source: U.S. Census Bureau (2019). "Tenure by Household Type (Including Living Alone) and Age of Householder American," Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

Figure 3.10A Number of All Households with Older Adults<sup>122</sup> Living Alone by Census Tract



<sup>120</sup> See Section 2.4 for COVID-19 mortality and hospitalization among older adults in Greater Williamsburg.

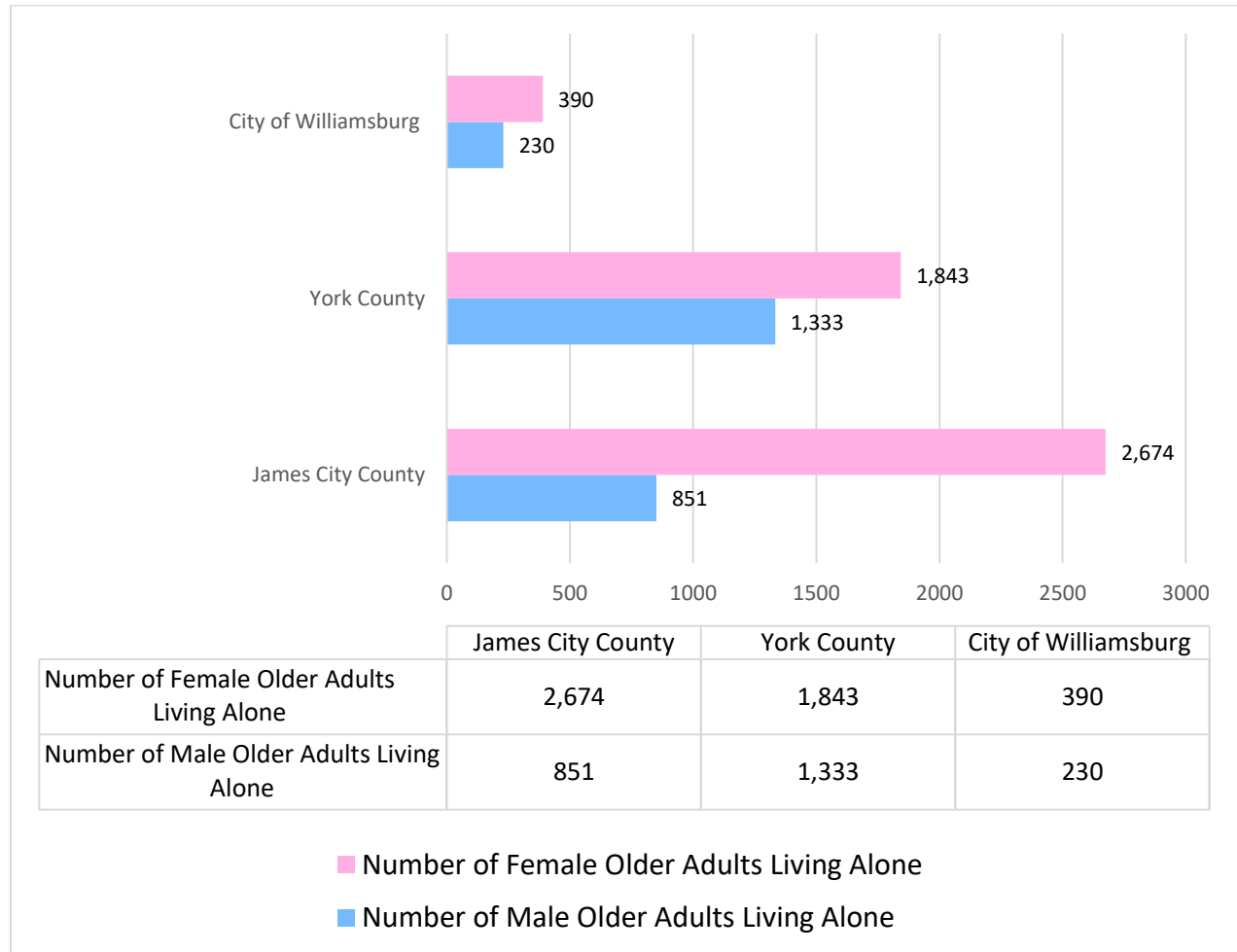
<sup>121</sup> Defined in this dataset as 65 years of age and older.

<sup>122</sup> Defined in this dataset as 65 years and older.

Source: Center for Applied Research and Engagement Systems; U.S. Census Bureau, American Community Survey: 2015-19.

Additionally, female older adults are more likely to live alone than male older adults. Women have a longer life expectancy on average than men, resulting in more instances of women outliving their male partners or husbands. In James City County, 2,674 female older adults and 851 male older adults live alone. In York County, 1,843 female older adults and 1,333 male older adults live alone. In the City of Williamsburg, 390 female older adults and 230 male older adults live alone.

Figure 3.10B Estimated Number of Older Adults Living Alone by Gender and Locality



Source: U.S. Census Bureau (2019). "Nonfamily Households by Sex of Householder by Living Alone by Age of Householder," American Community Survey 1-year and 5-year estimates. Retrieved from <https://censusreporter.org>.

### 3.11 Older Adults as Volunteers

Older adults have much to offer their communities and may have time to commit to regular volunteering. Volunteering is an effective way to promote socialization, cognitive functioning, and

reduce loneliness and social isolation<sup>123</sup>. Many retired or semi-retired older adults have free time and for those who are physically and cognitively capable, volunteering is a way to engage with and help one's community. Many among the growing older adult population of Greater Williamsburg continue to make significant contributions through their volunteer activities. A number of nonprofits and charitable organizations rely heavily on older adult volunteers to staff programs. Retired older adults have a wealth of knowledge and experience to offer to organizations and programs. Volunteering is beneficial to the recipient organization, community, and the volunteer as all are enriched in the experience. Research has shown that after just one year of consistent volunteering, individuals experience health benefits such as a reduction in anxiety, depression, isolation, and loneliness as well as enhanced physical capacity and greater life satisfaction<sup>124</sup>.

In Greater Williamsburg, there are many older adults who volunteer and many opportunities for older adults who want to volunteer where their time and expertise would be greatly appreciated and helpful. Greater Williamsburg has a large retiree population who are highly educated, trained, skilled, and have much to offer the community.

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<sup>123</sup> AARP. "[Senior Volunteers Reap Health Benefits](#)." July 2017. Accessed August 2, 2021.

<sup>124</sup> AARP. "[Senior Volunteers Reap Health Benefits](#)." July 2017. Accessed August 2, 2021.

## Section 4: Interviews with Key Informants

To inform our understanding of the strengths, gaps, and availability of aging in place supports and resources for older adults in Greater Williamsburg, we conducted a series of interviews with local key informants working in various spheres of aging services. Informants were asked to comment on trends they have observed over recent years of the services most utilized and valuable to older adults. Further, we asked about gaps or sufficiency of specific services including food security and nutrition, transportation, housing, care transitions, assessments, educational resources, respite/daycares, in-home care, socialization, and end-of-life care. Finally, everyone was asked to name the most valuable services they would augment or bring to the area if there were no limits on resources. Please see Appendix E for a list of key informants and Appendix F for the questions which were posed and the interview guide.

### Section 4.1 Findings

Considering the diversity of agencies represented among the key informants there was a high level of consensus regarding which services are the most valuable and needed in the community. Overwhelmingly, informants noted older adults increasingly utilizing and needing socialization opportunities. There was a three-way tie among the second most cited services between in-home care, transportation, and housing. Among topics identified in our questions, informants also cited food security and nutrition, care transitions, and caregiver support. In responding to an open-ended question on trends, informants noted the increasing role of religious organizations in providing older adult services and care, increasing awareness of the importance of aging in place supports, older adults desiring more client-centered services, an increase in the utilization of opportunities for socialization, and positive shift to prevention of illness and earlier intervention in the healthcare realm.

It's important to remember how much these issue areas encompassed in aging in place are cross-cutting. Since the need for additional resources to address social isolation was the most oft cited, consider that transportation access, both for older adults and those who may be coming into the home, is a prerequisite. Socialization opportunities are also closely linked to health status, and health risk factors, particularly mental health. Access to transportation can also be a facilitator or inhibitor with the capacity to obtain nutritionally dense foods.

### Section 4.2 Trends

All key informants were asked to comment on the trends they have observed in recent years of the services most utilized and valuable to older adults and their family members. Overwhelmingly, informants noted older adults increasingly utilizing and needing more transportation options and in-home care. One key informant noted a trend in the interactions her organization has with older adults who are unwilling to accept help. While they have the right to self-neglect, the informant said her organization makes continued attempts to offer services, saying, "they may kick you out 10 times, but we're going to come back for an 11<sup>th</sup>." Another informant noted the increasing role of religious organizations in supplying older adult services and care as they become "more attuned to their older congregants." Other informants noted an increasing promotion of aging in place with one informant saying, "any program that promotes seniors to stay where they are is welcome." Other trends noted were older adults desiring more client-centered services, "acceptance and push for a more multi-disciplinary approach to human services fields with health and social work working together," an

increase in the utilization of services for socialization, and a positive shift to prevention of illness and early intervention in the healthcare realm.

### Section 4.3 “Magic Wand” Question

At the end of the interview, key informants were each asked that if they had a “magic wand,” what would they change in the Greater Williamsburg area. In other words, if there were no limits on funds, time, or resources, what would be the top two services or changes they would make in Greater Williamsburg. Many informants mentioned the biggest gaps in services for older adults they have observed, notably transportation, housing, and in-home care. One key informant felt the housing need in Williamsburg is great, but there is real potential for improvement, stating with determination, “when there is a will, there is a way.” Another informant voiced the desire to see more support for caregivers, noting, “there can always be more resources for education, training, advocacy, and support.” She also noted the desire to make the area more dementia-friendly as the prevalence is not going away and “more person-centered dementia-care is needed.” Another informant said about the housing issue that with her “magic wand” she would “get all of elderly out of motels and into affordable, clean, safe housing.” Another informant wanted to bring more entertainment for older adults to the area, saying, “[older adults] can do much more than just play bingo. There is a gap in providing entertainment for seniors.” One informant voiced a desire for more coordination between localities, saying he would “like to see more locality involvement in support if not financial support but also advocacy work.” Overwhelmingly, responses to the “magic wand” question focused on solving issues of transportation, housing, and in-home care, reiterating the need for an increase in services in these areas in Greater Williamsburg.

*The remainder of this section provides the input shared in key informant interviews. The following subsections do not appear in priority order, but in the sequence in which questions were asked. These topics were selected because of their importance for older adults who are striving to age in place.*

### Section 4.4 Food Security/Nutrition

There were a variety of opinions expressed on this topic. Many key informants expressed the opinion that there are gaps in food security services for older adults in the Greater Williamsburg area. Others stated they believe the issue of food insecurity is being sufficiently met. One informant who saw gaps in this area expressed concern over the disjointed distribution of food and nutrition resources with programs and services that do not dialogue with one another, creating confusion and frustration for older adults who are unsure of where to begin when looking for help with food resources. Another informant felt that the issue in food security is tied to disparities in access among older adults. Those who do not own a computer or understand how to request food deliveries from services such as Meals on Wheels or grocery delivery services will struggle to fill their need. Many informants felt that while there is funding and services targeted toward combating food insecurity in Greater Williamsburg, there are still gaps in the number of days a week food is being delivered, the capacity of the facilities used to address these needs, and in the ability to find those who are in need of services. One informant noted, “it’s a challenge to identify the folks who need those services.”

On a more positive note, another informant expressed that the COVID-19 pandemic has allowed many older adults to ask for help with less shame, stating that their organization had “always been suspicious that several of [their] clients need more nutrition than what they would let you know that they needed.” With the pandemic, this informant stated that their clients who needed more help than they were admitting to felt they had a reason for requesting more services. Another informant described the difficulty in delivering bulk food items to older adults who feel more capable preparing smaller portions of food and will hand off bigger items, saying, “if you overwhelm them, even if they are hungry, they say, ‘well, my neighbor’s kids need this more.’ If you give smaller portions the thought is ‘oh yeah, I could eat this tonight.’”

The key informants who felt the food and nutritional need in Greater Williamsburg was being sufficiently met expressed their confidence in knowing which resources are available and who to call to solve a food insecurity need. They expressed feeling that there are sufficient resources and providers for access to food, and confidence that an older adult can easily receive hot meals five days a week. Another key informant mentioned that because there is a large amount of funding for food and nutrition, it is not a top issue among the older adults of Greater Williamsburg. As mentioned above, there were a number of differing opinions and perspectives expressed on the topic of food and nutrition.

## Section 4.5 Access to Transportation

Key informants overwhelmingly stated that access to transportation needs to be expanded and improved for older adults in Greater Williamsburg. These opinions were widely expressed and strongly felt. Several informants mentioned that though there are usually services for older adults in need of transportation to medical appointments, transportation needs for household errands such as grocery shopping and social or leisure activities are not being met. One informant commented that at her organization she gets “calls from people who want to be able to do something other than get transportation to a doctor’s appointment. They need transportation to get out and socialize or get a meal.” In her opinion, entertainment and socialization transportation needs to take a back seat to getting older adults transportation to medical appointments. Another informant noted that her organization gets many calls requesting rides to “necessary things like going to the bank, Social Security office, etc.” Additionally, one informant voiced concern that many of the available transportation services are dependent on volunteers and suggested the need for safety-net transportation services with hired drivers. Like the food and nutrition services, some key informants find the transportation services available to older adults in Greater Williamsburg disjointed and difficult to navigate. One informant stated, “I don’t know that there will ever be enough to serve the folks that are in need of it.” Transportation issues intersect with many other services, as one informant pointed out that transportation “is also needed to alleviate food insecurity.” Additionally, the transportation services available may be difficult for older adults to accept as “pride prevents some people from using free services” as one informant noted.

## Section 4.6 Housing

As discussed in Section 3, housing is extremely expensive in Greater Williamsburg. Key informants echoed that sentiment and reiterated the need for accessible and affordable housing for older adults. One informant commented on the difficulty of adjusting housing needs as one ages, saying, “if you have any type of handicap, then it’s hard to find the housing you need and to redo or modify your house to fit your needs is extremely expensive. With limited incomes it is difficult to make ends meet and to remain in housing that is appropriate to the individual’s capabilities.” Another informant noted that difficulty arises when “helping individuals know when it is time to consider other housing options.” Many

informants voiced the magnitude of the housing need in this area, especially for older adults with one informant saying, “we’ve got seniors who are living alone and people whose housing is falling apart. We have homeless seniors in our community. The need is great.” Additionally, one informant touched on the need for funding for older adults to be able to afford assisted living. Federal grants sometimes provide funding for nursing homes, but the informant stated, “hardly anyone can afford to go into assisted living. We don’t have grants for that. A lot of people can’t live at home but don’t need nursing-level care.” Other informants noted, “older people don’t know how to access services to help keep their housing” and “upkeep is a challenge.” Throughout the interviews, housing was a consistent concern. Many informants voiced frustration or dissatisfaction with the current housing resources available and hope for substantial changes aimed at helping older adults with safe, stable, and affordable housing.

## Section 4.7 Care Transitions

The transition of care from the hospital to home or to another healthcare facility can greatly influence the patient’s health outcome. When an older adult is discharged from the hospital or another healthcare facility, the transition back to life at home may be difficult. One informant noted that older adults “don’t have the support or in many cases, other social determinants are stopping [them] from meeting their health needs” (upon discharge from the hospital). After a stay in the hospital, older adults may be facing new diagnoses or worsened symptoms. Nearly one in five Medicare patients are readmitted to the hospital for the same reason as original admittance in the thirty days following their discharge<sup>125</sup>. One key informant emphasized the importance of offering support and services for 30 days after discharge, stating, “that 30-day intervention is just long enough to get people back to their routine, get them to the follow-up appointment, then connect them to resources.” Informants stated that the care transition services that their organizations provide or that they refer their clients aim to prevent readmittance by adding additional support to their care team. One informant noted, “too many times I have seen individuals discharged without complete understanding of their discharge plan or do not have the means to meet their discharge plan (almost always attributed to SDOH i.e., lack of transportation, lack of insurance or financial means.” Leaving the hospital can be overwhelming and having someone explain new prescriptions, organize medication, and coordinate follow-up medical appointments can be a great help to older adults. One informant commented, “it’s a matter of the person having an advocate to be able to follow through on the things that they need once they’re home from the hospital. That support is something that’s needed.” Another informant commented, “more care coordination services/supports would cut down on preventable readmissions to the hospital and overall improve health and wellbeing for older adults in the community.” Overall, informants agreed there is a need for more care transition programs in Greater Williamsburg and that the services currently available are greatly valued and utilized by older adults. These services also benefit the hospitals that are able to avoid readmittance fines<sup>126</sup>.

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<sup>125</sup> Centers for Medicare and Medicaid Services. “[Community-based Care Transitions Program](#).” Last updated July 19, 2021. Accessed August 3, 2021.

<sup>126</sup> Kaiser Health News; Jordan Rau. “[Medicare Fines Half of Hospitals for Readmitting Too Many Patients](#).” November 2, 2020. Accessed August 3, 2021



## Section 4.8 Assessments

Most of the organizations and services of our informants' organizations use all or a portion of the Virginia Uniform Assessment Instrument (UAI) for assessments of older adults' physical and mental state and capacity<sup>127</sup>. (The UAI was developed by and is available through the Virginia Department of Social Services. The UAI is a comprehensive instrument, and the results are used by healthcare agencies, social services, and to assist with determining eligibility for public assistance programs.) One informant noted their organization uses a selected excerpt from the UAI which fits with their information needs. Another informant discussed the use of in-home assessments prior to the COVID-19 pandemic, done while visiting the homes of older adults who are seeking the use of their services. This in-home approach is optimal as it allows this organization's staff to evaluate physical ability, cognitive ability, the state and quality of housing, smoking habits, and the presence of pets. Among other purposes, the assessments can also be used to match clients with volunteers. For example, a volunteer with a dog allergy completing a social visit or helping with housework can be matched with an older adult without pets. One informant noted that "to really assess someone's needs you need to be with them in the home." Another informant discussed the use and importance of a driving ability assessments. She noted that it is often relatives who call and request a driving assessment for older adult relatives. Her organization emphasizes a team approach when receiving these calls with the mentality of "we're proud of you for reaching out. How can we devise a team approach [to communicating with the older adult] about this?" Overall, informants noted the important role of assessments in discovering and understanding which services an older adult most needs and how an organization, or multiple organizations, can best meet those needs.

## Section 4.9 Educational Resources

Key informants were asked to comment on the availability and impact of the educational resources that are offered to older adults. Overall, many informants commented on the benefits of educational information on health (including disease self-management), personal advocacy, and overall community resources. One informant said, "you have people out there who don't know the questions to ask when they go to the doctor and get a diagnosis." Offering educational resources on how to approach a new diagnosis, medication plans, when it's time to consider assisted living, and so many more topics can make a large impact on an older adults' ability to self-advocate when speaking with healthcare providers and relatives. One informant said that in regard to the family members of older adults, "most family members are hungry for education, but don't even know that they need it." Another informant noted, "in our area, we have a tremendously well-connected and organized chain of resources." In Greater Williamsburg, educational resources that make into the hands of older adults and their family members appear to be having a positive impact.

## Section 4.10 Respite/Daycare Programs

Key informants unanimously endorsed the benefits of respite care and daycare for both the older adults who attend the service and their caregivers. They also expressed the need for more respite and daycare programs in Greater Williamsburg as the need is currently greater than the number of programs available. While this service greatly benefits older adults by offering socialization and activities, it is also a support for caregivers, in some instances allowing people to remain in the workforce. One informant

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<sup>127</sup> [https://www.dss.virginia.gov/files/division/dfs/as/as\\_intro\\_page/forms/032-02-0168-01-eng.pdf](https://www.dss.virginia.gov/files/division/dfs/as/as_intro_page/forms/032-02-0168-01-eng.pdf) . Accessed September 24, 2021

mentioned the impact of respite care on relatives of older adults in need of care, saying, “the families are always really appreciative of any support we can give them.” Another informant stated that his organization refers to respite care as “caregiver support programs,” emphasizing the benefit to primary caregivers. Several informants mentioned that the issue of transportation also affects the respite and daycare programs as the older adults who need this form of care are often unable to drive. Key informants indicated that a combination of daycare/respite programs with transportation would be welcomed by both older adults and caregivers. Overall, respite and daycare services are beneficial to both the individual attending the program and their caregiver offering the caregivers the opportunity to work, do household errands, or be able to have some self-care. For the older adult, the socialization and cognitive stimulation in a daycare or respite program can help delay the progression of disease and aging processes.

### Section 4.11 In-Home Care

Many key informants noted the value of in-home care and identified this as a gap in the services available. Along with high demand, several informants cited a critical workforce shortage for home health aides, Certified Nursing Assistants, and companion care. Informants also expressed frustration with the reliability and quality of in-home aides, noting experiences that their clients had had with aides who stopped showing up to work unexpectedly. One informant noted that the need in this area is very great, stating that the area needs “reliable and quality personal care aides to provide care in the home.” Cost is also a barrier: An informant noted many older adults “may not be able to afford home health services or they may only need a service that would require an hour or so, and the in-home care agencies feel it isn’t worth their time.” One informant noted that there is a “backlog [of demand] even for people who can afford in-home care.” There are significant gaps in the availability of the workforce, the financial means to pay for in-home care, as well as in the reliability and consistency of the care provided.

### Section 4.12 Socialization

Key informants unanimously stated the importance of socialization for older adults for wellbeing and mental health. Nearly all services and programs targeted towards older adults have been affected by the COVID-19 pandemic, but social programs have been significantly impacted. Older adults have faced intense isolation in the past year and a half, and many key informants noted their clients’ desire for social connection. Socialization is also important for maintaining cognitive ability as one ages as one key informant stated, “far more issues that we are facing is with the cognitive problem in our aging population. The most beneficial tool besides prevention is socialization.” The impact of isolation on older adults can exacerbate cognitive decline or mental illness. A key informant noted that with social isolation, clients can “cross over a little bit where things appear so much more dire.” Another informant noted that “when our care receivers call us to schedule a medical trip, they want to talk to you for 15 minutes to half an hour because they need that connection with someone. They may not talk to anyone else that whole day.” Again, informants noted that the issue in availability of transportation impacts older adults’ ability to socialize. As stated above, several programs offer rides to medical appointments, but availability for rides for older adults to social events or other household errands are scarce as one informant said that regarding socialization there is an issue “getting people to the opportunities available.” Several key informants work with organizations that offer socialization programs and events for older adults. Those informants expressed their desire to reinstate these programs post-pandemic

and noted the volume of requests they have been getting from older adults in the community to reopen these programs as “people are yearning to get out.” Overall, key informants expressed the clear benefits and necessity of socialization opportunities for older adults.

### Section 4.13 End-of-Life Care

End-of-life care such as hospice or palliative care is an important resource in the Greater Williamsburg community due to the large demographic segment of older adults. Overall, key informants felt this need is being sufficiently met. One informant noted she felt confident in her ability to quickly coordinate hospice care, saying, “if I know of someone who needed hospice care, I have a handful of hospice services I could call, and they could start care within 24 hours.” Another informant noted the availability of informational programs surrounding end-of-life decisions led by attorneys that allow older adults to start thinking about those important decisions before it is necessary. An informant spoke on the need to prepare for end-of-life care and decisions early, stating, “[it is a] very personal area which needs to be addressed when it is not needed because when the services are needed, there are very different emotions and a change of situation in the household.” There are several hospice services in the area providing excellent care. A key informant noted, “our community has sufficient hospice services and we have been successful at accessing the services.” Another informant noted, “we do have a fair number of hospice agencies in the community including in our health systems so I’m not seeing a gap in the services, but rather in the awareness, knowing what is covered, what it means to reach out for end-of-life care, and who it can support even after the patient passes.” Overall, end-of-life care for older adults appears to be available if and when an older adult and her/his family and/or caregivers reach out for these services.

# Appendices

## Appendix A: Population Size Estimates from 2000 to 2020 by Locality

Corresponds to Section 1.1.

Locality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
James City County	48,102	50,308	52,094	53,514	55,760	58,217	60,468	62,496	63,793	64,997	67,009
York County	56,297	57,541	59,136	59,592	61,513	62,048	62,068	63,226	64,132	64,933	65,187
City of Williamsburg	11,998	12,390	12,691	13,288	13,438	13,344	13,411	13,416	13,574	13,758	14,068
Greater Williamsburg	116,397	120,239	123,921	126,394	130,711	133,609	135,947	139,138	141,499	143,688	146,264
<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>		
68,874	69,546	70,231	71,140	73,325	73,615	74,722	75,837	75,907	76,484		
65,973	66,428	66,955	67,396	69,466	68,585	68,890	68,725	69,407	69,792		
14,256	14,503	14,893	15,064	14,860	15,429	15,404	15,183	15,383	15,457		
149,103	150,477	152,079	153,600	157,651	157,629	159,016	159,745	160,697	161,733		

## Appendix B: Classification of Respondents of BRFSS as Disabled

Corresponds to Section 2.1.

Respondents of BRFSS Survey were asked the following six questions.

“Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone. Are you deaf or do you have serious difficulty hearing?”

“Are you blind or do you have serious difficulty seeing, even when wearing glasses?”

“Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?”

“Do you have serious difficulty walking or climbing stairs?”

“Do you have difficulty dressing or bathing?”

“Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?”

If the respondent answered “Yes” to one or more of the above six questions, they are classified as disabled. If they answer “No” to all six questions, they are classified as not disabled.

Source: Center for Disease Control and Prevention (CDC), “[Disability and Health Data System \(DHDS\) Data Guide Status and Types](#).” Last updated June 28, 2021. Accessed June 28, 2021.

## Appendix C: Directories of Care Transition Programs

Corresponds to Section 3.5.

In Greater Williamsburg, several agencies and organizations offer care transition programs to older adults in the area. The websites below provide directories of care transition programs.

Senior Navigator. A VirginiaNavigator Website. <https://seniornavigator.org/>

Eldercare Locator. <https://eldercare.acl.gov/Public/Index.aspx>

U.S. Department of Health & Human Services. "Resources Near You." <https://www.hhs.gov/aging/state-resources/index.html>

AARP. "Local Resources and Solutions." <https://www.aarp.org/caregiving/local/info-2019/national-resources-for-caregivers.html>

Volunteers of America. "Senior Living and Care Services." <https://www.voa.org/find-senior-care>

Alzheimer's.gov. "Finding Dementia Care and Local Services." <https://www.alzheimers.gov/life-with-dementia/find-local-services>

## Appendix D: Examples of Transportation Programs in Greater Williamsburg

Corresponds to Section 3.9.

NaborForce: <https://naborforce.com/>

Connects older adults to a network of “Nabors” for social engagement and on-demand support for errands, transportation and help around the home.

PAA: <https://paainc.org/transportation-services.html>

Provides free rides to medical appointments for qualifying older adults by appointment. To qualify, older adults must meet the following criteria: 60 years of age and over, not eligible for Medicaid transportation, no other available means of obtaining transportation, no access to public transportation, and unable to afford private transportation.

Senior Runs: <https://seniorruns.com/>

Connects riders with a community of companion drivers who escort and assist them with completing errands like grocery shopping, going to doctor’s appointments, and engaging in recreational activities that may be too challenging to complete alone.

Williamsburg Faith in Action: <https://wfia.org/what-we-do/>

Provides transportation to doctor or dental appointments, grocery shopping, beauty salon or barber shop, library, post office, church, and errands for those who are ambulatory independent (not wheelchair accessible).

## Appendix E: Key Informants

Corresponds to Section 4.

1. Hana Bakhshi, Property Site Coordinator at Parker View Apartments
2. Wendy Evans, Director of Human Services, City of Williamsburg
3. Diane Hartley, Vice President of Care Coordination, Peninsula Agency on Aging
4. Vince Ferrara, Executive Director, Williamsburg Area Faith in Action
5. Christy Jensen, Director of Health Services Research, Riverside Center for Excellence in Aging and Lifelong Health
6. Iveta Marston, Director of Respite, Williamsburg United Methodist Church
7. Gerald Patesel, Vice President of Community Services, Peninsula Agency on Aging
8. Ellie Rest, CONECT Program Coordinator, James City County
9. Minnie Sippio, Aging, Health and Disabilities Coordinator, Community Services, York County
10. Catherine Upton, Director of Williamsburg Meals on Wheels



## Appendix F: Guide for Community Input Key Informant Interviews - July 2021

Corresponds to Section 4.

Thank you so much for speaking with us today. Introduce Kyra and Lilly. If someone we don't know mention WHF. To ALL: These interviews are part of research we're doing on older adults in our community and notes from these conversations will be incorporated into that research. We are Not Recording. What you share will be Anonymous but not Confidential. That is, we may capture some quotes, but your statements will not be attributed to an individual.

This is a pretty broad range of topics, and we plan to hold to our 30-minute time frame, so we don't expect you to speak to each of these areas at any length, but rather the ones where you have particular experience and insights.

- Please comment on trends you've observed in recent years on the services most utilized and valuable to older individuals and families/households.
- The Foundation is particularly interested in aging in place supports. Where do you see gaps or strengths in the following areas: food security/nutrition, access to transportation, housing, care transitions, assessments, education resources for older adults, respite/day care, in-home care, socialization, and end-of-life care including hospice? To understand the gaps/strengths, we'll ask whether the volume and quality of services is sufficient, nearly sufficient, or totally insufficient.
- If you could "wave a magic wand" to bring additional services and supports to Greater Williamsburg, what are the top one or two items on your wish list?

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