Chesapeake 55 and Better Comprehensive Plan

Table of Contents

1. Introduction

This Chesapeake 55 and Better Comprehensive Plan was developed with the active participation of many people in our community who had ideas and opinions about what they want their community to be like for persons 55 and over. The population of Chesapeake is growing older due to increasing life spans along with declining birth rates. Also, there is the added impact of the Baby Boomer generation that will contribute significantly to the increase in the older population.

This Plan was created to align our City's priorities for older adults across not only all City departments but also the community. This includes the many community organizations that help older adults within our City. The Plan is an agenda for action, an advocacy tool, and designed to create focus on the most important issues for the senior population.

The Plan was prepared for all persons in the community, including people 55 and older now and in the future, their caregivers and family members, and people who assist with programs and services focused on the senior population. The Plan includes generational differences recognizing that over time those who are young today will be older tomorrow. The Plan is realistic, ambitious in scope but reflecting the realities of economic conditions. Based on local data and information, it is specific to the assets, needs and challenges of Chesapeake.

Any plan this large in scope is designed to lead to strategic implementation. It is intended to focus on fundamental decisions and actions necessary in shaping and guiding systems in the future. It is flexible – setting a general direction while acknowledging the need for change over time.

Talking about programs and services needed for persons 55 and over could cover an extremely wide array of topics. In order to be realistic in scope, the Plan focuses on five primary areas of discussion and recommendations:

- Housing
- Transportation
- Health Care
- Financial Safety And Security
- Quality of Life

As part of the development of this Plan, a survey (the Chesapeake 55+ Survey) was conducted across the community in the spring of 2014. Some of the key findings included:

- 81% rated the quality of life in their neighborhood as excellent or good
- 81% reported that their health was excellent or good
- 77% are concerned about living independently and 72% are concerned about staying in their homes

- They rated volunteer opportunities and public safety as excellent or good
- They rated public transportation and job opportunities as poor
- The top responses for importance in having a high quality of life in the senior years were having financial means, staying mentally active, staying physically active, and staying connected to family and friends
- The top four choices for investment in the community were for affordable medical care, affordable housing, better transportation options, and senior centers

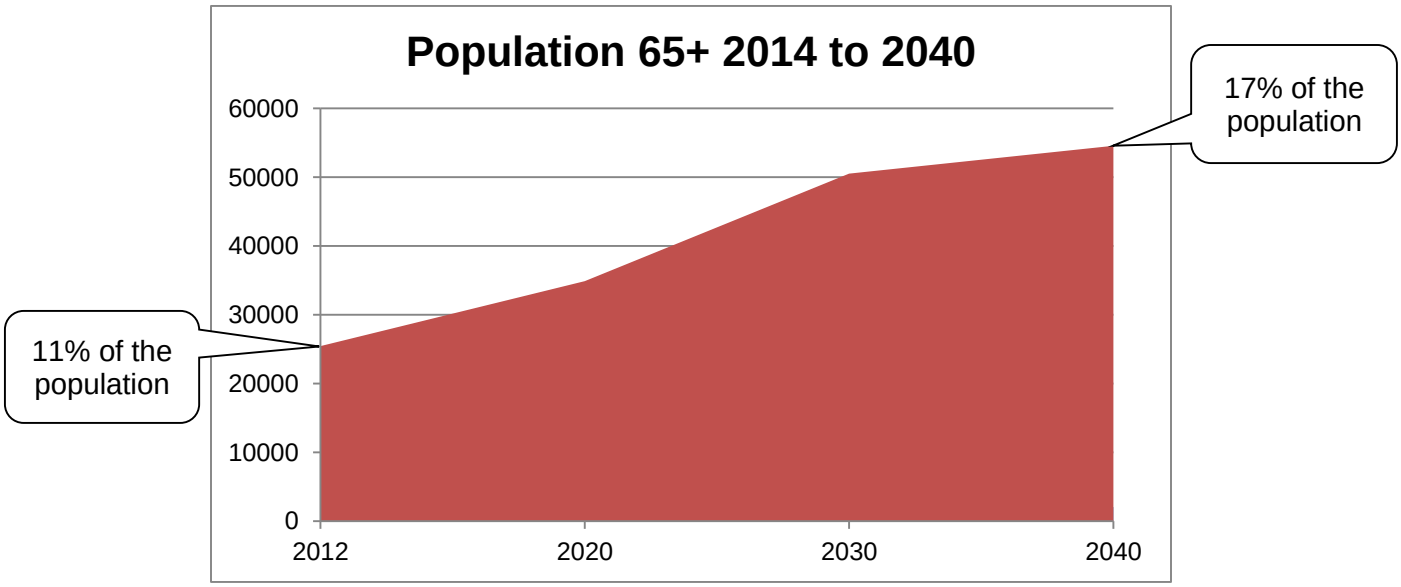
In each area, the Plan presents community oriented action items that, when accomplished, will provide for the desired programs and services to make our community safe, active, and livable for our growing senior population.

2. Why Is This Plan Important?

The populations of Chesapeake, the Commonwealth of Virginia, the U.S., and the world are all growing older due to increasing life spans along with rapidly declining birth rates. In the U.S., the added impact of the Baby Boomer generation also contributes significantly to the increase in the older population.

Population aging will shape local, regional, national and international economies and policymaking unlike any other demographic shift witnessed to date. [1]

In the Chesapeake area, between 2012 and 2040, the Welden Cooper Population Center projects a growth of 114.5% in the number of those aged 65 and older compared to an increase of 39.4% in the city's population overall. [2] As shown in the chart and table below, over the next two decades both the number and the proportion of older adults in Chesapeake are projected to increase at greater rates than in Virginia or the U.S. as a whole.



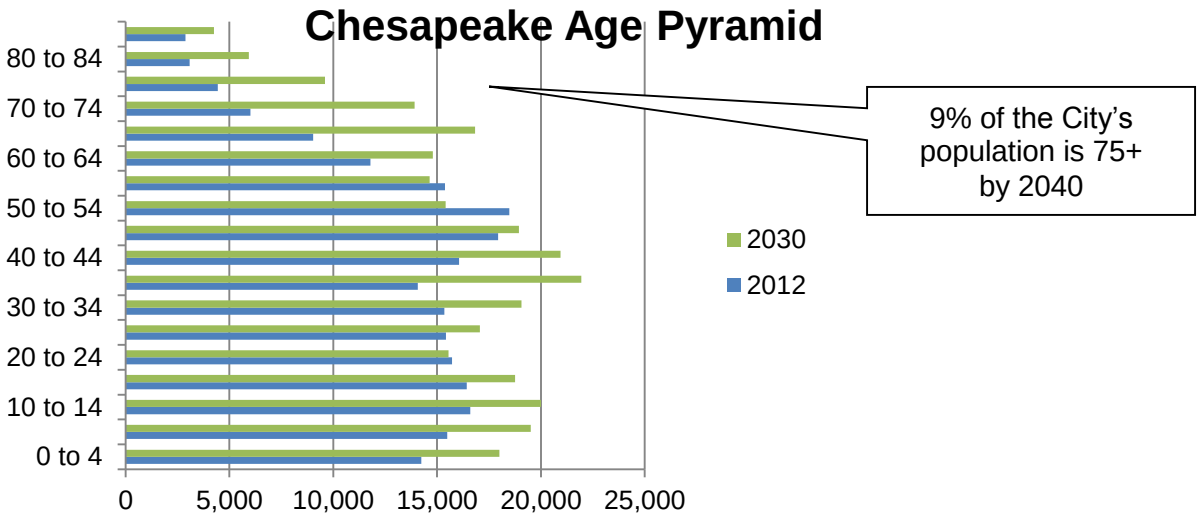
Projected Population	US (1,000s)	Virginia	Chesapeake
Number of persons aged 65+ in 2012	40,229	1,062,505	25,446
Proportion of persons aged 65+ in 2012	13.00%	25.3%	11.1%
Number of persons aged 65+ in 2040	79,719	2,990,547	54,588
Proportion of persons aged 65+ 2040	21.0%	28.4%	17.1%
Growth rate in number of persons aged 65+ from 2012 to 2040	98.2%	181.5%	114.5%
Growth rate in proportion of persons aged 65+ from 2010 to 2030	61.5%	12.4%	146.0%
Growth rate in population overall	22.5%	28.6%	39.4%

Not only is the proportion of the older populating growing, but the overall distribution of the population by age is significantly changing. In society, the working age population supports

the needs of the older population and the working age population contributes economically to fund the retirement and health care benefits for the older population. The dependency ratio is the ratio of the population 65 and older compared to the working population. For Chesapeake, it is projected to drop significantly from 2014 to 2040.

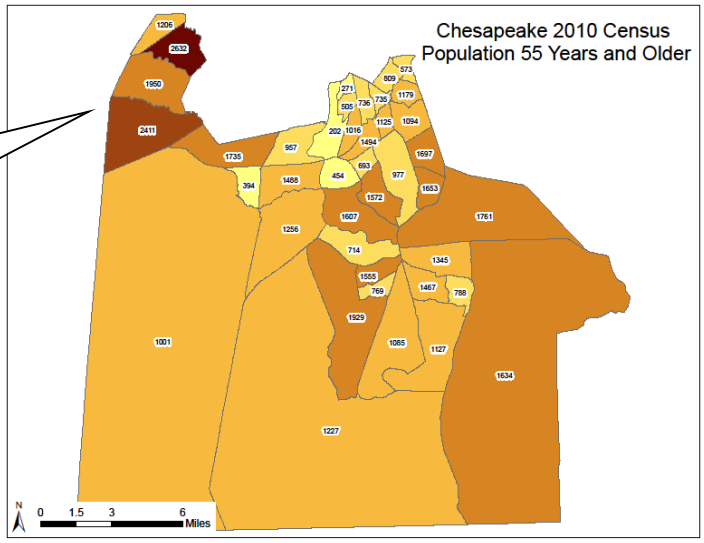
	Population 65+	Population 15-64	Dependency Ratio
2014	25,446	156,645	6.2
2020	34,891	167,716	4.8
2030	50,537	177,101	3.5
2040	54,588	200,112	3.7

With the changes over the next few decades, the age pyramid will significantly shift. The groups at the older part of the pyramid will grow while the proportion in the working ages will shrink.



Within the City, the senior population is distributed unevenly. With 78% of the population desiring to age in place, that will result in variations in need for services in different neighborhoods.

Darker areas have more persons 55+

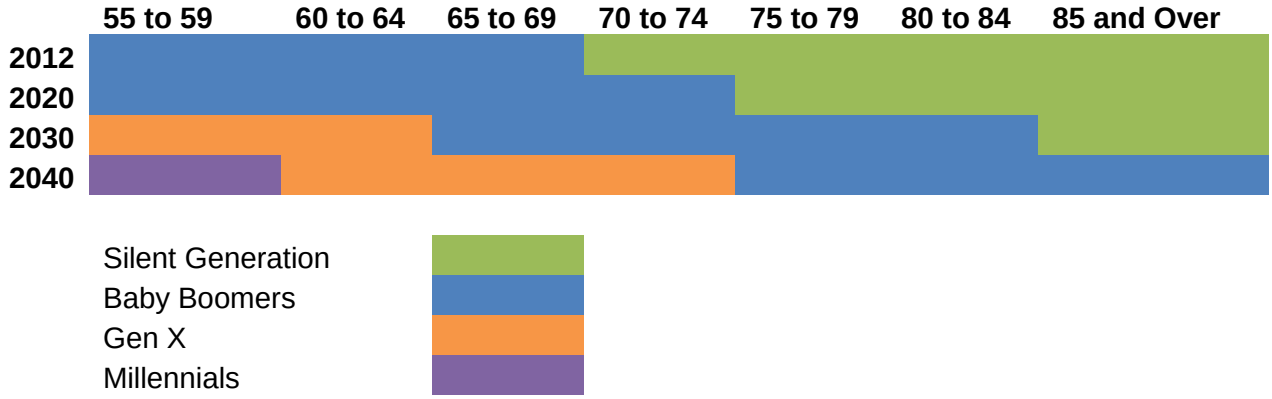


Over the course of the planning horizon for the Plan, there will be changes in the generations who are part of the senior population. America is in the throes of a demographic overhaul. Huge generation gaps have opened up in our political and social values, our economic well-being, our family structure, our racial and ethnic identity, our gender norms, our religious affiliation, and our technology use.

Today's Millennials—well-educated, tech savvy, underemployed twenty-somethings—are at risk of becoming the first generation in American history to have a lower standard of living than their parents. Meantime, more than 10,000 Baby Boomers are retiring every single day, most of them not as well prepared financially as they'd hoped. This graying of our population has helped polarize our politics and put stresses on our social safety nets.[3]

Each generation has different points of view on the issues of aging: transportation, housing, health care, what is a community, quality of life, etc. These changing values and opinions will need to be reflected in the Plan. By 2040, even the Millennials will be part of the 55 and older group.

Shifts in Generations



With the Plan in place, the community has a blue print for specific actions that, when accomplished, will support a community for a lifetime.

3. How the Plan Was Developed

This Plan was developed with the active participation of many people in our community who had ideas and opinions about what they want their community to be like for persons 55 and over. The development of the Plan was overseen by the members of the Chesapeake 55 and Better Think Tank (55+TT), with members representing a range of public and private organizations.

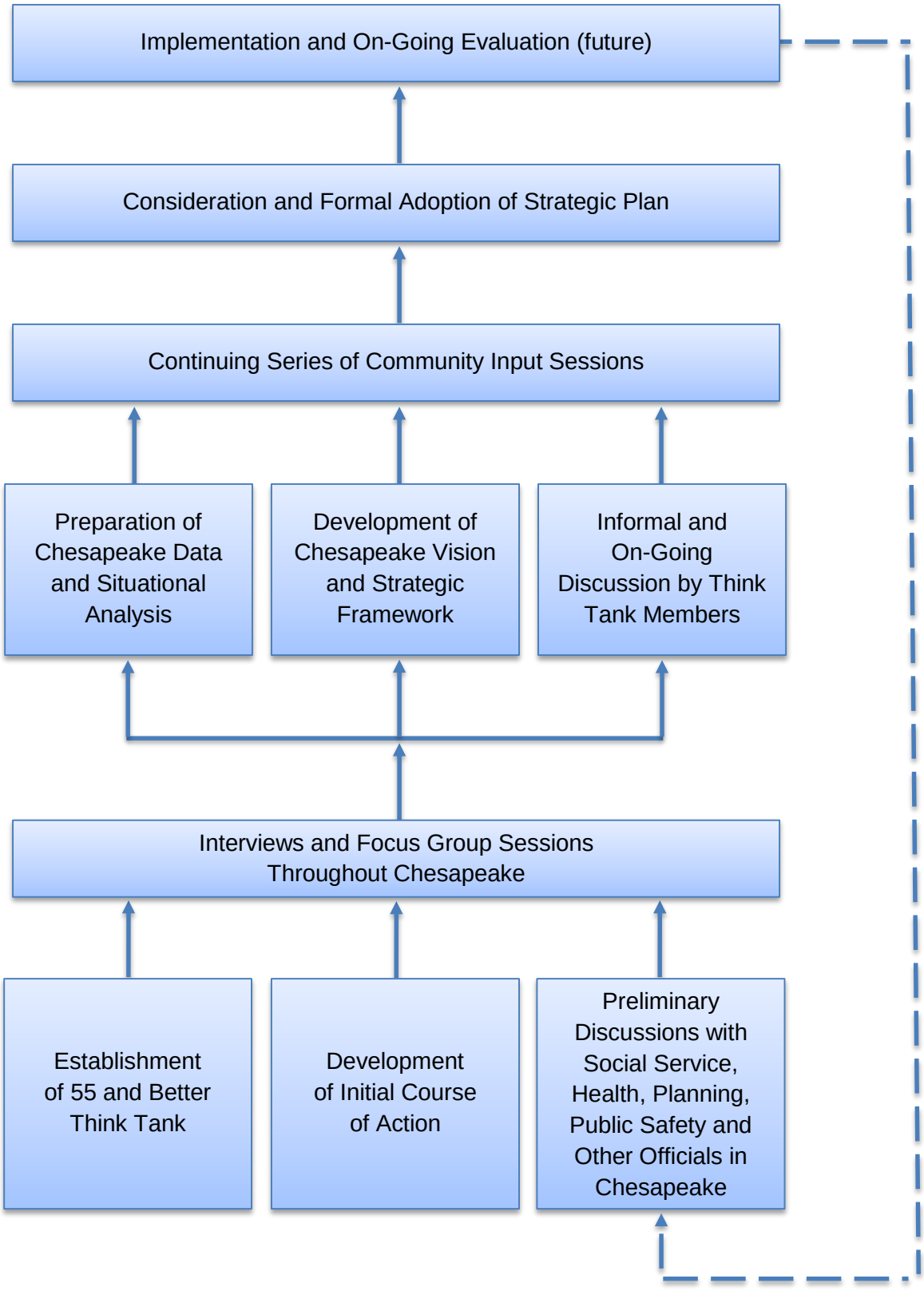
The 55+TT was convened in October 2013 with the purpose of beginning the planning process for the creation of a strategic plan as a guide to ensuring that the City of Chesapeake is prepared for the growth in the senior population. In 2008, the City developed the Comprehensive Plan for Children and Youth. This Plan provided actions, accountability, and evaluation tools for its vision: "Chesapeake's long-term economic vitality is assured through its youngest citizens being given all the educational, health and social support needed to become engaged, knowledgeable and productive citizens." It continues to guide programs, service development, and community efforts to meet that vision. The Plan was modeled after that planning and implementation process.

The Action Plan was developed based on numerous resources including:

- A *Chesapeake 55+ Survey*, a community wide baseline assessment of Chesapeake's age friendliness survey conducted by Senior Services of Southeastern Virginia in the spring of 2014
- *Chesapeake Quality of Life Study*, 2006
- *Regional Keys Making the Region a Livable Community, Senior Services of Southeastern Virginia, 2011*
- *The State of Aging & Health in America 2013,* National Center for Chronic Disease Prevention and Health Promotion
- *Investment in Priorities 2013,* The Planning Council
- *Virginia's Blueprint for Livable Communities*, Virginia Department for the Aging
- Community forums held to discuss features and priorities related to Chesapeake's age friendliness
- Interviews with key stakeholders in the community who provide programs, services and supports for the senior population

As part of the development process, the 55+TT held many community meetings. These included senior clubs, civic leagues, faith based organizations, and public meetings at a number of Chesapeake libraries and parks and recreation centers. The community made many comments about what they thought is important to have a livable community for seniors.

4. Strategic Process Components and Flow



5. Establishing the Foundation: The Vision

Absolutely essential to the successful development of a relevant and focused strategic document is getting the vision right. This statement should directly affect everything that the Plan and the community seek to achieve.

The Vision should paint a picture of a desired future for the people and communities of Chesapeake in areas where the community can make a difference through programs, policies and strategies.

It should be noted that while this Plan addresses the future for citizens 55 and over, the Vision is relevant to the entire community. While this Plan specifically addresses the specific needs of the 55 and older population, it is proposed that the same vision applies to all within our community.

After several rounds of discussion, the members of the 55 and Better Think Tank adopted the following vision statement to guide the planning process and establish what we seek to achieve.

Chesapeake…Community for a Lifetime...where all thrive with security and dignity.

6. How the Plan Can Be Used

This Plan is intended to be an advocacy tool. It pulls together in one place a set of strategies intended to help the City of Chesapeake departments and agencies, the local private and nonprofit sector organizations, and individuals move our city and region towards goals and activities that foster age-friendly physical, social, and service environments that will make our community livable for all ages.

This is an agenda for action. It will continue to evolve as new knowledge and understanding are gained and technological developments emerge. For reasons of practicality and usability, the Plan is not designed to encompass all issues and actions related to planning for persons 55 and better. Rather, it is hoped the action items suggested will lead organizations and individuals young, old, and in between to work together to implement not only these items but as well as others contributing to creating a community that truly is a place for all ages.

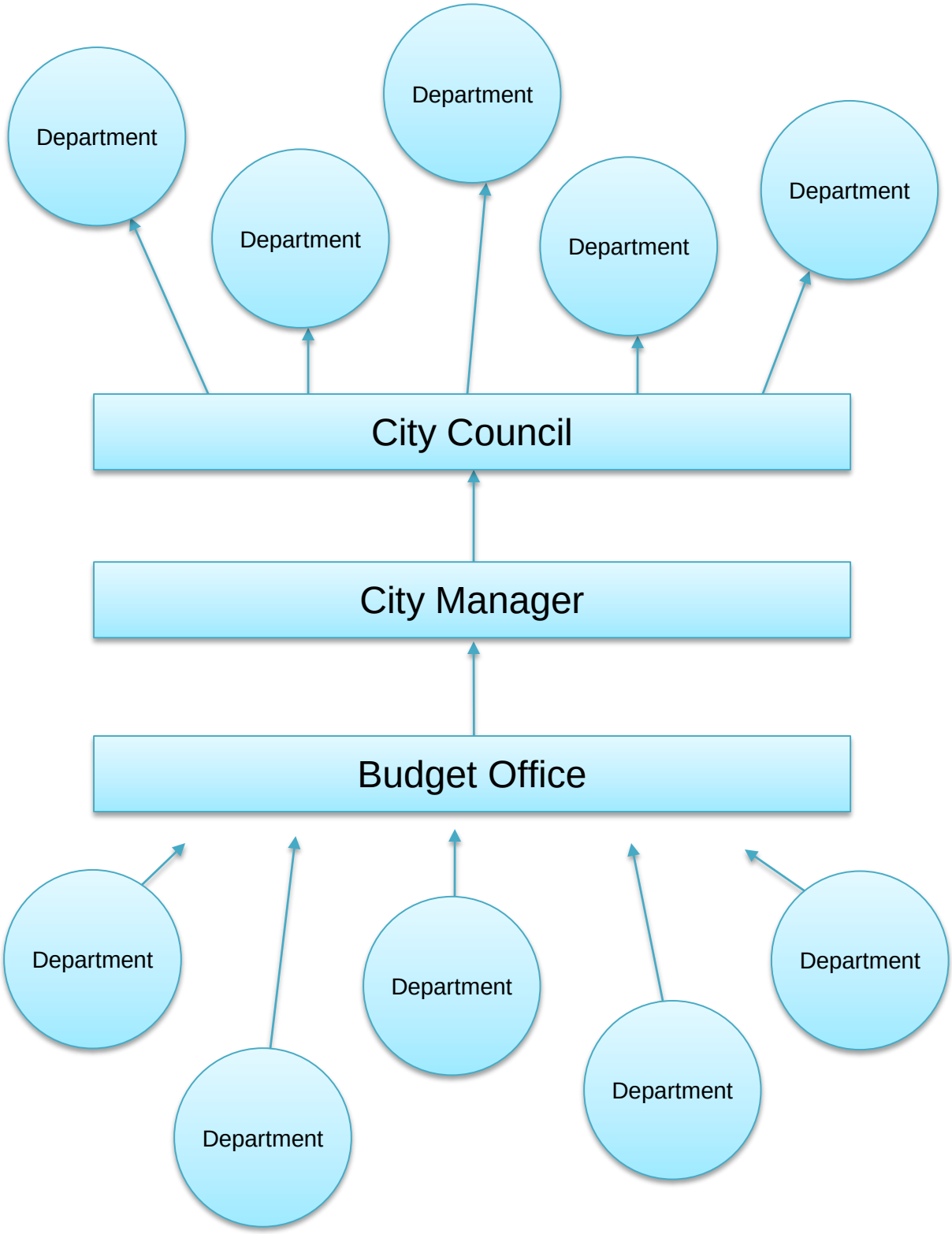
The Chesapeake 55 and Better Think Tank (55+TT) will continue to oversee the implementation and coordination of the Plan. The 55+TT will provide guidance for all the City funded services for Chesapeake's population 55 and over. With an objective of increasing communication, cooperation and improvement of coordination of care, the mandate to the 55+TT will be to address the needs of the aging population in a comprehensive, integrated approach and make recommendation to the City Manager and City Council on local funding needs or funding redirection within the City. In addition, the 55+TT would assure that services have performance outcomes. The 55+TT would be comprised of the department heads of selected City departments and agencies that provide services to the senior population as well as representatives from Senior Services of Southeastern Virginia, Hampton Roads Transportation Planning Organization/Hampton Roads Planning District Commission, the Planning Council of South Hampton Roads, Tidewater Builders Association, Chesapeake Regional Medical Center, and the Chesapeake Division of the Hampton Roads Chamber of Commerce. It would also include other community representatives. The 55+TT would recommend funding services based on the highest needs of the city's seniors and the effectiveness/outcomes of services provided.

The Department of Human Services would provide support to the 55+TT, by:

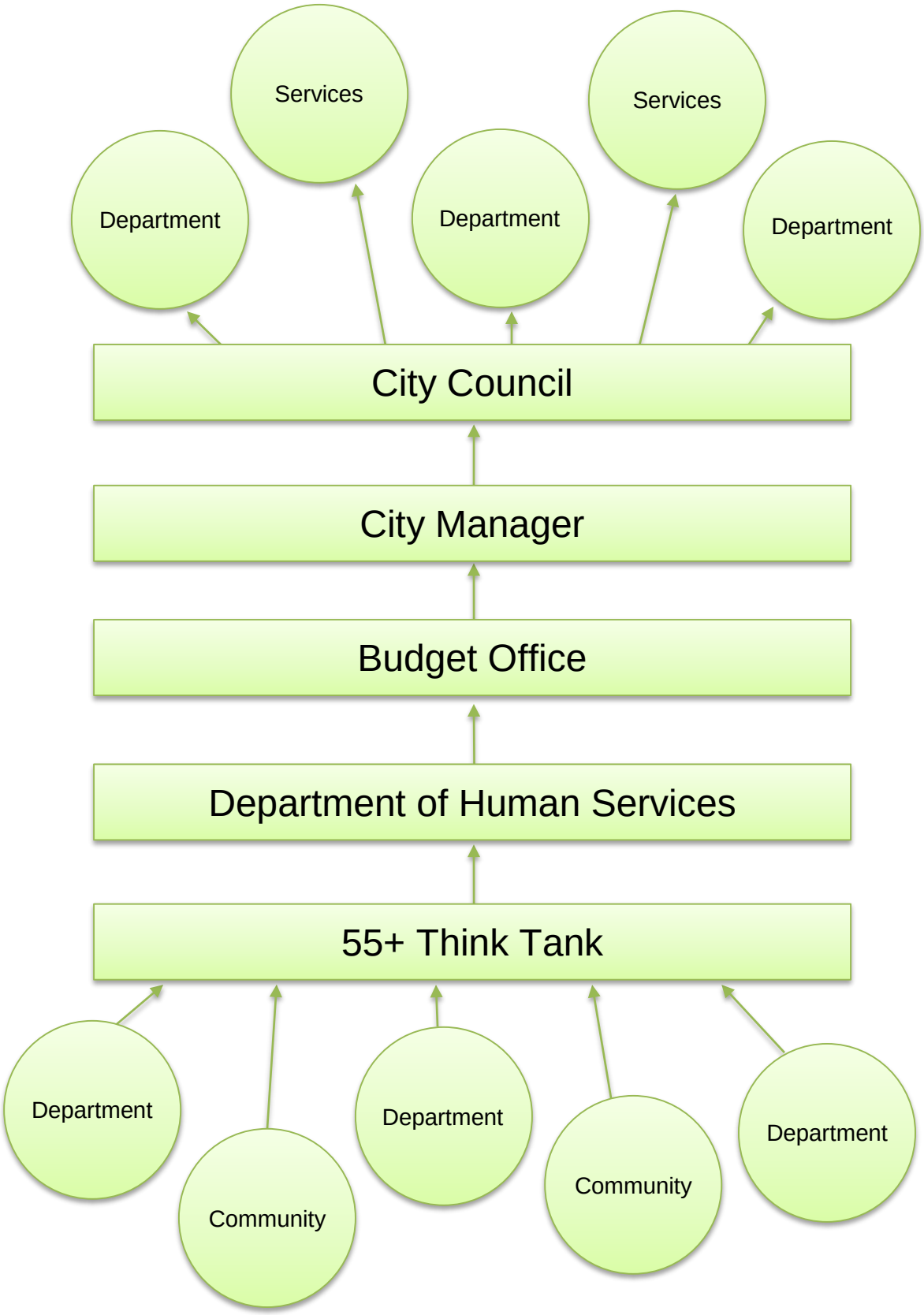
- Coordinating and implementing the City aging population planning efforts
- Maintaining information on all services provided to Chesapeake's senior population
- Collecting and reporting evaluation of effectiveness /outcomes of services provided

The 55+TT will provide an ongoing source for input into the City's planning and budgeting process. They will collect public input and inform City Departments in activities relative to the Plan.

The Current Budget Process



The Proposed Budget Process



7. Project Scope

Eight separate but closely related components were the driving principles of the work in putting the Plan together:

1. The Plan should be for all persons, regardless of income, race, ethnicity, or special needs.

2. The Plan should recognize that Chesapeake should be a livable community for all ages.

3. It is important to understand we are planning for the long term. That means including generational differences as not only Baby Boomers, but also GenX, GenY and even Millennials grow to be over 55 during the planning horizon.

4. The strategic process must be realistic: ambitious in scope but reflecting the realities of economic conditions at the local, state and national levels. It should not raise the level of expectations to a level that cannot be achieved. The initiative must focus initially on several high priority items where it can actually make some immediate differences.

5. A strategic initiative for Chesapeake is especially relevant in an era of accelerated change that characterizes virtually every aspect of society today. Programs supported by taxpayer, foundation and other dollars have a particular obligation to review their effectiveness and strategies on an on-going basis, and, where appropriate adjust.

6. The Plan must be specific to the assets, needs and challenges of Chesapeake – not a boilerplate process that is general in nature and equally applicable to any part of Virginia.

7. The Plan should be structured so strategic planning logically leads to strategic implementation. Otherwise, both the time and money expended to create the plan may have been wasted. It should include an evaluation approach that enables community leadership to realistically track the level of implementation.

8. The Plan should focus on fundamental decisions and actions that will shape and guide systems in the future, including: how the systems see themselves; the systems from the community's perspective; and appropriate roles, services and resources for the systems in the future of Chesapeake.

The 55 and Better Think Tank recognized that this strategic effort must be flexible – setting a general direction, but recognizing it will need to be reevaluated and as appropriate modified in the years immediately ahead as local needs and conditions change. What will not change is the commitment to program excellence and an insistence on accountability.

8. Structure of the Plan

The Plan has five areas of focus:

- Housing
- Transportation
- Health Care
- Financial Safety And Security
- Quality Of Life

Within each area, there is a background section and a findings section that collectively sets the stage for the recommendations. They include information from the Chesapeake 55+ Survey and other relevant research. Whenever possible, they include Chesapeake specific data and information. The Plan outlines actions that will support achievement of the overall vision in each focus area. Each set of actions was developed based on community input, research, and data.

Finally, the Plan has a set of established benchmarks. The overall indicators within each focus area will assist in ensuring we can evaluate progress towards the vision.

Action Area A: Housing

Background

Housing is considered to be a universal human need. Local research and planning activities suggest that in order to house our aging population and make Chesapeake friendly to people of all ages and abilities, it is important to ensure a full range of housing options are planned and built to be accessible, affordable, healthy, secure, located near amenities and services, and facilitate social interaction.

> The 55+ Survey reveals that availability and affordability of accessible housing was the second most suggested area for community investment to enable independent living.

The graying of America has important implications for housing demand. A 2012 survey by the Demand Institute confirms that 78% of all householders aged 65 and older intend to remain in their homes as they age. Over time, many homes will need significant retrofitting to accommodate their owners' diminishing physical mobility. There will also be growing need for neighborhood services for the rising number of older adults living at home but who can no longer drive to appointments, shopping, and other destinations. And when the oldest Baby Boomers reach age 85 in 2031, they will increasingly seek alternative situations that offer in-house services, such as group quarters, assisted living, and nursing homes.[4]

Many Millennials may choose — or be forced to — rent rather than own. Or, if they do buy, many may have the resources and the credit for smaller or different kinds of homes than what previous generations could afford. If their preferences for where they want to live ultimately differ from their parents, too — choosing cities over the suburbs, apartments over detached homes — Millennials could change the housing market even more.[5]

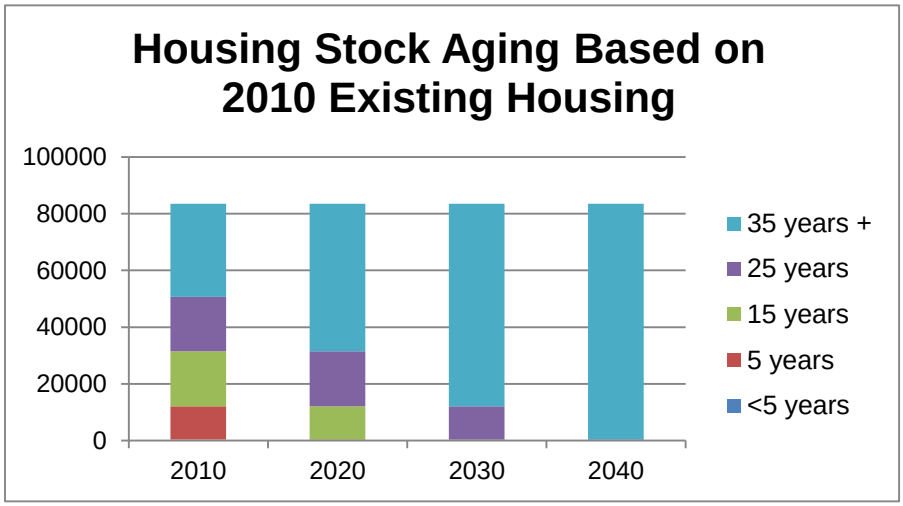
Findings

The older population expresses significant concern about being able to have affordable housing. The Department of Housing and Urban Development defines affordability as the housing cost is no more than 30% of income. Persons who pay more than 30% are considered housing burdened. According to the Census Bureau's American Community Survey, renters who are 65 and older in Chesapeake have a high housing burden.

Number and Percent of Seniors (65 and Older) Who Pay More Than 30% of Their Income Towards Rent

	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Chesapeake	1,753	65.3	1,857	68.9	1,741	66.8	1,821	68.6

Through our community discussions, seniors expressed concern that the cost to maintain and update their homes becomes prohibitive for those on fixed incomes. Not only is the population aging, but the housing stock will age as well. As an example, a couple which might have married in 1975, bought a new house in 1980, raised their children, and now is soon to enter retirement find themselves with a 40 year old house that may need a new roof, HVAC, windows, etc.



They also had concerns that there is a risk of being scammed by unscrupulous service providers who take payment and don't deliver the service or it is substandard. The Chesapeake Comprehensive Plan states that more than 80% of senior householders will be homeowners. Rising energy prices have also impacted overall housing affordability especially for those living in older, less energy efficient homes.

Incorporating universal design may only add about 5% to the costs of building a home, compared to building a similar home without universal design features. But the lack of a home that can accommodate the physical needs of the aging population is a key factor in isolation, falls, or having to move from the home.

One segment of the community that represents potential unique population needs is veterans. The number of 65 and older veterans in Chesapeake is projected to grow from 8,200 in 2012 to 16,000 in 2040.[6] It is estimated that 21% of veterans suffer from Post Traumatic Stress Disorder and other trauma induced conditions, making them more likely to have challenges in finding stable housing.

***Action Item 1.1 – Provide Education to Consumers, Planners and Developers*:** Age-friendly housing must be better understood on both the supply and demand sides.

- Educate residents who are looking for housing and those who desire to stay in their existing homes about options and costs so they can find the best fit with their current and, ideally, their future needs, whether they are looking for affordable or market-rate housing or they are seeking long-term care services and supports.

- Offer streamlined guidance to planners and developers regarding best practices for age-friendly housing and technical assistance for completing age- and ability-appropriate housing (e.g., zoning and building codes, resources for answering questions, checklists of housing characteristics, pattern books, universal design standards).
- Offer suggestions for home modifications to increase accessibility.

***Action Item 1.2 – Improve Accessibility*:** Policy efforts that lead to inclusive and accessible housing are critical for our City as we all continue to age.

- Adopt policies, offer incentives and implement programs to enhance aspects of age-friendly policies and programs in the City's Comprehensive Plans including accessible infrastructure – sidewalks, curb cuts, cross walks, transportation shelters – to connect housing to social, medical, recreational, faith based, and employment centers ("walkability").
- Review and strengthen policies that pertain to tax abatements, local and statewide structural code, fair housing, green building, urban renewal, visit-ability (minimally, having at least one no-step entrance, interior doors providing 31.75 inches or more of unobstructed passage space, and a toilet on the main floor), and affordability to increase the availability of accessible housing for older adults.

***Action Item 1.3 – Encourage Innovative Approaches to Housing Older Adults*:**
Chesapeake desires to be a leader in urban planning and smart growth. The city has a unique opportunity to advance the planning and development of sustainable housing and communities for residents of all ages.

- Encourage demonstration projects, design competitions, innovative approaches to shared housing (e.g., accessible accessory dwelling units, shared single-family homes, flex suites), and intergenerational housing and all-age communities.
- Encourage the development of housing for veterans, previously homeless, and other at risk populations.

***Action Item 1.4 – Advance Opportunities for Aging in Community*:** Chesapeake is a city of neighborhoods, each with its own geographic and socioeconomic characteristics. Opportunities to age in place should be available in each of Chesapeake's neighborhoods to provide ample choices for community-residing older adults as well as to foster healthy, connected neighborhoods.

- Review and strengthen City codes that regulate development practices in order to reduce obstacles to shared housing and other housing models that meet the needs of older adults who want to continue to live independently in their neighborhoods.
- Foster the creation of private and public outdoor spaces for social interactions in and near housing developments, particularly in parts of the city that are park deficient.

- Find ways to assist homeowners and landlords to maintain and update their housing stock as it ages including low cost maintenance/repair programs and a central referral system for quality vendors.
- Take advantage of existing and emerging technologies to assist people to age in place at home, such as unobtrusive monitoring of activity to identify changes in health, digital technologies that help people stay in touch with family and friends, and other assistive technologies.

Action Area B: Transportation

Background

Transportation is vital to older adults' mobility, quality of life, and independence. It takes many forms, including walking, bicycling, private automobiles, community transportation options, public transit and paratransit services. Historical development patterns affect our transportation choices, and areas within Chesapeake hold differing challenges and opportunities.

According to a recent report from the Hampton Roads Planning District Commission, 69% of the populations in our Metropolitan Statistical Area who are 65-79 have poor access to public transportation. "Absent access to affordable travel options, seniors face isolation, a reduced quality of life and possible economic hardship." [7]

> On average, men live 7 years after having to stop driving and women live 10 years.

Findings

Mobility is a crucial component of everyone's quality of life. Affordable, easy-to-use, and flexible transportation options are essential for accessing health care services, establishing and maintaining social and family contacts, and preserving independence and general well-being.[8]

"…many older people see mobility as inextricably linked to personal image, dignity, and well-being. Other research has suggested that the ability to stay connected to friends and community is an important element to physical and mental health. Most adults equate mobility with the ability to drive; the loss of driving is seen as a handicap, which results in, at best, a change in lifestyle and, at worst, the end of life as they know it."[9]

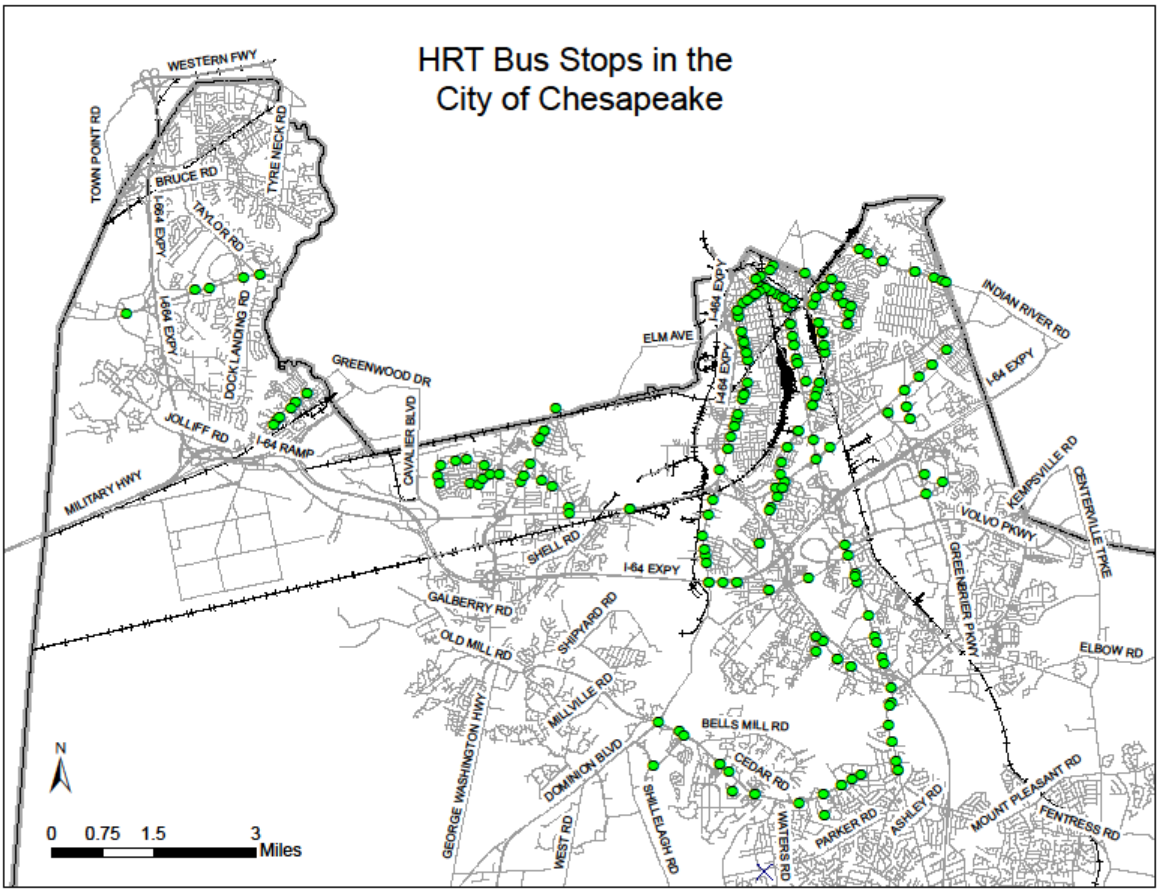
Lack of transportation is a significant impediment to independence. Seniors live in fear of not having access to a car so that they can go to the places they need, i.e. shopping, medical appointment, and social activities. According to the Census Bureau in 2012 in Chesapeake, between 1.77 and 2.88% of heads of households ages 65 and older did not have a vehicle available for their households.

In the Chesapeake 55+ Survey, transportation ranked last as currently meeting community needs. And, it was ranked as the third most important investment, just behind access to health care and affordable housing.

When asked "If additional funds become available for transportation projects in the future, what do you think the highest priority spending areas should be to help serve seniors?", 29.7% rated expanding services for persons that need assistance like HandiRide or Paratransit as their

priority and 20.1% rated expanding mass transit services such as light rail or bus routes as their priority. Clearly, there is a demand for transportation other than private cars.

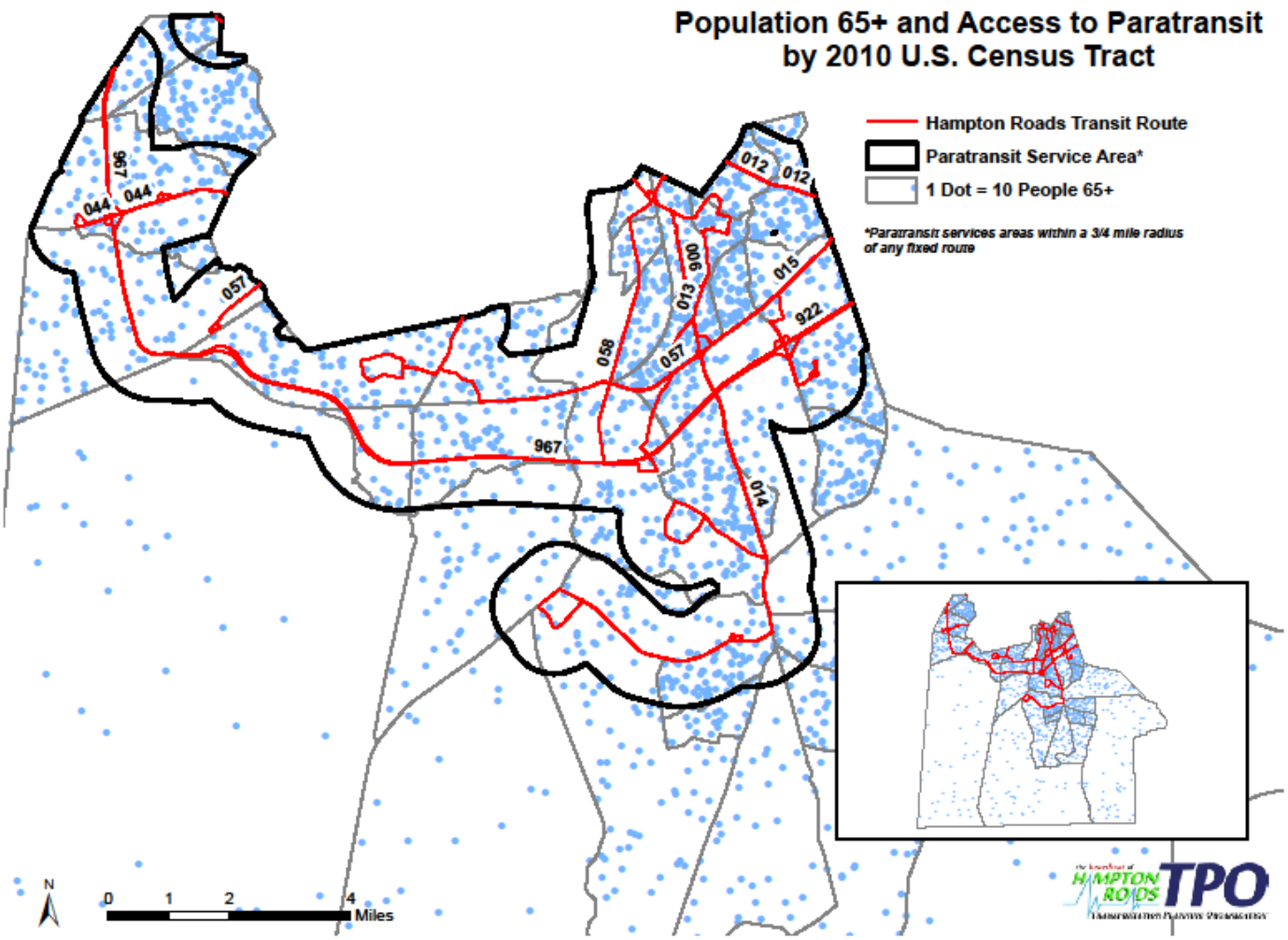
Currently there is limited public transit available in Chesapeake. The funding model used by Hampton Roads Transit requires each city to pay for the services that are offered within its boundaries. The City of Chesapeake has not invested in public transit to the same extent as other communities in South Hampton Roads. The result is limited availability of public transit services.



Research finds that older drivers use public transit more often. As an example, one in three older non-drivers walk on a given day in denser areas, as compared to 1 in 14 in more spread-out areas. More than half of older non-drivers use public transportation occasionally in denser areas, as compared to 1 in 20 in more spread-out areas.[10]

The aging population also needs transit that accommodates their physical needs. As physical mobility decreases, there is growing dependence on wheelchairs resulting in the need for paratransit services to accommodate those with physical limitations. Currently, HRT only provides its HandiRide services within ¾ mile of the HRT public transit routes. Senior Services provides on-demand transportation on a limited basis for low income persons with disabilities and seniors. In FY 2013, it provided just over 9,000 rides to persons with disabilities and/or persons 60+ in Chesapeake. Guardian Angel Medical Transport provides non-medical

transportation on a fee for service basis. The chart below shows the areas that are covered by HRT paratransit and American Disabilities Act services compared to where seniors live.



As the other generations move into the 55+category, the types of desired transportation change. Millennials are using transportation differently than Generation X or Baby Boomers. Below are ways Millennial behavior is impacting transportation:

- They desire a multi-modal transportation system. Millennials tend to use more than one mode of transportation in a given journey, commonly referred to as mixed-mode or multi-modal commuting. According to an American Public Transportation Association report, nearly 70% of Millennials use multiple ways of getting around a city or suburb. They choose the most practical method of transportation for each trip, and use multiple travel options several times a week. About 46% of Millennials say that the main reason for walking or riding a bike is to save money.

- They ride public transit more often. This generation has a reduced dependence on the automobile. Car-sharing, bike-sharing, walking and car ownership all play a part in the multi-modal network, but public transportation is ranked highest as the best way to connect to other methods of transportation.

- They like to be connected. A key benefit to public transportation is that you can multitask—such as texting friends while on the way to the office. This tech-savvy generation is the most educated generation in American history, and being constantly connected is just one of the ways they keep up with an ever-changing world.

Transportation planning is critically important to creating an age-friendly community, including the need to locate transportation infrastructure in close proximity to housing that meets the need of a range of citizens, as well as to services that are necessary for accomplishing daily activities.

Action Item 2.1 – Active transportation promotes active aging and is a fundamental aspect of a healthy, age-friendly city.

- Develop and implement policies that lead to environments that are non-auto-centric, safe, and developed to facilitate physical activity and convenient local access.
- Ensure active transportation infrastructure (such as bus shelters, benches, traffic signals, signage) is available in all areas of the city.
- Build transportation infrastructure with universal design principles (above and beyond required minimum accessibility standards), that lead to safe, healthy, efficient, and well-maintained systems.

Action Item 2.2 – Develop increased portions of the community that are supported by public transit. This provides the option for Baby Boomers and Millennials to use multi-modal transit options as a choice and when they can no longer use their car.

- Create optional dense areas where walking and transit work best.
- Align infrastructure and services with land use.
- Improve pedestrian facilities (sidewalks, signal timing) and public transportation (frequency, speed, and options) to create unobstructed paths of travel.

Action Item 2.3 – Coordinated transportation planning efforts are required in our city and region around specific transportation options for older adults and people with disabilities for public, for-profit, and nonprofit organizations. People in Chesapeake don't only move within the city, but have the need to go to other areas for medical appointments, shopping, socialization, jobs, etc.

- Identify and prepare for aging-related mobility trends that affect all modes of transportation serving Chesapeake and Hampton Roads.

- Create planning process to coordinate transportation options and create one stop shopping call center for transportation assistance.
- Dedicate appropriate funding to create an accessible and integrated multi-modal transportation system that meets the needs of a rapidly aging population.

Action Item 2.4 – Current transportation systems are primarily focused in two areas: public transit and private automobiles. Both modes are growing more costly, and constraints regarding system capacity and environmental sustainability abound. Additional community based transportation options are needed in order to create a reliable, safe, equitable, accessible, and affordable system.

- Improve the range of accessible transportation options. Prioritize investment in parts of the city where there are notable deficiencies in active transportation infrastructure or where denser housing creates opportunities for multi-modal transit.
- Increase availability of paratransit services to meet increasing demand as the number of people with physical mobility limitations increases. Support services for uninsured, low income seniors who need assistance via paratransit services.
- Consider community buses—small accessible and scheduled buses in which the driver provides substantial assistance. Community buses are also attractive because they are specifically routed to serve the origins and destinations of most interest to older people and where older people live.
- Foster the use and availability of alternative transportation options that are community oriented, such as car-share/ride-share programs, volunteer drivers, and local cooperatives.

Action Item 2.5 – People of all ages can benefit from learning about transportation options, whether they are using them or not.

- Promote educational opportunities for all adults – whether they drive or not – that teach them about alternative transportation options. All would be well-served to learn about the rights, responsibilities, and tendencies of users of all modes of transportation, including pedestrians, cyclists, drivers and transit riders.
- Encourage families, friends, and health care professionals to learn how and when to intervene when someone is no longer a safe driver.
- Develop a single point of contact for information and referral to transportation options.

Action Area C: Access to Health Care Services

Background

The convergence of four key factors drives how the older population will impact U.S. health care. Meeting these future health care challenges will require more resources, new approaches to care delivery and a much greater focus on wellness and prevention. The key factors include:

- The significant change in the number of older persons
- The prevalence of chronic diseases is increasing among older persons
- Older adults have different needs and expectations than past generations
- More medical services and technologies are available than ever before [11]

The dramatic increase in births between 1946 and 1964, dubbed the "Baby Boomer," drove many public services – particularly schools – to add capacity that wasn't needed in the years immediately following. However, for health care, the situation is different. While this population will create a notable rise in demand for services, the demand will continue rather than drop off because everyone – including Baby Boomers and the members of Generations X and Y that follow – is living longer and with more chronic disease.

At the turn of the 20th century, just before Baby Boomers' parents were born, U.S. life expectancy was 47 years of age. In 2010 (the last year for which data are available), it was 78.7 – an additional 30 years of life.

People are living longer because of both lifestyle changes and advances in health care. For example, fewer people smoke today than in the past. In the 1950's more than half of men and a third of women smoked cigarettes. By 2012, those numbers were down to 21% of men and 16% of women. Thanks to major advances in medicine, fewer people die at an early age from heart disease and cancer. For example, the five year cancer survival rate improved from 50% in the mid '70s (1975-1977) to 68% (2003-2009).[12]

62% of 50-to-64 year olds reported they had at least one of six chronic conditions (hypertension, high cholesterol, arthritis, diabetes, heart disease and cancer). Of Americans 65 and older, 80% have at least one chronic disease that requires ongoing care and management.[13]

Since the biggest factors influencing medical spending are chronic illness and a patient's level of disability, the growing incidence of multiple chronic conditions will put increasing demands on our health care system. The number of Americans with diabetes is expected to rise from 30 million today to 46 million by 2030, when one of every four Baby Boomers will be living with this chronic disease. These diabetic Baby Boomers will require continuous medical management in both inpatient and outpatient settings.

According to *The United States of Aging*, most seniors express little concern about the status of their health today.[14] At the same time, many are not investing in activities that are important to help them manage their health for the long term.

- 60% of seniors say their health has been normal in the past year
- 84% of seniors say they have at least one chronic health condition and 44% have at least three chronic health conditions
- A majority (84%) of seniors say it is not difficult to perform regular activities independently
- Most seniors (83%) with one or more chronic health conditions are confident they can manage their health conditions so as to reduce their need to see a doctor
- More than half (51%) of all seniors have not set any specific goals to manage their health in the past 12 months
- 81% of seniors did not receive any help to develop an action plan to manage their health in the past 12 months. The opportunities for health improvement are even greater among low-income seniors
- 75% of low-income seniors with one or more chronic health conditions cite at least one barrier toward managing their health, such as lack of energy or money, compared with 53% of seniors nationally, and 65% have at least two chronic health conditions

The health care system is complex and at times very difficult to navigate. Care is often fragmented across multiple providers. It is often the responsibility of the patient to act as a care coordinator to explain to various medical personnel their issues, list of medications, and treatment plans. With the normal aging process, the decreasing ability to communicate complex ideas in a fragmented arena leads to miscommunication and misunderstanding. This can lead to poor medical care. This is particularly true with the transition from hospital/rehab facility to home. At the time of discharge, the patient and their caregivers are focused on getting out of the facility, not necessarily on what is being told to them about changes in medication, need for follow up care, or warning signs to watch for. National statistics show that an average 20% of patients are readmitted within 30 days. Good quality care transition programs can reduce this readmission rate by up to 20%.[15]

Alzheimer's is officially the sixth leading cause of death in the United States and the fifth leading cause of death for those aged 65 and older. It kills more than prostate cancer and breast cancer combined. Women are at the epicenter of the Alzheimer's crisis. Nearly two-thirds of those with Alzheimer's disease – 3.2 million – are women. Women in their 60s are about two times more likely to develop Alzheimer's disease in the rest of their lives than they are to develop breast cancer. More than 3 in 5 unpaid Alzheimer's caregivers are women – and there are 2.5 more women than men who provide on-duty care 24-hours a day for someone with Alzheimer's. Among women caregivers who also work, 20% have gone from working full time to part time because of their caregiving duties. [16]

Falls are the most common cause of injury to older adults. As people live longer, remain more active and take multiple medications, the probability of trauma caused by falls inside and outside of the home will increase. More than one-third of adults 65 or older fall each year. Of those who fall, 20 to 30% suffer moderate to severe injuries (such as hip fractures) that decrease mobility and independence.[17]

Technology will make care more accessible to the aging population. The persons who will turn 55 over the next decade will be early participants in an era of "virtual caregivers." Health technology will move into the home at a steady pace. Remote monitoring and other technologies will help keep many patients out of the hospital, and will provide communication links with caregivers who will need new processes for monitoring the stream of information and responding appropriately. Wearable devices will allow continuous monitoring of a patient's condition while he or she goes about daily activities. Monitors also can detect unusual patterns of activity in the home and send alerts to caregivers or relatives. The aging population will be taking multiple medications; smart pill bottles will be able to detect when they have missed a medication and remind them or alert someone else.

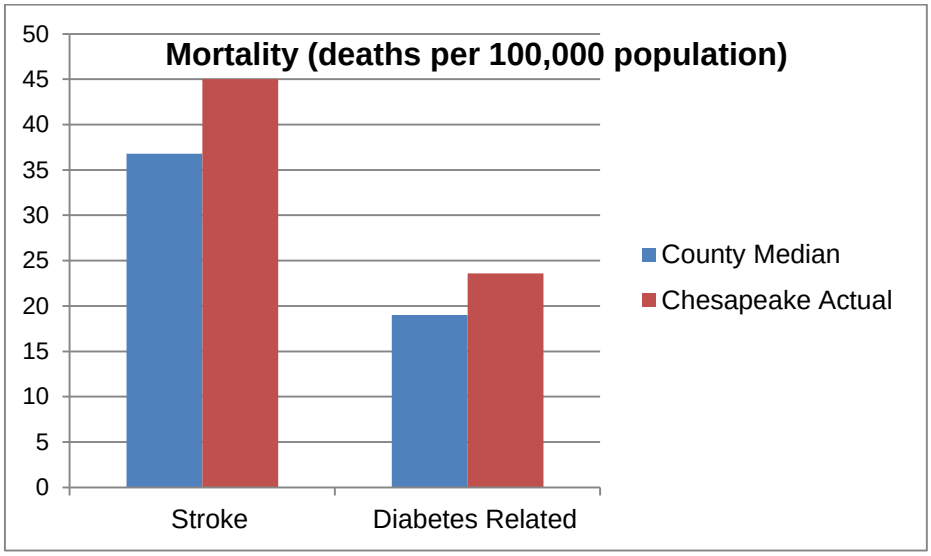
What most people want at the end of their lives is well-documented—to die, as pain-free as possible, at home with family present and to have their wishes honored. Advance care planning is a staged, ongoing process of assisting individuals in understanding, articulating and documenting their values as they relate to medical choices and discussing them with family, loved ones, and providers. Advance care plans allow people to maintain control over their medical treatment and to ensure that they receive the type of treatment they desire when serious injury or illness prevents them from speaking for themselves. The advantages to creating this Plan seem obvious but too few adults are aware of these documents or have them completed. National and state data on individuals having completed advance care plans indicate:

- In spite of widespread efforts to promote advance care planning and the use of advance directives, studies find that only 18-36% of Americans have completed an advance directive.[18]
- 82% survey respondents say it's important to put their end-of-life wishes in writing; however, only 23% have actually done it.

Findings

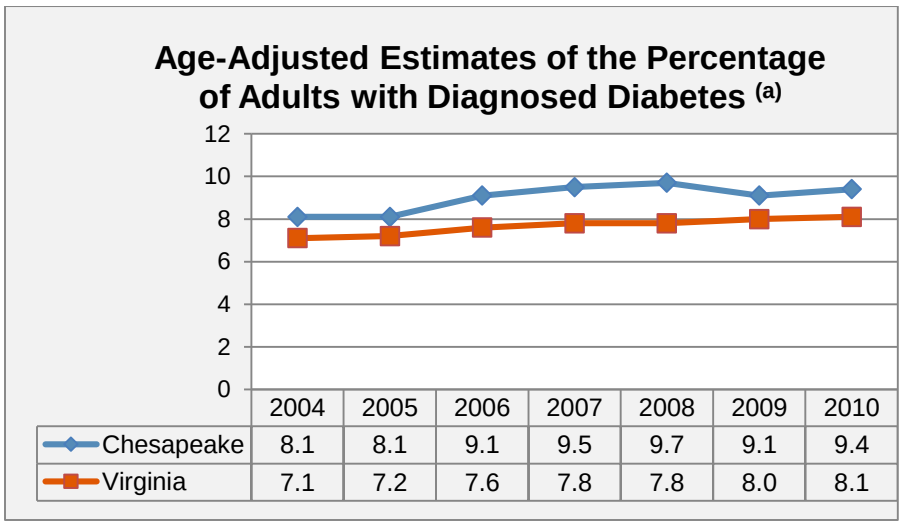
From the Chesapeake 55+ Survey, 81% of the respondents rated their health as good or excellent. But, from other sources, Chesapeake residents have higher rates of selected chronic conditions than the Virginia average.

According to comparison data from the Health Resources Administration, Chesapeake has a higher death rate for selected chronic diseases than a group of counties that have similar demographic, economic, and geographic characteristics.

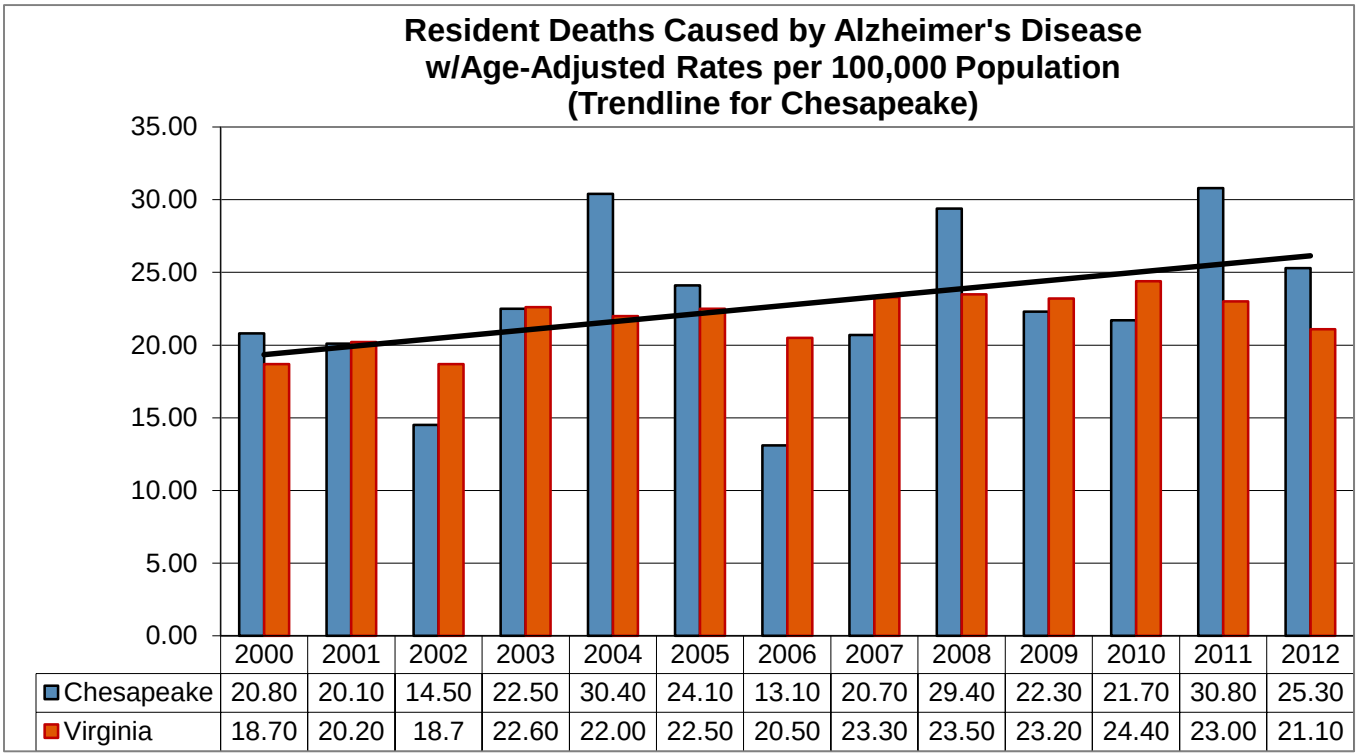


The Virginia Community Health Atlas 2013, shows that Chesapeake has higher age adjusted mortality rates than the Hampton Roads average for a number of chronic conditions.

Virginia Community Health Atlas, 2013 Age Adjusted Death Rates per 100,000	Virginia Total	Hampton Roads	**Chesapeake**	Norfolk	Portsmouth	Virginia Beach
Malignant Neoplasms	169.5	182.1	188.6	196.6	255.3	156.6
Heart Disease	161.3	172.7	181.6	205.5	190.5	137.7
Cerebrovascular Diseases	41.4	41.7	40.9	51.5	57	31.9
Chronic Lower Respiratory Diseases	38.4	42.5	39.6	48.9	42.9	40.8
Alzheimer's Disease	23	28.5	30.8	24.3	27.9	28.0
Nephritis and Nephrosis	17.6	20.9	22.0	27.2	--	16.3
Diabetes Mellitus	19.4	24	25.6	29.9	32	16.3
Influenza and Pneumonia	17.4	16	16.1	15.7	--	15.4



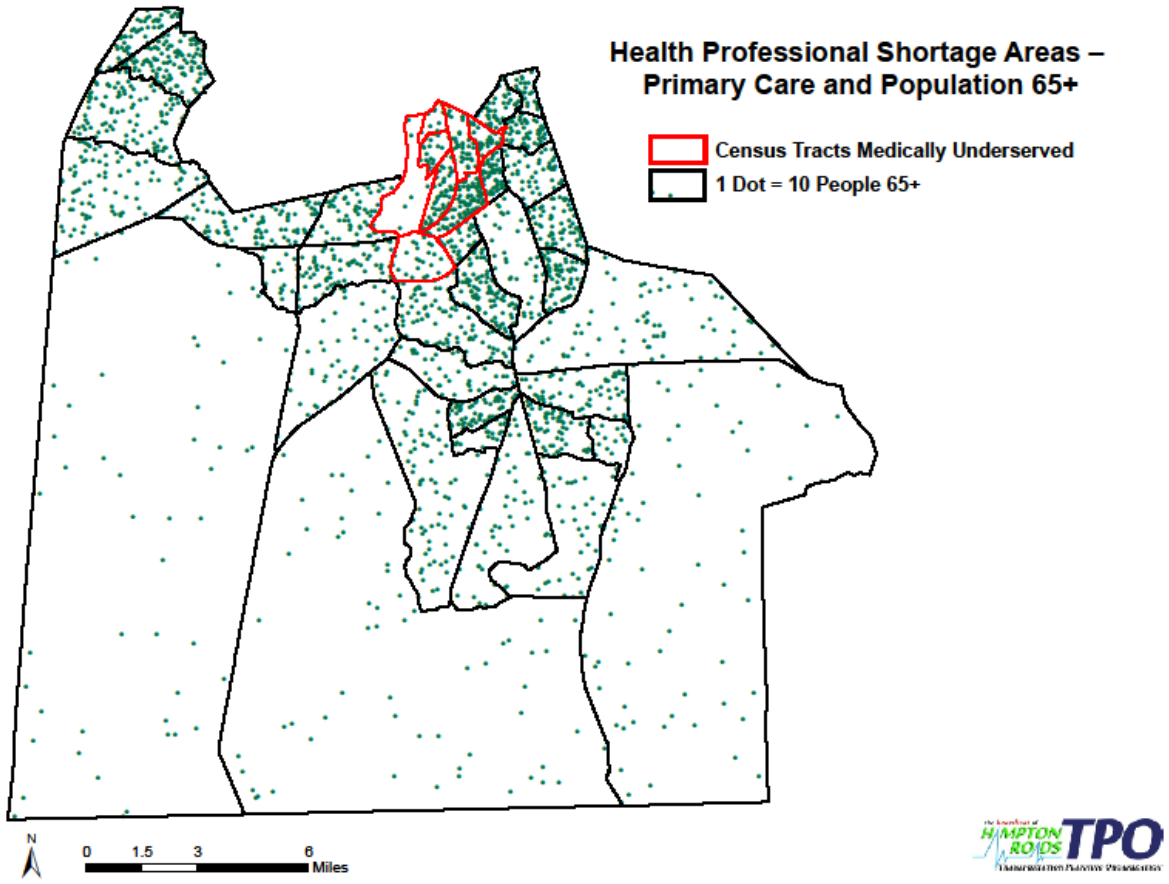
And, Chesapeake has a higher than expected age adjusted rate of deaths due to Alzheimer's disease.



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Chesapeake	20.80	20.10	14.50	22.50	30.40	24.10	13.10	20.70	29.40	22.30	21.70	30.80	25.30
Virginia	18.70	20.20	18.7	22.60	22.00	22.50	20.50	23.30	23.50	23.20	24.40	23.00	21.10

The four major health systems in Hampton Roads came together to form the Advance Care Planning Coalition of Eastern Virginia. They are actively engaged in developing and implementing the *As You Wish* program which will educate and encourage the community to implement advance care planning. Baseline data shows that only 17.5% of adult patients coming into the hospital had advance care plans.

In the community meetings, one of the commonly expressed concerns was about having access to health care services. In the survey, having access to affordable health care was the highest priority area for investment in programs for the older population. Health Professional Shortage Areas (HPSAs) are designated by Health Resources and Services Administration as having shortages of primary medical care, dental or mental health providers. Chesapeake has one area in South Norfolk that is an official HPSA for primary care.[19] According to CMS, there are 49 primary care physicians that accept Medicare within 5 miles of Chesapeake. This includes only two with specialties in geriatric medicine.



The severe workforce shortage will challenge the health care system's ability to meet the increasing demand for health care services. In 2005, there was a U.S. shortage of about 220,000 registered nurses; by 2020 that gap will be over one million. The nursing shortage is caused by both increased demand and by the aging of the nursing workforce – nurses are Baby Boomers too. With fewer individuals entering the profession, or entering at an older age, the average age of the nursing workforce has increased every year.

While the nursing shortage receives the most attention, other patient care positions are also experiencing shortages. As of December 2006, nationally while over 8% of nursing positions were vacant, 8% of pharmacist positions also were vacant and nearly 6% of laboratory and imaging technician jobs were not filled.

Older persons strongly desire to remain in their home as long as possible. In order to do this as they age, they develop the need for assistance with activities of daily living such as bathing, shopping, cooking, cleaning, etc. These functions can be done by in home service providers such as home health aides or personal care assistants. In 2013, the Hampton Roads mean salary for home health aides was $9.66 per hour. The Federal Poverty level standard for a family of three was $19,530. This means that a single mom with two children who works as a home health aide will continue to live in poverty.[20]

Coordinated systems of health care will improve access and the quality of care, particularly for seniors with multiple chronic conditions. Emphasis on prevention and wellness are integral to helping seniors achieve optimal health.

Action Item 3.1 – Improve Older Adult Wellness and Preventive Health Care: The scientific evidence points to the importance of management of chronic illnesses and preventive approaches to health care.

- Foster opportunities for coordination of care and care innovations in the delivery of health care to older adults, including partnerships among individuals, faith based organizations, private insurers, health care, employers, government, and other community organizations.
- Implement prevention programs and evidence-based lifestyle change programs for people at high risk for type 2 diabetes, obesity, and heart disease.
- Develop programs for long term management of chronic medical conditions using coordination of care models as well as emerging technology. Reduce barriers such as transportation and financial limitations.
- Collaborate across the community in improving the delivery of services to individuals, as well as advocating for policy changes that take a prevention approach to improving the health of populations (e.g., walkable neighborhoods, access to fresh, nutritious foods).
- Develop programs that create connections with older persons to identify early warnings of problems, particularly for persons who live alone or are home bound.
- Implement fall prevention programs across the community including education, home safety checklists, T'ai Chi or other workshops to help seniors with balance and fall prevention, and medication review programs to identify potential medication issues which may lead to confusion or balance issues.

Action Item 3.2 – Support the Availability of a Highly Trained Health Care Work Force: With the growing older population, the need for health care workers of all types will significantly expand.

- Consider the health care workforce development needs in the secondary school educational curriculum.
- Create linkages as appropriate between workforce development, health care entrepreneurism, and economic development.
- Encourage the implementation of health care workforce education and training programs within the community through public and private educational initiatives.
- Reduce barriers to health care workforce employee retention, i.e. transportation, financial, living wages.

Action Item 3.3 – Engage the community in Advance Care Planning. Work with the Advance Care Planning Coalition of Eastern Virginia to roll out the *As You Wish* Program.

- Establish easily available information about advance care planning and broadly circulate the materials in the community for adults of all ages.
- Develop advance care planning “counselors” who are trained to answer questions about advance care planning and who are easily accessible to assist community members.
- Encourage health care and human services providers of all types to learn about advance care planning and how to engage their patients in advance care planning discussions.
- Encourage residents to complete advance directives and register them with the Virginia Registry.

Action Item 3.4 – Increase Access to and Appropriate Use of Medical Care Services.

- Eliminate the primary care Health Professional Shortage Area in South Norfolk to improve access to health care.
- Develop strategies to increase the number of mid-level providers such as Nurse Practitioners and Physician Assistants as well as Primary Care Physicians, particularly those with geriatric medicine specialization, and that accept Medicare/Medicaid insurance coverage.
- Develop ways to make medical services focused on primary care and chronic disease management more accessible using mobile services, technology, pharmacy deliveries, i.e. bring services to where people live.
- Encourage the development and use of community wide electronic medical records to facilitate the appropriate sharing of patient specific information to increase the consistency and appropriateness of care.
- Develop screening programs for identifying depression in the senior population. Implement treatment programs and support for families and caregivers.
- Develop screening programs for identifying mental health issues including depression and the need for trauma informed care for seniors. Implement treatment programs and support for families and caregivers.

Action Area D: Financial Safety and Security

Background

The impact of social security and Medicare is fundamental on the financial well-being for persons 65 and older. The debates, policy changes, and impacts of those programs will be played out at the national level. However, there is potential to improve other aspects of financial safety and security at a local level.

According to *The United States of Aging*, although most seniors are comfortable with their current financial situation, a majority of seniors express concern about their long-term financial security:

- A majority (66%) of seniors say it is very easy or somewhat easy to pay monthly living expenses
- Nearly 1 in 5 (19%) seniors have had to reduce regular spending to pay a regular monthly bill
- Almost one-third (31%) of seniors are concerned about being able to stay in their current home for as long as they would like
- More than half (53%) of seniors nationally are concerned about whether their savings and income will be sufficient to last the rest of their life. Older seniors (those ages 80 and older) are less likely to report financial anxieties
- 84% of older seniors have not had to reduce regular spending to pay a regular monthly bill
- 69% of older seniors say it is easy to pay monthly living expenses

In 2012, 8.8% of households with seniors experienced food insecurity and 9.1% of households composed of seniors living alone experience food insecurity. Food insecurity is defined as being without reliable access to a sufficient quantity of affordable, nutritious food. For seniors, protecting oneself from food insecurity and hunger is more difficult than for the general population. For example, a study that focused on the experience of food insecurity among the elderly population found that food insecure seniors sometimes had enough money to purchase food but did not have the resources to access or prepare food due to lack of transportation, functional limitations, or health problems. Elderly households are much less likely to receive help through the Supplemental Nutrition Assistance Program (SNAP) than non-elderly households, even when expected benefits are roughly the same.[21] The USDA defines a food desert as an area where 20% of households have incomes below the federal poverty level, and 33% of the population is more than a mile from a supermarket.

Elder abuse includes several types of violence that occur among those ages 60 and older. The violence usually occurs at the hands of a caregiver or a person the elder trusts. Six frequently recognized types of elder abuse include:

- Physical—This occurs when an elder is injured as a result of hitting, kicking, pushing, slapping, burning, or other show of force

- Sexual—This involves forcing an elder to take part in a sexual act when the elder does not or cannot consent
- Emotional—This refers to behaviors that harm an elder's self-worth or emotional well-being. Examples include name calling, scaring, embarrassing, destroying property, or not letting the elder see friends and family
- Neglect—This is the failure to meet an elder's basic needs. These needs include food, housing, clothing, and medical care
- Abandonment—This happens when a caregiver leaves an elder alone and no longer provides care for him or her
- Financial—This is illegally misusing an elder's money, property, or assets

Elder abuse is a serious problem in the United States. There is a lack of data, but what we do know is that nationally in 2008, one in 10 elders reported emotional, physical, or sexual mistreatment or potential neglect in the past year. Many cases are not reported because elders are afraid to tell police, friends, or family about the violence. Victims have to decide to tell someone they are being hurt or continue being abused by someone they depend upon or care for deeply. Signs of elder abuse may be missed by professionals working with older Americans because of lack of training on detecting abuse.[22]

Despite the fact that the elderly are not high-risk crime victims, their perceptions often create apprehension. They are more likely to see the daily news reports laden with the results of police stories and to read the crime stories in the newspaper. They internalize these stories into believing that there are higher than actual rates of crime. This sometimes affects their behavior causing them to not want to go places alone, not go out at night and to be fearful at home when they are alone.

Findings

In Chesapeake, the rate of financial crimes against older persons is trending upward over the last four years. Violent crimes are six times more frequent for persons under 50 than for persons 65 and older.

Financial Crime Victims						
	<50		**50-64**		**65+**	
	No.	**Rate/1000 pop**	**No.**	**Rate/1000 pop**	**No.**	**Rate/1000 pop**
2011	640	4.1	236	5.2	109	4.3
2012	727	4.6	290	6.4	120	4.7
2013	842	5.4	308	6.7	171	6.7
2014 (through September)	769	4.9	302	6.6	186	7.3

Violent Crime Victims						
	<50		**50-64**		**65+**	
	No.	**Rate/1000 pop**	**No.**	**Rate/1000 pop**	**No.**	**Rate/1000 pop**
2011	4044	25.7	446	9.8	105	4.1
2012	3940	25.0	426	9.3	92	3.6
2013	3481	22.1	495	10.8	99	3.9
2014 (through September)	3162	20.1	448	9.8	80	3.1

In Chesapeake, the number of Adult Protective Services Cases has rose between 2012 and 2103. Adults have the right to self-determination. Many do not report cases of abuse or neglect caused by friends or family members.

	2012	**2013**
Total Protective Services Cases for All Adults	575	603
Self-neglect	119	121
Neglect	66	71
Physical abuse	17	20
Mental abuse	18	17
Sexual abuse	3	4
Financial exploitation	27	39
Other exploitation	5	5
Total Adult Services Cases	389	430
Companion	25	25
Assisted Living Facilities Reassessments	180	176
Guardianship Reports	174	229

Anecdotal information from public service departments indicate that the incidence of financial scams seem to be on the rise. As with other forms of elder abuse, there is a lack of reporting. Older citizens are reluctant to report abuse due to a desire to be seen as independent and not foolish, because it may be family or friend related, or out of misguided sense that it was a onetime occurrence rather than a repetitive pattern. Rapid communication about newly emerging scams is difficult to deploy. This is an area that the Millennial generation may improve on with their constant connection through technology.

The Foodbank of Southeastern Virginia reports that 8.5% of their clients are ages 65 and older. [23]The overall food insecurity rate is 11.4% or 25,510 for Chesapeake compared to 12.1% for Virginia.[23]

Persons age 65 or older are the least likely of all age groups in the nation to experience either lethal or nonlethal forms of criminal victimization. Persons over 65 have a rate of serious lethal crimes of 1.6 per 1,000 persons compared to a total rate of 8%.[24]

The Chesapeake 55+ Survey revealed that the community rated financial security as the most important factor that affects their quality of life. There are actions that can be taken to improve their safety and security.

Action 4.1 – Decrease food insecurity and food deserts. Food deserts occur when there is an area with high poverty and no access to a supermarket to purchase affordable, good quality food.

- Assist in the establishment and support of urban and community gardens, mobile markets, community kitchens, and food hubs to increase access to nutritious food and availability of free or reduced price food.
- Provide incentives for small businesses that develop local and healthy food enterprises in food desert areas.
- Create demand for small businesses to change their business models to sell fresh and healthy foods in local markets.
- Provide education about SNAP (previously known as Food Stamps) benefits and eliminate barriers that dissuade seniors in applying for SNAP benefits.

Action 4.2 – Create Respect for Elders and Prevent Elder Abuse

- Create broad use of an abuse registry and criminal background checks used to determine whether certain individuals should be prohibited from working with or volunteering to help certain vulnerable populations or in certain settings, such as financial institutions, faith based groups, community centers, home care.
- Develop broad community education programs that positively change attitudes about aging and refute myths and misconceptions to reduce the occurrence of elder abuse, or at least increase the public outcry against it.
- Provide training for employees about interacting with the aging population that reflects the physical changes of aging and promotes health aging.
- Create communication mechanisms that broadly alert the community when newly emerging financial scams occur.

Action 4.3 – Help Older Persons Be and Feel Safe in their Community

- Continue the implementation of a Triad program where the local police/sheriff departments work cooperatively with senior citizens to prevent the victimization of the elderly in the community.
- Implement needs community involvement and citizen cooperation in block clubs, neighborhood watch programs, and other crime prevention plans with citizens who are willing to support such activities in their communities.

- Develop education about home security programs which makes citizens aware of the steps they can take to make their home and surroundings safer and more secure and at the same time alleviating their unwarranted concerns.
- Encourage the expansion of mandated reporting to include people in a position to identify potential abuse situations.

Action Area E: Quality of Life

Older adults are producers, consumers, leaders, community and family members, and when their potential is maximized, people of all ages benefit. The ultimate goal as people age is to maintain their quality of life. This can mean anything from a trip to a beauty parlor to something profound like communicating and preserving personal stories to create a special family legacy. It means being as mentally and physically active as possible. It also means continuing to make a contribution to their community, family, and friends.

To help the older population continue their quality of life will take a broad array of programs and services. One key is to provide public awareness of available services. How do we get out the word to insure people know what services are available to make seniors' lives livable? Access to aged care services can sometimes be complicated when people do not understand what is available or how to access services.

In a nationwide effort to simplify access and to provide a single point of entry into the long-term supports and services system for seniors the Administration on Aging and the Centers for Medicare and Medicaid Services fund Aging and Disability Resource Center (ADRC) programs across the country. In Chesapeake, Senior Services of Southeastern Virginia is the ADRC.

While being physically active is rated high relative to quality of life, the actual extent of physical activity significantly diminishes with age. Regular physical activity is essential for healthy aging. Adults aged 65 years and older gain substantial health benefits from regular physical activity, and these benefits continue to occur throughout their lives. Promoting physical activity for older adults is especially important because this population is the least physically active of any age group. Older adults are a varied group. Most, but not all, have one or more chronic conditions, and these conditions vary in type and severity. All have experienced a loss of physical fitness with age, some more than others. This diversity means that some older adults can run several miles, while others struggle to walk several blocks.

Dietary intake affects the health of older Americans, because poor diet quality is associated with cardiovascular disease, hypertension, type 2 diabetes, osteoporosis, and some types of cancer. People living in a food desert have a much poorer diet quality due to lack of nutritious food. A food desert is defined as an area where populations live more than one mile from a supermarket or large grocery store if in an urban area or more than 10 miles from a supermarket or large grocery store if in a rural area. Ownership and access to a vehicle may be the best marker for access to healthy and affordable food, regardless of the socioeconomic status of the individual or family. Factors such as travel time, travel costs, awareness of access, and cultural factors impact how people utilize transportation to access food.[25]

Health care innovations from joint replacements to new pain medications have helped them live more active lives than their parents did at the same age. These innovations have translated into a decreasing percentage of Americans who are considered chronically disabled (from 26.2% in 1982 to 19.7% in 1999 when the most recent data were Available[26]).

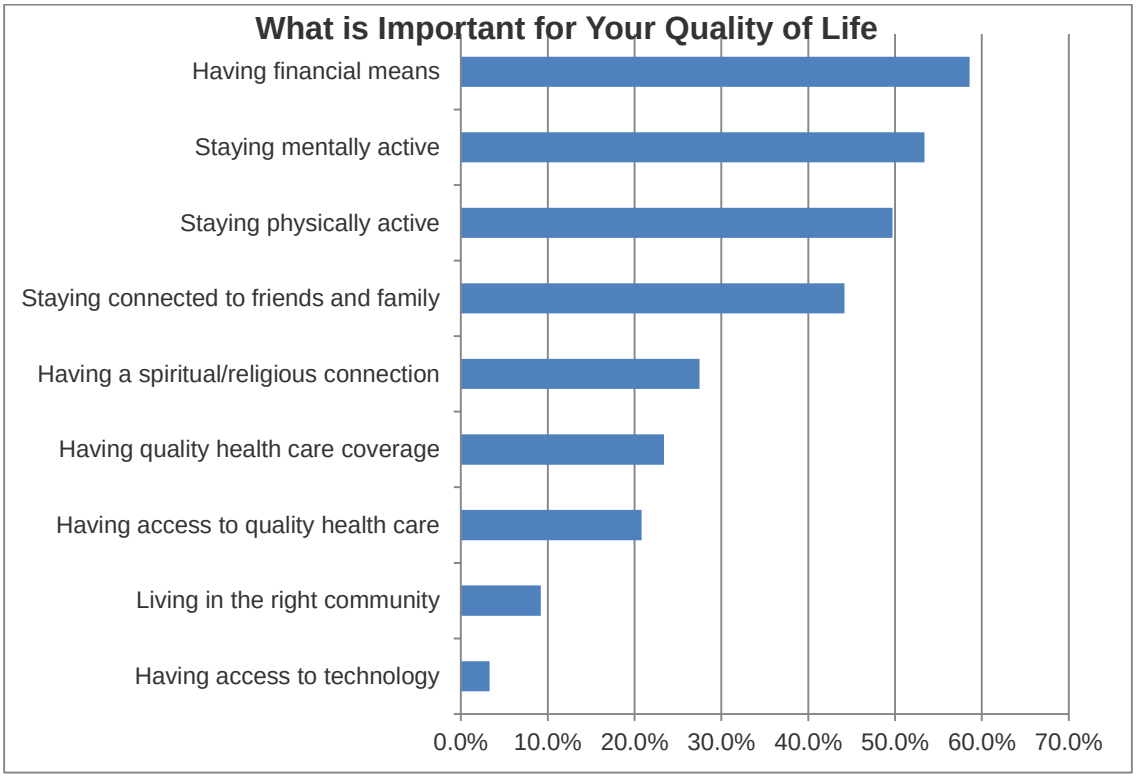
Depression affects nearly 7 million older adults, but many do not receive treatment. Community-based strategies to effectively screen and treat older adults should be more widely disseminated. [27]

In 2004, about 34 million people were providing unpaid care for adult family members, friends, or neighbors aged 50 years or older. This number will increase dramatically as Baby Boomers reach older age. With longer life expectancies, there will be multiple generations in the same family that are over 65 creating a new definition of the sandwich generation. A key public health goal is to translate policies and strategies known to improve caregiver health and well-being into widespread practice.

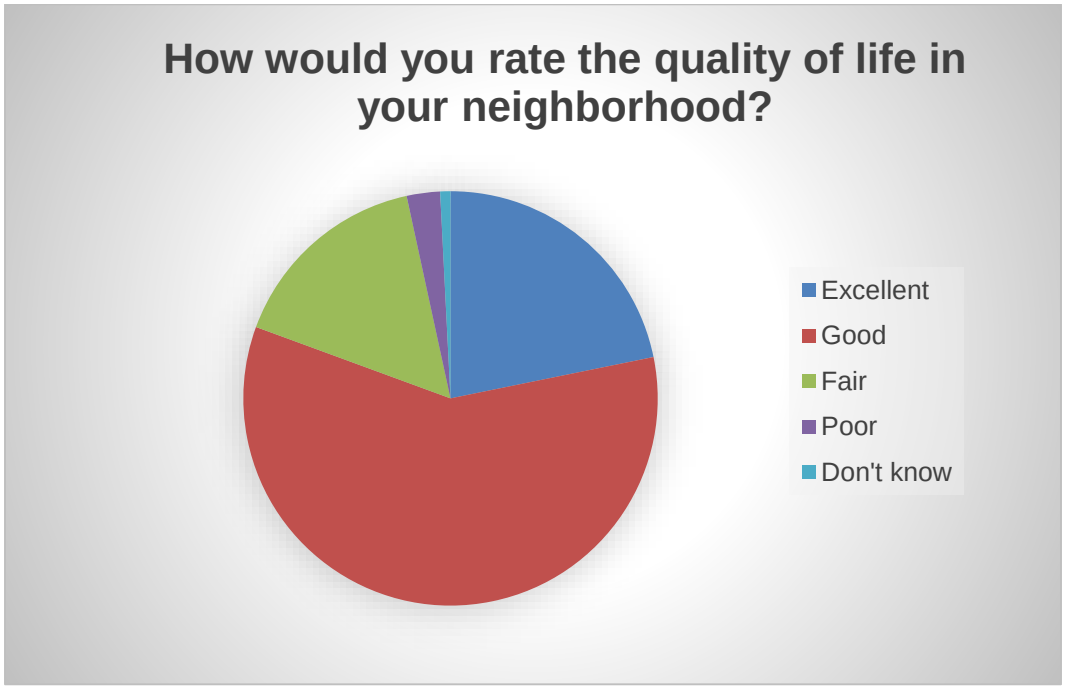
Many grandparents today are stepping in to raise their grandchildren when the children's own parents are not able or willing to do so. In fact, the U.S. Census of 2000 found that over 2.4 million grandparents have responsibility for their grandchildren. Often, grandparents take on this obligation when the grandchildren's own parents abandon them or when the children can no longer live with them because of the parent's mental disorder, substance abuse, or incarceration. Thus, they have the added burden of caring for children who suffered from abuse or neglect from their own parents. These children may feel insecure and afraid; they may be angry at their situation and even embarrassed by it.

Findings

In the 55+ Survey, Chesapeake residents revealed their opinion about the most important aspects of quality of life:



Also in the 55+ Survey, the 81% of the respondents rated the quality of life in their neighborhood as good or excellent.



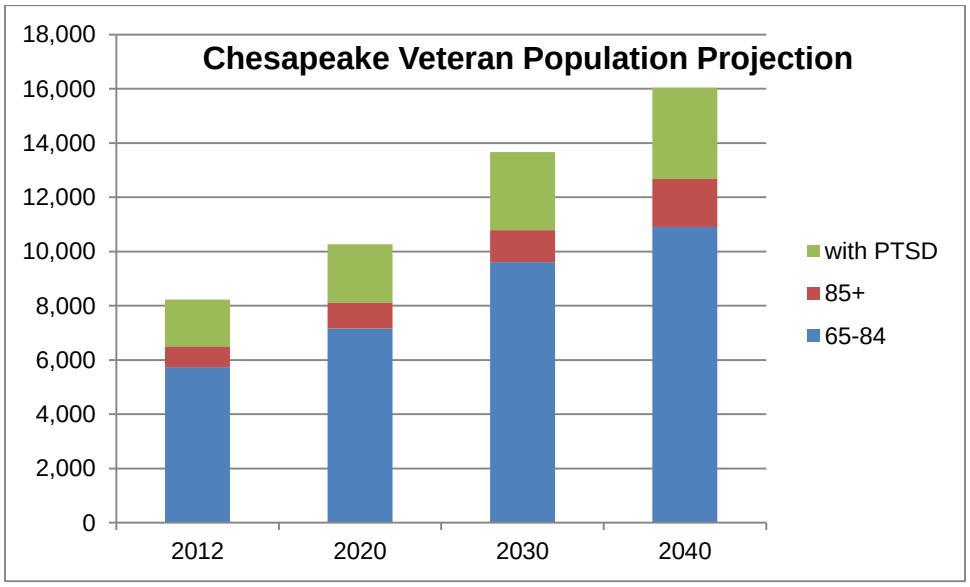
In 2010, nationally about 11% of people age 65 and over reported participating in leisure-time aerobic and muscle-strengthening activities that met the 2008 Federal physical activity

guidelines. The percentage of older people meeting the physical activity guidelines decreased with age, ranging from 14% among people age 65–74 to 4% among people age 85 and over.

In Virginia, 3.3% of children live in households with a grandparent as their primary caregiver. In Chesapeake in 2012, 3,050 persons where grandparents raising grandchildren.[24]

In 2010, 46% of older men and 31% of older women reported trouble hearing. The percentage of older Americans with trouble hearing was higher for people age 85 and over (59%) than for people age 65–74 (31%). 11% of all older women and 18% of all older men reported having ever worn a hearing aid. Difficulty hearing impacts daily activities such as shopping, socialization, family communication. [28]

One segment of the community that represents potential unique population needs is veterans. The number of 65 and older veterans in Chesapeake is projected to grow from 8,200 in 2012 to 16,000 in 2040.[29] In older veterans, PTSD and dementia are often mistaken resulting in less effective treatment. It is estimated that 21% of veterans suffer from PTSD making them more likely to have challenges in maintaining quality of life.



For seniors, there are actions that can be taken to improve their quality of life so that they can maintain their maximum potential for contributing to and living in our community.

Action Item 5.1 – Improve caregiver health and well-being. Support parents and children in their caregiver roles throughout their stages of life.

- Develop support and respite programs for persons caring for older persons in their home.
- Develop support for grandparents taking care of their grandchildren including assistance with obtaining benefits, respite, and other support systems.

Action Item 5.2 – Integrate active aging as a fundamental part of the everyday lifestyle.
The concept of active aging is a fundamental component of age-friendly communities. Active aging results from a variety of physical, social, psychological, physiological, and economic factors, as well as experiences accumulated throughout the life course.

- Create a program for older persons to purchase recycled bicycle or other exercise equipment and receive follow up maintenance support under a fee structure they can afford.
- Promote walkable access to the community where appropriate and feasible.
- Create more bicycling and walking options that safely connect residential areas to community centers.
- Educate and empower individuals of all ages and abilities to positively affect their own health and well-being through engaging in healthy behaviors (e.g., being physically active, eating healthy foods, staying engaged) as well as understanding and working to improve the social conditions that influence how well people age.
- Utilize the World Health Organization's Tool Kit or similar tools for promoting active aging.
- Explore strategies for reducing barriers to accessing City recreation programs and open up or expand hours of availability of school-based recreation facilities and equipment to the community.
- Continue to expand the Chesapeake Community Centers and Senior Centers to meet the increasing anticipated demand.

10. Chesapeake 55 and Better Benchmarks

Area	Goal	Objective	How Measured	Status	Source
Housing	Persons 55 and older will have affordable housing	Continue to develop housing options to increase the availability of affordable housing	Number of persons 65 and older who pay more than 30% of their income for housing	In 2012 the number and percent of persons 60 + who pay more than 30% of their income towards housing was 35.5% for homeowners and 63.9% for renters	2012 Census Bureau American Community Survey
Transportation	Persons 55 and older will have access to transportation	Continue to develop affordable and accessible transportation	Number of transportation options, i.e. number bus stops, ride share programs, non-profit rides, etc.	Baseline number of transportation options to be determined	An inventory will need to be made from resource information files
Health Care	Persons 55 and older maintain optimal health	Continue to develop programs to reduce the number of persons with chronic conditions	Rate of emergency department visits for persons 65 and older with chronic conditions	Chesapeake data to be determined; Center for Disease Control baseline national data for emergency visits: • 65+ 50.0 visits/100/yr • 65- 74 38.7 visits/100/yr • 75+ visits/100/yr	Data to be developed by Chesapeake Regional Medical Center
Financial Safety and Security	Persons 55 and older are free of financial crime	Continue to develop programs and services to prevent crimes against seniors	Number of financial crimes against persons 55+	In 2013 the rate of financial crimes against persons 65 and older was 6.7/1,000 population	City of Chesapeake Police Department Report
Quality of Life	Persons 55 and older enjoy quality of life	Continue to develop programs and services that support and enhance a livable community	Quality of Life Index	Using the Developing, Sustaining, and Revitalizing categories to categorize these attributes, the analysis delineated 17 Developing NSAs, 80 Sustaining NSAs, and 20 Revitalizing NSAs.	City of Chesapeake Quality of Life Report to be updated in October 2014

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Chesapeake Planning Department
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