

# growing old together

IN NORTHERN VIRGINIA

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

Elizabeth Hughes / March 2023



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The Community Foundation for Northern Virginia advances equity across the region through philanthropy and community leadership. Comprised of donor advised funds, permanent funds, giving circles, and other charitable endowments, the Community Foundation connects donors to community and promotes a more equitable and inclusive prosperity that marries our economic strength with the full breadth of our diverse community.

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Its work is focused within the Community Foundation's four strategic priorities: promoting social and economic mobility, advancing racial justice and equity, supporting inclusive systems of economic growth, and strengthening community resilience.

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A SHAPE OF THE REGION™ SPECIAL REPORT

Elizabeth Hughes / March 2023

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# executive summary

## To live well as we age, most of will need to change HOW we live.

As of 2020, Northern Virginia was home to approximately 310,000 adults age 65 and older, an increase of 61 percent since 2010 and one of the fastest growing populations of older adults in the country.

The majority of the region's older residents want to age in place, in *this* place; in 2017-2021, just 6.5 percent of the older population moved houses, and 3.4 percent left Northern Virginia. The preference to stay is strong but must be supported: older adults need a way to age in place, in a community that can accommodate changing physical needs and provides the *family, home, and budget* needed to thrive.

### THE FAMILY PRIORITY

There are many reasons why people want to be close to family as they age, one of which is practical: family and friends are responsible for the vast majority of care and guardianship services to older adults. Unfortunately, many older Northern Virginians do not have these informal supports in place: some never married or had children, while others have these supports but cannot access them due to distance or other factors. The alternative—a paid home health and personal care aide—may be difficult to access, as there are approximately 32 in the workforce for every 1,000 older Northern Virginians.

### THE HOME PRIORITY

Most people remain in the community as they age, and many want to remain in their own home. Unfortunately, homes are rarely built to “fit” residents of different abilities. Despite strong consumer preferences for certain features that allow aging-in-place—namely, one level living—most new and existing single-family homes are multi-level.

### THE BUDGET PRIORITY

Exits from the labor force and evolving health needs typically mean a change in income as well as expenses. In Northern Virginia, substantial costs associated with medical expenses, housing (depending on home ownership status), and care (depending on underlying need) can quickly add up to a larger share of one's overall budget.

Planning now for these emerging needs is critical.

**We must ask how Northern Virginia can ...**

- Support the *family* priority by making it easier to enter and remain in a caregiving role.
- Support the *home* priority by increasing the supply of accessible, affordable housing.
- Support the *budget* priority by helping individuals plan, earn, and afford more.

# growing older

## IN NORTHERN VIRGINIA

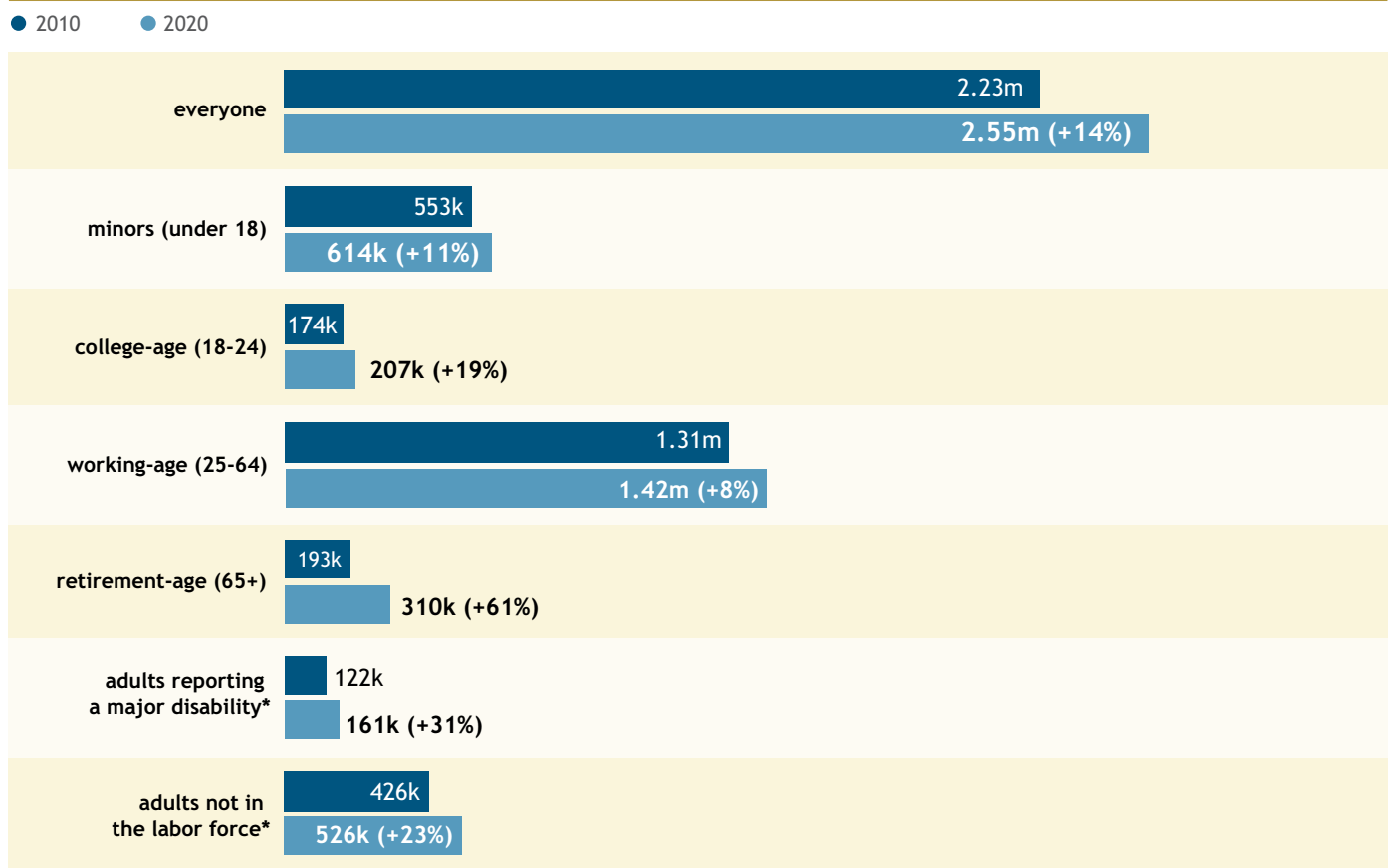
### Older adults are the fastest growing population in our region.

As of 2020, Northern Virginia was home to approximately 310,000 individuals over the age of 65, a 61% increase from 2010. During the same period, the population of working-age adults (25-64) in Northern Virginia grew by 8 percent, or about 109,000 people. **See Figure 1.** Residents between the ages of 65 and 74 had the absolute largest increase (66 percent), and among working-age adults, the fastest growing group was individuals age 55-64.

Because older adults are more likely to have left the workforce (74 percent are not employed or looking for work, versus 14 percent of working-age residents) and to experience disability (28 percent have a serious difficulty with hearing, seeing, cognition, mobility, self-care, or independent living, versus 5 percent of working-age adults), these group-level characteristics can be seen in population-level data. Between 2010 and 2020, the number of Northern Virginians age who were not in the labor force grew by 23 percent, as did the number of adults who report a major disability (up 31 percent).

**Figure 1.**

Population change, 2010 and 2020



Source: Census, 2010(\*ACS, 2008-12); Census, 2020 (\*ACS, 2017-2021).

While the United States and countries around the world are experiencing an increasingly older population, the increase in older Northern Virginians—61 percent—is faster than most other metro areas, and driven primarily by natural aging and not in-migration.

### ABOVE AVERAGE GROWTH

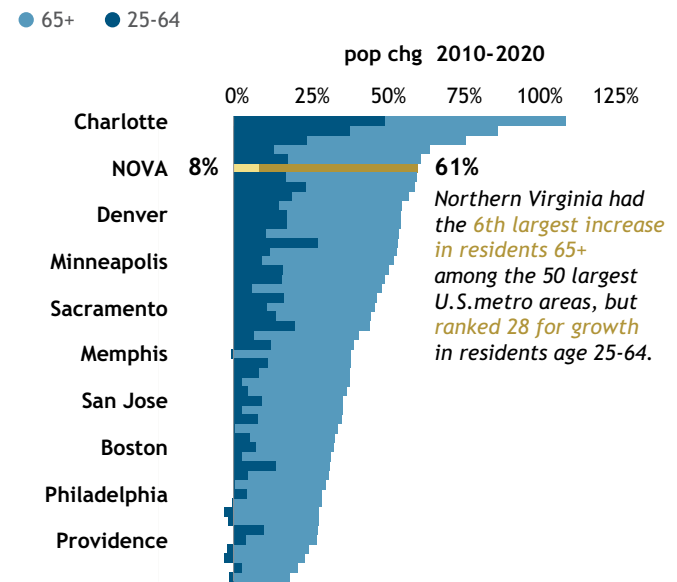
Northern Virginia had the sixth highest growth rate among the 50 largest metros; at the same time, the growth in its working-age population was about average.<sup>1</sup> See Figure 2. The difference between the two rates—that is, the increase in older adults relative to working-age adults—was the second largest in the country, just after Charlotte, NC.

### NATURAL AGING

The vast majority (93.5 percent) of older Northern Virginians are living in the same house they were a year ago, and of those that did move, roughly equal numbers relocated within the region (9,800) as left (10,100). In-migration (8,400 older adults) was lower than exits. Overall, while older Northern Virginians were more likely to leave the county and state in which they reside than the average older adult in the US and than younger movers in the region, these movers represent a fraction of the overall older population.<sup>2</sup> See Figure 3.

Figure 2.

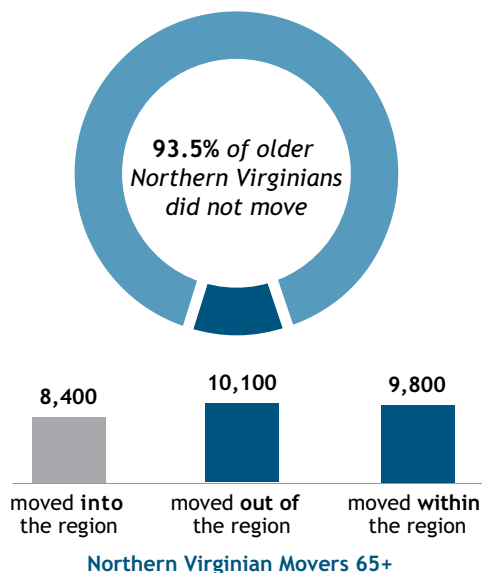
Change in population size among 50 largest metros, 2010-2020



Source: Insight Region® analysis of data from U.S. Census Bureau, 2010 (April) and 2020 (July)

Figure 3.

Number of older adults who move in, out, and within Northern Virginia each year



among movers ...

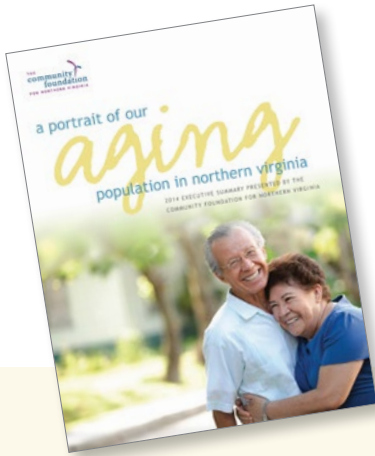
● moved in same county ● different county, same state\* ● different state/abroad

Group	35%	27%	38%
Northern Virginians 65+			
versus			
Northern Virginians <65	40%	31%	29%
Americans 65+	56%	23%	21%
Americans <65	57%	25%	18%

\*63% of Northern Virginia movers who leave the county but remain within Virginia moved to another county in the region.  
Source: Insight Region® analysis of data from 2017-2021 American Community Survey, tables B07401 and S01013

## Exhibit A.

The demographics of change: a look back to 2014



In 2014, the Community Foundation for Northern Virginia released its first report on older residents in the region, *A Portrait of Our Aging Population in Northern Virginia*. The report examined the size, demographics, economic circumstances, health, and living arrangements of residents 65 and over.

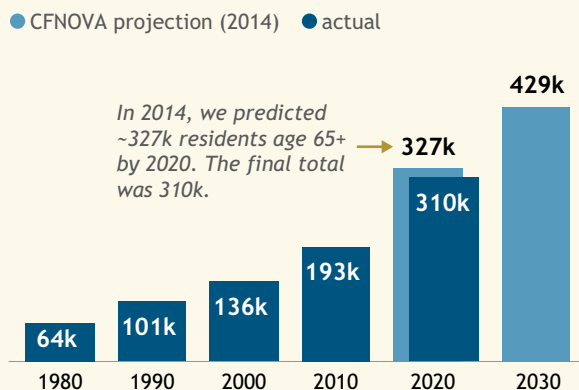
In the near decade since that report, Northern Virginia's older population has grown precipitously, and yet in many ways, the current generation of older adults closely resembles that of the past.

**Size.** In 2014, report author Dean Montgomery used projections from the Virginia Employment Commission to estimate a 70 percent increase in the population age 65+, to approximately 327,000 individuals.

The actuals were quite close: as of July 2020, the population had grown to just shy of 310,000 older adults. This slight underestimate may be due to high mortality rates and data collection challenges during the COVID-19 pandemic. As of 2021, the size of the population is much closer to the original estimate, with 319,000 65+ residents.

**Figure 4.**

Population age 65+ in Northern Virginia



Source: CFNOVA, 2014; U.S. Census Bureau, 2020

**Demographics.** Mirroring changes in the working-age population, older Northern Virginians in 2017-21 were slightly less likely to identify as non-Hispanic White, with increases observed in the Black, Asian, and Hispanic populations. In 2017-21, older Northern Virginians were more likely to have been born abroad and to hail from a state other than Virginia.

**Economic Circumstances.** Today's population (both working age and over 65) is slightly wealthier than in 2012-15. Three in five residents over age 65 have a household income over 500% of the federal poverty line, or about \$64,000 for a single person household and \$87,000 for a couple in 2021. These increased assets are not due to more older adults at work; labor force participation rates among those 65 and over have held steady at 25 percent. The supplemental poverty measure—developed by the Census to adjust for geographic variation in housing costs, medical expenses, and government benefits—suggests that about 11 percent of older adults in Northern Virginia do not have enough income to make ends meet, slightly below the rate in 2012-16.

**Health.** Older residents in 2017-21 had slightly lower rates of disability, including cognitive, hearing/vision, and mobility/self-care/independent living. There was no change in the rates among working-age residents.

**Living Arrangements.** The majority of older residents lived with one or more family members. About a quarter of older Northern Virginians live alone, unchanged from 2012-2016, and very few lived with roommates / unrelated adults.





**Figure 5.**  
A portrait of aging in Northern Virginia: Then & Now

		RETIREMENT-AGE rates among residents age 65+			WORKING-AGE rates among residents age 25-64		
		2012-16	2017-21	Δ	2012-16	2017-21	Δ
<b>Demographics</b>	White	75%	72%	-4%	64%	60%	-4%
	Black	9%	10%	1%	14%	15%	1%
	Asian	14%	16%	2%	18%	20%	2%
	Hispanic	7%	8%	1%	16%	17%	1%
	Virginia-born	11%	10%	-1%	14%	16%	2%
	Foreign-born	28%	31%	3%	38%	39%	1%
<b>Economic Circumstances</b>	Lower-Income (< 200% federal poverty)	14%	13%	-1%	13%	12%	-1%
	Higher-Income (>500% federal poverty)	58%	61%	3%	58%	61%	3%
	Below supplemental poverty line	12%	12%	-1%	12%	12%	--
	Not in labor force	74%	74%	--	15%	14%	--
<b>Health</b>	Any disability	29%	28%	-1%	5%	5%	--
	Cognitive	8%	7%	-1%	2%	2%	--
	Vision, hearing	14%	13%	-1%	2%	2%	--
	Mobility, independent living, self-care	21%	20%	-2%	3%	3%	--
	Health insurance coverage	97%	98%	+1%	87%	90%	+3%
<b>Living Arrangements</b>	Living with family	74%	74%	--	81%	83%	2%
	Living with only roommates	2%	2%	--	7%	6%	-1%
	Living alone	24%	23%	--	11%	11%	--

Source: Insight Region® analysis of American Community Survey, 2012-2016 and 2017-2021, accessed via IPUMS. In 2012, threshold for a single person family at 200 (federal poverty level) FPL was \$22,340 and a two-person household was \$30,260. Higher-income single households (at 500 FPL) would have a household income of \$55,580 or higher; two-person households would have an income of \$75,650 or higher. In 2021, a lower-income household would have an income under \$25,760 for a single and \$34,840 for a two-person household. Higher-income households would earn more than \$64,400 for a single and \$87,1000 for a two-person household. Totals may not sum to 100% due to rounding.

# unpacking the needs

## OF AN OLDER NORTHERN VIRGINIA

### As people grow older, their priorities tend to shift with changes in health.

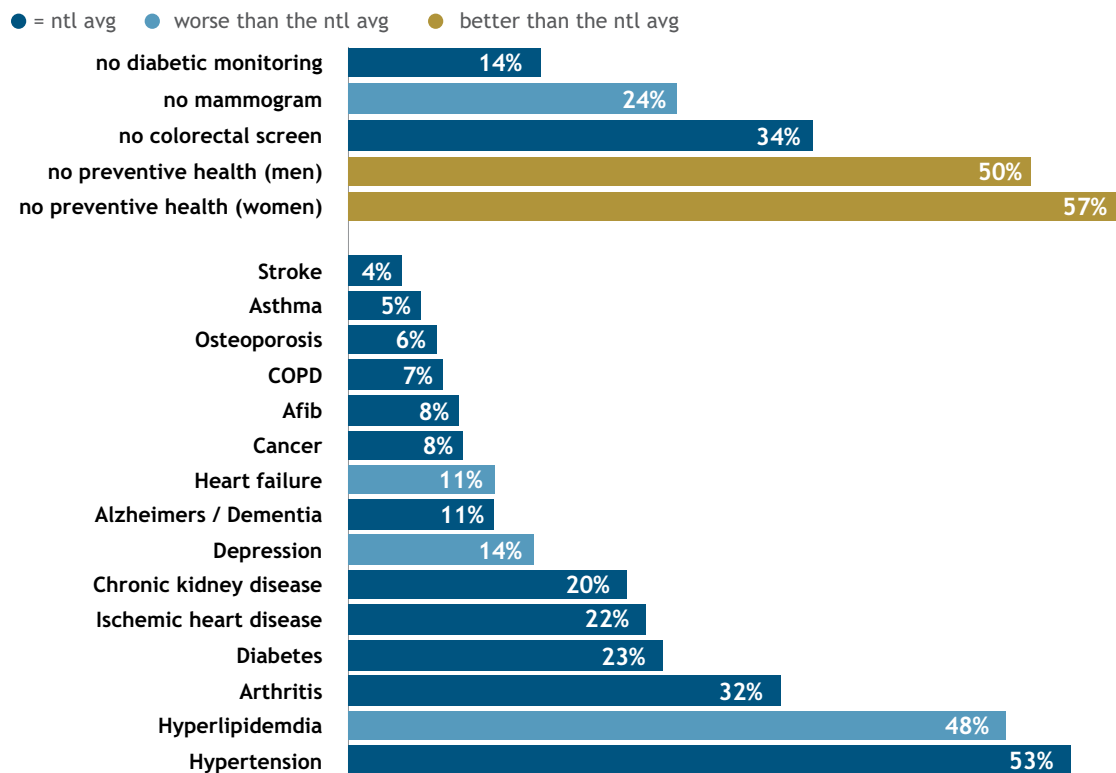
The average Northern Virginian tends to have a healthier lifestyle than the average American (e.g., lower rates of smoking, more physical activity, better access to healthy foods), fewer poor health days, and an overall longer life expectancy.<sup>3</sup>

Among older adults in the region, however, the prevalence of chronic conditions is similar to the average older American: about half have hypertension and/or hyperlipidemia, a third have arthritis, a quarter diabetes,

and one in five have chronic kidney disease. Rates of any disability—experienced by just over one in four older Northern Virginians—are lower than the U.S. average.<sup>4</sup> Half of older Northern Virginians did not receive recommended preventative services (such as flu and pneumonia vaccines, screenings for colorectal, breast, and prostate cancers), though rates were slightly better than the national average. Screening rates for specific conditions were comparable to the national average. See **Figure 6**.

**Figure 6.**

Health conditions among older adults in Northern Virginia versus United States



Source: CMS Medicare data (2018) and ACS (2016-20), accessed through Conduent Healthy Communities Initiative

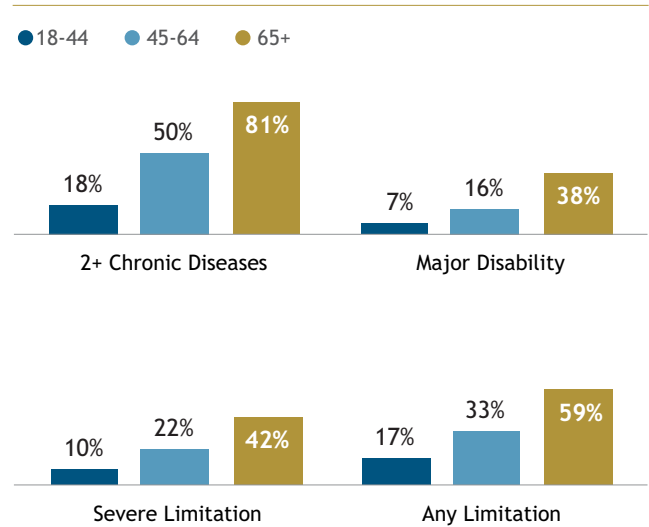
These markers of poor physical health—chronic conditions, disability—are by no means unique to older adults, but do tend to worsen over time, the result of natural aging, biology, socioeconomic inequities, and compounding lifestyle choices.<sup>5</sup> As shown in **Figure 7**, while adults over 65 have the highest rates of chronic conditions, disability, and limitations in daily living (such as bathing, paying bills, shopping)<sup>6</sup>, those age 45-64 have rates nearly double the youngest group. Further disaggregation would show lower rates among those in their 50s and higher rates for those in their 80s. Aging is a continuum; biologically, there is nothing magic about turning 65.

To cope with these changes in health, many older adults begin by making accommodations through the use of a medical device or a change / reduction in activity. For example, an individual with arthritis and diabetes, a mobility impairment, and regular pain<sup>8</sup> who finds it difficult to stand for lengthy periods can still live *independently* with the use of a walker or by consolidating weekly shopping trips to minimize the amount of time standing and walking. They may have their home retrofitted with a stairlift, or begin looking for a house with doorframes wide enough to accommodate a wheelchair. Nationally, about 39 percent of older adults fall into the first scenario. See **Figure 8**.

With age, however, the likelihood of having a limitation, and requiring caregiver help, increases steadily. In any given year, an estimated 16 percent of older adults will

**Figure 7.**

Changes in health over time among Americans



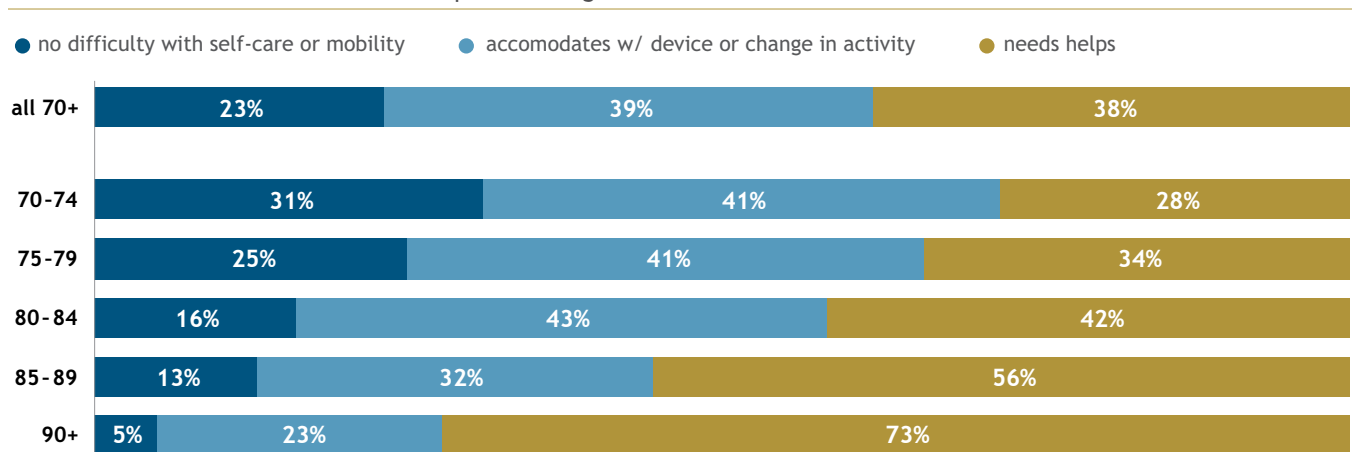
Source: *Insight Region*<sup>®</sup> analysis of data from ACS, 2014; Census, 2014; RAND, 2014.<sup>7</sup>

have a severe long-term care need. By their mid-late 80s, over half of older adults need someone to help with activities of daily living.<sup>9</sup>

Over the course of their lives, over two-thirds can expect to have such a need, and one in four will have these needs for longer than four years.<sup>10</sup> Unlike other aspects of health, these *lifetime* care needs are universal, and do not vary by race-ethnicity, wealth, or health status earlier in old age.<sup>11</sup>

**Figure 8.**

Rate of functional limitation and care response among older Americans



Source: *Freedman, Cornman, & Kasper, 2021*

The realities of aging and need to accommodate (and anticipate) changes in health invariably affect lifestyle and priorities. International data from the OECD Better Life Index suggest that, “health, safety, housing, and civic engagement become more important with age, while life satisfaction, work-life balance, jobs, income, and community are particularly important for youth.”<sup>12</sup>

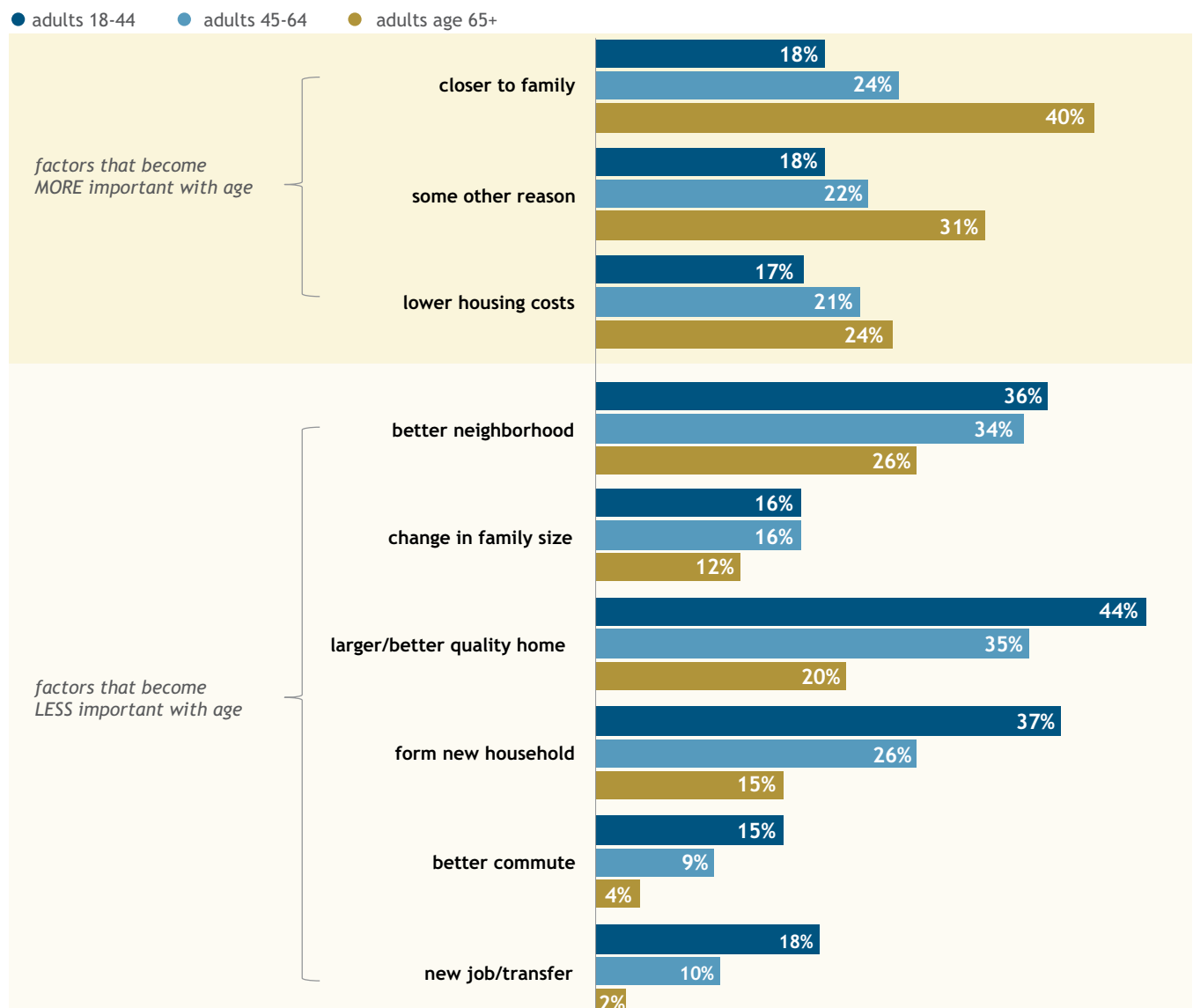
Similarly, data on why people move—even if such moves are rare—show that younger adults tend to relocate to attain better or larger homes in more desirable neighborhoods, often when forming a new or larger household, or when seeking a better/closer job opportunity.<sup>13</sup>

Older adults move for different reasons: proximity to *family* becomes extremely important, as does lowering costs to accommodate an increasingly limited *budget* and “other” factors related to *home* (such as accessibility or familiarity). See **Figure 9**.

These three core priorities—*family* and proximity to support, *home* and the ability to age-in-place, and *budget* and thriving on a fixed income—are crucial to successful aging and will be explored in detail in the following sections.

**Figure 9.**

Why Americans moved in 2021



Source: American Housing Survey, 2021

## SETTING THE CONTEXT

Compared to the 15 largest metros, Northern Virginia has a number of supports for its older population, including the highest rates of older adults living with a spouse (66 percent) among the 15 largest metros and the lowest level of older adults struggling to pay their monthly bills (18 percent). See Figure 10.

The region may struggle, however, to provide the level of non-spousal support that older adults expect. Northern Virginia and DC had the lowest adult child retention rate—32 percent of kids who grew up here have left, comparable

to the national average but higher than the average for other large metros—and the third lowest supply of home health and personal care aides, the equivalent of 32 workers for every 1,000 older adults. Issues related to home accessibility and aging in place were also present: Northern Virginia had a relatively low stock of housing that provides step-free entrances and entry-level bedrooms. And, while most older adults can afford the cost of living, the amount of money that older adults need to subsist in Northern Virginia was the fifth highest in the country.

**Figure 10.**

Top 15 metro areas, by select priorities for older movers

	FAMILY proximity to support			HOME aging-in-place			BUDGET living on a fixed income		
	Adult Child Nearby	Spouse/ Partner	Supply of Paid Care	Step-Free Entrance	Entry-Level Bathroom	built >1980	Monthly \$ Needed	difficulty paying bills	Cost of HHA
U.S.	69%	59%	60	54%	79%	47%	\$2.3k	26%	\$5,148
NOVA	68%	66%	32	52% <sup>1</sup>	58% <sup>1</sup>	52% <sup>1</sup>	\$2.9k	18%	\$5,339 <sup>1</sup>
<b>Large metros</b>	<b>75%</b>	<b>59%</b>	<b>76</b>	<b>58%</b>	<b>75%</b>	<b>47%</b>	<b>\$2.5k</b>	<b>26%</b>	<b>\$5,625</b>
Atlanta	69%	59%	25	69%	73%	73%	\$2.2k	27%	\$4,576
Boston	75%	58%	81	33%	71%	27%	\$3.2k	22%	\$6,244
Chicago	76%	56%	58	41%	71%	35%	\$2.3k	25%	\$5,720
Dallas	71%	62%	58	73%	89%	69%	\$2.3k	28%	\$4,862
DC metro	68%	60%	41	52%	58%	52%	\$2.9k	18%	\$5,339
Detroit	75%	54%	50	31%	69%	33%	\$2.1k	24%	\$5,720
Houston	77%	61%	70	78%	88%	64%	\$2.2k	31%	\$4,576
LA	80%	57%	155	58%	84%	28%	\$2.6k	29%	\$5,911
Miami	70%	56%	16	78%	91%	54%	\$2.3k	34%	\$4,385
NYC	79%	55%	132	46%	69%	25%	\$2.9k	29%	\$5,720
Philly	77%	56%	99	52%	42%	30%	\$2.3k	25%	\$5,339
Phoenix	76%	65%	63	80%	87%	71%	\$2.1k	25%	\$5,958
Riverside	80%	62%	111	77%	86%	64%	\$2.2k	31%	\$6,101
San Francisco	72%	58%	115	53%	78%	30%	\$3.5k	21%	\$7,150
Seattle	75%	60%	69	53%	74%	53%	\$2.8k	20%	\$6,769
<b>NOVA rank</b>	<b>15/16</b>	<b>1</b>	<b>14</b>	<b>11</b>	<b>14</b>	<b>8</b>	<b>5</b>	<b>16</b>	<b>10</b>

\* Average for the DC metro area

Source: Insight Region® analysis of data from AHS, 2019; ACS, 2017-2021; Opportunity Insights, 2022; BLS, 2021; Elder Index, 2021; Genworth Cost of Long-Term Care.

## FAMILY and proximity to support

“Studies have shown that as [people] age [they] prefer to remain in the same locale. However, the tendency for young people to be highly mobile has forced older people to decide whether to move to keep up with their families or to remain in neighborhoods which also change.”<sup>14</sup>

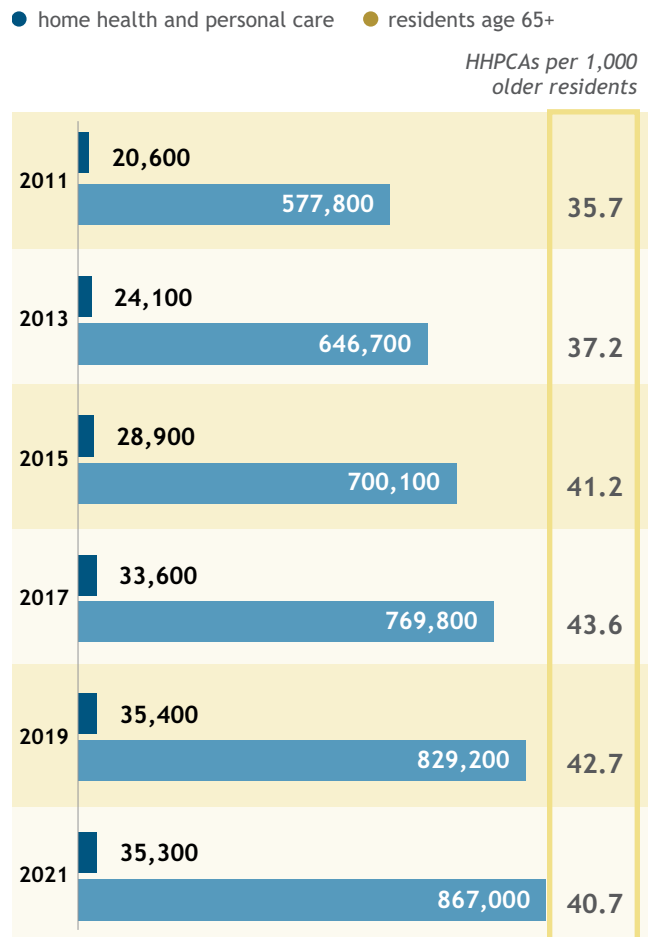
The primary reason that older adults move is to be closer to family. While these motivations are numerous and complex, there is also a practical need: family—particularly adult children and spouses—and friends provide the vast majority (75-80 percent) of total personal care hours to older adults.<sup>15</sup> Levels of informal assistance are substantial for those receiving help both in the community (164 hours/month) and living in supportive care settings (50 hours/month).<sup>16</sup> Those with cognitive impairments may also need a legal guardian, a role that also typically falls to family members.<sup>17</sup>

Unfortunately, not all Northern Virginians can rely on informal support to meet their care needs. As shown in **Figure 11** (see facing page), many older adults throughout the region can be considered **Elder Orphans**—individuals aging in the community “who are socially and/or physically isolated, without an available known family member or designated surrogate or caregiver.”<sup>18</sup> Others may have supports in place but be at risk of isolation if they live alone or are not getting the level of care needed. In Northern Virginia, relatively high rates of married older adults (66 percent) and low levels of proximate adult children (68 percent) might mean that more residents will need to rely on their spouses for caregiving support. Nationally, about one in nine caregivers is married to their care recipient.<sup>19</sup>

Regardless of the availability of family or friends, approximately two-thirds of older adults who receive help get at least some of their support from a paid caregiver.<sup>20</sup> In 2021, the DC metro area was home to just over 35,000 home health and personal care aides (HHPCAs). Compared to the size of the older population across the entire metro area, there are approximately 41 HHPCAs for every 1,000 older adults in the metro area, a ratio that has fluctuated since 2011. See **Figure 12**. Data from the American Community Survey suggest that approximately 29 percent of the metro area’s HHCPA workforce—10,000 individuals—reside in Northern Virginia. If no one crossed the Potomac for work, that would be the equivalent of 32 HHPCAs for every 1,000 older Northern Virginians, the third lowest

level in the country after Atlanta and Miami. This slight geographic imbalance between supply and demand may mean that individuals who reside closer to DC will find it easier to secure home health services. It is important to note that older adults who need constant care (168 hours/week) will typically need four home health aides, creating even tighter supply.

**Figure 12.**  
Ratio of paid caregivers for every 1,000 adults age 65 and older, DC metro area



Source: BLS and ACS

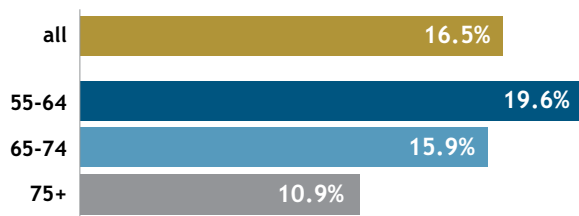
**Figure 11.**

Older adults at risk of not having sufficient informal support networks

**THOSE WITH NO ADULT CHILDREN AND/OR PARTNER**

In 2018, an estimated one in six Americans 55 and older had no biological children, with rates highest for those age 55-64.<sup>21</sup> The rate in Northern Virginia is unknown but likely higher than the national average, as research suggests that childless older adults tend to be wealthier, healthier, and have higher levels of educational attainment than those who parented.

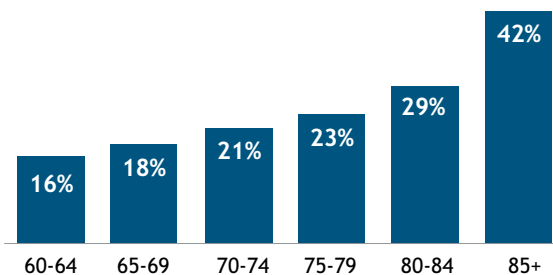
% of Americans with no biological kids



**THOSE WHO LIVE ALONE**

A quarter of older Northern Virginians live alone, a rate that increases steadily with age.<sup>24</sup> While some of these older adults have family nearby, routine isolation still carries a certain amount of risk; in a national survey, 48 percent of those who lived alone did not have someone to help with personal care, compared to 27 percent of those who lived with someone.<sup>25</sup> Older adults who live alone and have limited English proficiency (2 percent, or around 5,500 Northern Virginians) face unique challenges.<sup>26</sup>

% of older adults who live alone

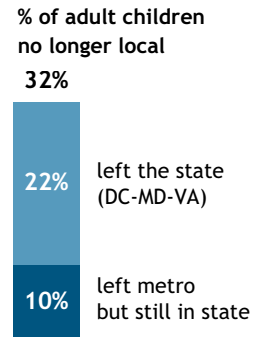


Source: See endnotes.

The AARP Public Policy Institute estimates that in 2021, just under one million Virginians (980,000 adults, or 14 percent of the adult population) were caregivers to an adult family member, friend, or neighbor with limitations in daily activities. These caregivers provided approximately 920 million hours of care, valued at \$14.3 billion in unpaid work.<sup>29</sup> These rates are only expected to grow over time: the latest data from the CDC BRFSS suggest that one in seven Virginians expect to become family caregivers in the next two years.<sup>30</sup>

**THOSE LIVING FAR FROM THEIR CHILDREN, FAMILY, OR “ROOTS”**

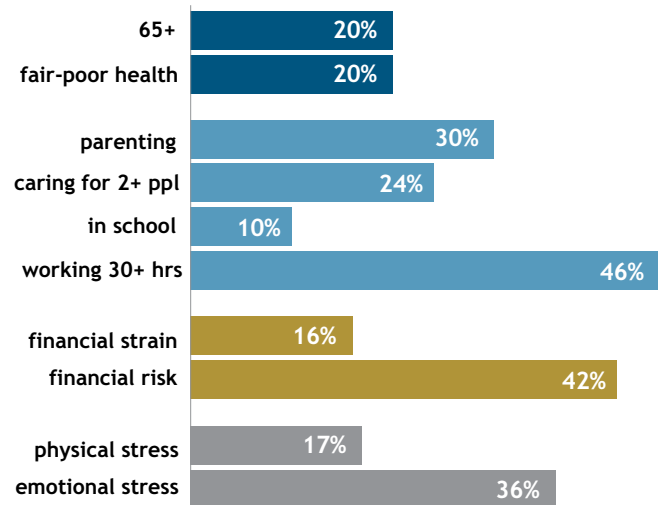
Among adults under 35 raised in the DC metro, one third have left the area, and one in five moved out of state.<sup>22</sup> Older adults also tend to have high levels of mobility from their birthplace—90 percent were born outside Virginia, and a third were born abroad—which may mean separation from extended family or their cultural community.<sup>23</sup>



**THOSE WHOSE SUPPORT NETWORKS HAVE THEIR OWN CHALLENGES**

While many older Northern Virginians likely have family caregivers able to help out with light tasks, these individuals may not be equipped to provide sustained care. Nationally, a sizable portion of caregivers are older themselves<sup>27</sup> or have health challenges, are balancing the demands of work-school-children-other caregiving roles, are under financial strain, and/or provide physically or emotionally taxing care.<sup>28</sup>

% of U.S. caregivers



## HOME and the ability to age-in-place

“Housing fit can deteriorate over time as residents [encounter] challenges with mobility and function ... [to cope, they] might modify their behavior to accommodate the inflexible features of the home ... or rely on others for assistance with tasks ... [that] could have been accomplished independently in a better-fit environment.”<sup>31</sup>

As of 2020, the majority of older adults (86 percent) still reside in the community, with other forms of housing<sup>32</sup> relatively uncommon, even among those who are 90+ years old.<sup>33</sup> The average older Northern Virginia has lived in their home for 20 or more years, and 31 percent have lived in the same house for over 30 years.<sup>34</sup>

Unfortunately, the actual housing stock may not be equipped to meet the physical and cognitive needs of an aging population. In Northern Virginia, 23 percent of older adults lived in a multifamily structure, compared to 25 percent nationally. Rates of townhome occupancy are far higher than the national average, with 17 percent of older adults in the region occupying such a structure, compared to just six percent nationally; by definition, these homes are multi-story and typically have bedrooms/full baths on a different level than kitchen and entrance. Older adults in the region were slightly less likely to occupy a single family home built prior to 1980, which tend to have lower rates of accessibility (or potential for accessibility modifications) than later vintages.<sup>35</sup> See **Figure 13**. Nationally, 75 percent of single family homes occupied by someone 70 and over are multi-story<sup>36</sup>.

Data on consumer preferences suggest that the large share of older adults in homes that were not *designed* to be accessible is related primarily to supply, not demand.

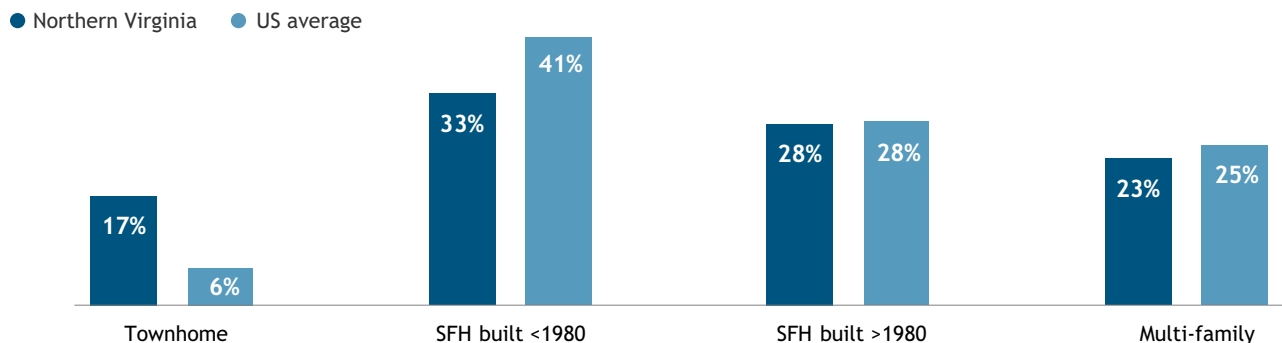
### DEMAND

Most older residents want a single-story home, as do those who are beginning to plan for retirement. In 2019, 84 percent of would-be homebuyers over age 65 preferred a single-story house, followed by 76 percent of those nearing retirement (55-64), 53 percent of buyers age 40-54, and 35 percent under age 40.<sup>37</sup> *All told, two-thirds of home buyers want single-story living.* In addition, many want a home that can accommodate multiple generations, a feature particularly important to Hispanic (53 percent), Black (50 percent), and Asian (46 percent) homebuyers.<sup>38</sup>

Interestingly, the apparent market preference for aging-in-place homes has not translated into home owners’ renovation behavior. In 2013, the primary reasons that older homeowners made improvements was to increase their home’s value (79 percent) and to make needed repairs (77 percent); improving the home’s style (63 percent) ranked higher than the ease of aging within the home (45 percent).<sup>39</sup> Some of this disconnect may stem from consumers’ hopes to age-*well*-in-place, that is without serious disability. For example, one national survey found that while 81 percent of older felt their home “definitely or probably” had the necessary features to age in place, just 19 percent of homes could be accessed without stairs.<sup>40</sup> Another study found one quarter of older homeowners described their current homes as both inaccessible *and* appropriate for aging in place.<sup>41</sup>

**Figure 13.**

Housing type among older adults in Northern Virginia



Source: Insight Region® analysis of American Community Survey, 2017-2021, accessed through IPUMS



## SUPPLY

There is limited supply of accessible new and existing homes:

**New Homes.** Two-thirds of new single family homes constructed in the southeastern United States and 80 percent in the MidAtlantic are multi-story, while the majority of homes in the central southern and mountain states are single-level.<sup>42</sup> According to one researcher, the relative cost and availability of land may explain the disconnect between buyer preferences and home construction; “in markets where land is scarce or pricey, builders can construct a larger house, with more square footage, on a smaller lot if they build up.”<sup>43</sup> Local ordinances on accessory dwelling units and square footage can also impact the diversity of the housing stock.

**Existing Homes.** A recent analysis of data from the 2019 American Housing Survey estimates 58 percent of homes lack “basic” accessibility features, such as no-step entrances and an entry-level bedroom and bathroom.<sup>44</sup> Compared to the U.S. and other large metros, homes in the DC metro are much less likely to have these features, but more likely to be built after 1980. **See Figure 14.** Additional research on the homes that older residents

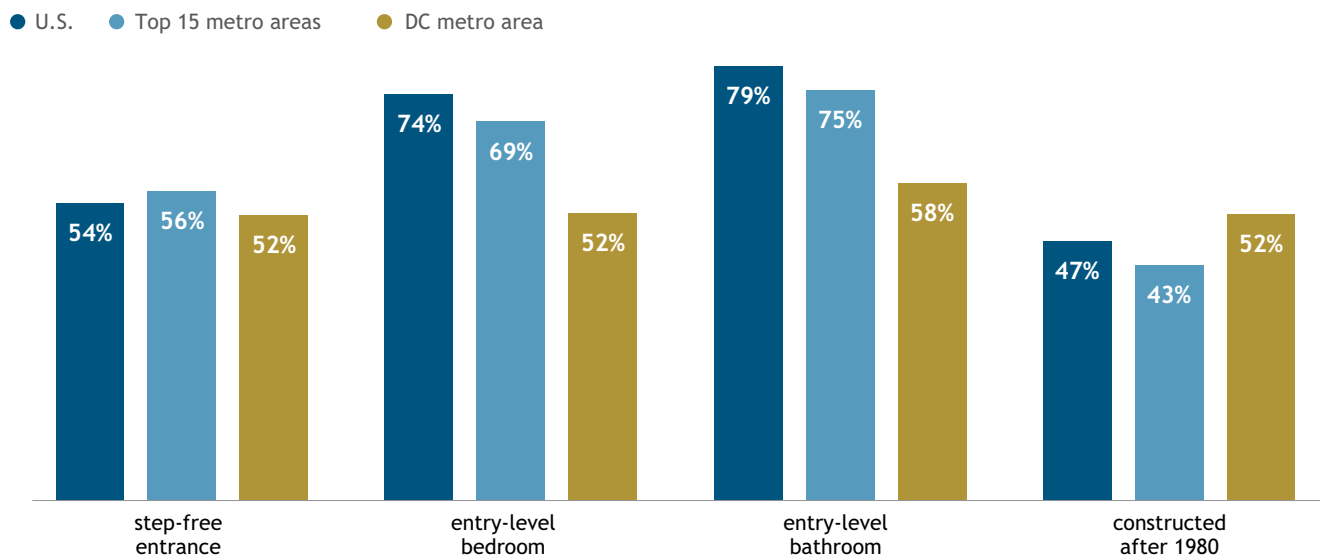
All told, two-thirds of home buyers want single-story living. In addition, many want a home that can accommodate multiple generations.



actually occupy suggest that around 80 percent of those who live in a multi-level, single family home had a kitchen, full bath, and bedroom on the same floor or an elevator/stair glide to access those features. Among adults who reside in the community, 70 percent reported their home had minor bathroom improvements, such as bath grab bars or a seat in the shower; about half had toilet grab bars or a raised seat. Less common were mobility improvements; just 12 percent of older adults’ homes had been modified by adding a ramp at the entrance of the building, an elevator inside the home, or a stair lift/glide inside the home.<sup>45</sup>

**Figure 14.**

Accessibility features of homes, by location



Source: AHS, 2019. The top 15 metros include: New York, LA, Chicago, Dallas, Houston, Philadelphia, DC, Miami, Atlanta, Boston, San Francisco, Phoenix, Riverside, Detroit, and Seattle.

## BUDGET and thriving on a fixed income

A retiree’s budget looks quite different from their working-age peers, which can have important implications for affordability in a metro area, especially during periods of inflation.

The most recent data from the Elder Index, a county-level measure of minimum monthly costs for older adults, suggest that older Northern Virginians need between \$1,700 and \$3,300 to pay for housing, food, transportation, medical expenses, and miscellaneous items.<sup>46</sup> See **Figure 15**. While actual budgets will vary depending on the individual, there are a few major cost drivers to note:

- **Housing costs** represent the largest line item for older adults who rent or are carrying a mortgage, while those who own their home outright—a status that becomes increasingly common with age<sup>47</sup>—have substantially lower expenses. The substantial savings associated with free and clear home ownership can be a benefit to those with a fixed income, but may also delay or inhibit otherwise desirable moves. The cost of home modifications to support aging in place are not included in this total, but may be considerable.
- **Medical costs** reflect those in “good” health, but tend to run about \$150 higher for those in poor health. As a percent of older adults’ overall budget, this fluctuation in medical costs due to *underlying health* is quite small. Instead, the main driver of medical spending is insurance premiums,<sup>48</sup> which increased dramatically over the past year and are expected to have ripple effects for future retirees. For example, one study—noting the 15 percent rise in Medicare Part B from 2021 to 2022—estimates that a healthy 65-year old couple will spend \$675,000 over their lifetime on healthcare costs (71 percent of social security, or SSI). A healthy 50 year-old couple can expect these costs to increase to \$1.1 million (93 percent of SSI), and a healthy 40 year-old couple can anticipate \$1.8 million in costs (156 percent of SSI).<sup>49</sup>

Most older Northern Virginians (82 percent) can afford these monthly expenses, and the same rate reported it was not difficult to pay their monthly bills.<sup>50</sup> This finding likely reflects the region’s sizable wealthy, older population more so than underlying affordability. In 2017-2021, the median monthly income for a senior-headed household in Northern Virginia was \$7,670, about \$4,000 more each month than the typical older American and \$1,500 more than the second highest metro (Honolulu) of among all 300 metro areas.

Very high household incomes tend to obscure pockets of need. While one in ten senior-headed households had a monthly income above \$23,000, the bottom ten percent had incomes under \$1,700. This range reflects a higher level of income inequality (13:1) among senior-headed households than households headed by working-age adults (8:1).<sup>51</sup> They also do not take into account that most older adults have exited the labor force, and hence have a *fixed* amount of income that they can spend before dipping into savings. Savings among older Northern Virginians are not known but may be considerable: for example, the average American between age 65 and 74 has \$426,000 saved,<sup>52</sup> and in 2021, the average older homeowner in Northern Virginia who had paid off their mortgage had a home valued at just over \$600,000.

The Elder Index (like most cost of living estimates) omits one major cost driver: **long-term care**. While this service is not considered a “basic” need that everyone will need to satisfy, those that do require help with personal care will likely experience a strain on their budget. Nationally, pre-inflation estimates for long-term care ranged from \$80,000 out-of-pocket to \$150,000 for those with substantial needs.<sup>53</sup>

**Figure 15.**

Costs of living in Northern Virginia

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

Source: *Housing costs for senior headed-households from ACS, 2017-2021; other costs from Elder Index for those in “good health”.*

In Northern Virginia, the cost of a home health aide is approximately \$28 per hour, according to Genworth Financial, which provides metro level estimates of the cost of home health care. A “standard” 44 hours of in-home care would cost approximately \$5,300 per month, while lighter duties (10 hours/week) would be about \$1,200 going up to round-the-clock care at over \$20,000 per month. These costs are in addition to the \$1,700 to \$3,300 required to pay for housing, food, medical, etc. As noted earlier, just 10 percent of older Northern Virginians have a household income above \$23,000, suggesting that most will need to dip into savings/personal assets to cover their long-term care needs. The one caveat is that Medicare and Medicaid will pay for long-term care expenses if the person being cared for is receiving Commonwealth Coordinated Care Plus waiver services through the state. The state also offers 480 hours per year in reimbursement vouchers to family caregivers for short-term respite care.<sup>54</sup>

Senior living options—including independent living, assisted living, and skilled nursing—may bundle some of these care costs into a package. In Northern Virginia, a typical monthly base cost for independent living through a Continuing Care Retirement Community (CCRC) is \$3,000 per month, plus an additional \$1,200 for a second

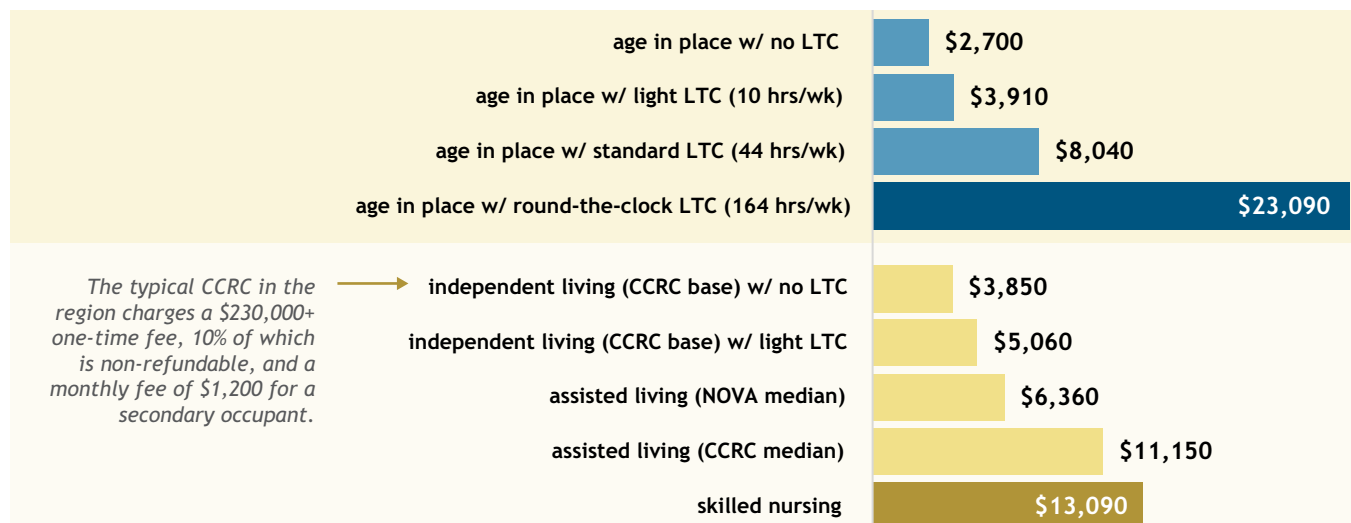
As noted earlier, just 10 percent of older Northern Virginians have a household income above \$23,000, suggesting that most will need to dip into savings/personal assets to cover their long-term care needs.



occupant and a \$230,000+ one-time “buy-in” of which 10 percent is not refundable. Light duties must be paid for a la carte before graduating up to higher levels of care through assisted living and skilled nursing. In 2021, the median cost of a CCRC (versus the base) in Northern Virginia was \$10,000 per month. Dedicated assisted living facilities were \$5,500, and skilled nursing (typically providing round-the-clock care) was just over \$12,000 per month. When one adds in the cost of medical care and incidentals, which are not included, the costs may be lower than remaining in one’s home. See Figure 16 for the estimated total monthly cost for a single, older Northern Virginian by different level of long-term care (LTC) need.

**Figure 16.**

Estimated monthly costs for a single older Northern Virginians by long-term care (LTC) need



Source: Long-Term Care estimates for in-home services based on data from [Genworth Financial](#); “age in place” estimates based on median housing costs for single, senior-headed household (ACS, 2017-2021) and non-housing costs from the Elder Index; senior housing estimates based on Insight Region analysis of data from Virginia Department of Health Information and review of information on CCRC websites/ special request,<sup>55</sup> plus medical and incidental costs of \$850/month, based on data from the Elder Index.<sup>56</sup>

# coming together

## AROUND SOLUTIONS

In many ways, seeking a solution to aging “issues” is a modern day gift.

Two hundred years ago, most Americans did not get the chance to grow old; many died before reaching adulthood, and average life expectancy hovered around 40 years—the point when biological aging begins.<sup>58</sup> Today, the vast majority of Americans live to 65 and can expect an additional 17 years of life, of which an estimated 13.5 can be enjoyed in good health.<sup>59</sup>

This modern gift comes with a new set of worries. Changing health and physicality in an older Northern

Virginia—69 percent of Americans in their early-mid 70s have a limitation in daily living, and around the same percent will experience a severe, long-term care need at some point in old age—is likely to result in a new set of priorities around *family* (proximity to support), *home* (the ability to age in place), and *budget* (thriving on a fixed income).

Unfortunately, not all older Northern Virginians have these resources.

### FAMILY

Some older adults cannot or do not want to rely exclusively on loved ones for their care needs, and the supply of paid help is limited.

While caregiving tasks often fall to adult children, this arrangement is one that many modern families cannot support: increased geographic mobility and reduced fecundity have contributed to the phenomenon of “solo aging,” while high labor force engagement and delayed parenting mean that would-be caregivers must weigh the opportunity cost of caretaking against the demands of work and children. Beyond these biological and logistical constraints, some families simply prefer to outsource caregiving tasks. As a result, older adults often must secure paid help, for which there are just 32 workers in the region for every 1,000 residents age 65 and older. Financial barriers exist to increasing the supply of both paid and family caregiving; home health aides earn an annual salary of \$30,000,<sup>60</sup> and family caregivers often must work another full-time job to make ends meet.

As a community, we can support the family (and physical) needs of older residents by making it financially and logistically easier to enter and remain in a caregiving role.

1. Equip workers who are caring for an older resident with greater flexibility in when and where they work, including telecommuting from a care recipient’s home if caregiving tasks are light or shifting to part-time or contracted employment.
2. Expand respite (financial reimbursement) provided to family caregivers from just a state benefit to an employer benefit.
3. Offer in-kind support (specifically room and board) to eliminate some of the financial barriers to becoming a family or paid caregiver, including accommodations for caregivers’ families through home modification (e.g., retrofitting a basement with bathroom and kitchen facilities) or home construction (e.g., accessory dwelling units.)



## HOME

### Single family homes and townhouses in Northern Virginia are rarely built for accessibility.

“Aging in place” is not so much a preference as a reality. Most older adults live in the community for their entire lives, and the majority reside in a single family home, typically one that they have lived in for decades. Rarely were these homes designed to be accessible to those with physical limitations, an issue that older homebuyers will also encounter: most new and existing single-family homes are multi-level and are seldom built to universal design standards. Aging in place, in a home that no longer fits, means a heavier reliance on physical help for those who can afford it and the potential for unmet care needs for those who cannot.

As a community, we can support the home (and aging-in-place) needs of older residents by increasingly the supply of accessible, affordable housing located near core services.

1. Include accessibility / universal design in our plans for affordable housing.
2. Incentivize the development of housing units and properties that allow for multigenerational living, such as dedicating at least one floor of a single family home or townhome to “single level living” that is accessible to the front, and/or permitting accessory dwelling units, which have been shown to appeal to older adults looking for proximity and independence, support, and affordability,<sup>61</sup> and could be built in accordance with universal design principles.
3. Help older adults select reliable, affordable, and effective products, services, and technology that promise a means to “age in place” with decreased reliance on physical help. **See Textbox.**

#### The Silver Economy

The silver economy is booming: in 2020, older consumers across the globe totaled 459 million and spent \$8.7 trillion.<sup>62</sup> In 2021, the “anti-aging” product market totaled \$4.9 billion in the United States (and \$37 billion nationally)<sup>63</sup> while the aging-in-place market (including daily essential activities, health and safety awareness, care coordination, transition support, home-based care) hit \$151 billion in the U.S. in 2019.<sup>64</sup> By 2030, older Americans are projected to spend \$108 billion on tech products that help them stay connected, healthy, and independent.<sup>65</sup>

The substantial, growing silver economy has the potential to solve for many of the issues outlined above, with one important caveat: older adults and their families will need a way to *navigate* the range of options available.<sup>66</sup> Services already exist to help consumers select and access products geared toward older adults, but may have a financial interest in promoting certain solutions; a public or non-profit curation of products could help eliminate some of these biases and could flag potentially ineffective or harmful products and services.

## BUDGET

### Long-term care, housing, and medical premiums will put a strain on older adults' finances.

Older Northern Virginians can expect to pay \$1,700-\$3,300 each month to cover housing, food, transit, medical, and miscellaneous costs. Housing costs may be particularly low for those who own their home outright, a financial boon for older adults on a fixed income but a circumstance that has resulted in some being “stuck in place” in homes no longer optimal for physical or social health but far cheaper than renting or buying in the current market. Medical costs are likely to represent a growing burden, as the primary driver of individual medical spending is premiums, which will continue to rise in the coming years. The biggest budget line item, however, is not housing or medical premiums, but long-term care: an older adult who needs the standard 44 hours of care per week can expect to spend \$64,000 a year, an amount likely to dig into even a healthy annual income.

As a community, we can support the budget (and ability to thrive on a fixed income) needs of older residents by helping individuals plan, earn, and afford more.

1. Provide public, universal (that is, not means-tested) financial planning and support services to all residents who wish to plan for their long-term care needs.
2. Help older adults retain / return to their jobs (and continue to earn income) by expanding employment flexibility in when, where, and how much one works during the day.<sup>67</sup>
3. Explore ways to reduce premiums and expand services offered under Medicare, including the budgetary implications of covering more long-term care costs.





# additional resources

## FOR INDIVIDUALS AND COMMUNITIES



### Canadian Forum of F/P/T Ministers Responsible for Seniors

#### Aging in Place Toolkit

<https://aginginplaceplan.ca/>

Checklist for individuals to assess the extent to which they are prepared for retirement/older age across 9 core domains: (1) health, (2) safety, (3) connections, (4) supports and services, (5) spouse/partner, (6) home, (7) transportation, (8) community, and (9) finances.

### New River Valley Aging in Place Leadership Team

#### Aging in Place Workbook

<https://www.nrvaoa.org/aging-in-place/>

Checklist for individuals to assess the extent to which they are prepared for retirement/older age across 5 core domains: (1) housing, (2) health and wellness, (3) transportation, (4) personal finance, and (5) social connections and growth.

### Better Health While Aging Healthy Aging Checklist

<https://betterhealthwhileaging.net/>

List of activities for individuals to remain healthy while aging across 6 core domains: (1) brain-emotional health; (2) physical health; (3) common aging problems (falls, memory, depression, incontinence, pain, isolation, polypharmacy), (4) chronic conditions, (5) preventive health services, and (6) medical, legal, and financial advance care planning.

### World Health Organization

#### Checklist of Essential Features of Age-friendly Cities

<https://www.paho.org/en/documents/checklist-essential-features-age-friendly-cities-who>

Checklist for local communities to assess the extent to which they offer “age-friendly” living across 9 core domains: (1) outdoor spaces and buildings, (2) transportation, (3) housing, (4) social participation, (5) respect and social inclusion, (6) civic participation and employment, (7) communication and information, (8) community support, and (9) health services.

### AARP

#### Livability Index (Metrics and Policies)

<https://livabilityindex.aarp.org/>

Comprehensive assessment of how equipped every neighborhood and community in the United States is to support its older adult population and associated policy levers, scored across six core domains: (1) housing, (2) neighborhood, (3) transportation, (4) environment, (5) health, (6) engagement, and (7) opportunity.

## ENDNOTES

1. While the overall growth rate was higher than many other large metros, the absolute increase in residents over age 65—a little over 100,000 over ten years—was about average.
2. In 2017-2021, two-thirds of older movers in Northern Virginia left their current county, and 38 percent left the state (nearly twice the national average for older adults). These data align closely with estimates from the 2021 American Housing Survey, which found that an estimated 91 percent of older adults in the U.S. had not moved in the past two years, and 93 were not planning to move. Sixty-one percent of seniors who did plan to move wanted to leave their current city. In 2017, the DC metro ranked 22 out of 300 for net older exodus. DeMarco, J. (2019). [The Most Popular Retirement Destinations for Seniors](#). *Magnify Money*.
3. County Health Rankings, 2021, <https://www.countyhealthrankings.org>.
4. In Northern Virginia, the average life expectancy is around 85 years, with substantial variation by census tract. Woolf, SH., D.A. Chapman, J. H. Lee, L. Kelley, & S.A. Cohen. (2016). [A Study in Contrasts: Why Life Expectancy Varies In Northern Virginia](#). *Virginia Commonwealth Institute*. Recent research has found that *geographic variation* in life expectancy for individuals over the age of 65 is primarily due to different rates of cardiovascular illness (heart attack, stroke), lung cancer, and respiratory diseases, driven in part by different rates of smoking. Vierboom, Y.C. & S.H. Preston. (2020). [Life Beyond 65: Changing Spatial Patterns of Survival at Older Ages in the United States, 2000-2016](#). *Journals of Gerontology*, 75(5).
5. Income, wealth, and education can be considered the “cause of causes”—that is, the determinants of the social determinants of health. Braveman, P. & L. Gottlieb. (2014). [The Social Determinants of Health: It's Time to Consider the Causes of the Causes](#). *Public Health Reports*, 129(2).
6. Historically, the most common limitations (one in five) were related to shopping, making hot meals, getting outside, and getting out of bed. Freedman, V.A., & B.C. Spillman. (2014). [Disability and care needs among older Americans](#). *Milbank Quarterly*, 92(3). Note that the percent of Americans with any limitation and severe limitation are higher than those reporting a major disability. For more on the differences between the two rates, including definitions, see Taylor, D.M. (2018). [Americans With Disabilities: 2014](#). *Household Economic Studies, Current Population Reports*. U.S. Census Bureau; Joint Center for Housing Studies at Harvard University. (2016). [Projections & Implications For Housing A Growing Population](#). Cambridge, MA: Harvard University; and He, S., et al. (2015). [Unmet Need for ADL Assistance Is Associated With Mortality Among Older Adults With Mild Disability](#). *Journals of Gerontology*, 70(9).
7. Data on multiple chronic diseases available through Buttorff, C., T. Ruder, & M. Bauman. (2017). [Multiple Chronic Conditions in the United States](#). *Rand Corporation*. Data on disability available through American Community Survey, 2014, accessed through IPUMS. Data on limitations available through Taylor, 2018.
8. Pain affects at least half of older adults, often in multiple parts of the body. Patel, K.V., J.M. Guralnik, E.J. Dansie, & D.C. Turk. (2013). [Prevalence and impact of pain among older adults in the United States: findings from the 2011 National Health and Aging Trends Study](#). *Pain*, 154(12).
9. Freedman, V.A., J.C. Cornman, & J.D. Kasper JD. (2021). [National Health and Aging Trends Study Trends Chart Book: Key Trends, Measures and Detailed Tables](#). Also see companion interactive dashboard at [micda.isr.umich.edu/research/nhats-trends-dashboards](http://micda.isr.umich.edu/research/nhats-trends-dashboards). Without this help, the risk of experiencing an adverse outcome (AO) associated with independent living increases. In 2011, 15 percent of all older adults reported a recent AO, with rates highest among those who had difficulty with toileting (43 percent had wet or soiled clothing), getting outside (30 percent stayed in), or getting around inside (26 percent avoided parts of the home). See Freedman & Spillman, 2014
10. LTSS need means (1) having difficulty with two or more activities of daily living expected to last at least 90 days or severe cognitive impairment; and (2) receiving care from family, friends, or a paid provider. Johnson, R.W. (2019). [What Is The Lifetime Risk Of Needing and Receiving Long-Term Services and Supports?](#) ASPE Research Brief HHS Office Of The Assistant Secretary For Planning And Evaluation, Office Of Disability, Aging And Long-Term Care Policy
11. In 2014, 16 percent of adults 65+ had a current, severe long-term service need, with higher rates observed among Black (22 percent) and Hispanic (23 percent) older adults than White (14 percent) older adults, along with those who had not received their high school diploma (28 percent) or completed high school or some college (15 percent) than those holding a bachelor's degree (9 percent). However, the probability that an older adult will experience a severe long-term care need *at some point in their lives* was 70 percent, with minor variation among those who were White (70 percent), Black (73 percent), Hispanic (73 percent), not high school graduates (72 percent), high school graduates (70 percent), and BA holders (66 percent). Similarly, 72 percent of 70 year-olds with one or fewer limitations will develop a long-term care need before the end of their lives. See Johnson, 2019.
12. Balestra, C. & E. Toso. (2018). [What matters the most to people? Evidence from the OECD Better Life Index users' responses](#). *Organization for Economic Co-operation and Development Working Paper No.90*.
13. In 2021, researcher Chris Salviati coined the term *untethered class* to describe workers with a high degree of choice in where they live—they lack the geographic “tethers” of family (kids who need continuity between school years, a spouse who need to stay local for work/school), home (real estate must be sold before relocating), and/or finances (work cannot be performed remotely). In 2021, the DC metro area had the sixth largest share of untethered workers (9.2 percent). Salviati, C. (2021). [Remote Work Revolution Gives Rise to a New “Untethered Class”](#). Apartmentlist.com
14. Encyclopedia Britannica. (nd). [Old Age](#).
15. Spillman, B.C., E.H. Allen, and M. Favreault. (2020). [Informal Care-giver Supply and Demographic Changes: Review of the Literature](#). U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Behavioral Health, Disability, and Aging Policy.



16. Freedman & Spillman, 2014
17. According to the 2017-2018 In-Person Survey, 81.3% of guardians are family members, 3.0% are friends, 11.3% are public guardians, 2.2% are nonprofit guardianship agencies, and another 1.2% are financial institutions, for-profit guardianship agencies, and “other.” Bradley, V., D. Hiersteiner, J. St. John, & M. Bourne. (2019). [What Do NCI Data Reveal About the Guardianship Status of People With IDD? National Association of State Directors of Developmental Disabilities Services.](#)
18. Carney, M.T., J. Fujiwara, B. E. Emmert, T. A. Liberman, & B. Paris. (2016). [Elder Orphans Hiding in Plain Sight: A Growing Vulnerable Population.](#) *Current Gerontology and Geriatrics Research*, 4723250.
19. Greenwald Research, 2020
20. Among older adults getting help in the last month (excluding nursing home residents), a third received paid help, nearly all (95 percent) received unpaid help, and 30 percent received both forms of assistance. Freedman & Spillman, 2014
21. Valerio, T., R.M. Kreider, & W. He. (2021). [Childless Older Adults More Educated, More Likely to Live Alone Than Older Parents.](#) America Counts: Stories Behind the Numbers. U.S. Census Bureau.
22. Data from Opportunity Insights: <https://www.migrationpatterns.org/>. For more on this topic, see Sprung-Keyser, B., N. Hendren, & S. Porter. (2022). [The Radius of Economic Opportunity: Evidence from Migration and Local Labor Markets.](#) U.S. Census Bureau, Center for Economic Studies; and Murray, S.H. (2022). [How Affluence Pulls People Away From Their Families.](#) *The Atlantic*.
23. ACS, 2017-2021. Studies find that seniors’ health may benefit from living close to those who share their values, language, heritage, and beliefs. Alvarez K.J., & B.R. Levy (2012). [Health Advantages of Ethnic Density for African American and Mexican American Elderly Individuals.](#) *American Journal of Public Health*, 102.
24. ACS, 2017-2021
25. Robinson-Lane, S., D. Singer, M. Kirch, E. Solway, E. Smith, J. Kullgren, & P. Malani. (2022). [Older Adults’ Preparedness to Age in Place.](#) University of Michigan National Poll on Healthy Aging.
26. ACS, 2017-21
27. In Virginia, this rate is 25 percent. See CDC. (2019). [Virginia Caregiving.](#)
28. Greenwald Research. (2020). [2020 Companion Report: Caregiving in the U.S. 2020: A Focused Look at Family Caregivers of Adults Age 50+.](#) Conducted by AARP Caregiving and the National Alliance for Caregiving.
29. Per the report’s authors, this economic estimate does not include the financial cost of care (out-of-pocket and lost wages) or account for the complexity of care provided (i.e., medical/nursing tasks). See Reinhard, S.C., S. Caldera, A. Houser, & R. B. Choula. [Valuing the Invaluable: 2023 Update Strengthening Supports for Family Caregivers.](#) AARP Public Policy Institute.
30. CDC, 2019.
31. Scheckler, Molinsky, & Airgood-Obyrcki, 2022
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41. Will, 2015
42. Salvia, J. (2016). [The Number of Stories in Single-Family Homes Varies Across the Country.](#) Eye on Housing, National Association of Home Builders.
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45. Freedman, Cornman, & Kasper, 2021
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55. Ashby Ponds=\$2,750 (+ \$1,209 extra person fee + \$23,000 non-refundable one-time fee); Goodwin House, Alexandria and Falls Church=\$2,900 (+ undisclosed non-refundable fee); Greenspring=\$3,150 (+\$1,134 extra person fee + \$24,000 non-refundable fee); Woodleigh Chase=\$3,184 (+ \$1,202 extra person fee + \$38,000 non-refundable fee); Goodwin House, the View=\$4,085 (+ \$6,420 non-refundable fee)
56. Note that Virginia tends to rank well for the ratio of nursing home costs to senior median income and home health care as a percent of median income. See Reinhard et al, 2020.
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58. Overall, life expectancy and *healthy* life expectancy have increased in America—for individuals who are 65, life expectancy increased from 17.1 years in 1990 to 19.2 years in 2019, and healthy life expectancy increased from 12.2 years to 13.6 years. Martinez, R., P. Morsch, P. Soliz, C. Hommes, P. Ordunez, & E. Vega. (2021). [Life expectancy, healthy life expectancy, and burden of disease in older people in the Americas, 1990-2019: a population-based study](#). *Rev Panam Salud Publica*, 45(114).
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