# Needs Assessment for Older Adults

## Office of Aging and Disability Services

**October 2023**

**Prepared by Knowledge Advisory Group**

Knowledge ADVISORY GROUP

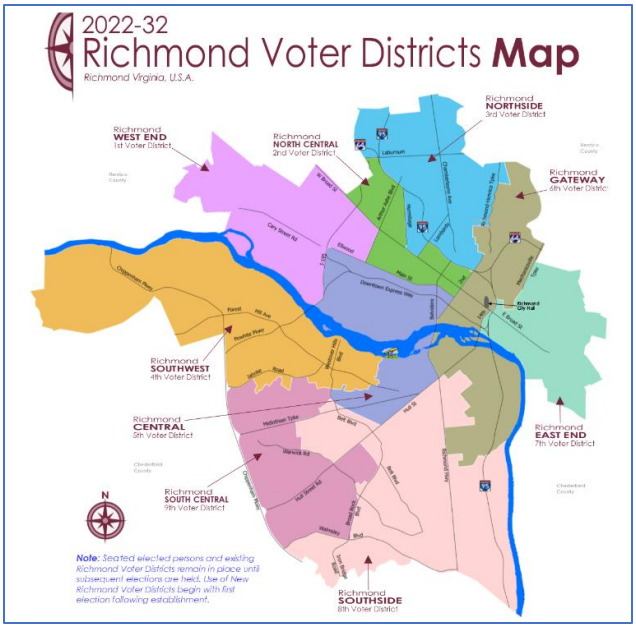
# TABLE OF CONTENTS

# TABLE OF CONTENTS

# I. EXECUTIVE SUMMARY

## Purpose

In March 2023, the City of Richmond contracted with Knowledge Advisory Group (KAG) to partner with the Office of Aging and Disability Services (OADS) and a Lead Consultant with Human Services from the City of Richmond to complete a needs assessment for older adults living in the City of Richmond (age 55+), including recommendations to improve conditions for those in need. The City of Richmond, is comprised of nine voter districts as shown in the adjacent map. OADS expressed a particular interest in the needs of residents in traditionally underserved areas of the City of Richmond, specifically Districts 6-9.




This project, which is funded by a grant from the NextFifty Initiative, is guided by an Advisory Committee with representatives from the Richmond YMCA, the Aging and Disabilities Advisory Board, PlanRVA, and Senior Connections.

## Methodology

Preliminary background research for this assessment included interviews with key informants from six organizations to identify the needs and resources available to older adults in the City of Richmond. This information was used to identify key issues to explore further on a senior survey completed by 495 city residents (age 55+). The survey findings were supplemented by focus groups of older adults and representatives from organizations that serve older adults to develop recommendations to address community needs.

Other sources of information examined for this assessment included:

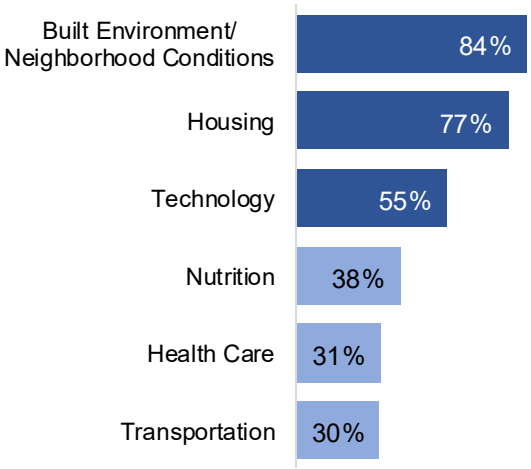
- Published data on the health, income, isolation, housing status, and neighborhood conditions of adults in the City of Richmond.
- A review of information provided by *Virginia Navigator* on the resources available to older adults in the City of Richmond.
- Existing research reports from Homeward, LeadingAge Virginia, and the Richmond Memorial Health Foundation.
- Research compiled by AARP, the Milken Institute, and the World Health Organization (WHO) to identify best practices for addressing the needs of older adults.

## KEY FINDINGS

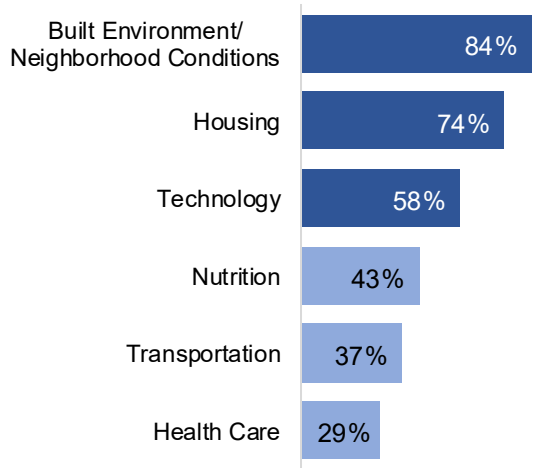
### Key Finding #1. The most common needs identified by seniors were related to Built Environment/Neighborhood Conditions, Housing, and Technology.

As a primary finding, 84% of senior survey respondents identified needs related to Built Environment/Neighborhood Conditions. The most common concerns in this area were crime, sidewalks, and lighting. In addition, over half of the respondents noted needs related to Housing (e.g., the high cost of rent or mortgage, proximity to family, and home repairs) and Technology (e.g., the difficulty of learning how to use technology and the high cost of technology). Many of these concerns are also supported by published data reviewed for this assessment such as higher rates of violent crime and a greater percentage of cost-burdened households (i.e., residents spending more than 30% of income on housing) in Richmond, compared to Virginia as a whole (see Chapter II). Although less common, about one-third or more of the senior survey respondents reported needs related to Nutrition, Health Care, and Transportation. These survey results are similar among residents in Districts 6-9, which were identified by the City as the most underserved communities. (See Appendix A for additional details on the needs of survey respondents for each district.)

**Needs of Survey Respondents from All Districts (N=470)**




**Needs of Survey Respondents from Districts 6-9 (N=194)**

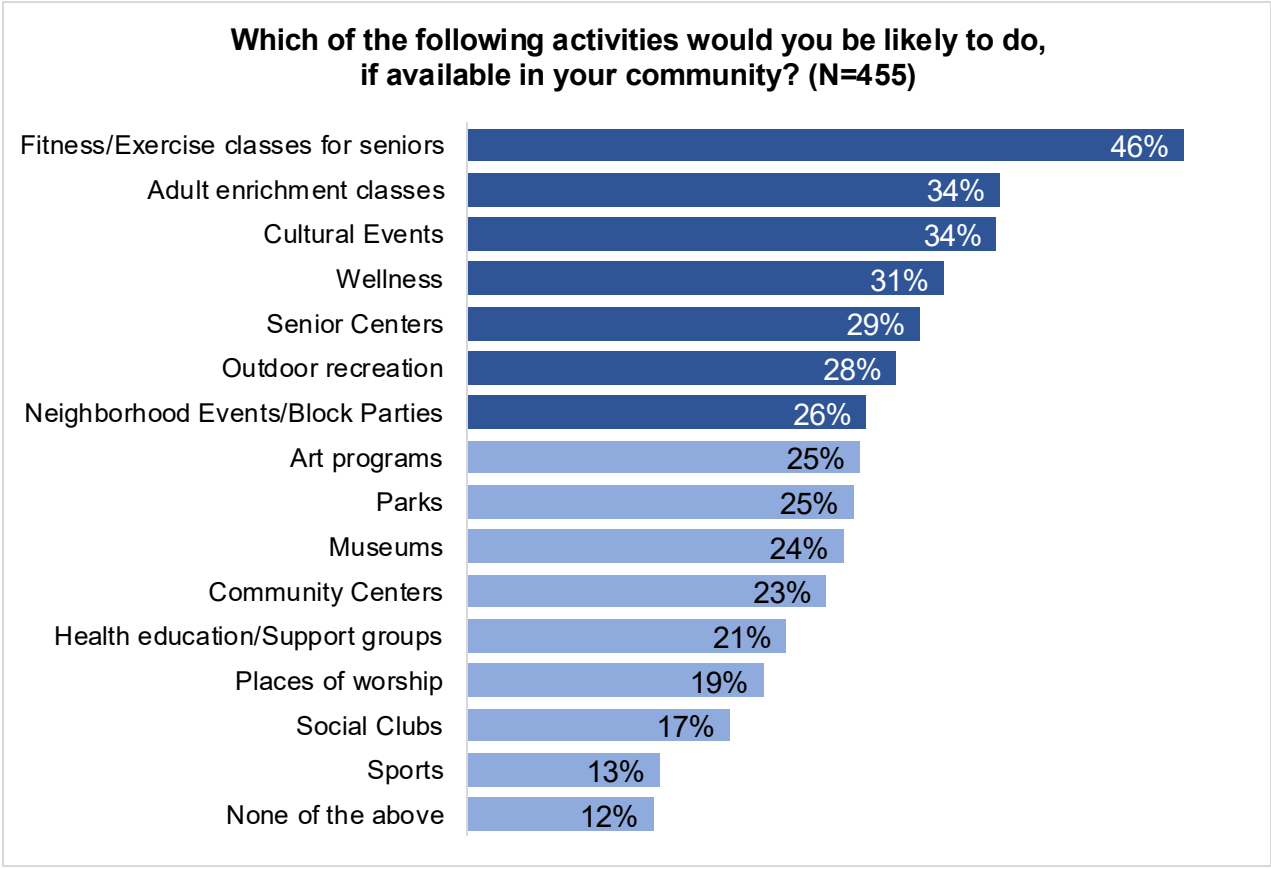



**Examples of comments from key informants that support this finding include:**

- ***Residents in powerchairs have to ride them on the street because there are no sidewalks in certain parts of the city.***
- ***There is a 3-year wait list for senior public housing.***
- ***There will continue to be a need for access to technology, including Wi-fi in every building.***

**Key Finding #2. The top activities seniors are interested in doing in their communities are Fitness/Exercise, Adult enrichment classes, and Cultural Events.**

Key informants indicated that social isolation is very common among older adults in the City of Richmond, and data regarding household composition from the U.S. Census Bureau confirm that Richmond City residents aged 65 or older are more likely to live alone compared to seniors in other localities across Virginia. Key informants noted that it is important for the City to provide opportunities for seniors to socialize, given the impact of social isolation on the quality of life for seniors. When asked about the types of activities they would like to do in their communities, nearly half of the senior survey respondents expressed an interest in Fitness/exercise classes for seniors. Over one-quarter of the seniors selected Adult enrichment classes, Cultural events, Wellness activities, Senior centers, Outdoor recreation, and Neighborhood events/Block parties.



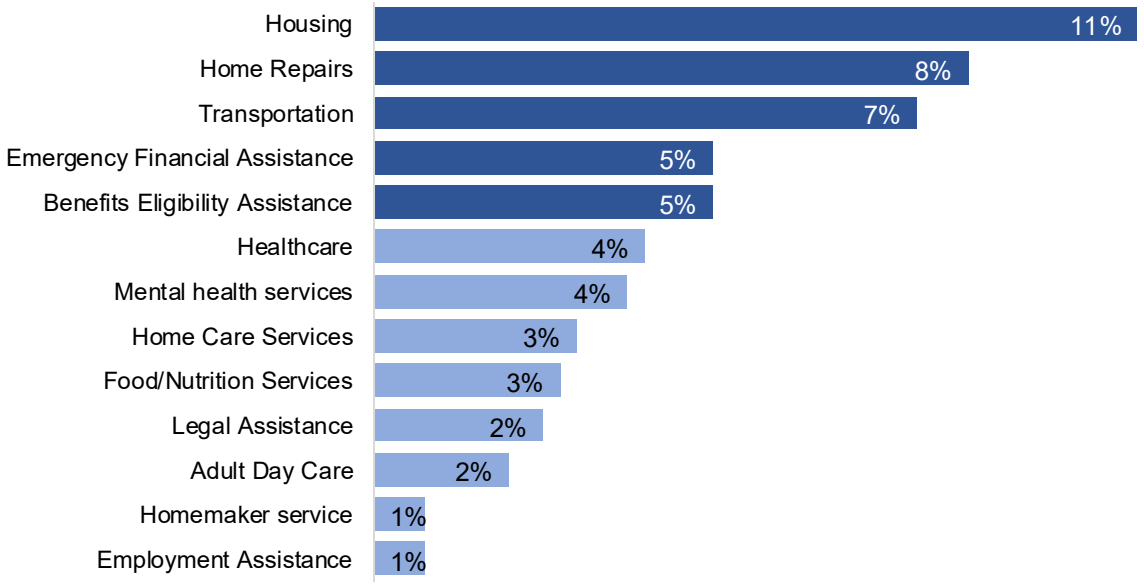

**Examples of comments from key informants that support this finding include:**

- ***Surveys conducted by our organization indicate seniors in the greater Richmond area are experiencing social isolation.***
- ***There are not enough social resources.***
- ***We should foster opportunities for interactions and having fun.***

## Key Finding #3. Services are not easily accessible to all the seniors who need them.

According to key informants, barriers to services for seniors may include a lack of capacity among providers, as well as ageism and other discriminatory practices. About one-third of senior survey respondents reported they had been placed on a waitlist for services they needed for more than one month during the past year, such as Housing, Home Repairs, Transportation, Emergency Financial Assistance, and/or Benefits Eligibility Assistance.

**During the past year, were you placed on a waitlist for any of the following services that you needed for more than one month? (N=421)**




Note: About 68% of the survey respondents indicated they had not been placed on a waitlist for services during the past year.

Although discriminatory practices were noted less frequently as a barrier to services, nearly 20% of the survey respondents believe they were treated unfairly by a service provider in the City of Richmond during the past year because of their Income Level, Age, Disability Status, Race, Ethnicity, Gender, Religion and/or Immigration Status.

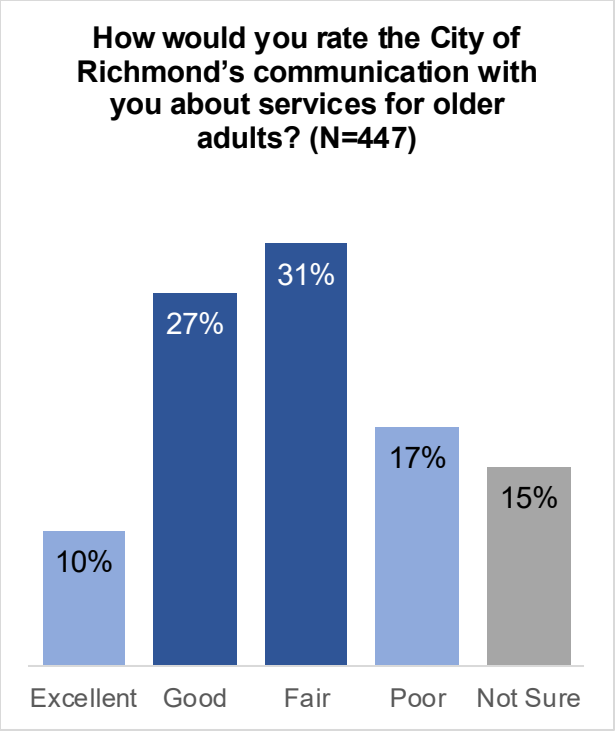
**20%**
of seniors felt they were treated unfairly

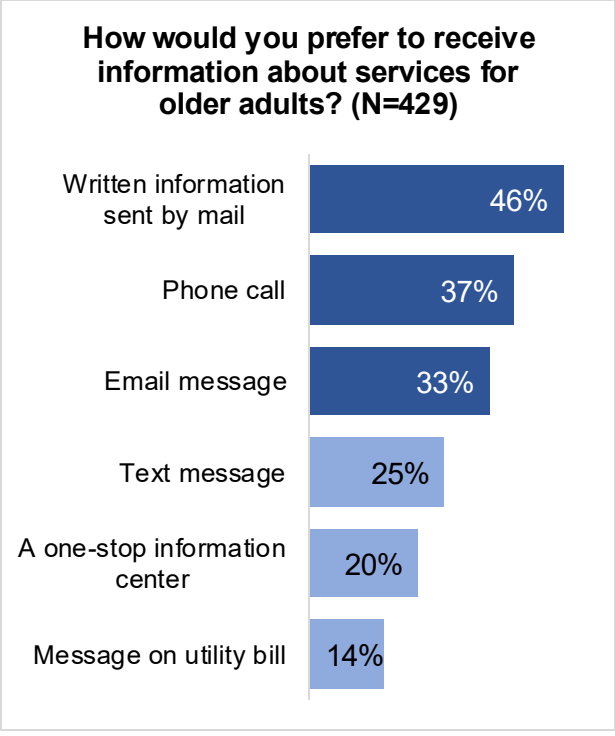
**Examples of comments from key informants that support this finding include:**

- ***There is a 6-year waitlist for home repairs.***
- ***There is a waitlist for mental health services.***
- ***One client had to wait one year to get home health care.***

**Key Finding #4. A majority of seniors rated the City of Richmond's communication about services as Good or Fair, but preferences for different modes of communication varied.**

Key informants noted that the City of Richmond has good communication infrastructure such as robocalls to seniors, but there are opportunities for improvement. For example, there are problems with automated phone services, and staff do not always have sufficient time to provide good customer service. Key informants also indicated that information on senior housing options, senior transportation options, and the real estate tax rebate for seniors is not well-communicated. When asked to rate the City of Richmond's communication about services, over half of the senior survey respondents rated it as Good or Fair, while only 10% rated it as Excellent and 17% rated it as Poor. Nearly half of the survey respondents indicated they prefer to receive information about services for older adults by mail (46%), while 37% prefer a phone call and 33% prefer an email message.



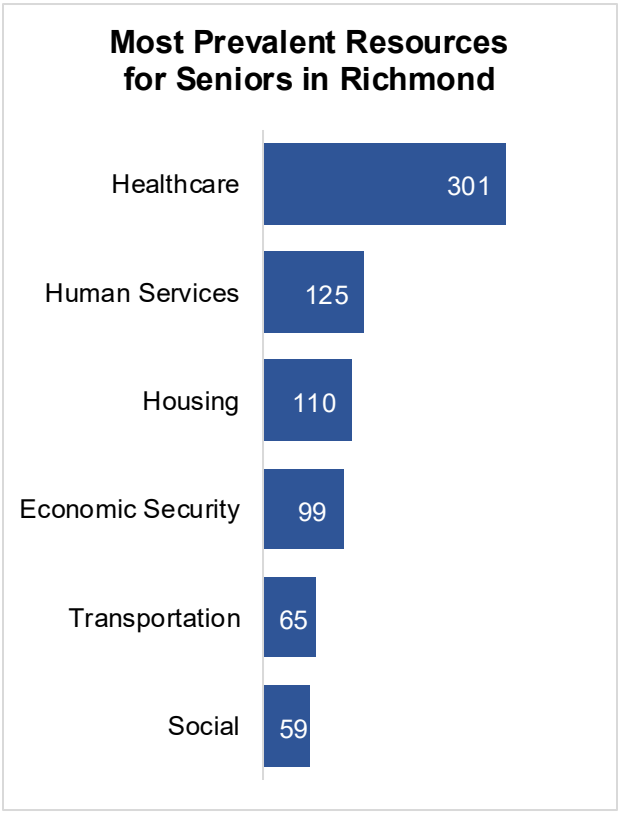



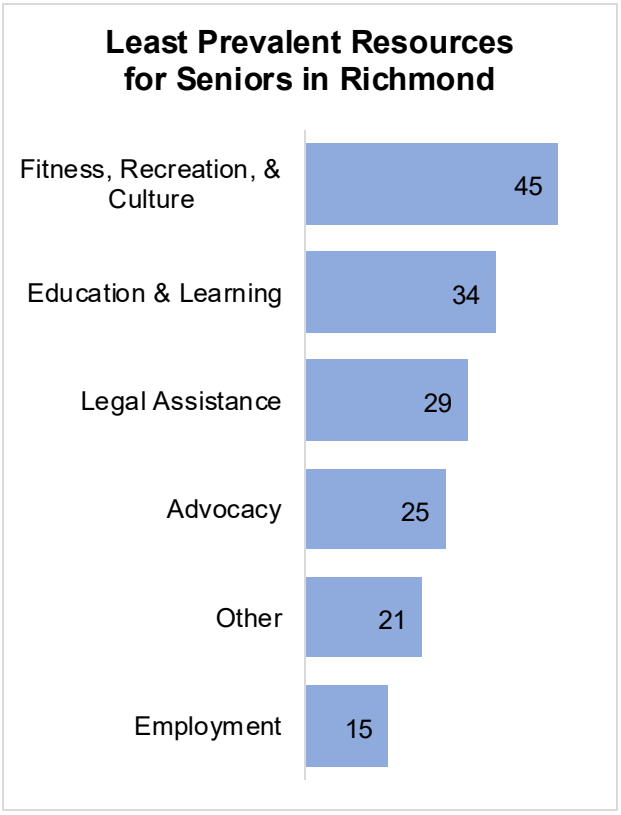

**Examples of comments from key informants that support this finding include:**

- ***The City has the perception of being unfriendly. Seniors take time to deal with and staff don't have the patience or may be too busy to chat.***
- ***Many nonprofits and agencies are switching to online resources that cannot be accessed by seniors. It costs more to produce hard copies of information. People give up and stop trying to access services.***

**Key Finding #5. There are over 900 resources for seniors in the City of Richmond, although information on capacity and usage are not readily available.**

A review of resources for seniors in the City of Richmond provided by key informants and the nonprofit organization *VirginiaNavigator*, indicates there are over 900 programs and services to address a variety of senior needs. There are over 50 resources to address needs related to Healthcare, Human Services, Housing, Economic Security, Transportation, and Socialization. Fewer resources are available to address each of the following: Fitness/Recreation/Culture, Education/Learning, Legal Assistance, Advocacy, and Employment. Key informants have indicated that seniors do not know about many of these services and that some have waitlists that prevent seniors from receiving services for months or years. *Virginia Navigator* does not maintain information on the usage and capacity of these resources, and therefore the extent to which they are available to other seniors who may need them is unclear.




**Examples of comments from key informants that support this finding include:**

- ***Basic awareness about the types of services available for seniors is missing.***
- ***People may not know about Virginia 211.***
- ***A resource guide would be helpful.***

## RECOMMENDATIONS

**RECOMMENDATION #1: To address Built Environment concerns, create a strategy to repair unsafe sidewalks in senior-centric neighborhoods and expand support for senior home repair and modification programs.**

According to survey results, 84% of responding seniors specifically noted at least one need with respect to Built Environment/Neighborhood conditions. Specifically, almost half indicated a need for better sidewalks in their neighborhoods (45%) and one-third (33%) suggested improvements to neighborhood lighting. Unsafe sidewalks and inadequate lighting were also mentioned during the focus group by seniors in the City and by key informants that assist with senior services. Both seniors and key informants noted specific challenges such that residents in power chairs or wheelchairs may resort to driving in the street because sidewalks in disrepair are not usable with these mobility devices. In addition, seniors and key informants frequently mentioned lengthy (sometimes multi-year) waitlists for providers that accomplish home repairs and modifications (e.g., ramps) to improve safety.

Because these are primary accessibility concerns for Richmond's seniors, OADS, in collaboration with City Planning and the Department of Public Works, should take steps to enhance planning and implementation for these improvements, with a priority focus on senior-centric neighborhoods.

**RECOMMENDATION #2: Increase the availability of subsidized housing for seniors and the availability of assisted living facilities.**

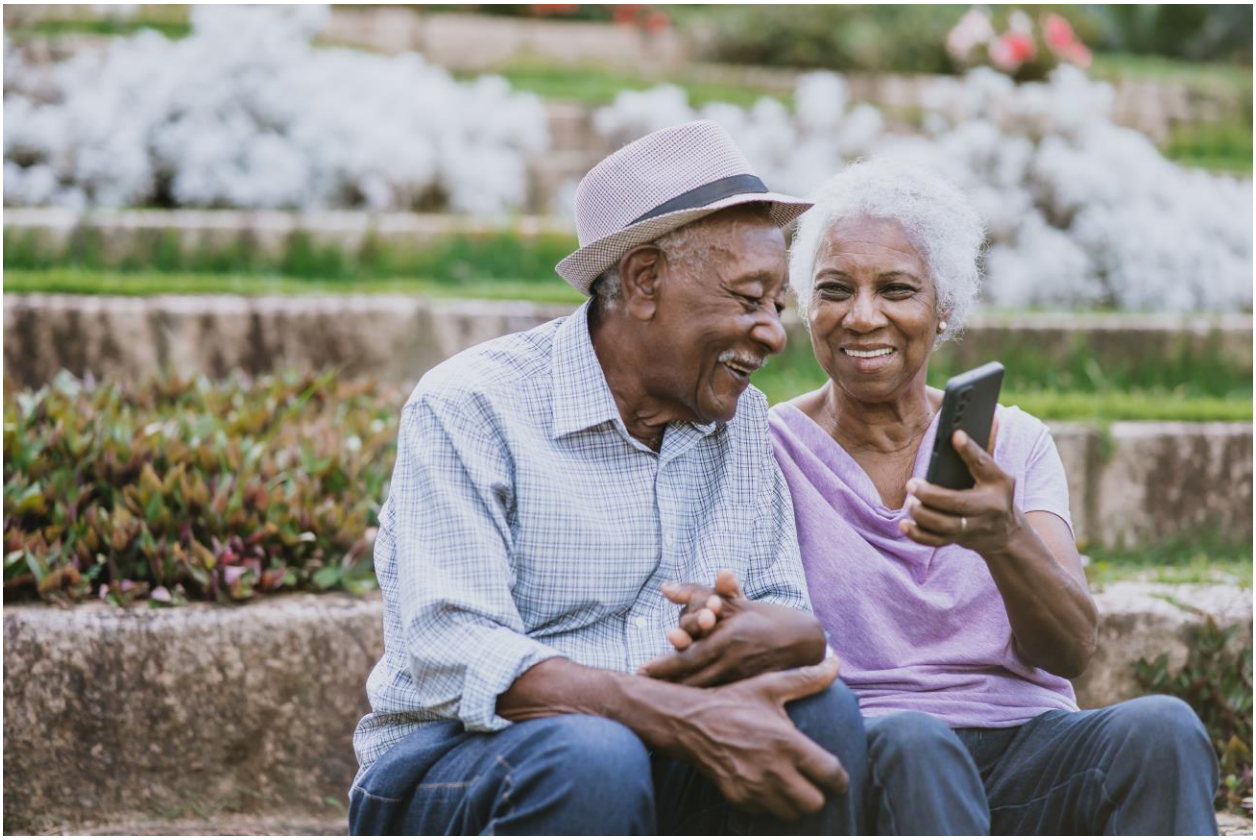
Over three-quarters of all seniors who were surveyed indicated needs with some aspect of housing. Over 30% of seniors cited the high cost of rent or mortgage as an issue, and this finding was supported by published data indicating a high percentage of cost-burdened households in Richmond. Further, public data gathered by Homeward indicates that the proportion of individuals age 55+ served at emergency shelters or similar programs has increased from 2015 to 2022.

The lack of availability of affordable housing, as well as other financial concerns related to housing, such as the high rate of real estate taxes and utility bills, were frequently noted by seniors in the focus group and by key housing partners. In addition, housing partners noted a distinct gap in housing options within the City's boundaries for seniors who may not be able to live independently and require assisted living arrangements.

The findings suggest that OADS work within City government to continue supporting the development of affordable housing options, as well as more diversified housing options, to address the needs of seniors.

**RECOMMENDATION #3: To enhance availability and use of technology by seniors, expand the delivery of technology courses tailored specifically for seniors at accessible locations in senior-centric neighborhoods.**

Technology was an important topic of consideration throughout the needs assessment process. Over half (55%) of senior survey respondents indicated at least one technology-related need. A number of challenges were noted, including the expense of technology and lack of electronic devices; however, almost 20% of seniors shared that they found technology difficult to use. Reactions were mixed on this topic in focus groups; some seniors felt comfortable using technology, but many did not. Key informants frequently noted difficulties with the transformation of information and service systems to electronic formats, in ways that seniors may be left behind and denied access due to technology barriers.



To address technology challenges, OADS should consider expanding basic technology courses offered to support technology use by seniors, as practicable. The courses should be well publicized in senior-centric neighborhoods, customized for senior populations, and explicitly reduce barriers to gaining access to electronic devices or service plans.

**RECOMMENDATION #4: Increase food pantries in neighborhoods with a high population of seniors and incentivize development of grocery stores in food deserts.**

Nearly 4 of 10 seniors reported needs related to nutrition, including difficulties finding fresh vegetables, fresh fruit, and fresh meats in stores that are close to their homes. Per recent Census Bureau estimates, 19% of Richmond residents live in a food desert. Further, 15% of residents age 60+ receive Supplemental Nutrition Assistance Program (SNAP) benefits, which is double the rate as compared to Virginia overall. Key informants had strong recommendations in this area, indicating that food insecurity is a huge issue as almost all senior housing units are located in food deserts. They emphasized the need for food that is accessible and/or affordable for seniors living on their own as well as those in nursing home facilities.


Given this concern, OADS should discuss strategies within City government to increase the number of food pantries or food resources within senior-centric neighborhoods. In addition, the City should consider enhancing incentives to encourage companies to build or support grocery stores in food deserts that impact Richmond's senior population.

**RECOMMENDATION #5: Consider specific actions to address healthcare and human services needs which may include: (1) Increasing the availability of adult day programs, respite services, and the capacity for safety checks for seniors living alone, (2) increasing the availability of trained certified nursing assistants (CNAs) through no-cost training, (3) developing incentives to increase the number of geriatricians in the City, and (4) offering training to primary health and human service providers to address the social and emotional needs of seniors.**

Similar to the scarcity of affordable housing for seniors, these findings also indicated a lack of supportive health and safety-related assets for seniors within the City. While many programs are present, the number of seniors that can be served was repeatedly noted as problematic. Community partners consistently raised concerns about limited capacity for critical programs, such as adult day care, respite services, and wellness checks, as well as certified professionals who can provide in-home services, such as CNAs. Further, Census data showed that over 40% of seniors in the City live alone, which is considerably higher than the Virginia state average. In addition, senior focus group participants expressed strong concerns with the lack of physicians and other healthcare providers that understand their unique needs. Senior research recently conducted by LeadingAge and Kimbrough Consulting further supported this finding, along with needs for diversity, equity, and inclusion (DEI) training.

These findings emphasize the need for expanded capacity in service offerings that ensure the health and wellness of Richmond's senior population. To address this issue, OADS and the City should consider opportunities to support human services and healthcare providers for residents. In addition, the City might consider addressing the workforce gap for relevant providers, such as CNAs, by providing no-cost training for City residents or provide professional development training to providers on ageism, person-centered care, and DEI to better address the unique needs of seniors.

**RECOMMENDATION #6: Develop strategies to improve senior mobility within Richmond by subsidizing more quality transportation options, such as Care Vans and paratransit, and expanding utilization of existing programs.**

Thirty percent of seniors also revealed challenges with transportation. Specifically, seniors described difficulties getting to the grocery store, medical appointments, recreation or exercise activities, or other places they want to go. In addition, publicly available data estimates indicated that 43% of renters age 65+ did not have a vehicle. Key informants also provided feedback that more safe, accessible, transportation-related options are necessary to reduce barriers to services and employment for seniors.

To improve transportation use and access, the City should consider greater utilization of *Car-Fit* events and vision checks, as well as leveraging existing programs such as *Drive Smart Virginia* and the *Virginia Grand Drive Program* for seniors who continue to drive, as well expanding options for paratransit. These transportation concerns may also be addressed by developing mechanisms to increase awareness of available transportation choices, such as Care Vans, and to directly assist with arranging trips for adults age 55+.

**RECOMMENDATION #7: Review community assets related to senior engagement activities to determine if there is sufficient capacity to meet the demand for participation.**

Surveys of Richmond seniors revealed a strong interest in a variety of activities to keep them active and engaged in the community. Nearly half of the seniors who provided feedback for this needs assessment expressed interest in Fitness/exercise classes. Further, at least one quarter of the seniors indicated they would like to participate in other activities, such as Adult enrichment classes, Cultural events, Wellness sessions, Senior Centers, Outdoor recreation, and Neighborhood events/Block parties.

A review of resources available through SeniorNavigator (a website managed by VirginiaNavigator) indicate there are 45 resources for Fitness, Recreation, and Culture, 34 resources for Education/Learning, and 59 resources for Social Activities within the City boundaries.

To further plan for senior activities, OADS and the City should conduct a deeper review of the capacity and usage of these existing resources. This would be helpful to identify service gaps, as well as programs that should be expanded, eliminated, or better advertised to meet the social engagement needs of seniors.

**RECOMMENDATION #8: Improve awareness of services that are available to seniors in the City among residents and service providers.**

While one-third of senior survey respondents rated communications about services from the City as Excellent (10%) or Good (27%), nearly half judged communications less favorably (31% as Fair and 17% as Poor). Seniors in focus groups, in addition to key informants and community partners, consistently voiced dissatisfaction with communications. All parties repeatedly noted that seniors often don't know where to go for service information and feel frustrated about the lack of information. This issue is somewhat compounded by the wide array of preferences that seniors shared regarding how they wish to receive information. Almost half prefer to receive paper/printed materials; however, other modes of communication favored by seniors include phone (37%), email (33%), text (25%), and a one-stop information center in the community (20%).

These findings suggest that OADS, in collaboration with other City government departments, should plan and implement specific strategies to enhance information provision to seniors, incorporating multiple communication methods to meet an array of preferred delivery methods, as well as service providers.

**RECOMMENDATION #9: Expand and coordinate research findings to improve asset mapping, integrate findings from previous efforts, and create a funding strategy to better address senior services.**

In conducting this needs assessment, the project team gathered information regarding assets available to seniors in the City of Richmond through key informants and service lists. Over 900 assets were identified; however, community partners consistently reported that the available capacity for many services does not meet the community's needs. The most detailed information available, from SeniorNavigator, did not provide information on program capacity, and no information is systematically gathered by any entity to understand real-time service availability. Insights into the needs of Richmond's seniors, as well as available services, were also compiled from multiple organizations, including Leading Age, Senior Connections, the Richmond Memorial Health Foundation, Virginia Commonwealth University's Gerontology Department, Kimbrough Consulting, Homeward, and other entities as noted herein. There is a great deal of information available; however, the learnings from these efforts have not been integrated to date and this task was beyond the scope of this project.

To more fully understand needs, as well as clarify priorities moving forward, OADS and the City should consider expanding research efforts to gather more detailed information on service capacity and waitlists for senior program offerings. A synthesis of findings from previous projects would also be valuable. This will provide the City with a more comprehensive view of person-centered service needs, barriers to service access, best practice strategies, and community resources to enhance programs and supports for Richmond's senior population. Most importantly, the City should create a plan to enhance funding for programs and services to address the needs of seniors.

# II. PUBLISHED DATA

This section of the report provides a quantitative profile of residents age 55+ in the City of Richmond based on an array of indicators in the following categories:

| Priority Category | Indicators |
|---|---|
| **1. Demographic Social Determinants** | • Age<br>• Sex<br>• Race<br>• Ethnicity<br>• Disability Status<br>• Veteran Status<br>• Population Projections |
| **2. Health** | • Mortality<br>• Chronic Disease Hospitalizations<br>• Households Received Food Stamps/Supplemental Nutrition Assistance Program (SNAP)<br>• Health Insurance Status |
| **3. Income** | • Median Household Income<br>• Per Capita Income<br>• Income Below 100% of the Federal Poverty Level(FPL)<br>• Educational Attainment |
| **4. Isolation** | • Household Composition<br>• Ability To Speak English<br>• Vehicle Availability |
| **5. Housing Status** | • Cost Burdened Households<br>• Owner Occupied And Renter-occupied Housing Units |
| **6. Neighborhood Conditions** | • Food Desert<br>• Violent Crime<br>• Walkability Score |

To produce the profile, we analyzed data from multiple sources which are cited herein. By design, the analysis does not include every possible indicator; it focuses on a set of indicators that provide broad insight into needs in the City's specified priority categories for which readily available data sources exist.

The results of this profile can be used to evaluate the well-being of City of Richmond residents aged 55+ compared to their peers in the Commonwealth of Virginia overall.

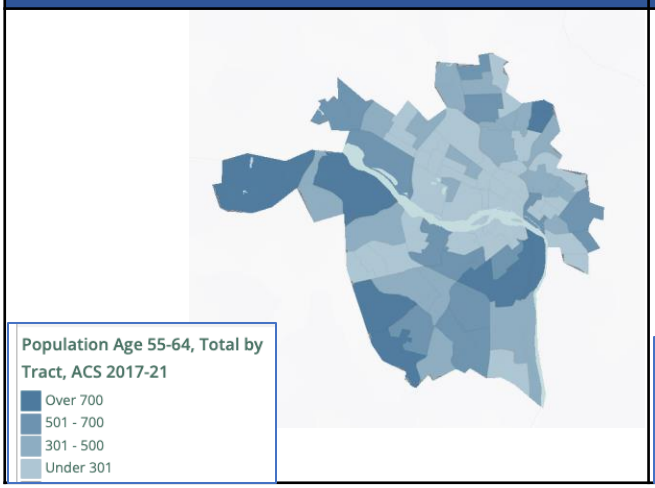
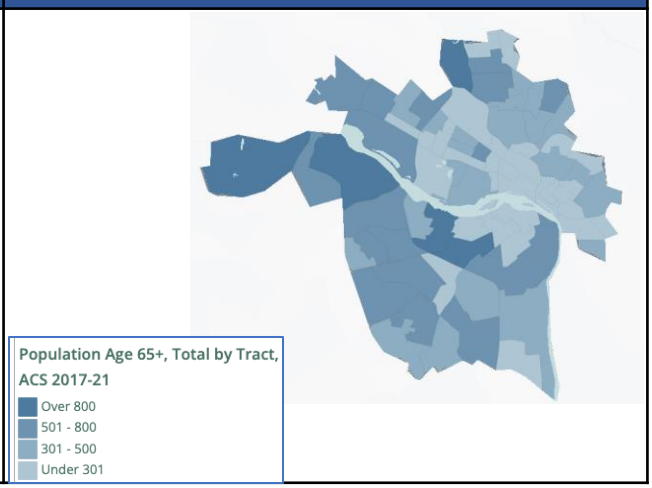
Summary analyses and detailed data tables are provided in the body of this report. Most data were collected at the census tract level in an attempt to provide city district-level analyses. However, census-level data from the U.S. Census Bureau are not consistently aligned with City district boundaries; therefore city-level data are provided.

## Demographic Social Determinants

Understanding the demographic characteristics of a population can identify inequities and assist the development of culturally competent services. The analysis in this section summarizes select social determinants for the age 55+ population, and a data table is provided on the following page.

***Current Population:*** As of 2021, Richmond City included an estimated 225,676 people; 57,942 (26%) are aged 55+. Of this population:

- 52% are aged 65+
- 56% identify as female
- 51% are Black/African American and 44% are White
- 2% are Hispanic
- 38% have a disability
- 16% are veterans

| Residents Aged 55-64 by Census Tract | Residents Aged 65+ by Census Tract |
|---|---|
|  |  |



Virginia Community Health Improvement Data Portal: US Census Bureau, American Community Survey: 2017-21

***Population Projections:*** The population aged 65+ is expected to increase to 30,649 by 2040.

***Comparison Data:*** Compared to Virginia as a whole, Richmond City has a lower proportion of residents who are:

- Aged 55+ (26% vs. 29%, Richmond City and Virginia, respectively)
- Males aged 55+ (44% vs 47%)
- White aged 55+ (44% vs 74%)
- Asian aged 55+ (1% vs 5%)
- Hispanic ethnicity age 55+ (2% vs 4%)

## Demographic Social Determinants

***Comparison Data:*** Compared to Virginia as a whole, Richmond City has a higher proportion of residents are:

- Female aged 55+ population (56% vs. 53%)
- Black/African American population (51% vs 17%)
- Disabled (36% vs. 32%)

**Table 1a. Demographic Social Determinants**

| | | Richmond City | Virginia |
|---|---|---|---|
| **Rates (%)** | | | |
| **Age 55+** | Total Senior Population (55+) | 26% | 29% |
| | 55 to 59 years | 24% | 24% |
| | 60 and 61 years | 9% | 9% |
| | 62 to 64 years | 15% | 13% |
| | 65 and 66 years | 8% | 8% |
| | 67 to 69 years | 11% | 11% |
| | 70 to 74 years | 14% | 14% |
| | 75 to 79 years | 8% | 9% |
| | 80 to 84 years | 5% | 6% |
| | 85 years and over | 6% | 6% |
| **Sex 55+** | Female | 56% | 53% |
| | Male | 44% | 47% |
| **Race 55+** | Asian | 1% | 5% |
| | Black/African American | 51% | 17% |
| | White | 44% | 74% |
| | Other | 4% | 4% |
| **Ethnicity 55+** | Hispanic | 2% | 4% |
| | Non-Hispanic | 98% | 96% |
| **Disability Status 65+** | With a disability | 36% | 32% |
| | No disability | 64% | 68% |
| **Veteran Status 55+** | Veteran | 13% | 16% |
| | Nonveteran | 87% | 84% |

**Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates**

**Table 1b. Senior Population Projections (Age 65+)**

| | 2020 | 2030 | 2040 |
|---|---|---|---|
| **Richmond City** | 26,352 | 31,657 | 30,649 |

**Source: Population projections for 2020, 2030, and 2040 are from the Weldon Cooper Center for Public Service (UVA).**

## Health

The analysis in this section summarizes select indicators of physical health (chronic disease hospitalizations, mortality, food stamp recipients, and health insurance) for the age 55+ population, and a data table follows each summary.

### *Chronic Disease*

- In 2021, Richmond City residents age 55+ had 15,384 chronic disease hospitalizations (asthma, diabetes, hypertension, and stroke/transient ischemic attack). Of these hospitalizations:
  - Hypertension was the leading diagnosis
  - Hospitalization rates for Richmond City residents were higher than the Virginia rates for all age groups and diagnoses

**Table 2a. Chronic Disease Hospitalizations**

| | | Richmond City | Virginia |
|---|---|---|---|
| **Crude Rates (per 100,000 population)** | | | |
| **Total** | Total Senior Population (55+) | 3,106.60 | 3,030.10 |
| **Age 55+** | 55 to 64 years | 19,440.98 | 10,372.21 |
| | 65 to 74 years | 28,253.70 | 19,092.09 |
| | 75+ years | 41,706.59 | 38,169.34 |
| **Leading Diagnoses** | Hypertension | 16,226.6 | 12,292.0 |
| | Diabetes | 7,561.0 | 5,210.2 |
| | Asthma | 1,663.7 | 914.4 |
| | Stroke/Transient Ischemic Attack | 1,099.4 | 770.4 |

**Source: Virginia Health Information and Virginia Department of Health, 2021 and U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates**

### *Mortality*

- In 2021, there were 1,800 deaths for residents age 55+. Of these deaths:
  - Heart disease, cancer, COVID, and cerebrovascular disease (stroke) were the leading causes of death
  - Richmond City residents had a higher rate of mortality than Virginia overall, and for most causes of death

## Health

| Table 2b. Mortality | | | |
|---|---|---|---|
| | | Richmond City | Virginia |
| **Crude Rates (per 100,000 population)** | | | |
| **Total** | Total Senior Population (55+) | 3,106.6 | 3,030.1 |
| **Race 55+** | Asian | -- | 1,523.5 |
| | Black/African American | 4,128.3 | 3,445.5 |
| | White | 2,224.7 | 3,193.5 |
| | Other | -- | 112.6 |
| **Ethnicity 55+** | Hispanic | -- | 1,387.2 |
| | Non-Hispanic | -- | 3,102.7 |
| **Leading 14 Causes of Death** | Heart Disease | 631.7 | 621.9 |
| | Malignant neoplasms (Cancer) | 567.8 | 585.5 |
| | COVID | 345.2 | 323.3 |
| | Cerebrovascular Disease | 200.2 | 158.5 |
| | Unintentional Injury | 170.9 | 99.7 |
| | Lower Respiratory Diseases | 110.5 | 126.0 |
| | Diabetes | 100.1 | 95.4 |
| | Nephritis and Nephrosis | 69.0 | 62.5 |
| | Hypertension and Renal Disease | 53.5 | 34.9 |
| | Septicemia | 51.8 | 40.5 |
| | Alzheimer's Disease | -- | 105.0 |
| | Parkinson's Disease | -- | 45.7 |
| | Chronic liver disease and cirrhosis | -- | 33.5 |
| | Influenza and Pneumonia | -- | 36.4 |
| | Suicide | -- | 17.2 |
| **-- Rates are not calculated where n<30**<br>**Source: Virginia Department of Health, 2021** | | | |

### *Households receiving food stamps*

- According to 2017-2021 Census data, 4,850 households with residents age 60+ receiving food stamps/SNAP benefits
  - The rate of Richmond City households with residents age 60+ receiving food stamps/SNAP was double the rate of Virginia overall (15% vs. 7%, Richmond City vs. Virginia, respectively)

## Health

| Table 2c. Households with at least one person aged 60+ who received Food Stamps/SNAP | | | |
|---|---|---|---|
| | | Richmond City | Virginia |
| **Rates (%)** | | | |
| **Food Stamps/SNAP recipients** | Household received Food Stamps/SNAP in the past 12 months | 15% | 7% |
| | Household did not receive Food Stamps/SNAP in the past 12 months | 85% | 93% |
| **Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates** | | | |

### *Health Insurance Status*

- According to 2017-2021 Census data, 2,890 residents age 55+ were uninsured
  - The rate of uninsured residents in Richmond City was comparable to the statewide rate

| Table 2d. Health Insurance Status | | | |
|---|---|---|---|
| | | Richmond City | Virginia |
| **Rates (%)** | | | |
| **Health Insurance Status** | Insured | 95% | 96% |
| | Uninsured | 5% | 4% |
| **Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates** | | | |

## Income

Income and education are two key indicators that predict the degree of wellness and access to resources among a population. The following sections summarize select indicators of income and education for the age 55+ population, followed by a data table.

***Income Levels:*** As of 2021, Richmond City had:

- A per capita income of $38,132 (all ages)
- A median household income of $43,406 for residents age 65+
- 16% of its population aged 55+ with incomes below the federal poverty level
- 19% of its population aged 65+ with less than a high school diploma
- 41% of its population aged 65+ with a high school diploma
- 35% of its population aged 65+ with a bachelor's degree or above

***Comparison Data:*** Compared to Virginia as a whole, Richmond City has lower income levels and educational attainment than Virginia as a whole. Specifically:

- Per capita income ($38,132 vs. $43,267, City of Richmond vs. Virginia, respectively)
- Median household income for residents age 65+ ($43,406 vs. $57,591)
- Population aged 55+ with incomes below the federal poverty level (16% vs. 8%)
- Population aged 65+ with less than a high school diploma (19% vs. 13%)
- Population aged 65+ with a high school diploma (41% vs. 47%)

**Table 3a. Income**

| | | Richmond City | Virginia |
|---|---|---|---|
| **Rates (%)** | | | |
| **Income** | Median Household Income (Householders age 65+) | $43,406 | $57,591 |
| | Per Capita Income (All Ages) | $38,132 | $43,267 |
| | Income below the FPL (Age 55+) | 16% | 8% |
| **Education Age 65+** | No HS diploma | 19% | 13% |
| | High school graduate (includes equivalency) | 41% | 47% |
| | College Degree (Associates and Above) | 40% | 40% |
| | Bachelor's Degree and Above | 35% | 34% |

**Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates**

## Isolation

According to the Centers for Disease Control[1], isolation in older adults puts them at significant physical and mental health risk. The indicators in this section provide a summary insight into ways Richmond City residents may be isolated, followed by data tables.

As of 2021, Richmond City had:

### *Household Composition*

- 29,301 households with residents aged 65+ (17% of all households). Of these households:
  - 41% of residents age 65+ lived alone
  - 33% lived with a spouse
  - 19% lived with other relatives
  - Compared to Virginia as a whole, Richmond City residents aged 65+
    - Live alone (41% vs. 27%, City of Richmond vs. Virginia, respectively
    - Are less likely to live with a spouse (33% v 54%)
    - Are more likely to live with other relatives (non-spouse or partner) (19% vs. 15%)

**Table 4a. Household Composition**

| | | Richmond City | Virginia |
|---|---|---|---|
| **Rates (%)** | | | |
| **Household Composition Age 65+** | Total Households (age 65+) | 17% | 20% |
| | Lives alone | 41% | 27% |
| | Householder living with spouse or spouse of householder | 33% | 54% |
| | Householder living with unmarried partner or unmarried partner of householder | 1% | 2% |
| | Child of householder | 1% | 0% |
| | Other relatives | 19% | 15% |
| | Other nonrelatives | 4% | 2% |

**Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates**

[1] https://www.cdc.gov/aging/publications/features/lonely-older-adults.html

## Isolation

### *Language*

- 1,306 residents aged 65+ spoke languages other than English. Of these residents:
  - 39% of Spanish Speakers did not speak English well or at all
  - 66% of Asian/Pacific Islander Language Speakers did not speak English well or at all
  - These rates were higher than the Virginia rates overall

**Table 4b. Ability to Speak English**

| | | Richmond City | Virginia |
|---|---|---|---|
| **Rates (%)** | | | |
| **Ability to Speak English Age 65+** | English Only Speakers | 96% | 90% |
| | Spanish Speakers | 2% | 3% |
| | Spanish Speakers who do not speak English well or not at all | 39% | 29% |
| | Asian/Pacific Islander Language Speakers | 1% | 3% |
| | Asian/Pacific Islander Language Speakers who do not speak English well or not at all | 66% | 35% |
| | Other Indo-European Speakers | 2% | 3% |
| | Other Indo-European Speakers who do not speak English well or not at all | 0% | 18% |
| | Other Language Speakers | 0% | 1% |
| | Other Language Speakers who do not speak English well or not at all | 0% | 23% |

**Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates**

### *Owner vs Renter and Vehicle Availability*

- 21,008 resident householders were aged 65+. Of these residents:
  - 64% of the housing units were owner-occupied
  - 36% of the housing units were renter-occupied
  - 10% of the owner-occupied housing units had no vehicles
  - 43% of the renter-occupied housing units had no vehicles
  - Compared to Virginia overall, City of Richmond residents age 65+ had lower rates of owner-occupied housing units and higher rates of housing units (both owner and renter) without a vehicle

## Isolation

| Table 4c. Vehicle Availability | | | |
|---|---|---|---|
| | | Richmond City | Virginia |
| **Rates (%)** | | | |
| **Vehicle Availability** | 65+ Owner Occupied | 64% | 81% |
| | No vehicle | 10% | 4% |
| | 1 or more vehicles | 90% | 96% |
| | 65+ Renter Occupied | 36% | 19% |
| | No vehicle | 43% | 30% |
| | 1 or more vehicles | 57% | 70% |
| **Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates** | | | |

## Housing

Numerous senior citizens grapple with the financial constraints of fixed incomes, posing challenges in meeting the escalating housing expenses. This section contains a summary and data table of cost-burdened households for residents aged 65+. Cost-burdened households are defined as households with costs exceeding 30% of household income. Additionally, national trends indicate an increase in the number of older people experiencing homelessness. Point-in-time data from Homeward (a Greater Richmond regional homeless service organization) are also provided below.

***Renter- and owner-occupied households and cost-burdened households:***
As of 2021, Richmond City had 29,301 households with residents aged 65+ (17% of all households). Of these households:

- 64% were owner-occupied
- 36% were renter-occupied
- 32% of homeowners were cost-burdened
- 59% of renters were cost-burdened

**Comparison Data:** Compared to Virginia as a whole, Richmond City residents aged 65+:

- Have a lower rate of owner-occupied housing units (64% vs. 81%)
- Have a higher rate of renter-occupied housing units (36% vs. 19%)
- Are living in cost-burdened households as owners (32% vs. 23%) or renters (59% vs. 53%)

**Table 5a. Housing Status**

| | | Richmond City | Virginia |
|---|---|---|---|
| **Rates (%)** | | | |
| **Owner and Renter occupied housing units 65+** | Owner-occupied housing units for Householders Age 65+ | 64% | 81% |
| | Renter-occupied housing units for Householders Age 65+ | 36% | 19% |
| **Cost Burdened Households 65+** | Cost Burdened Owner-occupied Households (costs >30% of income) | 32% | 23% |
| | Cost Burdened Renter-occupied Households (costs >30% of income) | 59% | 53% |

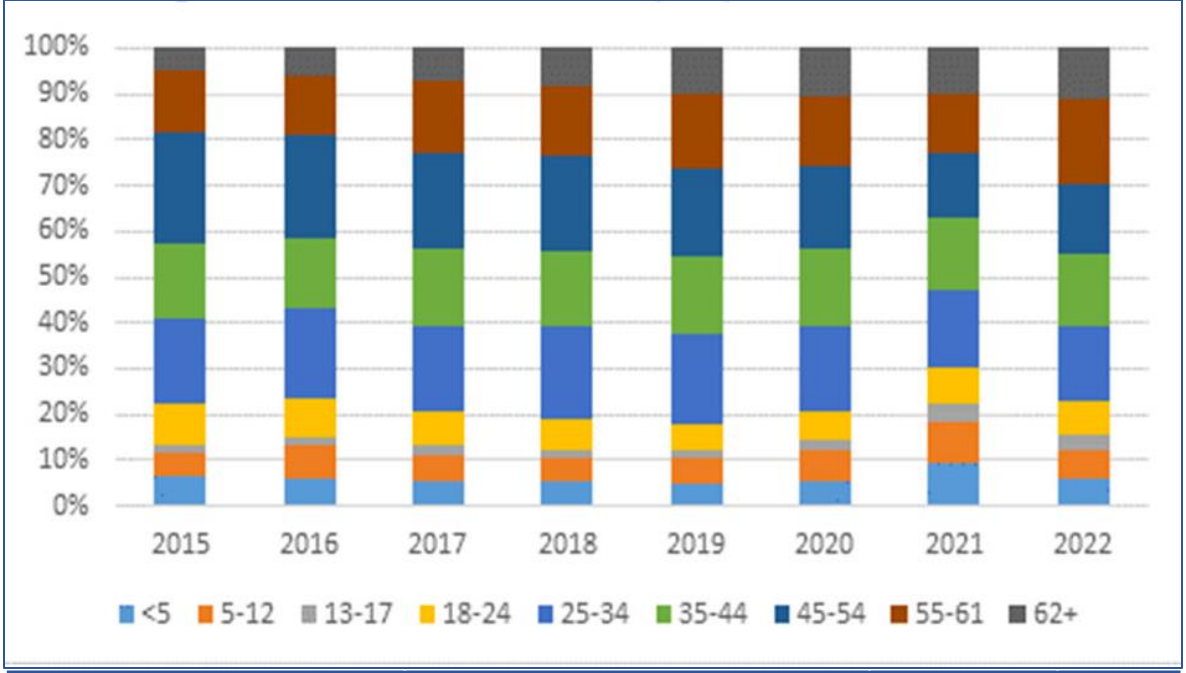
**Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates**

## Housing

### *Homelessness*

- The proportion of clients aged 55+ has increased from 2015 to 2022 (Table 5b)
- Most clients age 60+ who called Homeward's *Homeless Connection Line* during FY2022 reported having a disability. (Table 5c on the following page)

**Table 5b. Ages of Clients Served in ES/TH/SH**




**Source: *Older adults experiencing homelessness* –Homeward presentation (February 16, 2023)**
**Data taken from the Homeward Community Information System for individuals served in emergency shelters and similar programs that use this database. [Excludes shelters serving individuals fleeing domestic violence.]**

## Housing

| Table 5b. Homeless Connection Line Callers Aged 60+ by Disability* | | |
|---|---|---|
| **Type of Disability** | **# of Clients** | **% of Clients** |
| **Chronic Health Condition** | 276 | 70.77 |
| **Mental Health Disorder** | 219 | 56.15 |
| **Physical** | 183 | 46.92 |
| **Alcohol Use Disorder** | 36 | 9.23 |
| **Developmental** | 33 | 8.46 |
| **Drug Use Disorder** | 25 | 6.41 |
| **Both Alcohol and Drug Use Disorder** | 18 | 4.62 |
| **Physical/Medical** | 14 | 3.59 |
| **HIV/AIDS** | 6 | 1.54 |

***Percentages to do equal 100% as callers may have multiple disabilities**
**Source: *Older adults experiencing homelessness* –Homeward presentation (February 16, 2023)**

## Neighborhood Conditions

From a health and wellness perspective, neighborhood conditions encompass factors such as access to nutritious foods, plus physical and environmental safety. The following sections summarize select indicators of neighborhood conditions, followed by data tables.

### *Food Access*

According to the United States Department of Agriculture's (USDA) Food Access Research Atlas, low access to healthy food is defined as being far from a supermarket, supercenter, or large grocery store. A census tract is considered to have low access if a significant number or share of individuals in the tract is far from a supermarket.

As of 2019, Richmond City had:

- 19% of its population (all ages) living in a low food access area
  - This rate was higher than the statewide rate (14%)

**Table 6a. Food Deserts**

| | | Richmond City | Virginia |
|---|---|---|---|
| **Rates (%)** | | | |
| **Food Desert Census Tracts** | Food Desert Census Tracts | 20% | 14% |
| | Other Census Tracts | 80% | 86% |
| **Food Desert Population** | Food Desert Population | 19% | 14% |
| | Other Population | 81% | 86% |

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

### *Violent Crime*

This indicator includes homicide, rape, robbery, and aggravated assault violent crime offenses reported by law enforcement per 100,000 residents.

As of 2014 and 2016 (two years), Richmond City had:

- 1,310 violent crimes
  - The Richmond City rate was notably higher than the statewide rate (596.3 vs. 207.0)

## Neighborhood Conditions

| Table 6b. Crime | | | |
|---|---|---|---|
| | | Richmond City | Virginia |
| **Crude Rates (per 100,000 population)** | | | |
| **Violent Crimes** | | 596.3 | 207.0 |
| **Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data, 2014&2016.** | | | |

### *Walkability*

Walkability scores are measured on a scale of 0-100-Walk Score (measures the walkability of any address based on the distance to nearby places and pedestrian friendliness.), Transit Score (measures how well a location is served by public transit based on the distance and type of nearby transit lines), and Bike Score (measures whether an area is good for biking based on bike lanes and trails, hills, road connectivity, and destinations).

- As of data accessed on June 2023, walkability in the City for seniors in public housing can be summarized as:
  - Five of the seven Richmond Redevelopment & Housing Authority (RHHA) senior housing communities had a walk score above 50%
  - All seven senior housing communities had low transit scores (under 50%)
  - Four of the seven RHHA senior housing communities had a bike score above 50%

## Neighborhood Conditions

| Table 6c. Walkability by RHHA Senior Housing Address | | | |
|---|---|---|---|
| | **Walk Score** | **Transit Score** | **Bike Score** |
| | | | |
| ***Richmond City*** | 51 | -- | 51 |
| **1200 Decatur St** | 78 | 46 | 58 |
| **1611 4th Avenue** | 18 | 44 | 26 |
| **700 South Lombardy Street** | 54 | 37 | 74 |
| **1202 N. 1st St (Frederic A. Fay Towers)** | 62 | -- | -- |
| **18-A West 27th St (Melvin C. Fox Manor)** | 77 | 41 | 66 |
| **1920 Stonewall Place** | 43 | 46 | 51 |
| **3900 Old Brook Circle** | 56 | 43 | 44 |

**Source: Walk Score https://www.walkscore.com/ and Richmond Redevelopment and Housing Authority (RRHA) https://www.rrha.com/housing/communities/ Accessed on June 27, 2023**

# III. KEY INFORMANT INTERVIEWS

Preliminary background research for this assessment included interviews with key informants representing the six organizations below:

- Kimbrough Consulting
- LeadingAge Virginia (nonprofit)
- Richmond City Council
- Richmond Redevelopment and Housing
- Senior Connections (nonprofit)
- Virginia Center on Aging at Virginia Commonwealth University

Key informants were asked to describe senior needs in the City of Richmond in five key areas: Affordable Housing, Social Supports/Caregiver Services, Built Environment, Transportation, and Healthcare Access. Key informants also provided information on the nutrition needs of seniors, barriers to obtaining resources among seniors, senior needs related to diversity, equity and inclusion, and the effectiveness of the City's communication with seniors.

Below is a summary of comments and suggestions offered during key informant interviews by topic area.

## AFFORDABLE HOUSING

Many key informants mentioned the lack of housing for seniors with medical needs, while a few mentioned there are waitlists for housing-related services such as senior public housing and home repairs.

- ***Lack of housing for seniors with medical needs***
  - *Many need housing when they leave nursing homes. It's one of the biggest issues for all age groups, but seniors are particularly vulnerable because they are on a fixed income.*
  - *There is a need for more assisted living facilities that accept Medicaid.*
  - *There is no place for some people to live, even if they have dementia.*

- ***Waitlists for housing-related services***
  - *There is a 3-year waitlist for senior public housing.*
  - *Home repair programs are good, but they have a waitlist.*

## SOCIAL SUPPORTS/CAREGIVER SERVICES

Several key informants mentioned the need to address social isolation through opportunities for senior engagement, while others mentioned the need for support services for seniors who wish to remain in their homes.

- ***Opportunities for senior engagement***
  - *We should foster opportunities for interactions and having fun.*
  - *Engage older adults in outreach to other older adults.*
  - *Online surveys indicate there is social isolation.*
  - *There are not enough social resources.*

- ***Support services for seniors to remain in their homes***
  - *Older adults qualify for homemaker services but it's hard to find staff to do it because of the labor shortage.*
  - *Some people do not have someone to stay with them when they have a health care issue.*
  - *There are not enough adult day programs or respite services.*

## BUILT ENVIRONMENT

Key informants indicated there is need to address environmental conditions on public and private property that impact the safety of older adults.

- ***Public property***
  - *Personal safety is an issue in the City of Richmond. Residents in power chairs have to drive in the streets because sidewalks are in disrepair.*

- ***Personal property***
  - *Some older adults need ramps and elevators to leave the house.*

## TRANSPORTATION

Key informants mentioned the need for transportation options that are safe, comfortable, and accessible for seniors. Key informants also noted that more transportation options are needed to reduce barriers to employment and receiving services.

- ***Safe, comfortable and accessible transportation options***
  - *Safe transportation, other than the Care Van.*
  - *More bus routes with a shelter and seating would be helpful.*
  - *Many need transportation with wheelchair lifts.*

- ***Transportation options to reduce barriers***
  - *Transportation for employment is needed. It is only available for medical appointments and the grocery store.*
  - *Transportation is a barrier to receiving services.*

## HEALTHCARE ACCESS

Many of the key informants mentioned the need for greater access to mental health care, while others mentioned the need for quality, age-friendly health care in their communities.

- ***Greater access to mental health care***
  - *There is a lack of mental health resources. (There is a wait list for services at RBHA.)*
  - *There will be a need for mental health services, including self-help groups and therapy.*
  - *There is a need for substance use support groups (e.g., AA).*
  - *Low-cost or free geriatric psychiatric consults at RDBH are needed.*

- ***Quality, age-friendly health care in their communities***
  - *Need access to quality, affordable health care in conveniently located places. Seniors die sooner when they can't stay in community in connection with friends and family.*
  - *Age friendly health care is needed. Not many health care practices have a geriatrician. It's hard to get a memory/cognitive screening.*

- ***Other***
  - *There is a need for medical equipment, such as motorized scooters.*

## NUTRITION

Key informants emphasized the need for food that is accessible and/or affordable for seniors living in their own homes and seniors living in nursing home facilities.

- ***Accessible and Affordable Food***
  - *Food security is huge. Almost all senior housing units are in food deserts. Some go to mini marts or the Dollar Tree.*
  - *Homebound Medicare Waiver recipients can't leave the house. An aid is supposed to cook for them, but there is no money to buy food and they can't get to a food pantry.*
  - *The food choices are poor in nursing homes. They need fresh fruit and vegetables.*
  - *Food must be accessible and affordable.*

## DIVERSITY, EQUITY, AND INCLUSION

Key informants noted that changing demographics in the City will increase the need to address issues related to diversity, equity, and inclusion.

- ***Diversity, Equity, and Inclusion***
  - *Address inequities across communities. There are significant lifespan disparities between people from different communities.*
  - *Find ways to disrupt ageism and narratives about who they are and what they need.*
  - *Access the talents/skills of older adults to give them purpose.*
  - *Increase multicultural elder engagement.*

## BARRIERS TO OBTAINING RESOURCES

Many key informants noted that technology and lack of service capacity are two primary barriers to obtaining resources, while others mentioned lack of information and awareness of services, system-level barriers, and language/literacy.

- ***Technology***
  - *Many nonprofits and agencies are switching to online resources that cannot be accessed by seniors. It costs more to produce hard copies of information. People give up and stop trying to access services.*
  - *When they call for services, they get transferred or put on hold. They get frustrated.*
  - *There will continue to be a need for access to technology, including Wifi in every building.*
  - *There is an assumption that everyone has access to technology.*
  - *People will get left behind if telehealth becomes more prevalent.*
  - *Some ask for training on computers and technology.*
  - *People can't access health portals.*

- ***Lack of Service Capacity***
  - *Project Homes has a 6-year waitlist.*
  - *Housing can take 6 months to 2 years.*
  - *There is a waitlist for mental health services.*
  - *One client had to wait 1 year to get home health care. There are many delays due to waitlists and job turnover.*
  - *There is a need to increase wages for home health services because aging at home is dependent on this workforce.*
  - *The age wave is starting. Every need will rise exponentially. There are not enough paid or volunteer caregivers. There will also be a shortage of health care works for geriatric care. We will need 2-3 times the workforce.*
  - *Provide free CNA training to get people in the profession.*
  - *Prioritize resources for seniors.*
  - *Increase staff at OADS.*

- ***Lack of Information and Awareness of Services***
  - *There is a need to talk about the aging process in a way that prepares people before they turn 55 so its not a crisis situation. People don't like to talk about again because it can be frightening.*
  - *Basic awareness of services is missing.*
  - *People may not know about Virginia 211.*
  - *A resource guide would be helpful.*

## BARRIERS TO OBTAINING RESOURCES (continued)

- ***System-Level Barriers***
  - *Better coordination of nonprofits is needed to identify gaps in services and avoid service duplication.*
  - *Ageism and narratives about who they are and what they need.*
  - *Health providers don't make referrals because they don't ask the right questions.*
  - *Disconnected services.*
  - *Workforce issues.*
  - *Need person-centered services.*

- ***Language and Literacy***
  - *Language is becoming more of an issue.*
  - *People need language services.*
  - *Low literacy and low health literacy.*
  - *Some lack reading skills. They might receive mail but ignore it.*

- ***Other Barriers***
  - *Some elders are taking care of younger family members and children. Need to plan services around multi-generational families.*
  - *Some adults have a hard time advocating for themselves.*
  - *There is a lack of trust with service providers.*
  - *Stigma.*
  - *Money.*

## EFFECTIVENESS OF THE CITY OF RICHMOND'S COMMUNICATION WITH OLDER ADULTS

Key informants mentioned several positive aspects of the City's communication with older adults, as well as some opportunities for improvement.

- ***Positive Aspects of the City's Communication***
  - *The City was one of the localities that had good communication infrastructure like robocalls to seniors. Other localities were dependent on email.*
  - *The Office of Aging and Disability Services recognizes the importance of communication and has taken significant measures to provide them with ongoing, solid information. They communicate well with the staffing they have.*

- ***Opportunities for Improvement of the City's Communication***
  - *There are problems with automated phone services.*
  - *Seniors need access to technology for online information.*
  - *The City could do a better job communicating about the real estate tax rebate for seniors.*
  - *The City has the perception of being unfriendly. Seniors take time to deal with and staff don't have the patience or may be too busy to chat.*
  - *More communication related to housing options and transportation is needed.*

# IV. SENIOR SURVEY FINDINGS

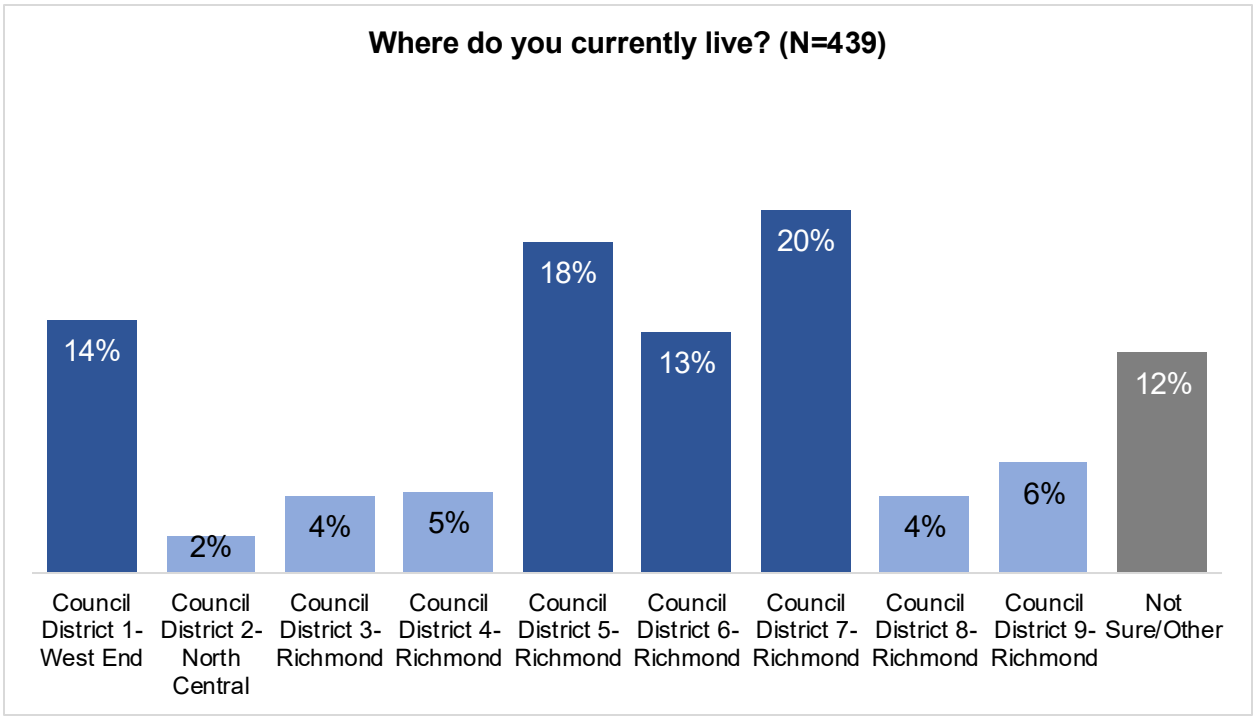
Information provided by the key informants was used to identify issues to explore further on a survey of older adults (age 55+) living in the City of Richmond. Specific areas of need assessed by the survey included the following: Built/Environment/Neighborhood Conditions, Healthcare, Nutrition, Activities, Transportation, Technology and Housing. In addition, seniors were asked a series of questions regarding senior services in the City of Richmond and the effectiveness of communication with older adults by the City of Richmond.

## METHODOLOGY

In July 2023, OADS recruited senior survey participants by posting an electronic survey link on websites maintained by the City of Richmond, providing the electronic survey link to Richmond City Council members for distribution to constituents, and by sending trained ambassadors to neighborhoods in the City of Richmond to administer the survey door-to-door. A total of 495 senior residents completed the senior survey over a 5-week period. Below is a demographic profile of survey respondents.

## DEMOGRAPHIC PROFILE OF SENIOR SURVEY PARTICIPANTS

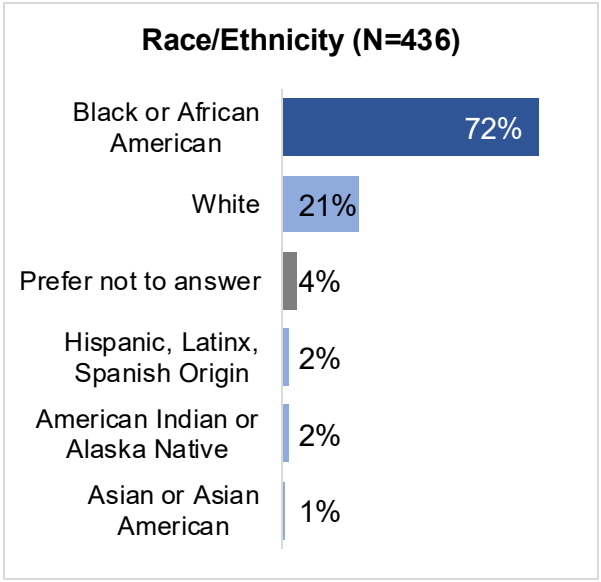
As shown in the figure below, most of the survey respondents live in Districts 1, 5, 6, and 7.

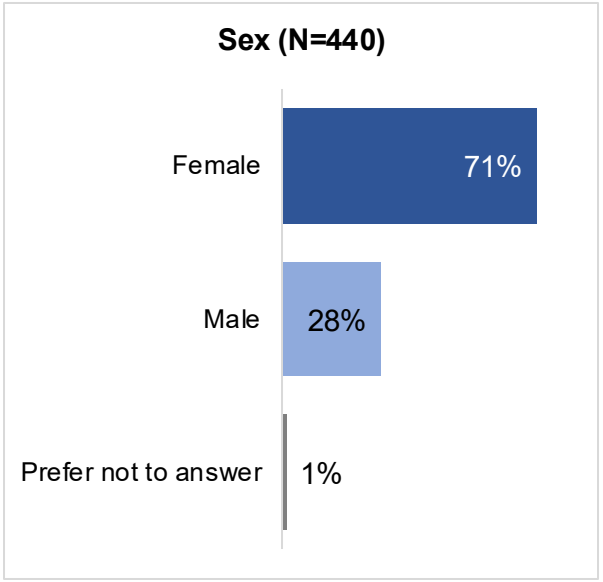



Note: The total percentage may not equal 100% due to rounding errors.

## DEMOGRAPHIC PROFILE OF SENIOR SURVEY PARTICIPANTS

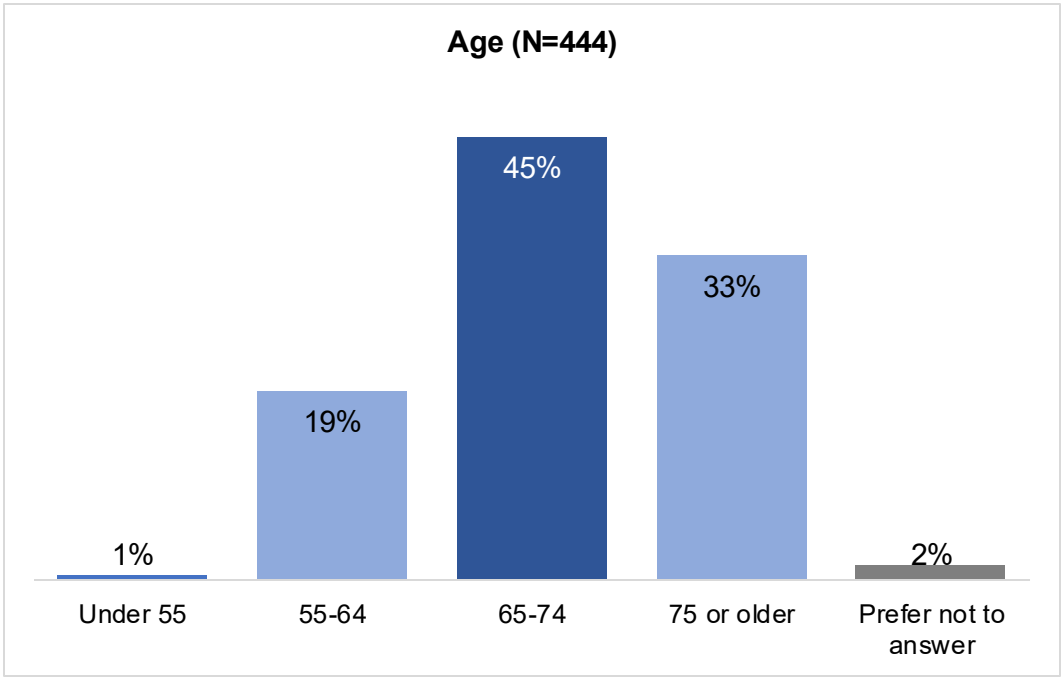
Nearly three-quarters of the survey respondents were Black/African American, while 21% were White. About 71% of the respondents were Female, and 28% were Male.



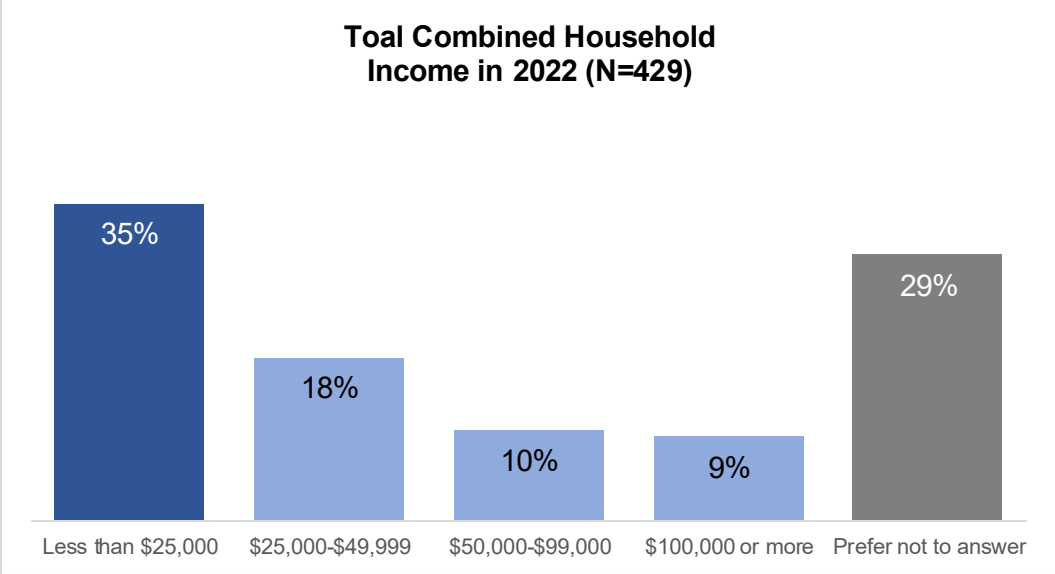

Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

About 45% of the respondents were ages 65-74, while 19% were ages 55-64 and 33% were age 75 or older.



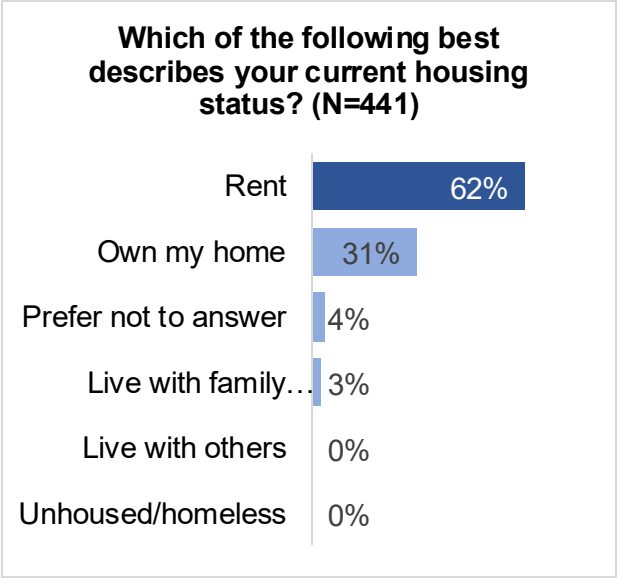
## DEMOGRAPHIC PROFILE OF SENIOR SURVEY PARTICIPANTS

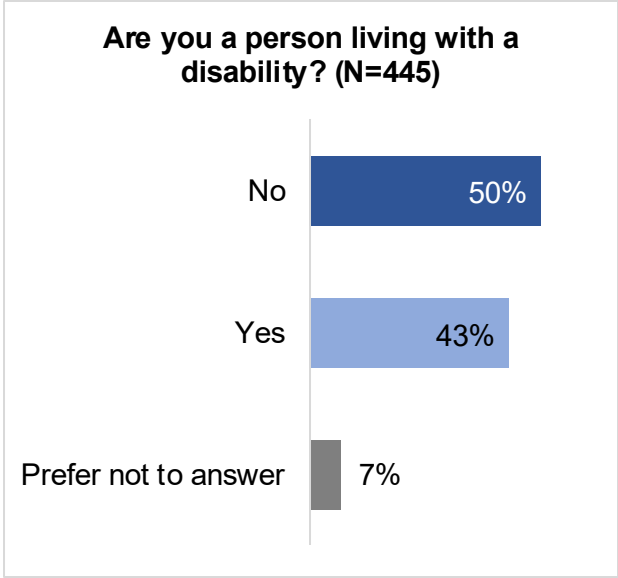
Nearly one-third of the survey respondents had a total combined income of less than $25,000, while only 9% had a total combined income of $100,000 or more.




Note: The total percentage may not equal 100% due to rounding errors.

Most of the survey respondents rent their homes, although nearly one-third of them are home-owners. About 43% of the respondents indicated they are living with a disability.



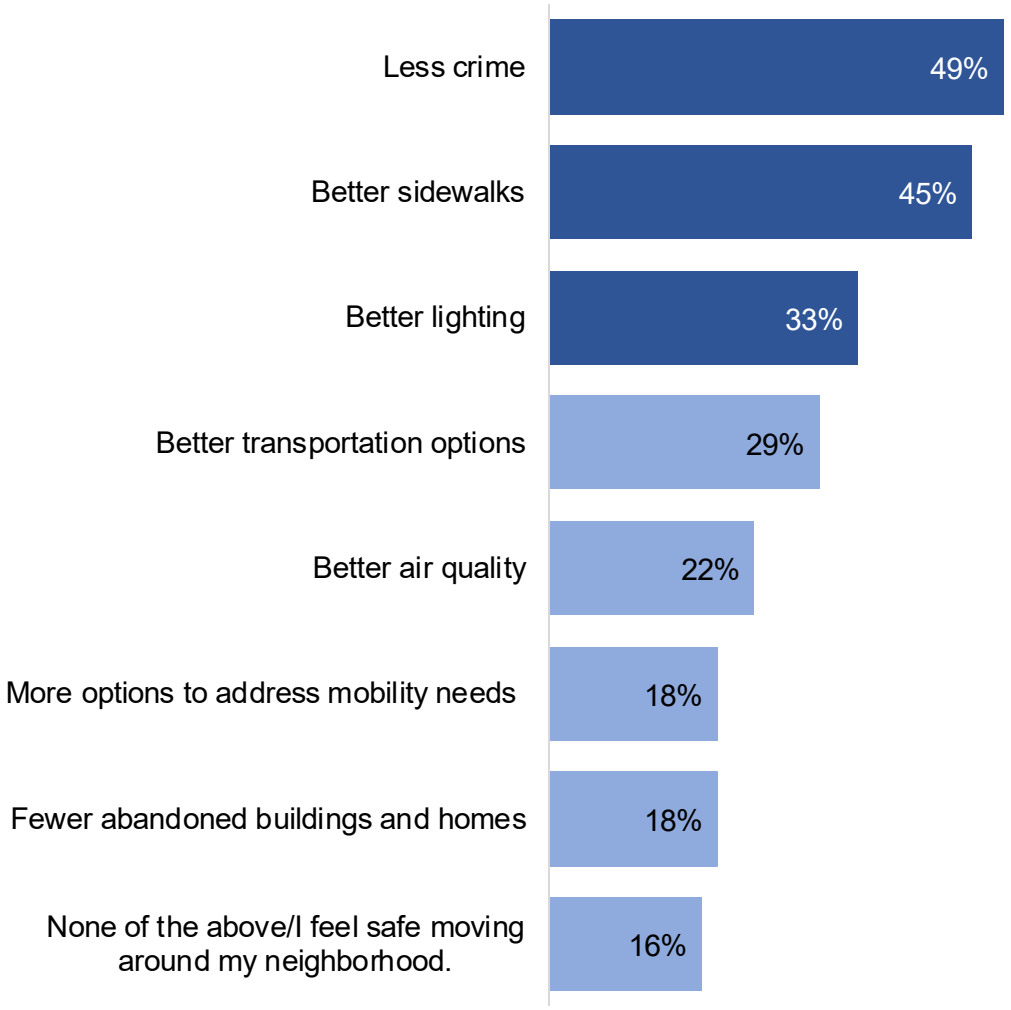



## SENIOR NEEDS

More than half of all senior survey respondents reported at least one need related to Built Environment/Neighborhood conditions, Housing, and Technology. Although less common, about one-third or more of the senior survey respondents reported at least one need related to Nutrition, Health Care, and Transportation. The specific needs identified by survey respondents within each of those broad categories are shown in the figures below.

### Built Environment/Neighborhood Conditions

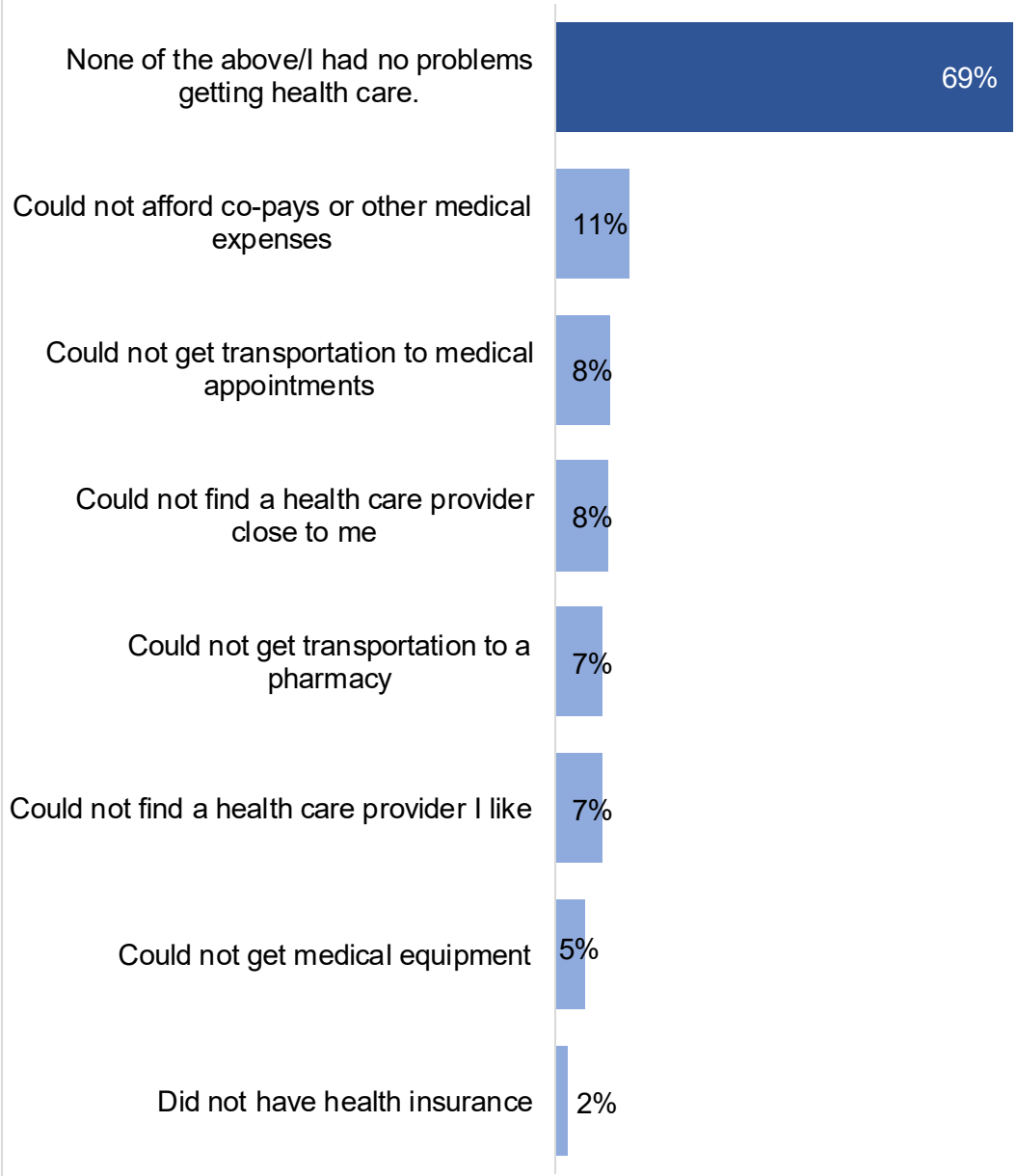
**Which of the following would make it safer for you to move around your neighborhood? (N=470)**




Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

## Healthcare

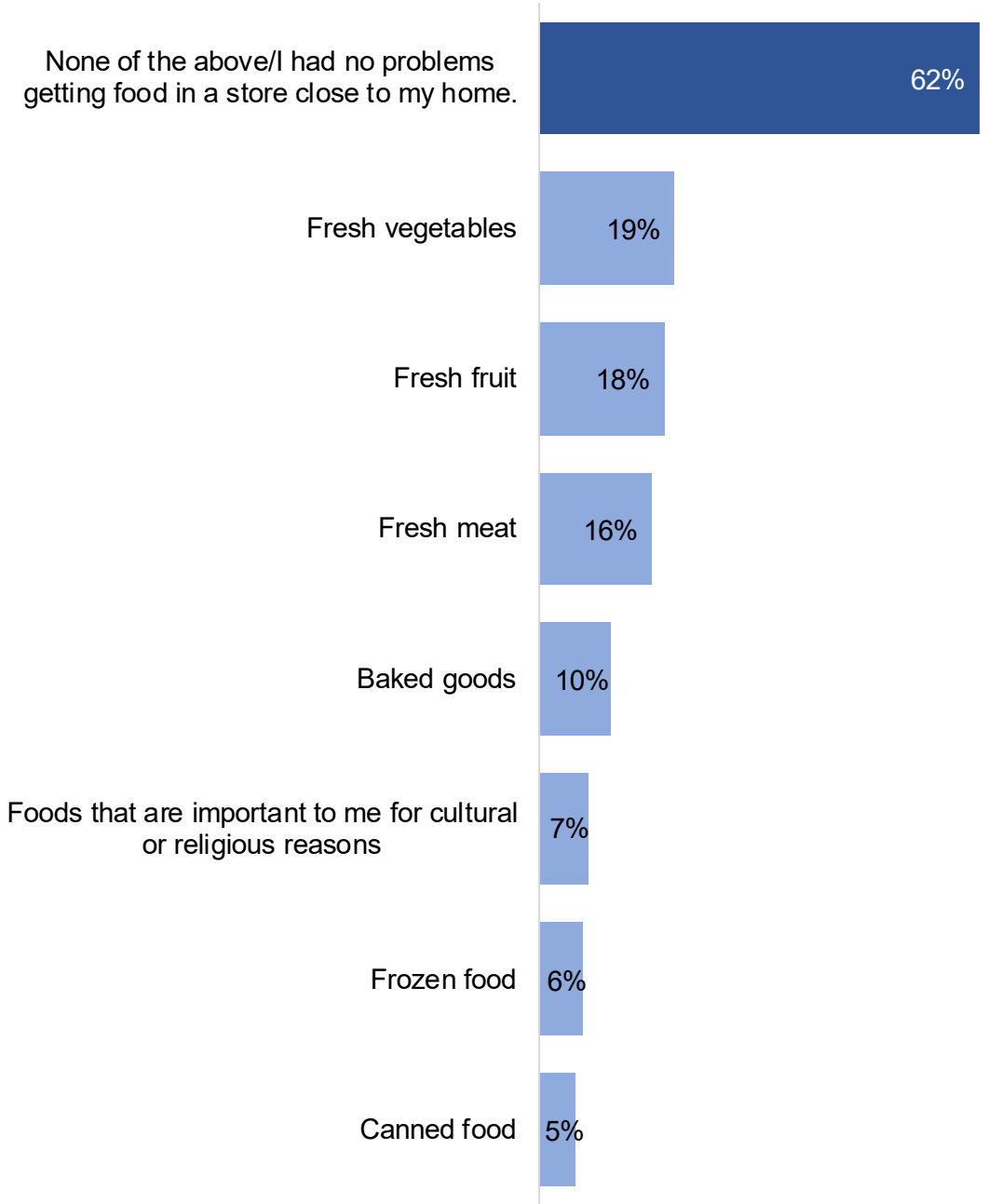
**During the past year, what problems did you experience getting the health care you need? (N=448)**




Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

## Nutrition

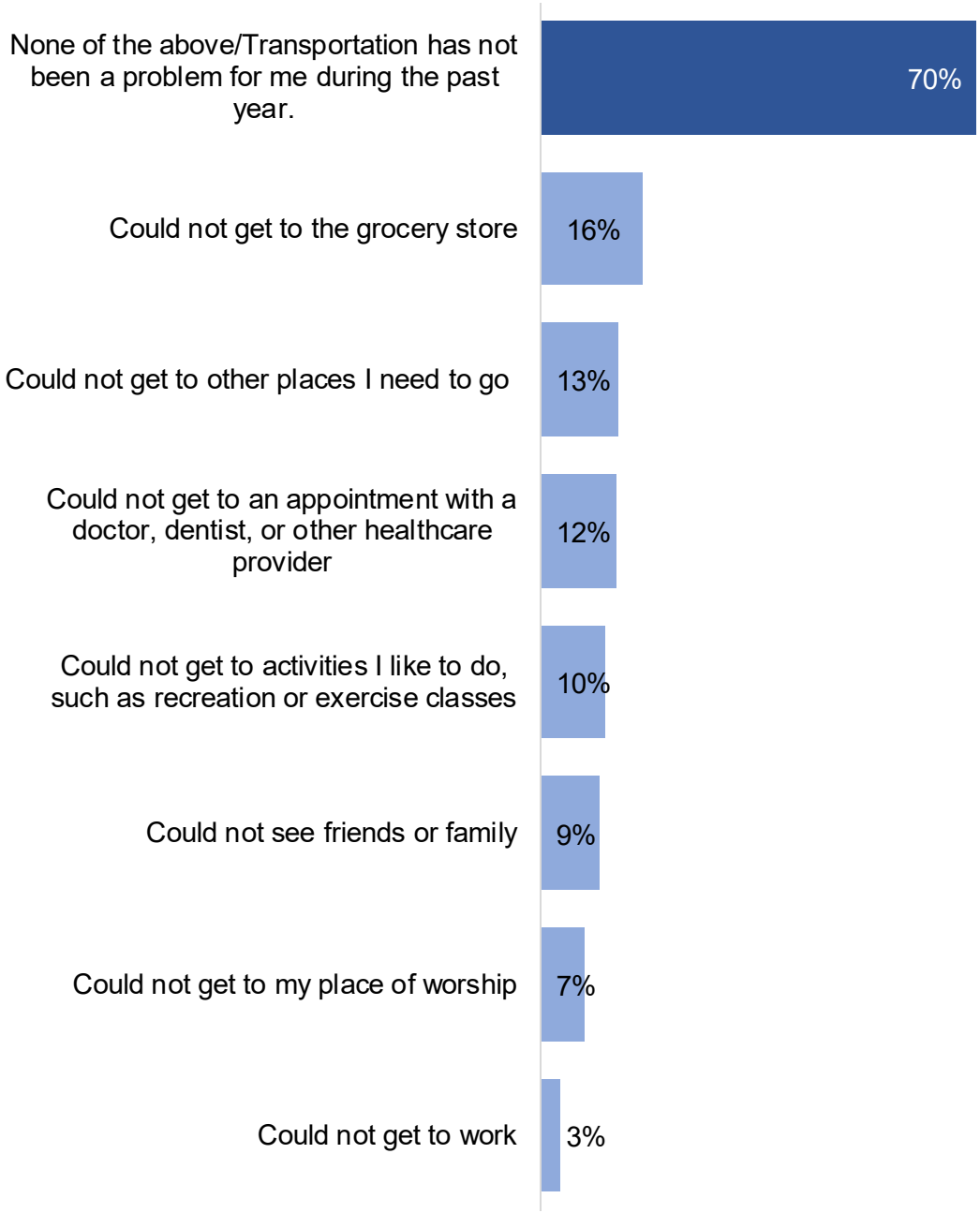
**What foods are difficult for you to find in a store that is close to your home? (N=452)**




Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

## Transportation

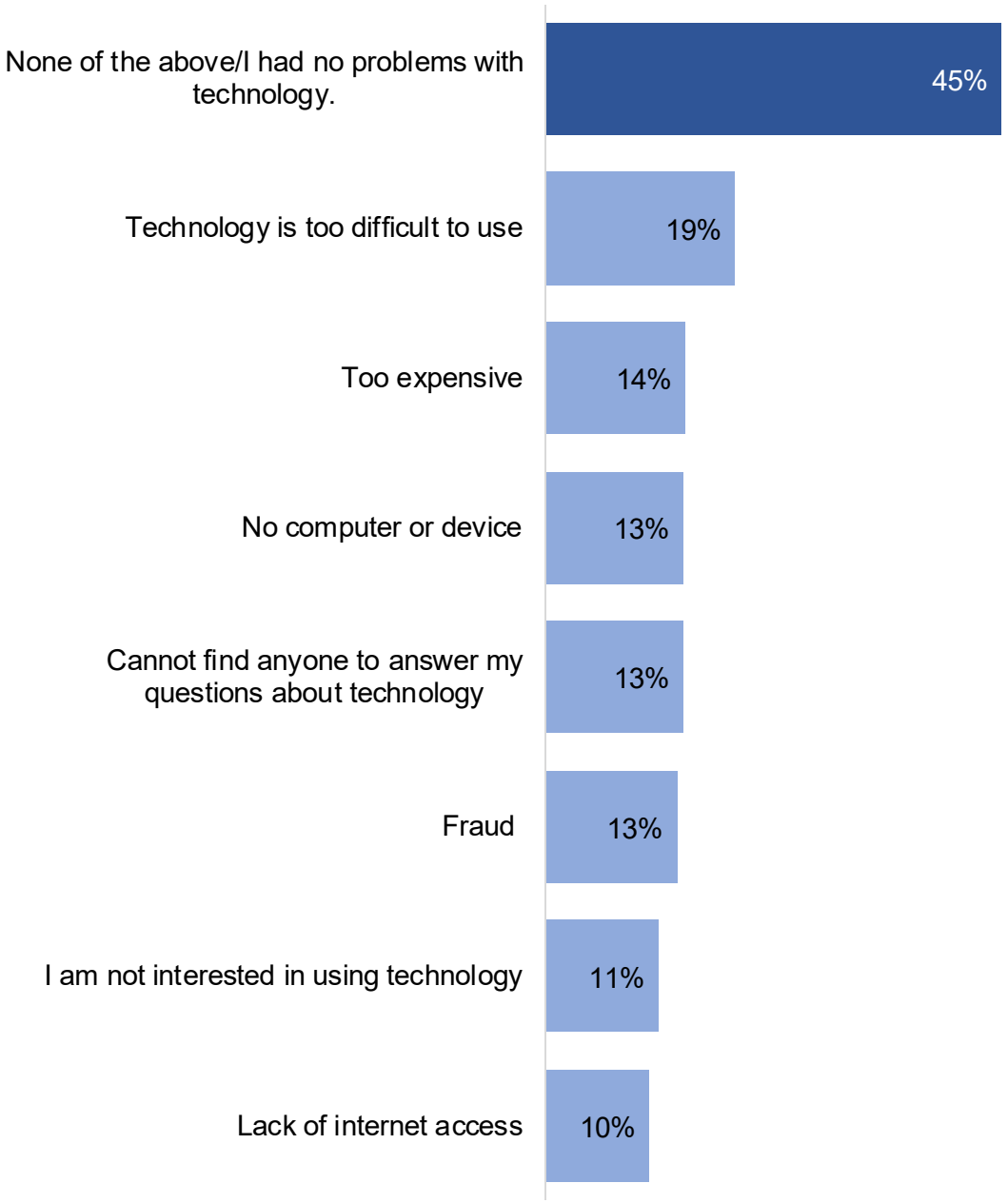
**During the past year, what problems did you experience as a result of not having transportation? (N=452)**




Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

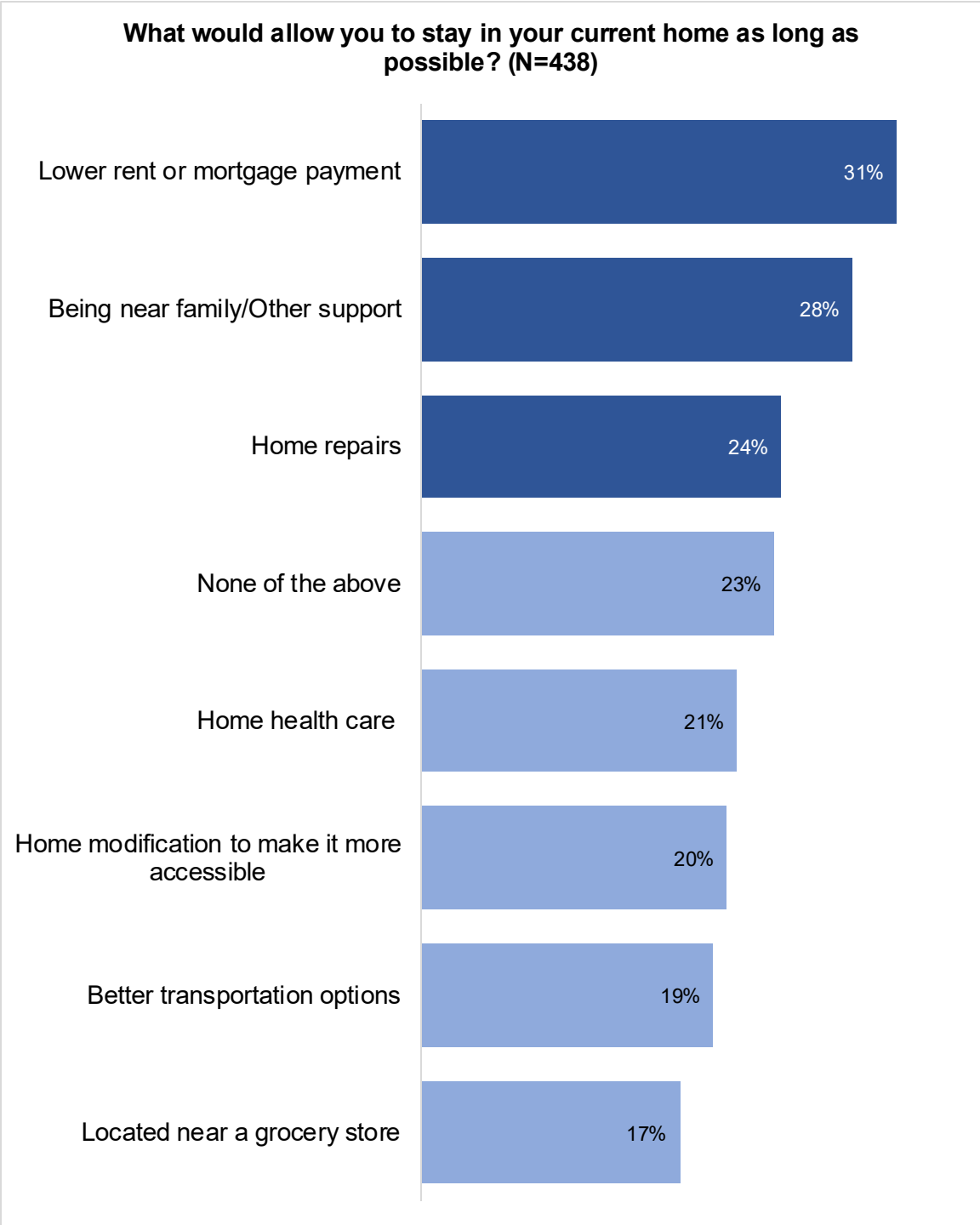
## Technology

**During the past year, what problems did you experience with technology, such as a computer, phone, internet, or online services? (N=440)**




Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

## Housing

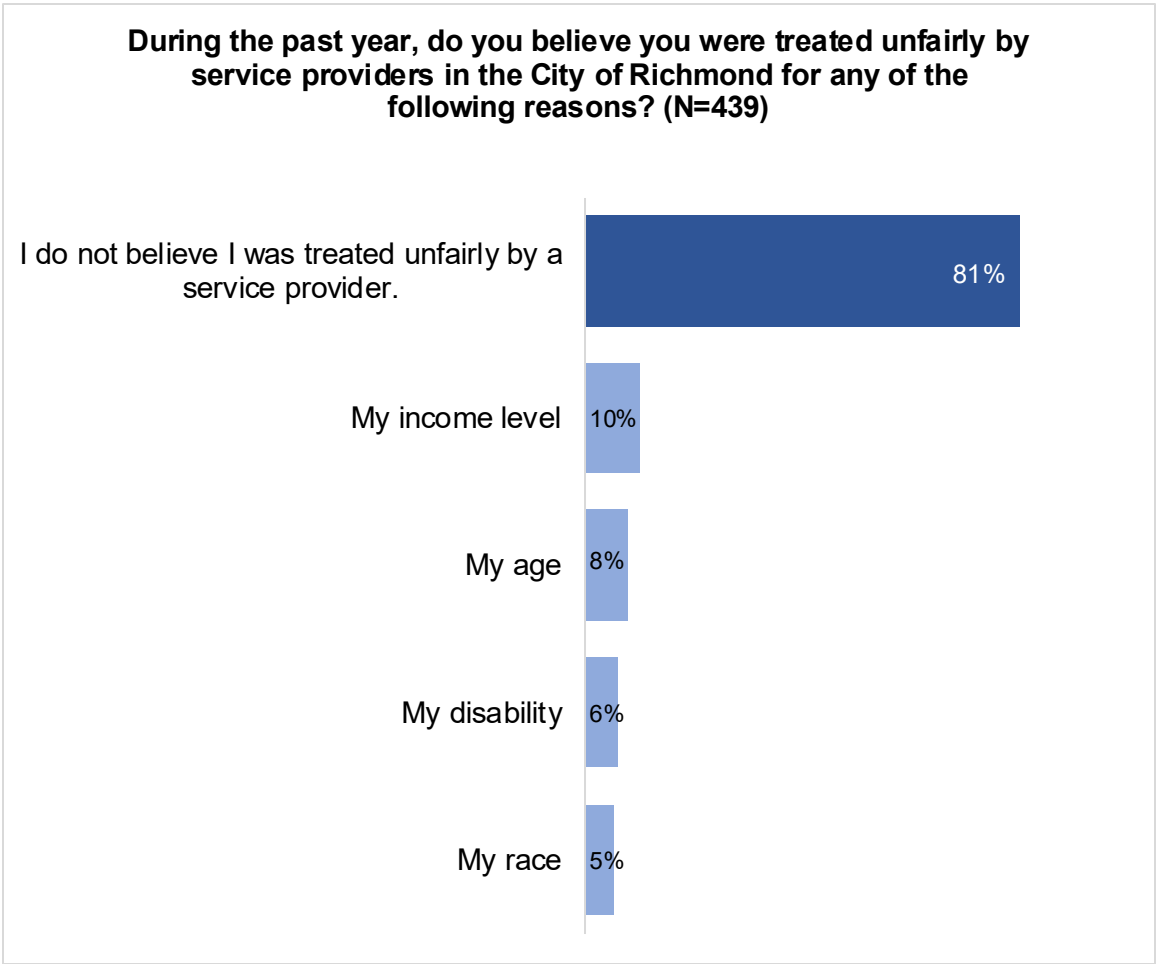



Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

## SERVICES AND ACTIVITIES

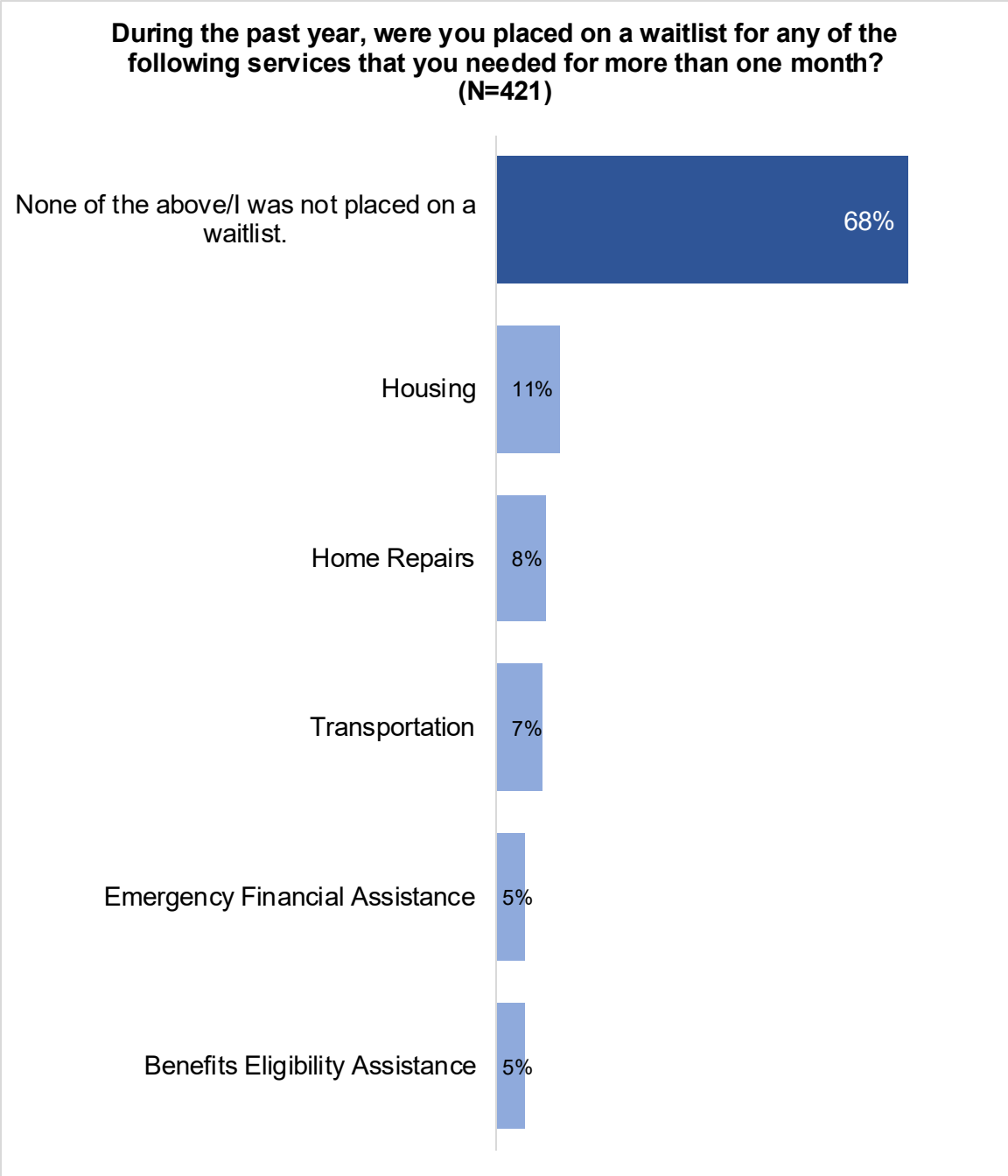
When asked about their experiences with service providers in the City of Richmond, nearly 20% of the senior survey respondents reported they had been treated unfairly by a service provider because of their Income Level, Age, Disability Status, Race, Ethnicity, Gender, Religion and/or Immigration Status. About one-third of senior survey respondents reported they had been placed on a waitlist for services they needed for more than one month during the past year, such as Housing, Home Repairs, and/or Transportation. When asked about the types of activities they would like to do in their communities, over one-quarter of the seniors expressed an interest in Fitness/Exercise classes for seniors, Adult enrichment classes, Cultural events, Wellness, Senior centers, Outdoor recreation, and Neighborhood events/Block parties.

### Experience with Service Providers




Note 1: The total percentage exceeds 100% because some survey participants selected more than one response to this question.
Note 2: Less than 5% of respondents indicated they had been treated unfairly due to Ethnicity, Sex/Gender, Religion, Immigration Status and/or Sexual Orientation.

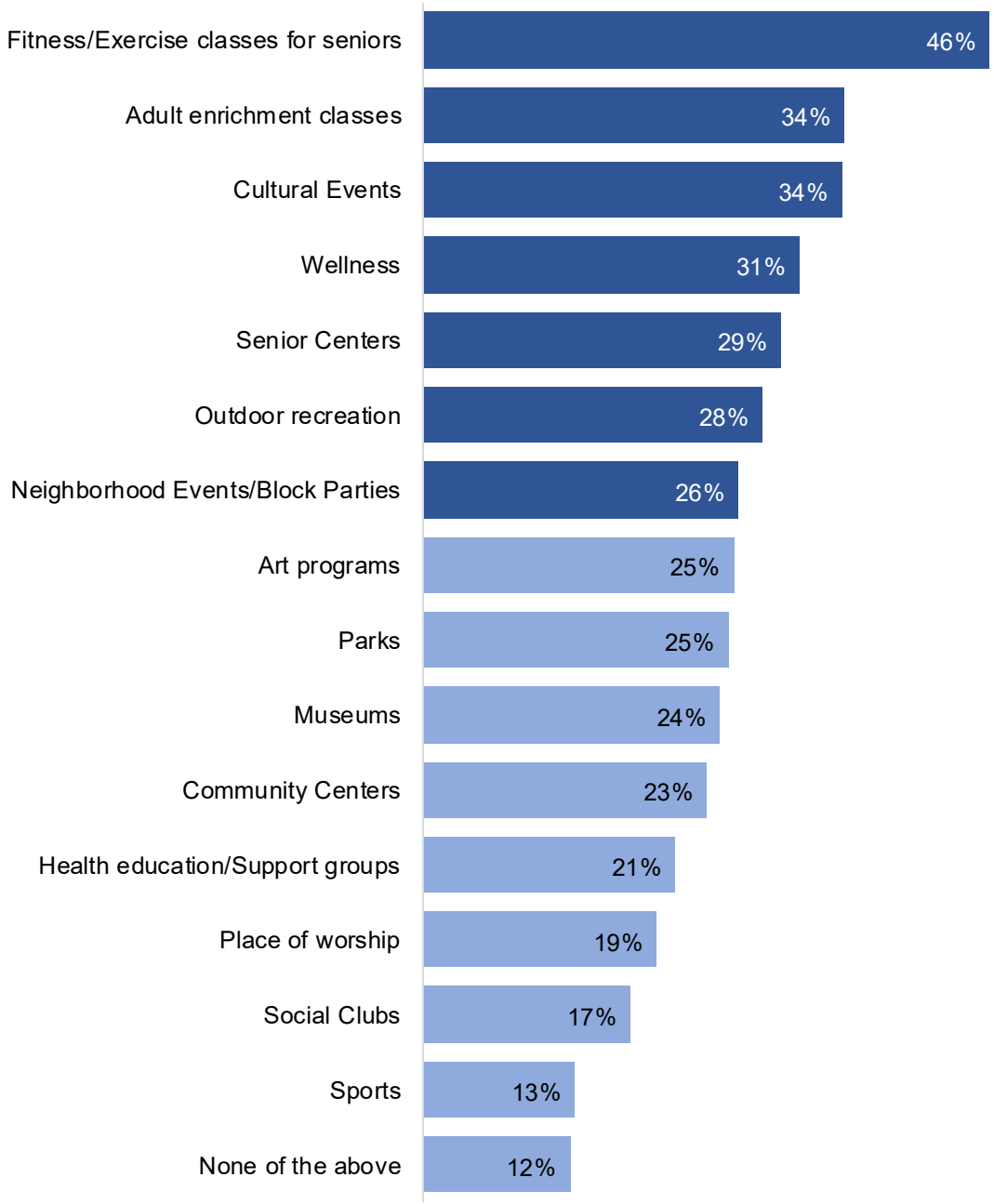
## Service Provider Waitlists




Note 1: The total percentage exceeds 100% because some survey participants selected more than one response to this question.
Note 2: Less than 5% of respondents indicated they had been placed on a waitlist for services related to healthcare, mental health, home care, food/nutrition, legal assistance, adult day care, homemaking, employment services or respite care.

## Activities

**Which of the following activities would you be likely to do, if available in your community? (N=455)**

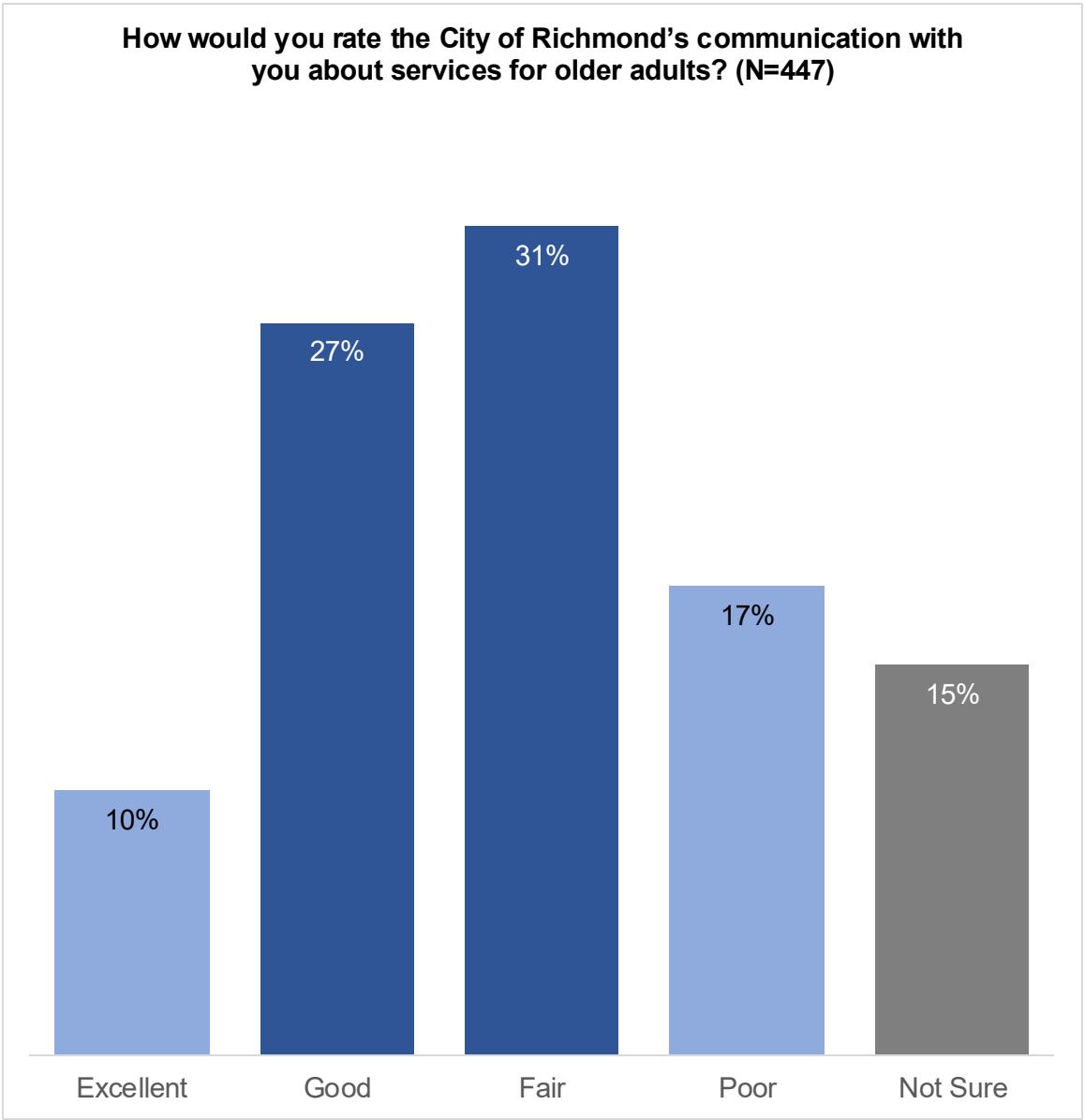



Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

## COMMUNICATION ABOUT SERVICES FOR SENIORS

When asked to rate the City of Richmond's communication about services, over half of the senior survey respondents rated it as Good or Fair, while only 10% rated it as Excellent and 17% rated it as Poor. Nearly half of the survey respondents indicated they prefer to receive information about services for older adults by mail (46%), while 37% prefer a phone call and 33% prefer an email message.

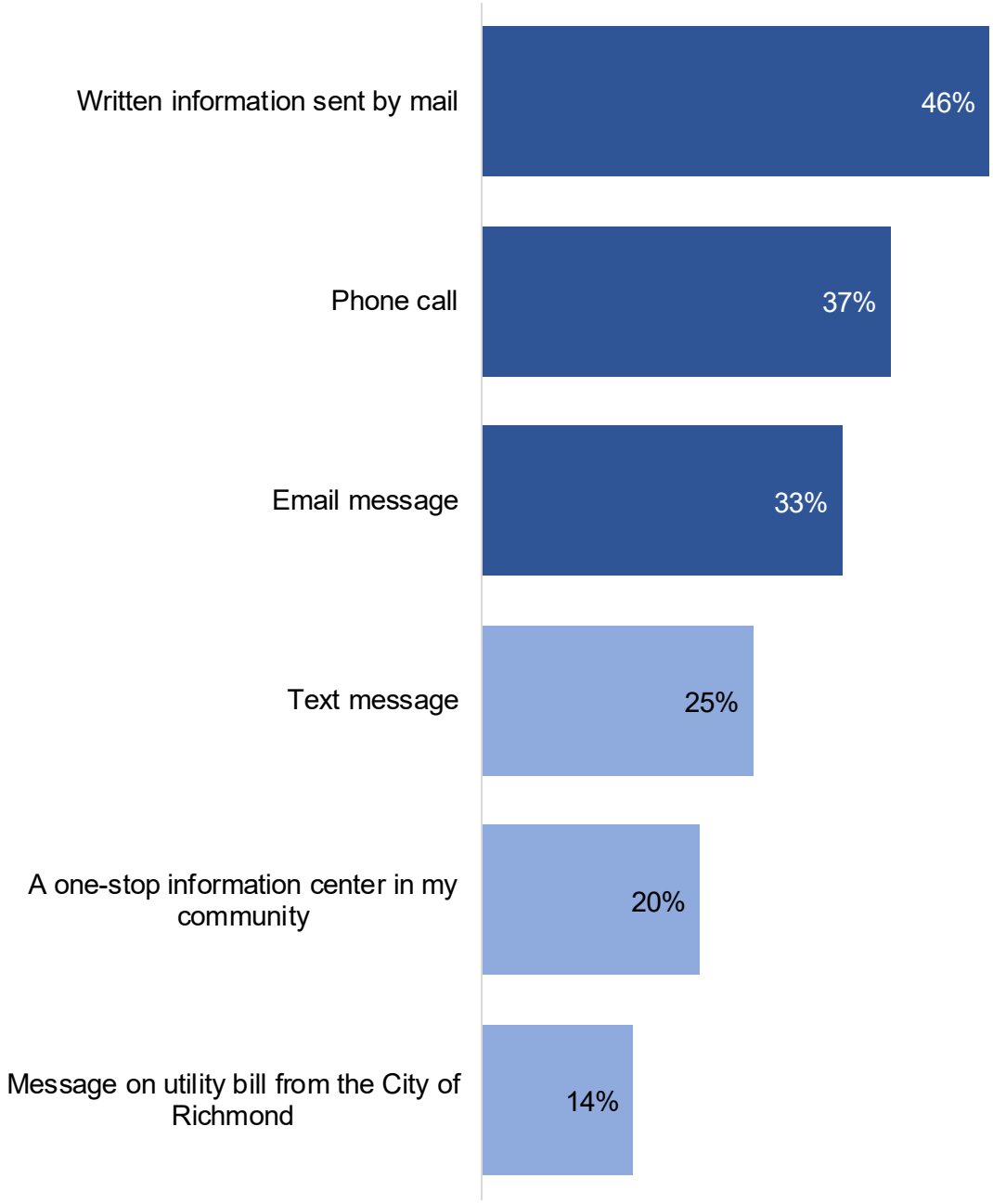
### Effectiveness of City of Richmond's Communication




Note: The total percentage may not equal 100% due to rounding errors.

## Communication Preferences

**How would you prefer to receive information about services for older adults? (N=429)**




Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

# V. STAKEHOLDER FOCUS GROUPS

Findings from the senior survey were supplemented by additional feedback collected during two stakeholder focus groups as described below.

- **Senior Resident Focus Group-** A total of 25 seniors (age 55+) from the City of Richmond participated in a resident focus group. Seniors were asked to describe needs and provide recommendations for addressing those needs in five key areas: Transportation, Housing, Social Participation/Isolation Mitigation, Built Environment, and Health/Human Services. Seniors also provided information on the effectiveness of the City of Richmond's communication with seniors and other challenges they have experienced as an older adult living in the City of Richmond.

- **Community Partners/Professionals Focus Group-** A total of 6 community partners and professionals who work with seniors in the City of Richmond were asked to provide input on preliminary recommendations in five key areas addressed by the needs assessment: Affordable Housing, Social Supports, Built Environment, Transportation, and Healthcare Access.

## SENIOR RESIDENT FOCUS GROUP

Below is a summary of comments and suggestions offered by senior focus group participants by topic area.

**Transportation-** When asked about transportation-related problems they have experienced, participants mentioned the lack of access to GRTC more often than any other issue.

- ***Lack of access to GRTC***
  - *GRTC is a great option but when they did new routing, they took out a lot of neighborhoods stops. I love where I live but they took away my bus stop.*
  - *You never know when these GRTC meetings will take place. Transportation needs are driven by employment, not the needs of seniors. They don't consult us when they make decisions.*
  - *GRTC won't go into Chesterfield County.*

- ***Other transportation problems***
  - *I used to ride the CARE van. They give you a 1-hour lead time. They are late. One night they were supposed to pick her up at 7 pm and they were 2 hours behind.*
  - *When Uber comes, I have to walk down the street to catch the Uber. I almost got hit one time.*
  - *Transportation for food only comes to certain communities. Access to healthy food is needed.*

## SENIOR RESIDENT FOCUS GROUP

**Housing-** When asked about housing-related problems, the most common responses among focus group participants were the need for home modifications, the increased cost of staying in their current home, and the lack of affordable housing. Some examples of those comments are below:

- ***Home repairs and modifications-***
  - *I live in a new facility and it's a 1-bedroom like a closet. It's not senior friendly. You have to give up a lot to fit in there. Nobody got our input on the design. It's ADA compliant but space is minimal. She has asked for reasonable accommodations.*
  - *In my senior apartment, the bathroom is not accessible.*
  - *I own my own home, but it needs accommodations which are expensive.*
  - *Safety is an issue. Getting in and out of the tub. $10,000 for an accessible shower is too expensive.*
  - *I got help from Project Homes. They gave me windows, doors, grab bars, and a ramp. But there is a 2-year wait list for repairs. I can't figure out how to get on the waitlist.*
  - *How can we segue from apartments to houses? You can't renovate a house on a limited income.*
  - *In my house, windows need repair. The cold and the heat are getting in and out. My utility bills are much higher. I had to speak to them about paying those bills.*

- ***Increased cost of staying in current home***
  - *I have my own house, but I can't afford to live there anymore. Real estate prices and taxes have skyrocketed.*
  - *For single women, it's almost impossible to afford taxes. You would have to dip into your savings. Her social security is just enough to pay her taxes.*
  - *The rent is high and there is no rent cap. It could go up after you move in. It goes up $100 or more each year.*
  - *I own my home, but the insurance goes up each year. When social security goes up, it's not enough to pay insurance and repairs.*
  - *The taxes are also very high. There is a tax relief program, but you have to qualify based on age and income. Tax structure should take into account fixed incomes.*
  - *My mortgage is also going up.*

**Housing (continued)**

- ***Lack of affordable housing***
  - *Affordability of housing. Looking for senior housing or assisted living. You either make too much money to qualify or not enough.*
  - *If you don't have children, it's hard because you can't find a 1-bedroom apartment. I'm living in a senior/disabled complex. If I want more room, I can't afford it. If you don't have a child, you can't afford it. Senior housing is scarce.*
  - *$1000 is not Affordable housing.*
  - *You can't find places like Chesterfield Square. There is a wait list.*

- ***Other comments***
  - *I'm afraid to own my home because you're responsible for everything.*
  - *I have a voucher, but if I used it, I would have to pay for gas and electricity.*

**Social Participation/Isolation Mitigation-** When asked if they thought it would be helpful to have a program with staff or volunteers to do regular checks on the safety and wellness of older adults living alone in the City of Richmond, more than half of the focus group participants indicated they would participate in such a program. They also provided examples of similar programs and suggestions on other ways to protect seniors.

- ***Examples of wellness/safety check programs***
  - *We used to have a buddy system in our neighborhood. It would be good to have more of this. Two people in my neighborhood died and no one knew for 3 days.*
  - *The Sherriff's department has a program called "Are you ok?." Senior Connections also has a check-in program.*
  - *In Hanover there was a sheriff who checked on people at least once per month.*
- ***Other comments and suggestions***
  - *Not only check up on them but help them with issues like a letter from the City of Richmond or IRS. They are confusing and they have little letters I can't read. It would help to have someone you can trust to help you with these things.*
  - *We need an outside group to check buildings. I fell down the stairs and broke my ankle in 3 places because the bottom stair rail was broken.*
  - *Many people would participate in these programs if they knew about them. You need to know about it before you know you need it.*
  - *It would also be helpful to have an emergency number for seniors.*

## SENIOR RESIDENT FOCUS GROUP

**Built Environment-** When asked if they needed home repairs or modifications to make their home safer and easier to move around, focus group participants provided multiple examples of their needs and experiences related to home repairs and modifications. Several participants also mentioned safety-related problems in their neighborhoods.

- ***Home repair/modification needs***
  - *I have lived where I am for 45 years but I'm in a high-income neighborhood. I can't get help. Repairs are so costly that it would be better to buy a new house.*
  - *I need a new roof. I have been saving money for the roof, but I have to use the money for other things.*
  - *I need a walk-in bathtub. I have bad knees. My husband was a veteran. They should also help vet wives, but they don't.*

- ***Experiences with home repair/modification service providers***
  - *An organization came to my home for repairs and painting, but it was terrible, and they didn't finish. They did not paint the outside or repair the deck.*
  - *Habitat also does home repairs. You might have to help them in exchange.*
  - *Habitat also wants you to sign property over or pay it off.*

- ***Safety-related problems in neighborhoods***
  - *Sidewalks are bumpy. They are terrible for wheelchairs and other devices.*
  - *Need more lighting in apartment buildings and on the streets.*
  - *Cars are driving fast in the neighborhood.*
  - *We also have a lot of crime. You call the police, but they don't come.*
  - *Need to address safety at senior housing.*

## SENIOR RESIDENT FOCUS GROUP

**Health and Human Services-** When asked if they thought health care providers understood their needs as an older adult, focus group participants provided positive and negative comments about their experiences. In addition, several focus group participants mentioned they had recently lost a primary care physician.

- ***Negative comments***
  - *No. I have been going to a doctors since January. She is giving me meds for things I don't need. She doesn't give me referrals, or they take too long.*
  - *It took over 1 year to see a specialist for rheumatoid arthritis. They don't believe what you say.*
  - *When I came to Richmond, I couldn't get a specialist.*
  - *My mother went to a service provider who sent her home. She died in her sleep.*

- ***Positive comments***
  - *I've been going to my provider since 2016 and it's been good.*
  - *I have not had problems with my provider. Transportation is also good.*

**Information/Communication-** When asked where they look for information on the services they need as an older adult, focus group participants mentioned a variety of resources, including OADS, Social Services, Senior Connections, 211, and family members. While most of the 25 participants indicated they use the internet to find information, two participants indicated they do not.

- ***Other comments***
  - *I like to talk to someone. Not emails.*
  - *I like to ask on the phone and have them email information to me.*
  - *I would like information on tv and a website for seniors.*
  - *Some seniors do not know how to google or use computer or cell phones.*
  - *A lot of libraries have free classes and people will help you use them. They should reinstate them.*
  - *There is no central person to talk to when you have a problem.*
  - *A lot of us don't know what services are available.*
  - *The city does not prioritize seniors.*

**Other Challenges-** When asked about their biggest challenges as an older adult living in the City of Richmond, responses included housing, employment discrimination, transportation, problems getting services, and crime. Specific comments are shown below.

- *Affordable housing.*
- *I am turned down for a job because I'm disabled.*
- *Transportation downtown. There is no bus service to get me to City Hall. I would have to catch 2 buses and walk.*
- *They City is unresponsive. Sometimes you can call 311. They send you to City Hall.*
- *Seniors are hesitant to go out because they fear crime.*

## COMMUNTY PARTNERS/PROFESSIONALS FOCUS GROUP

The consulting team developed preliminary recommendations based on information collected from key informant interviews, the senior survey, best practices research, and senior focus groups. Below is a summary of feedback on the preliminary recommendations collected during a one-hour focus group with community partners and professionals who work with seniors.

### Affordable Housing Recommendations:

- Recommendation 1- Increase the availability of subsidized housing for seniors.

Focus group participants emphasized the need to advocate for local and state policies to ensure equitable housing that is affordable, safe, and healthy for seniors. This may include changing zoning and land use practices to permit greater densities to increase stock of available housing, such as Auxiliary Dwelling Units (ADUs), or requiring builders to set aside a certain number of units for low-income seniors during the approval process for new housing developments. Another suggestion was to subsidize rent increases for seniors until more affordable housing become available.

- Recommendation 2- Increase the availability of assisted living facilities for seniors.

To increase the availability of assisted living facilities for seniors, one focus group participant suggested asking those facilities to accept more auxiliary grants, although this may be difficult to do without increasing reimbursement rates. Another participant suggested increasing the number of smaller housing facilities to allow people to stay in their communities, which would provide them with a more robust social support system.

## COMMUNTY PARTNERS/PROFESSIONALS FOCUS GROUP

### Social Support Recommendations:

- Recommendation 1- Provide no-cost CNA training.

Focus group participants mentioned that AARP provides funding for CNA workers, but the City will also need to address barriers to CNA work, such as childcare, transportation, and the reimbursement rate.

- Recommendation 2- Increase the capacity for safety and wellness checks for seniors living alone in the City of Richmond.

Focus group participants suggested building on existing efforts, such as the RRHA "Are you ok?" program and providing additional training for community health workers and volunteers to assist with safety and wellness checks. Focus group participants noted that safety and wellness checks should include relationship-building and services that meet the specific needs of each senior. A related suggestions was to train seniors on how to use the internet to maintain ties and reduce isolation

- Recommendation 3- Increase the availability of adult day programs or respite services.

Focus group participants did not mention any specific suggestions to increase the availability of adult day programs or respite services, but one participant recommended that the City encourage multi-generational solutions to address senior needs.

## COMMUNTY PARTNERS/PROFESSIONALS FOCUS GROUP

### Built Environment Recommendations:

- Recommendation 1- Strategize with City Planning to repair unsafe sidewalks in senior-centric neighborhoods.

In addition to repairing unsafe sidewalks, focus group participants suggested that the City add more sidewalks and pedestrian safety enhancements and collect community feedback on other needs for safety and comfort (e.g., plan more trees to provide shade in the summer, add more benches and shelters for transportation).

- Recommendation 2- Support providers for home repairs and modifications for seniors (e.g., ramps) to reduce wait lists.

Focus group participants suggested better collaboration with Habitat for Humanity and other nonprofits (e.g., Rebuilding Together, Project HOMES) to complete home repair project more quickly.

## COMMUNTY PARTNERS/PROFESSIONALS FOCUS GROUP

### Transportation Recommendations:

- Recommendation 1- Subsidize more Care Vans, paratransit, and other transportation options to improve accessibility for seniors who live within the City of Richmond.

Focus group participant recommended that the City create a mechanism to increase awareness of transportation options and help seniors arrange trips.

- Recommendation 2- Sponsor Car-Fit events for seniors with vehicles in the City of Richmond.

In addition to sponsoring Car-Fit events to support seniors who are still driving, focus group participants suggested that the City provide vision checks and other services to support safe driving. Focus group participants also suggested that the City leverage existing programs, such as Drive Smart Virginia and the Virginia Grand Driver Program to support driving independence. A related suggestion is to work with the Department of Public Works to make sure roadways are safe (e.g., lighting and striping on roads).

## COMMUNTY PARTNERS/PROFESSIONALS FOCUS GROUP

### Healthcare Recommendations:

- Recommendation 1- Increase the number of geriatricians located in the City.
- Recommendation 2- Offer training to primary health providers in the City on addressing the social and emotional needs of seniors under their care.
- Recommendation 3- Provide more funding for mental health services and senior assessments at RBHA.

Focus group participants did not offer specific suggestions for any of these recommendations, other than partnering with the VCU Medical Center to help the underserved. Related suggestions included focusing on prevention (e.g., improving sidewalks and lighting to promote outdoor activities), providing adequate transportation to health appointments, and encouraging inter-generational support to keep seniors engaged.

# VI. RESOURCES FOR OLDER ADULTS

The Consulting Team obtained information on resources for seniors on the City of Richmond from *Virginia Navigator*, a nonprofit agency with the mission "to provide helpful, free resource information associated with aging, disabilities, post-military life, and overall well-being". *Virginia Navigator* provided data listings featured in the Senior Navigator Resource Directory that are physically located in the City of Richmond, including Program Name, Agency Name, Street Address, and Program Type (including a topic code for each program). To complete the list of resources, data from *Virginia Navigator* was supplemented by information provided by key informants and members of the NextFifty Initiative Advisory Committee.

As shown in the table below, there are over 900 resources for seniors in the City of Richmond. There are over 50 resources for needs related to Economic Security, Healthcare, Housing, Human Services, Social, and Transportation. There are fewer than 50 resources for needs related to Advocacy, Education/Learning, Employment, Fitness/Recreation/Culture, Legal Assistance, and other areas. One limitation of the information provided by *Virginia Navigator* is that it does not include information on the usage and capacity of these resources, and therefore the extent to which they are available to other seniors who may need them is unclear.

| Type of Resources for Seniors | Number |
|---|---|
| Advocacy | 25 |
| Economic Security (e.g., financial assistance, benefits) | 99 |
| Education/Learning | 34 |
| Employment | 15 |
| Fitness, Recreation, Culture | 45 |
| Healthcare | 301 |
| Housing | 110 |
| Human Services | 125 |
| Legal Assistance | 29 |
| Social | 59 |
| Transportation | 65 |
| Other | 21 |
| **Total** | **928** |

Note: A complete list of specific programs for each type of resource has been provided to OADS for future reference.

# VII. BEST PRACTICES RESEARCH

A review of best practices to meet the needs of older adults was conducted to identify potential strategies for addressing the findings of this assessment, based on the sources listed below:

- "The 8 Domains of Livability: Case Studies," AARP Network of Age-Friendly States and Communities, AARP. (AARP)
- "Age Forward Cities for 2030," (2019), Caroline Servat and Noral Super, Milken Institute Center for the Future of Aging. (M)
- "Global Age-Friendly Cities: A Guide" (2007), World Health Organization. (W)

The results of this review, which are summarized below by topic area, were used to inform final recommendations for this report.

## Housing

### *Key Principles*

- A range of appropriate and affordable housing options is available for older people, including frail and disabled older people, in the local area.
- Older people are well-informed of the available housing options.
- There is a range of appropriate services and appropriate amenities and activities in older people's housing facilities.
- Housing design facilitates continued integration of older people into the community.
- Housing is located close to services and facilities.
- Affordable services are provided to enable older people to remain at home, to "age in place."
- Housing modifications are affordable.
- Financial assistance is provided for home modifications.

### *Approaches*

- Expand incentives for affordable older-adult living arrangements, emphasizing the need for varied middle-income housing solutions; remove regulatory disincentives that curtail cohousing arrangements for unrelated adults; and accelerate permit process for accessory dwelling units. (M)
- Identify and leverage private investments and incentives to build mixed-use, affordable housing and commercial developments to house and serve older communities. (M)
- Incentivize visitability features in homes, set universal design goals for new public buildings, and expand programs to help residents install accessibility features. (M)
- Pilot test and evaluates innovative financing models to improve the coordination of housing stability and health services for high-risk older adults. (M)

## Housing

### *Models*

Portland, OR- Accessory dwelling units (ADUs) are small, independent housing units created within single-family homes or on their lots. On top of zoning constraints and construction costs, some municipalities charge pricey fees that can make the project untenable. That's no longer the case in Portland, Oregon, which in 2010 significantly reduced (or "waived the largest") municipal fees and adjusted the city's zoning codes to make it easier for a homeowner to add an ADU to his or her property. An overriding reason for the change: to help residents age in place. (AARP)

Lyon, France- For a select group of Lyon residents, a city housing program creatively replicates the benefits of belonging to a multigenerational family household. At a dozen independent living residences that serve older adults, college students are invited to move in and pay discounted rent in exchange for socializing with the building's older residents. Another program helps fill rooms in the houses of older adults with empty nests. (AARP)

East Oakland, CA- In East Oakland, CA, tenants faced the prospect of steep rent hikes as their building was listed for sale in the housing-shortage-plagued San Francisco Bay Area. The integrated health system Kaiser Permanente put up the money to help a nonprofit purchase the building and keep it affordable.237, 238 The organization says affordable housing is a lynchpin in its impact investment efforts to "advance economic, social, and environmental conditions for health." (M)

Los Angeles, CA- LA's Age-Friendly Action Plan recommendations include identifying cross-agency strategies to "expand inclusion of the older adult population as part of the County and City's Homeless Initiatives, including through implementation of the ordinance authorizing Accessory Dwelling Units and by (examining) new and innovative strategies such as co-op housing, co-housing, or other multi-generational living arrangements to help reduce housing costs, and mitigate social isolation." (M)

Bolingbrook, IL- City leaders enacted a visitability ordinance in 2003, requiring no-step entrances, wide hallways and doors, and ground floor bathrooms. The local homebuilders' association supported it after analysis by developers found that it would have minimal financial repercussions on their projects and that homes meeting the code sold well. (M)

Sarasota, FL- The Board of County Commissioners adopted a Universal Design and Visitability program for (M)

## Transportation

### *Principles*

- Public transportation is affordable to all older people. (W)
- Public transport is reliable and frequent (Including services at night and at weekends). (W)
- Public transport is available for older people to reach key destinations such as hospitals, health centers, public parks, shopping centers, banks, and seniors' canters. (W)
- All areas are well-serviced with adequate, well-connected transport routes within the city (including the outer areas) and between neighboring cities. (W)
- Transport routes are well-connected between the various transport options. Age-friendly vehicles(W)
- Vehicles are accessible, with floors that lower, low steps, and wide and high seats. (W)
- Sufficient specialized transport services are available for people with disabilities. (W)
- Designated transport stops are located in close proximity to where older people live, are provided with seating and with shelter from the weather, are clean and safe, and are adequately lit. (W)
- Stations are accessible, with ramps, escalators, elevators, appropriate platforms, public toilets, and legible and well-placed signage. (W)
- Information is provided to older people on how to use public transport and about the range of transport options available. (W)
- Drop-off and pick-up bays close to buildings and transport stops are provided for handicapped and older people. (W)

### *Approaches*

- Promote Complete Streets and Vision Zero metrics that harness city data to better identify vulnerable older adults, improving neighborhood safety for all ages. (M)
- Revise local transit-oriented development guidelines to include special attention to the mobility needs of older adults and people with disabilities; additionally, expand regional transit planning to reduce systemic inefficiencies and promote Universal Mobility (M)

## Transportation

### *Models*

Edmonton, Alberta, Canada- Mobility Choices, created in 1994, teaches new and existing customers (primarily older adults and people with mobility issues) how to use public transit. Individual and group trainings are offered. (AARP); Local agencies that provide services for the aging population and people with disabilities can get "train the trainer" training. (AARP); Seniors On the Go, introduced in 2007, is a summer program that provides groups of older adults with fun, interactive lessons about using public transit. (AARP)

New York, NY- New York City's Department of Transportation (DOT) undertook a high-profile search for bus stops that needed new or improved benches, emphasizing locations where older riders were likely to board. Senior centers throughout the city suggested places where a bench would be useful and the DOT studied other areas with a high concentration of older people, such as neighborhoods where many are aging in place. The department also flagged locations within a quarter mile from a hospital, community health center or municipal facility. In addition, the city provided a simple online form for residents to request and recommend bench locations. (AARP)

Pittsburgh, PA- Created an online concierge tool to find transportation that meets riders' needs. (M)

Seattle, WA- The OpenSidewalks Project launched AccessMap, a trip planning tool that supports those with limited mobility by providing trip planning support on pedestrian ways by gathering and maintaining open data about sidewalks, curb ramps, construction information, and other data that map the specific challenges of navigating city walkway. (M)

State of Massachusetts- The Montachusett Regional Transit Authority contracted with Massachusetts' Executive Office of Health and Human Services as a transportation broker to manage human service transportation services. Its web-based brokerage model has been key in its ability to handle approximately 11,000 daily Medicaid trips, and an open-data-exchange platform allows approximately 160 registered providers to bid on non-emergency medical transportation trips. (M)

Northern Virginia- The Northern Virginia Transportation Commission found that increased transportation options in walkable, mixed-use neighborhoods boosted mobility for local residents 75 and older. (M)

## Transportation

### *Models*

Monrovia, CA- Monrovia partners with Lyft to provide subsidized rides for as little as 50 cents and up to $3.50 to transport passengers around the city. Dial-A-Ride services are available to passengers with disabilities. (M)

Columbia, SC- A program designed for people living in "food desert" neighborhoods provides $5 credits from the COMET bus system for people to take Uber rides to local grocery stores. (M)

## Health and Human Services

### *Principles*

- Health and social services are well-distributed throughout the city, are conveniently co-located, and can be reached readily by all means of transportation. (W)
- Residential care facilities, such as retirement homes and nursing homes, are located close to services and residential areas so that residents remain integrated in the larger community. (W)
- Clear and accessible information is provided about the health and social services for older people. (W)
- Delivery of individual services is coordinated and with a minimum of bureaucracy. (W)
- Economic barriers impeding access to health and community support services are minimal. (W)
- Home care services are offered that include health services, personal care and housekeeping. (W)
- Emergency planning includes older people, taking into account their needs and capacities in preparing for and responding to emergencies. (W)

### *Approaches*

- Encourage planners and local policymakers to apply tools such as the Elder Economic Security Index to identify areas where older adults in (or at risk of) poverty are concentrated and inform policy interventions that improve access and affordability. (M)
- Bolster the capacity of trusted, community-based organizations through economic and human resources so they can effectively partner with the health systems and plans seeking to engage in their communities. (M)

## Health and Human Services

### *Approaches*

- Scale and pilot more Age Friendly Health Systems in cities across the US and create meaningful alignment between local public health departments, local Age-Friendly Coordinators, Area Agencies on Aging, and other community-based organizations serving older adults. (M)
- Pilot test and evaluate innovative financing models to improve the coordination of housing stability and health services for high-risk older adults. (M)

### *Models*

Columbia, SC- A program designed for people living in a "food desert" neighborhoods provides $5 credits from the COMET bus system for people to take Uber rides to local grocery stores (M)

New York, NY- The New York State Department of Health launched a $245 million Workforce Innovation Program, which funds training to prepare the workforce to meet the needs of an evolving long-term care system through a two-year Workforce Investment Program. Eleven workforce training centers designated as Workforce Investment Organizations provide a range of recruitment, retraining, and retention initiatives for long-term care staff, particularly direct care workers. (M)

## Social Participation/Isolation Mitigation

### *Principles*

- A wide variety of activities is available to appeal to a diverse population of older people, each of whom has many potential interests. (W)
- Community activities encourage the participation of people of different ages and cultural backgrounds. (W)
- Gatherings, including older people, occur in a variety of accessible community locations, such as recreation centers, schools, libraries, community centers in residential neighborhoods, parks, and gardens. (W)
- Organizations make efforts to engage isolated seniors through, for example, personal visits or telephone calls. (W)
- Community facilities promote shared and multipurpose use by people of different ages and interests and foster interaction among user groups. (W)
- People at risk of social isolation get information from trusted individuals with whom they may interact, such as volunteer callers and visitors, home support workers, hairdressers, doormen or caretakers. (W)

## Social Participation/Isolation Mitigation

### *Principles*

- The media include older people in public imagery, depicting them positively and without stereotypes. (W)
- Older people are provided opportunities to share their knowledge, history, and expertise with other generations. (W)
- Older people are included as full partners in community decision-making affecting them. (W)
- Older people are recognized by the community for their past as well as their present contributions. (W)
- Community action to strengthen neighborhood ties and support includes older residents as key informants, advisers, actors, and beneficiaries. (W)

### *Approaches*

- Expand public initiatives that prioritize investment in the civic commons to facilitate intentional intergenerational interaction and engagement. (M)

### *Models*

Washington, DC- DC hosts more "villages" than any state. Villages are service and support networks in which residents typically pay an annual fee for access to services like transportation, yard work, or bookkeeping provided by volunteer and paid residents, organizations, and approved contractors. (M)

Barcelona, Spain- In Barcelona, where about a quarter of older adults live alone and report spending their days without meaningful human interaction, the city has experimented with giving older residents access to tablets and internet connections, with a communication app designed to encourage building interactive friend and family networks to decrease their loneliness. (M)

Miami, FL- Miami-based "Grandkids on-demand" startup Papa, which pairs young adults with older adults to help with household tasks in hopes of alleviating loneliness, minimizing isolation, and achieving positive health outcomes. (M)

Wichita, KS- The city of Wichita agreed to convert the empty lots, which were eyesores the city was spending money to maintain, into a half-acre "Grandparents" public park. The city added landscaping, a fence, sidewalks, walking trails and outdoor exercise equipment that is specifically designed for older adults. Later playground equipment for preschoolers, park benches and a drinking fountain were installed. (M)

## Information/Communication

### *Principles*

- A basic, universal communications system of written and broadcast media and telephone reaches every resident. (W)
- Regular and reliable distribution of information is assured by government or voluntary organizations. (W)
- Information is disseminated to reach older people close to their homes and where they conduct their usual activities of daily life. (W)
- Information dissemination is coordinated in an accessible community service that is well-publicized – a "one-stop" information center. (W)
- Oral communication accessible to older people is preferred, for instance through public meetings, community centers, clubs, and the broadcast media, and through individuals responsible for spreading the word one-to-one. (W)
- Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type. (W)
- Print and spoken communication use simple, familiar words in short, straightforward sentences.
- There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centers and libraries. Tailored instructions and individual assistance for users are readily available. (W)

### *Approaches*

Not available

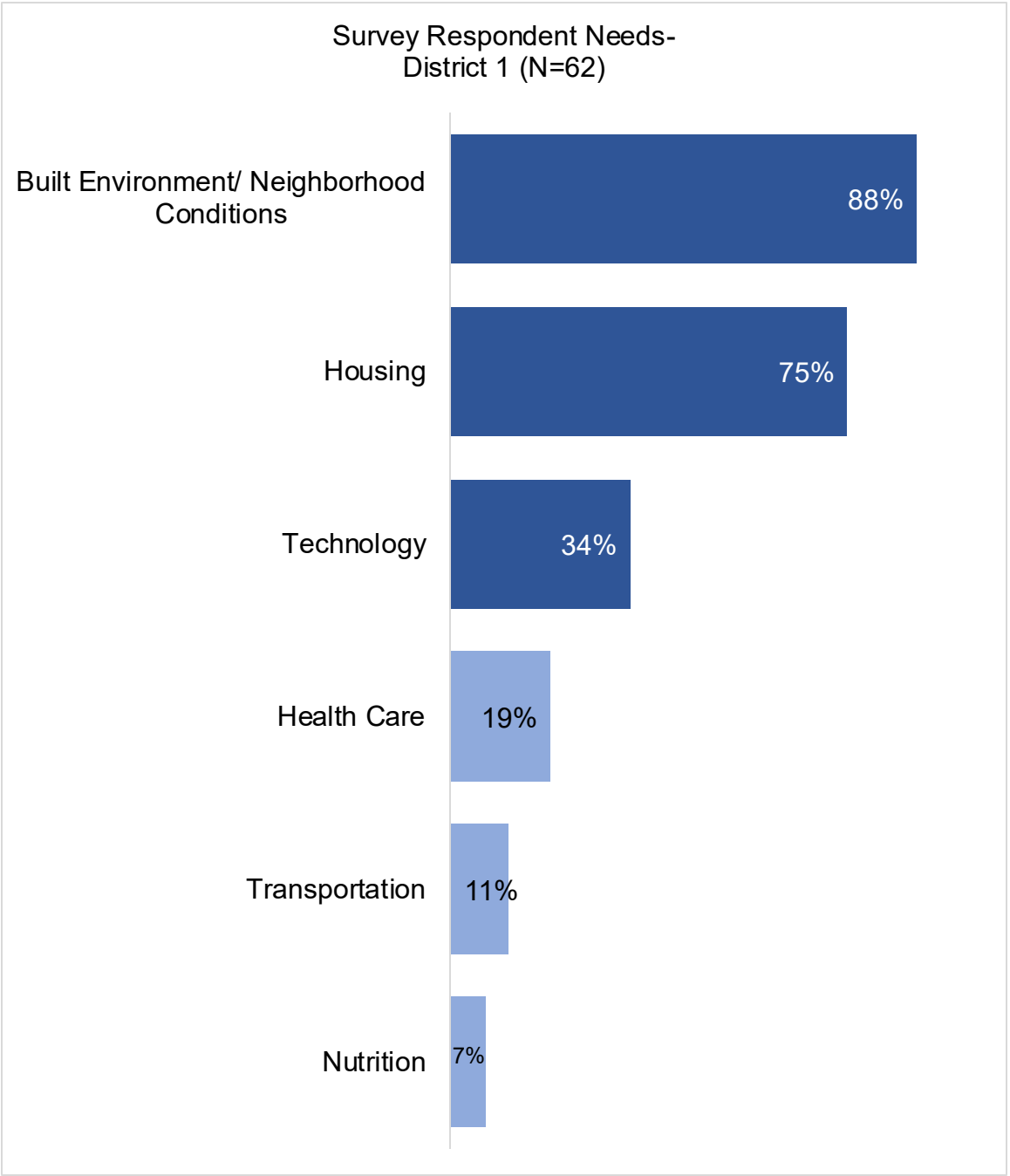
### *Models*

Washington, DC- DC's new Senior Tech program helps older residents with technology, including internet safety workshops, lessons on smartphone and social media usage, and free tech support. The program has a mobile tech lab and uses libraries, senior centers, and other locales.

## APPENDIX A

## Survey Respondent Needs (Districts 1-9)

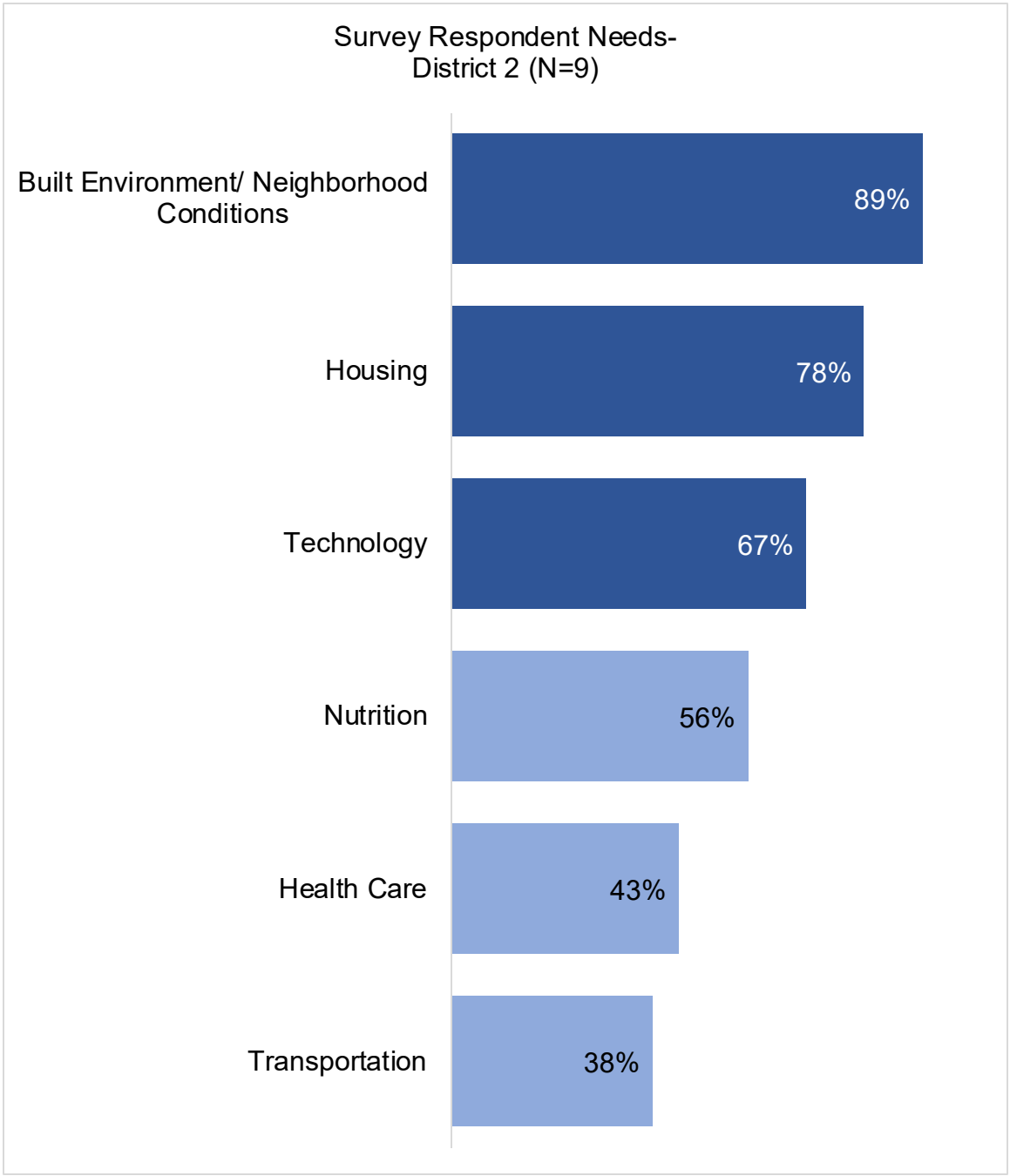
The percentage of survey respondents with needs related to *Built Environment/Neighborhood Conditions, Health Care, Housing, Nutrition, Technology,* and *Transportation* is shown below for Richmond City Council Districts 1-9.




Note: The total percentage exceeds 100% because some survey participants selected more than one response to this question.

## APPENDIX A

## Survey Respondent Needs (Districts 1-9)

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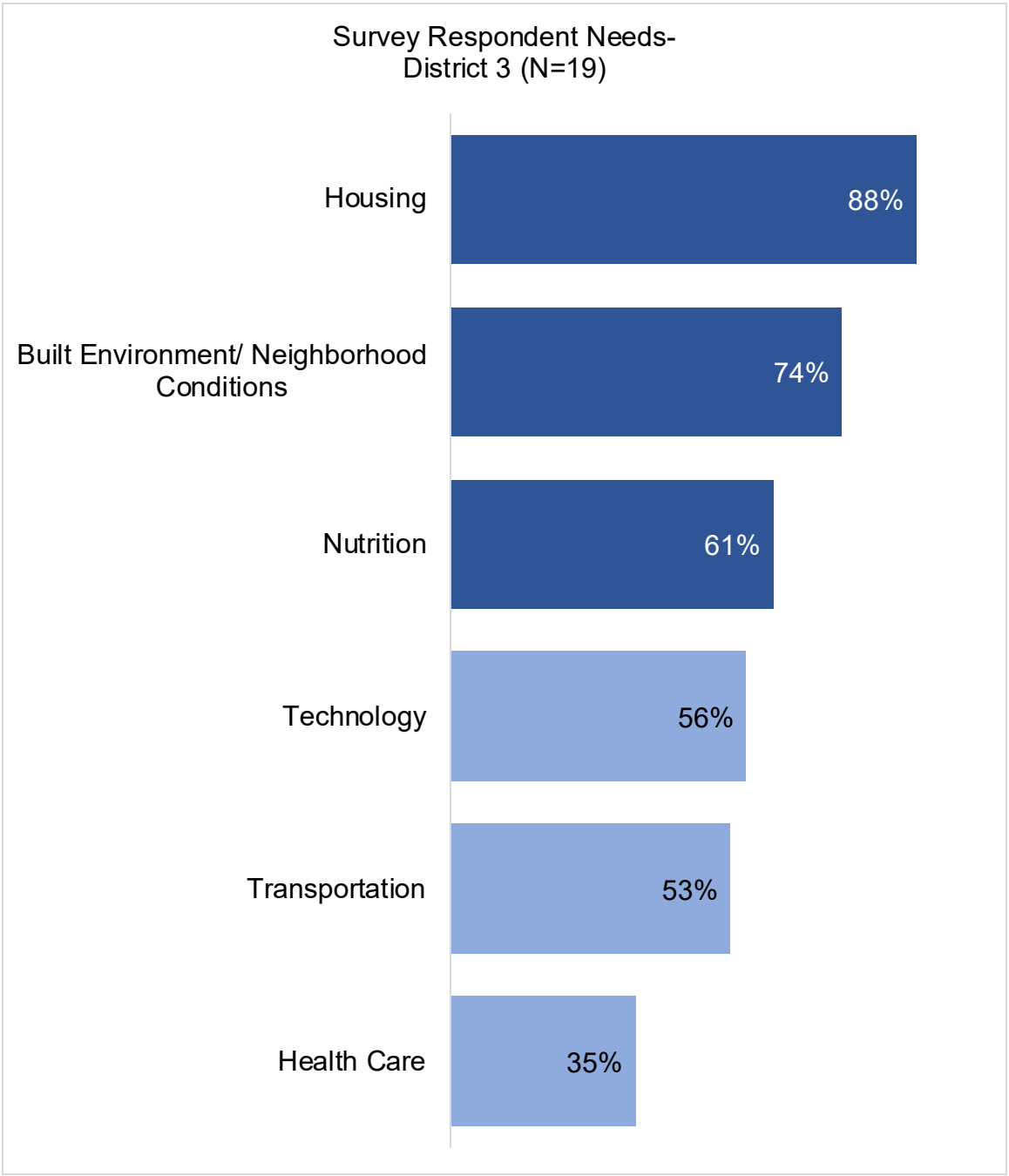


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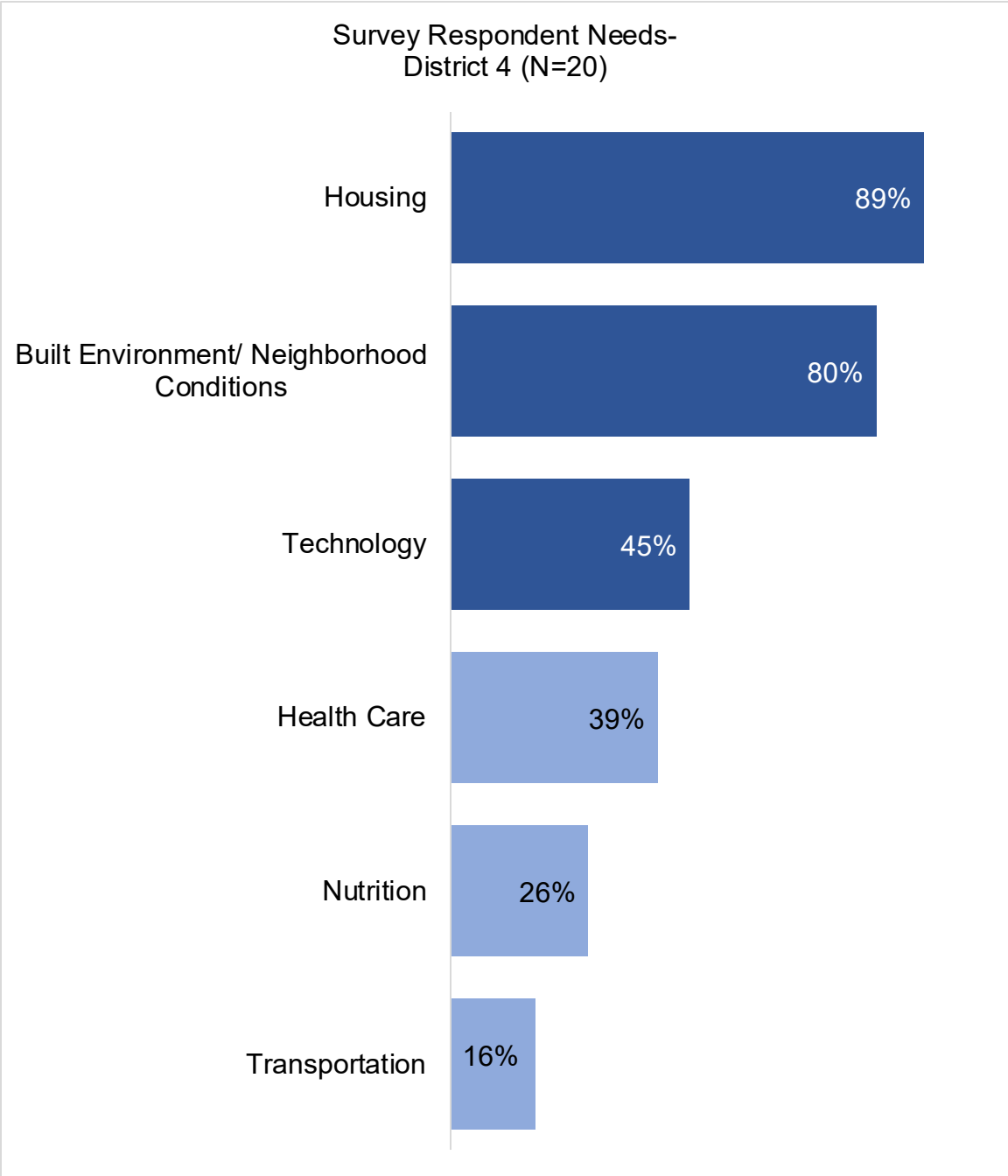


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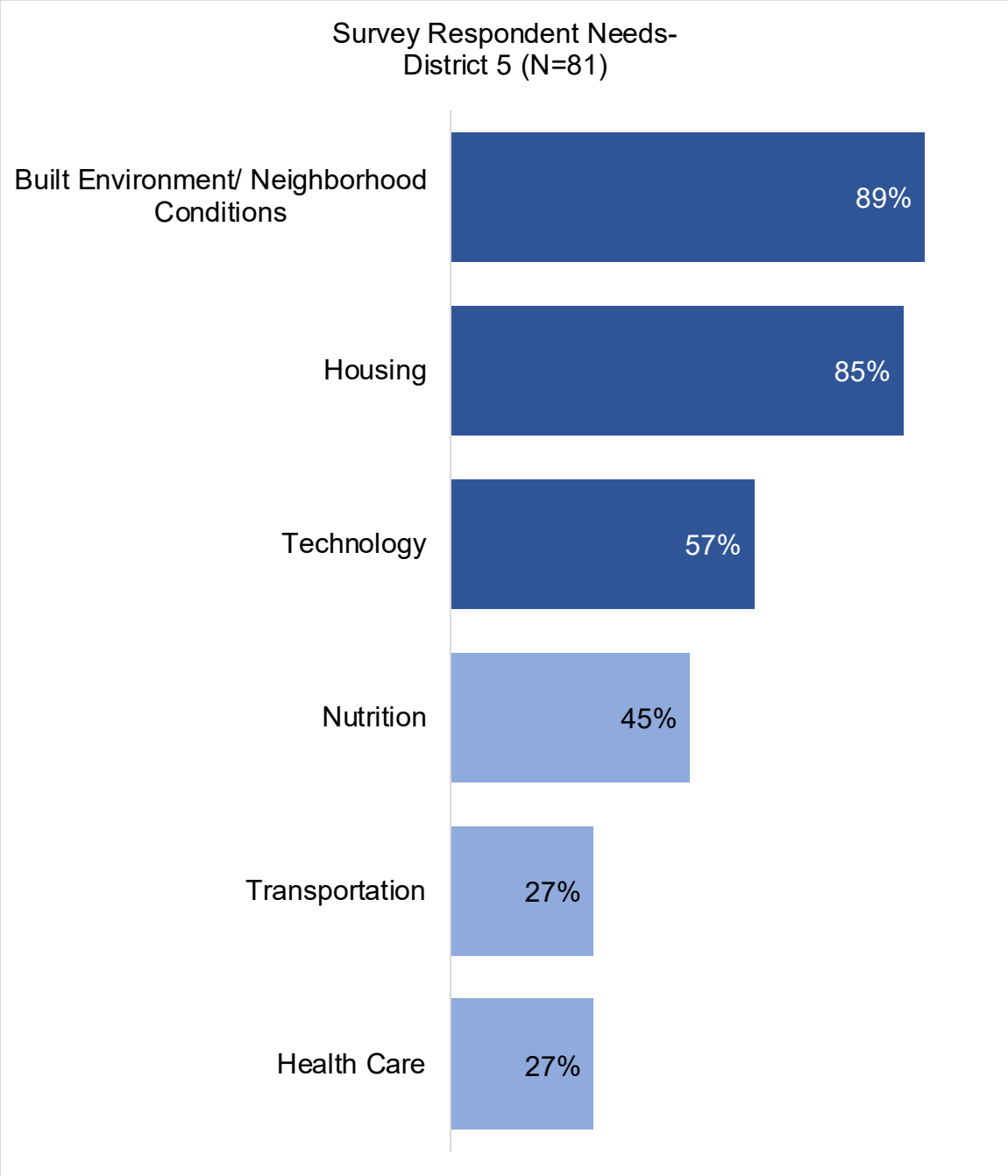


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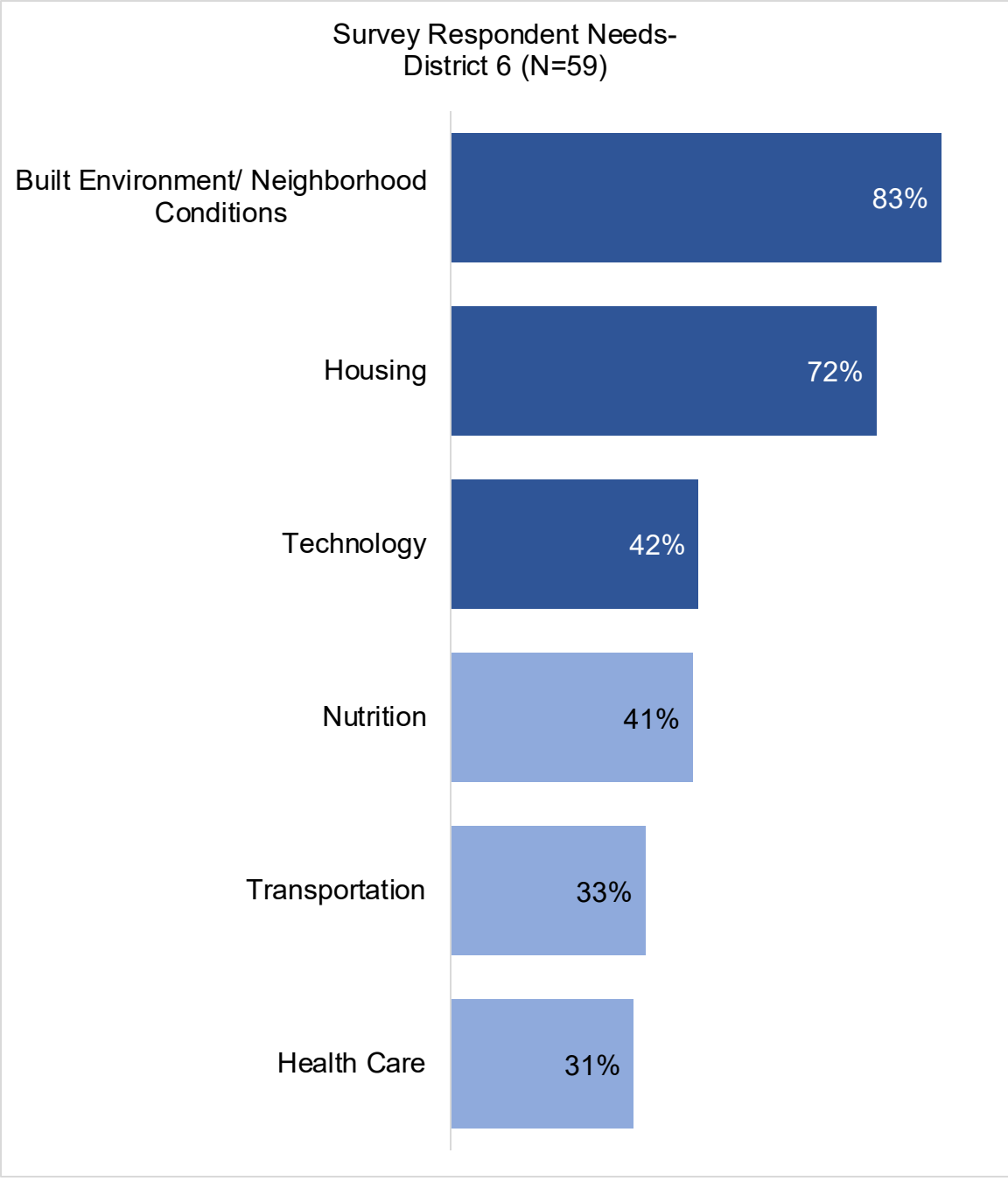


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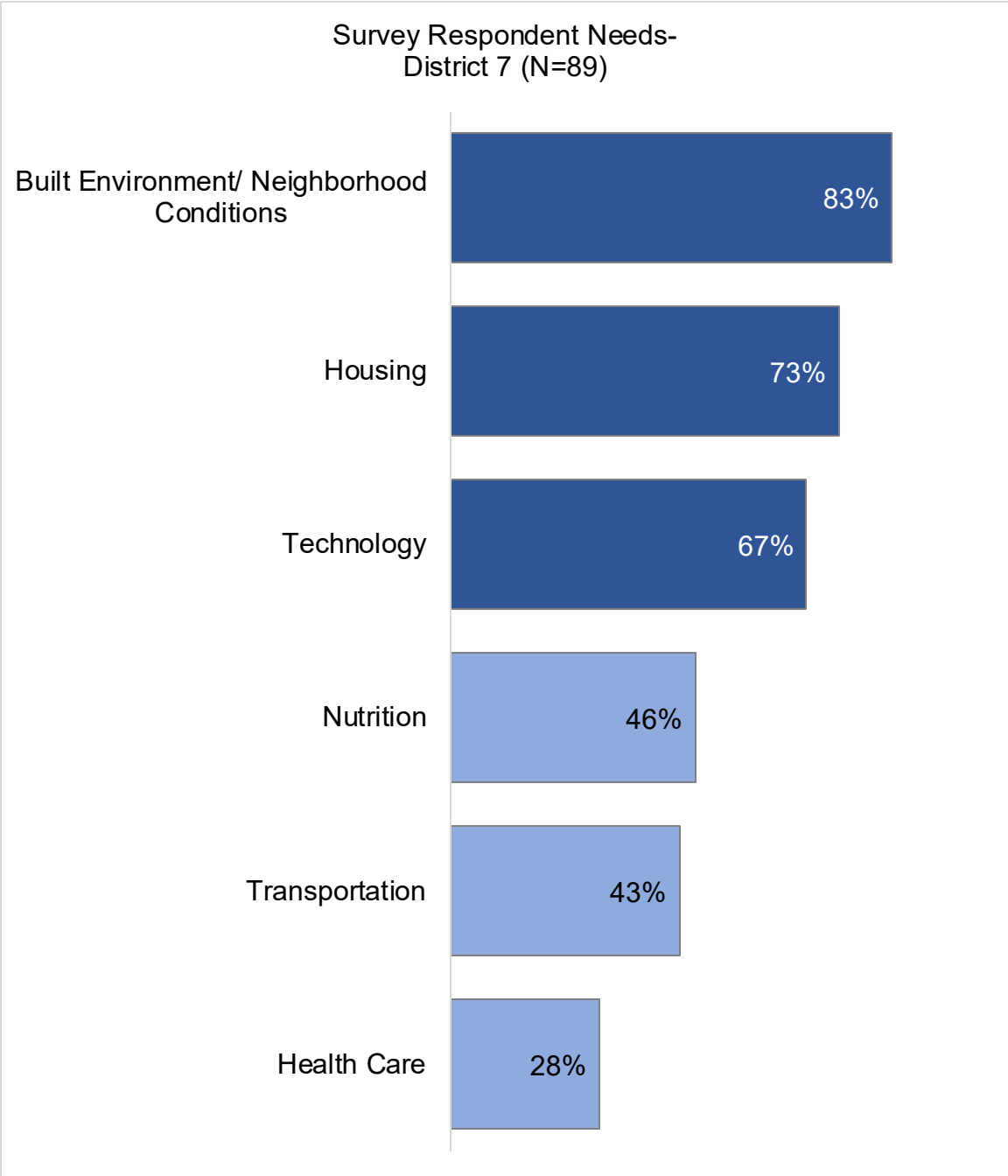


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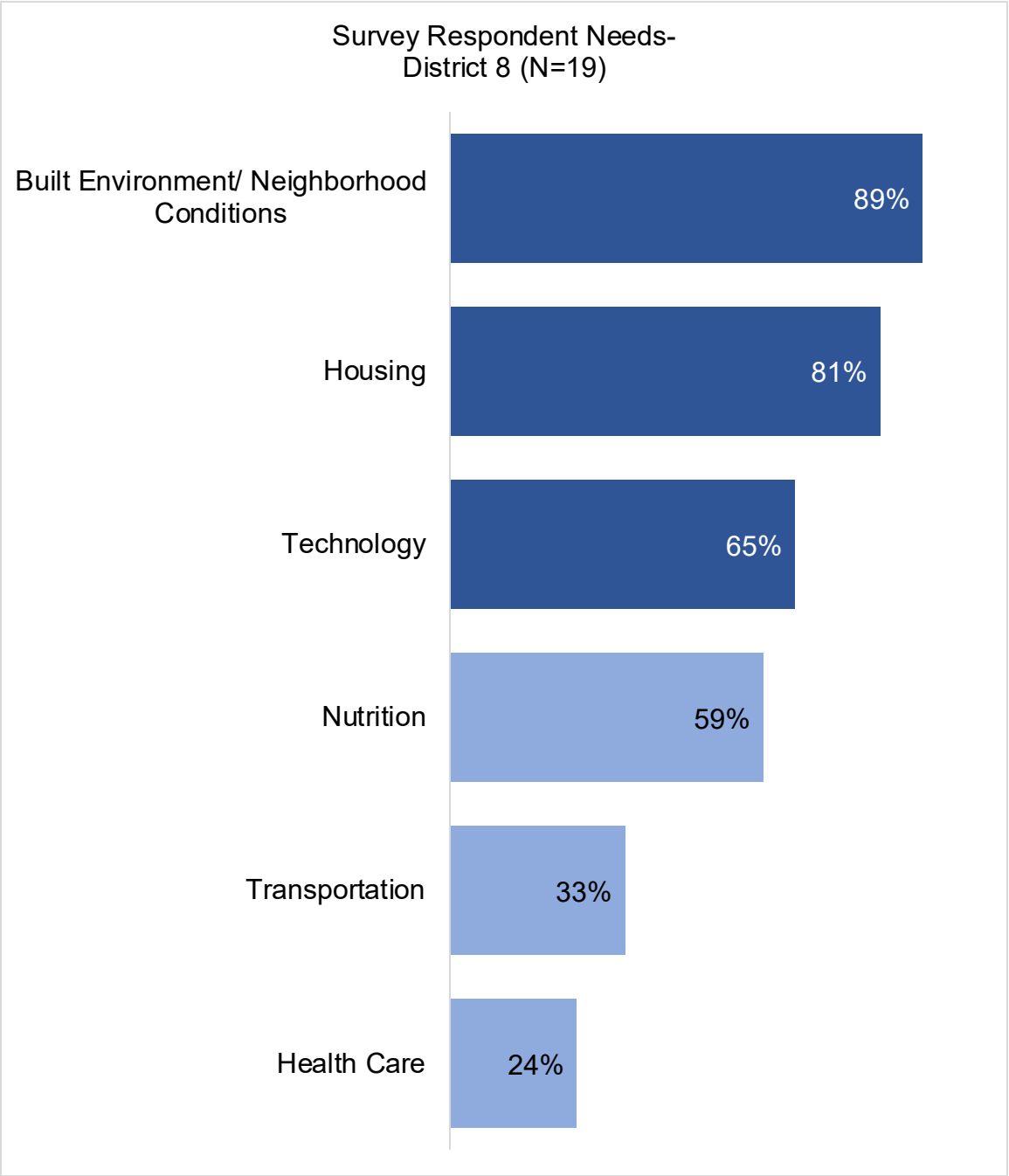


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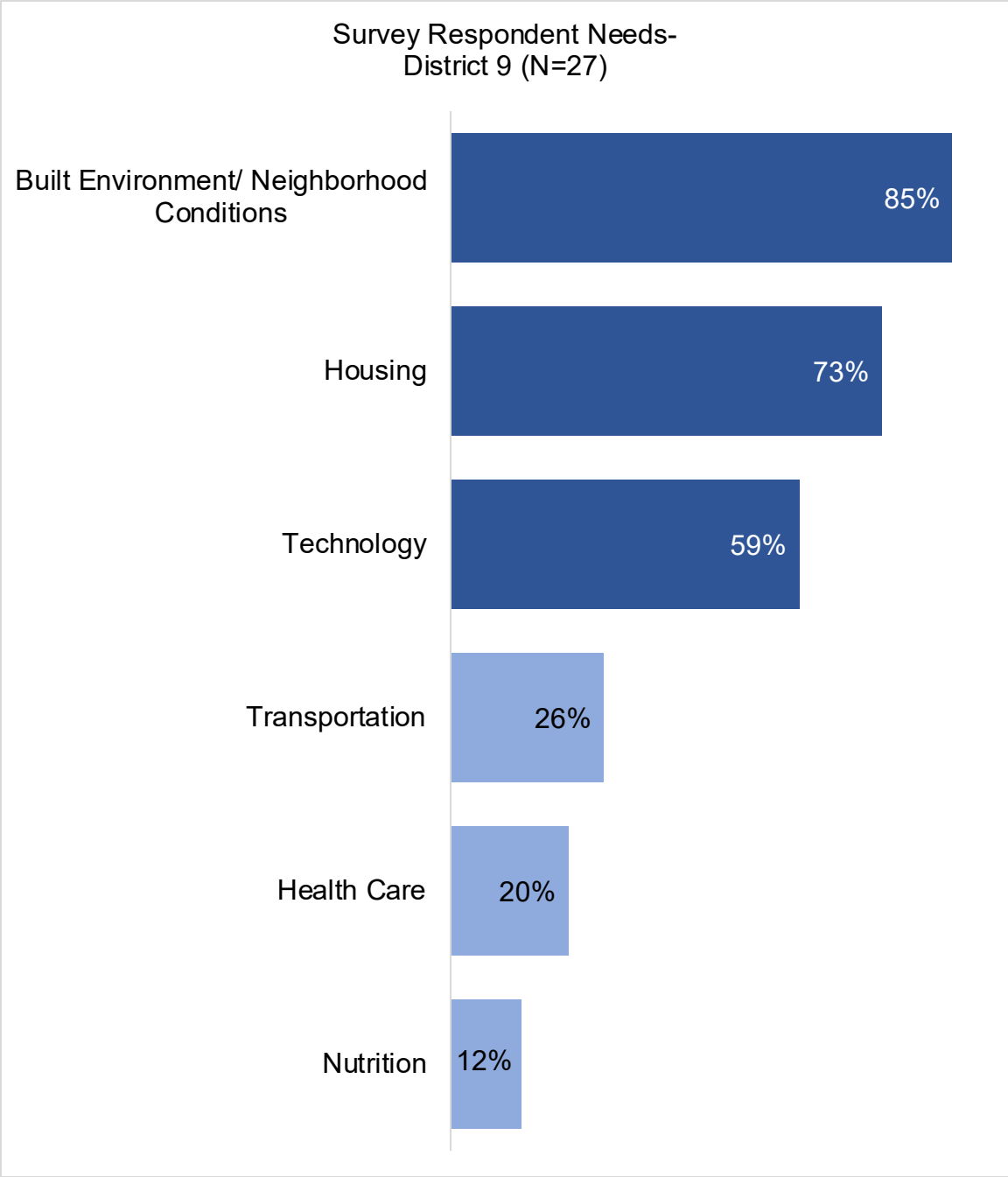


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