

# **AGE WAVE STUDY**

## **Demographic Analysis of the RVARC Region**



Roanoke Valley-Alleghany

**REGIONAL**  
**commission**

**DRAFT**

**JULY 2013**

## **Executive Summary**

According to the US Census, the number of Americans over the age of 65 is expected to double by the year 2050. Between 2000 and 2010, the Roanoke Valley-Alleghany Regional Commission (RVARC) Region's population grew by 6.1%. The "baby boomer" age groups (55-59 and 60-64) increased nearly 37% and 58% respectively during the decade. A stunning fact is hidden in the 10-54 age group; the group that will be the workforce over the next decade. This age group actually lost population from 2000-2010 by almost one percent in the RVARC region. As the baby boomers age, and the growth in the younger workforce remains flat, the impacts on the age cohorts will be dramatic in the coming decades as well. Population projections generated by the Weldon Cooper Center for Public Service demonstrate the impacts of these trends over the next few decades. Considering the region's population is expected to grow about 11% over the next 20 years, the increase of 59% in the population age 65 should catch the attention of many leaders and service providers in the region. This change will be evident by 2020 as the elderly population will increase by nearly 30%. Furthermore, growth in the working age population (20-64) is expected to remain flat until 2030, but those over age 65 are projected to grow by about 32,700 by 2030.

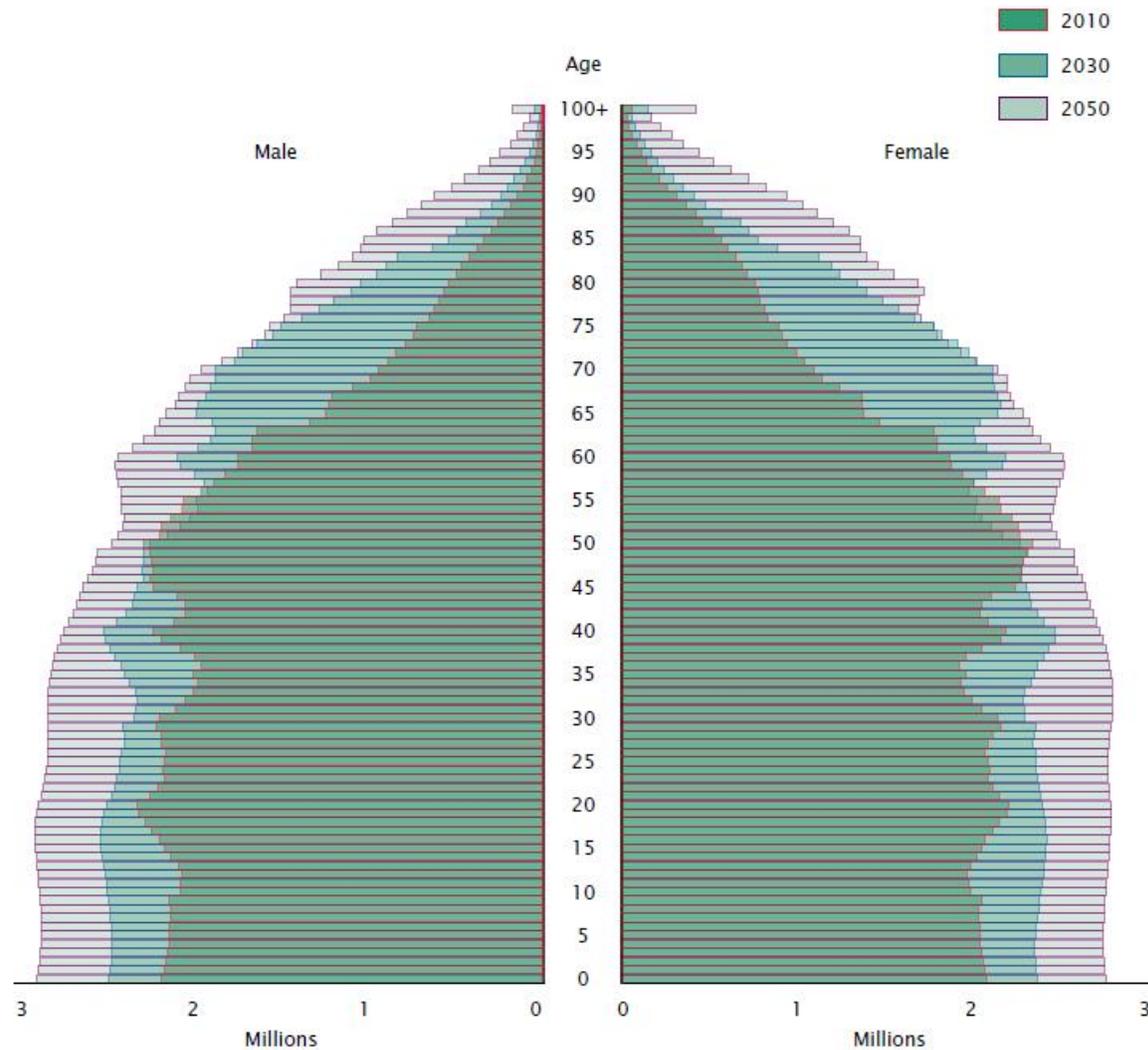
There has been limited-to-no effort to address the "age wave" in local and regional planning initiatives in the RVARC region. Aging population can put a strain on public and social service resources such as "meals-on-wheels", transportation services, health care, housing options and recreation services, just to name a few. An existing Senior Citizens Task Force, with more recognition and participation from local governments and other stakeholders, could be tasked to carry out a comprehensive age wave strategic plan, as recommended by the Commonwealth Council on Aging. Assistance could be provided by the Roanoke Valley-Alleghany Regional Commission staff. Such a process could provide a more comprehensive list of issues and identify ways to raise awareness of the regional implications.

## National Perspective

We are often warned about the aging population of our nation in terms of the effects on Social Security, Medicare and the workforce. The dynamics of this change are difficult to analyze because of the national, local and familial interactions of such a demographic shift. Adjustments in national policy, business practices, health care, and community services will all be needed to address this change.

According to the US Census, the number of Americans over the age of 65 is expected to double by the year 2050. Sometimes forgotten in this shift is the fact that the U.S. population is also expected to grow from 310 million, to 439 million, a 42 percent increase (US Census Bureau, 2010). Figure 1 shows how the population will grow and change from 2010 through 2050.

Figure 1.  
**Age and Sex Structure of the Population for the United States: 2010, 2030, and 2050**

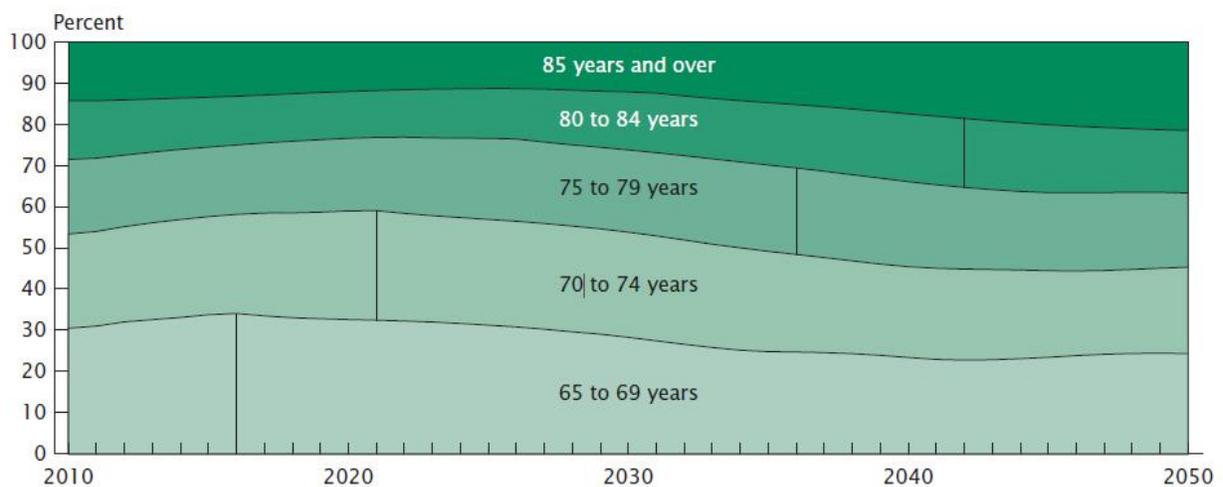


Source: U.S. Census Bureau, 2008.

While much of the age shift is due the aging baby boomers, other population growth will be accounted for by immigration, which may have a lesser effect on the RVARC region. By 2030, the baby boomer generation will be age 65 and older and this segment of the populations will account for 19 percent of the population according to the US Census. Currently, 13 percent of the population is age 65 and older. The US Census Bureau projects that the increases in immigration in the working age populations will help offset the workforce losses as baby boomers age.

Figure 2 shows the distribution of the older population by age. The horizontal lines indicate the maximum proportion of the older population. As the baby boomers age, almost all of them will be over 70 by 2034. This effect will increase the distribution of the older population to the higher age groups so that 21 percent of the older population (over age 65) will be 85 and older by 2050. (US Census Bureau, 2010)

Figure 2  
**Distribution of the Projected Older Population by Age for the United States: 2010 to 2050**



Note: Line indicates the year that each age group is the largest proportion of the older population.  
 Source: U.S. Census Bureau, 2008.

The greatest issue facing the nation in regards to the aging population is the solvency of Social Security and Medicare. There is a belief that Social Security will go bankrupt by 2033, when the Social Security Trust fund is depleted. Payments will exceed revenues after 2021, but, even after the Trust fund is depleted by 2033, Social Security can make three fourths of all payments indefinitely based on its projected revenue flow (Moscovitz, 2012). The trust fund had an \$82 billion surplus in 2010 according to the Congressional budget office. While there is a gap to make up to fully fund 100% of the obligations, it amounts to about .9% of GDP. Social Security accounts for about 22% of US Federal spending.

Medicare accounts for about 23% of federal spending. Medicare is currently about 3.6% of GDP, but it will be about 11% of GDP by 2080 according to the Congressional Budget Office, due to the aging population, but also compounded by increasing costs. Medicare is divided into

several parts, Part A: Hospital Insurance, Part B: Medical Insurance, Part C: Medicare Advantage plans, and Part D, Prescription Drug plans. The Part A: Hospital Insurance is the part of Medicare that is often cited as being in financial trouble. The other parts of Medicare, such as Part B, which funds doctors' visits, lab tests and outpatient services, are adequately financed (Lieberman, 2012). Part A is funded by the Hospital Insurance (HI) Trust Fund, which is financed through payroll taxes and will have a shortfall by 2026. Even after this date, if unchanged, the fund could still pay for 87% of its estimated obligations relating to hospital care (Lieberman, 2012).

The impacts of population change are do impact Social Security and Medicare, but expanding health care costs are the greatest threat to Medicare over the next several decades. These issues will hopefully be addressed by congress.

## Virginia Perspective

According to the Older Dominion Partnership, there are approximately 900,000 adults in the Commonwealth who are 65 years old or older and this figure is expected to double to more than 1.8 million by 2030, when one in every five Virginians will be age 65 or older (Commonwealth Council on Aging, 2012). The newly established state agency, the Virginia Department for Aging and Rehabilitative Services, working in partnership with the Virginia Area Agencies on Aging and Senior Centers, integral parts of Virginia's aging network for wellness and supportive services, are creating an integrated vision and will hopefully streamline services that will assist older adults to participate more fully in their communities. The Commonwealth Council on Aging's 2012 report has three recommendations:

1. **Encourage local and regional age wave planning by all 25 Area Agencies on Aging using the Older Dominion Partnership research initiatives and the work of the Blueprint for Livable Communities Citizen Advisory Group.** Encourage the use of [www.vadrs.org/vblc](http://www.vadrs.org/vblc) to inform promotion of Livable Communities and highlight best practices in housing, transportation, and community-based supports. Recognizing that integrated planning is a critical need for the coming Age Wave, a regional plan will promote livable communities for residents of all ages and abilities.
2. **Establish pilot emergency preparedness planning programs.** By January 1, 2014, the Virginia Department of Emergency Management (Department), in collaboration with the Virginia Department for Aging and Rehabilitative Services, the Virginia Board for People with Disabilities, the Department of Health and the Department for Social Services, should establish emergency preparedness pilot programs for seniors and disabled persons in at least three but no more than six areas of the state selected by the Department. The goals of this program are:
  - a. to assist seniors and disabled individuals in the community in their planning and decision-making for emergencies
  - b. to offer contact in emergency situations and
  - c. to facilitate interaction between these populations and the emergency preparedness service and first responders

*(Note: the Commonwealth Council on Aging was contacted and as of May 2013, no funding was provided by the General Assembly for the pilot emergency preparedness planning programs.)*

3. **Provide funding for services and supports that enable older Virginians and those with disabilities to remain in or return home safely.** These services and supports are provided by the Virginia Department for Aging and Rehabilitative Services and its network of Area Agencies on Aging, DSS Adult Services and Adult Protective Services, Centers for Independent Living, and Medicaid. These services provide assistance for Virginia's most vulnerable older adults and enhance opportunities for home and community-based living. Examples include: Consumer-Directed Personal Care, PACE, CDSMP, Respite Care, Companion Services, Adult Day Health Care, and related transportation, all of which avoid or delay institutionalization and prolong valuable support provided by family caregivers.

The **Older Dominion Partnership** ([www.olderdominion.org](http://www.olderdominion.org)) has looked at age wave issues for Virginia and the Richmond area. The partnership has created a free online resource center that contains many statistics, reports and policies relating to civic and community engagement, finances, health and well-being, housing, transportation and mobility and workforce. Their online resource center contains over 50 reports relating to aging and the implications of the “age wave”. They have also identified seven communities or regions in the state that have created Age Wave plans (City of Alexandria, Arlington County, Charlottesville, Fairfax, Rappahannock-Rapidan Region, Greater Richmond Region, and Williamsburg).

The **Weldon Cooper Center for Public Service** at UVA, was contracted by the Virginia Employment Commission to produce population projections for 2020, 2030, and 2040. These locality specific estimates are calibrated to national and state projections and are discussed in more detail in the next section of this report.

The Weldon Cooper Center for Public Service has also examined the age wave in terms of dependency ratios. These ratios of elderly to younger population helps establish the support structure generated by the working age population for the elderly population. According to the Weldon Cooper Center, “youth dependency is the ratio of the population under 20 to the population ages 20 to 64, while old-age dependency is the ratio of the population 65 and older to the population 20 to 64. The total dependency ratio is the sum of these two ratios. While the youth dependency ratio is projected to increase slightly between 2020 and 2040, the old-age dependency ratio is projected to skyrocket. In total, by 2040 the dependent population will equal 76% of the workforce.

**Virginia Dependency Ratios: 2010-2040**

	2010	2020	2030	2040
<b>Youth Dependency</b>	42	42	44	44
<b>Old-Age Dependency</b>	20	26	32	32
<b>Total Dependency</b>	62	68	76	76

*Numbers expressed as equal to the percent of workforce.*

*Source: Weldon Cooper Center for Public Service, 2013*

## Regional Perspective

### RVARC Region-Change in Population

Age	Population 2000	Population 2010	Percent Change
under5	17,918	18,906	5.5%
5-9	20,091	19,224	-4.3%
10-14	20,480	20,079	-2.0%
15-19	19,255	21,457	11.4%
20-24	16,271	18,691	14.9%
25-34	39,608	36,807	-7.1%
35-44	49,429	42,970	-13.1%
45-54	47,407	51,144	7.9%
55-59	17,881	24,426	36.6%
60-64	14,352	22,617	57.6%
65-74	25,739	29,233	13.6%
75-84	17,385	18,013	3.6%
85over	6,011	7,351	22.3%
65 over	49,135	54,597	11.1%
<b>Total</b>	<b>311,827</b>	<b>330,918</b>	<b>6.1%</b>

Source: US Census Bureau, 2011

Between 2000 and 2010, the RVARC Region's population grew by 6.1%. The influence of the baby boomer generation can be seen in the two 55-64 age groups. These two groups increased nearly 37% and 58% respectively during the decade. A stunning fact is hidden in the 10-54 age group; the group that will the workforce over the next decade. This age group actually lost population from 2000-2010, by almost one percent within the RVARC region. As these people age, and the growth in the younger workforce remains flat, the impacts on the age cohorts will be dramatic in the coming decades. The changes are evident in population projects over the next few decades.

As the upper age groups (55-64) retire over the next few decades, large workforce gaps will generate potential issues for employers. A 2008 survey by the Older Dominion Partnership found that 41% of employers thought an aging workforce was a serious issue for their organization. (Older Dominion Partnership, 2008)

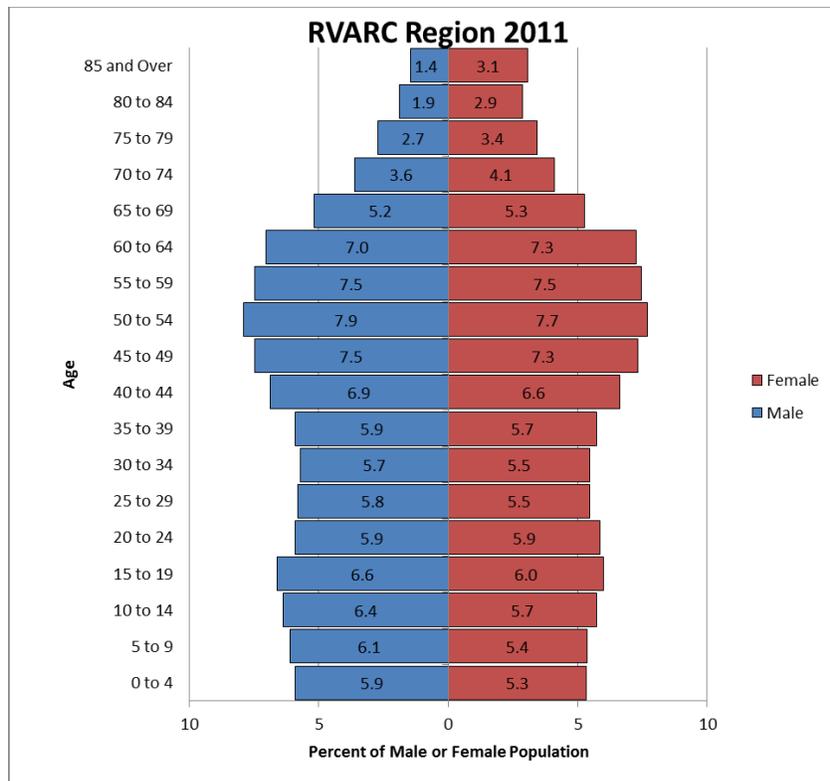
The following table and population pyramids show the estimated population change of the Roanoke Valley-Alleghany region from 2011-2040. In 2011, about 17 percent of the region's population is over the age 65, but this number is expected to jump to 23 percent by 2040. An increase of 36,015 people over the age 65 is a 65% increase over the current number. Considering the region's population is expected to grow about 15% over the next 30 years, this large jump in the elderly population will account for a significant change in the demographics of the region. This change will be evident by 2020 as the elderly population will increase by nearly 30%. By 2030, the increase over 2011 will be nearly 59%. Furthermore, the working age population (20-64) is expected to remain flat during the same period. The region's workforce will grow by about 7,000 people, but those over age 65 are projected to grow by about 36,000. The number of people over the age 75 is expected to almost double by 2040. The population between the ages of 50 and 64 is projected to drop by 5,800 people, almost 8%. This is validated by US Census data that projects the age 20-64 group will drop from 60% of the population to 54% of the population by 2040. Additionally, the Bureau of Labor Statistics projects population growth will outpace labor force growth over the next few decades because of a variety of participation factors. Thus, not only does the region face an "age wave" of

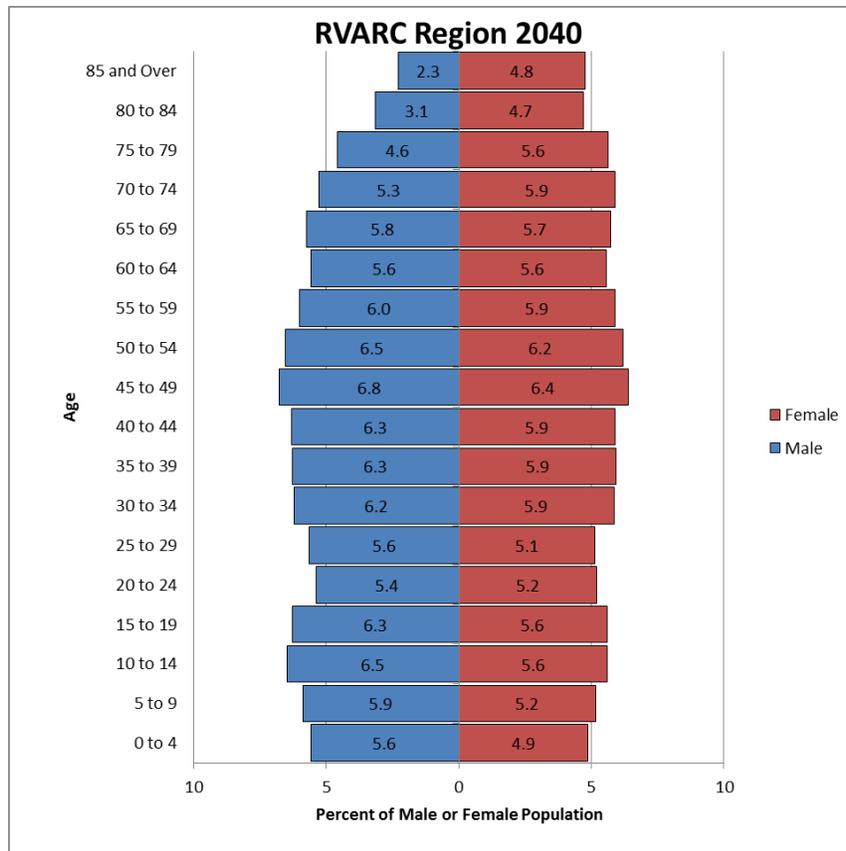
retirees, but changes in workforce dynamics will need to be accounted for by business, economic developers, educators and workforce development agencies.

**RVARC Region-Projected Population Change**

Age	Population 2011	Population 2020	Change 2011-2020	Population 2030	Change 2011-2030	Population 2040	Change 2011-2040
0 to 4	18,602	18,199	-2%	19,220	3%	19,932	7%
5 to 9	18,991	18,845	-1%	20,001	5%	21,029	11%
10 to 14	20,009	21,764	9%	21,328	7%	22,967	15%
15 to 19	20,802	21,142	2%	20,924	1%	22,630	9%
20 to 24	19,454	18,438	-5%	20,448	5%	20,218	4%
25 to 29	18,647	20,675	11%	20,322	9%	20,532	10%
30 to 34	18,461	20,498	11%	20,515	11%	22,993	25%
35 to 39	19,249	20,428	6%	23,126	20%	23,296	21%
40 to 44	22,314	19,748	-11%	22,665	2%	23,225	4%
45 to 49	24,459	21,682	-11%	21,770	-11%	25,092	3%
50 to 54	25,808	23,485	-9%	20,850	-19%	24,312	-6%
55 to 59	24,713	25,732	4%	22,399	-9%	22,765	-8%
60 to 64	23,670	25,875	9%	23,748	0%	21,309	-10%
65 to 69	17,308	23,222	34%	24,892	44%	21,951	27%
70 to 74	12,815	19,816	55%	22,939	79%	21,405	67%
75 to 79	10,182	12,883	27%	18,045	77%	19,600	92%
80 to 84	7,905	8,033	2%	12,934	64%	15,138	91%
85 and Over	7,586	8,285	9%	9,694	28%	13,717	81%
<b>Total Population</b>	<b>330,975</b>	<b>348,752</b>	<b>5%</b>	<b>365,821</b>	<b>11%</b>	<b>382,111</b>	<b>15%</b>
<b>Age 20-64 (Workforce)</b>	<b>196,775</b>	<b>196,562</b>	<b>-0.1%</b>	<b>195,844</b>	<b>-0.5%</b>	<b>203,742</b>	<b>3.5%</b>
<b>Age 65 and over</b>	<b>55,796</b>	<b>72,240</b>	<b>29.5%</b>	<b>88,504</b>	<b>58.6%</b>	<b>91,811</b>	<b>64.5%</b>

Source: Weldon Cooper Center for Public Service, UVA, 2013





The projections were created by the Weldon Cooper Center for Public Services at the University of Virginia. Their methodology is based on a multi-level model and is applied to the entire state based on basic assumptions about historic and existing growth patterns. Population projections making 10 year estimates have been shown to have about a 12% error. Therefore, projections 20 or 30 years out would be expected to have even greater error. However, the state level projections validate the basic message: “the doubling of the Commonwealth’s 65+ year old population from about 900,000 to 1.8 million by 2030.” (Older Dominion Partnership, 2008) The population pyramids on the following pages show the shift of this aging population from 2011 through 2040. (Pyramids and tables for the individual jurisdictions in the region and be found in the Appendix.)

Geographic mobility is estimated by the US Census Bureau in the American Community Survey (ACS). Sampled people are asked if they have moved in the past year. Because the ACS data is based on sampled data, it has a margin of error that increases with smaller sample sizes. Thus, data shown below is only for the Roanoke Valley Metropolitan Statistical Area. Most notable is the estimate that 5.5% people 65 and older moved to the Roanoke MSA from another area in Virginia. This 5.5% compares to 3.6% at the state level, thus the Roanoke MSA has a slightly higher appeal as older people move within the state. It should also be noted that the Roanoke MSA is slightly higher for the total population as well. This indicates that the area serves as a draw for all people, likely just because it is an urban area, rather than a retirement haven.

**Geographic Mobility-Virginia and Roanoke Metropolitan Statistical Area**

	Moved from different county, same state	Moved from different state	Moved from abroad	Total In Mobility
Virginia Total	5.2%	3.5%	0.7%	9.4%
Virginia 65 and over	3.6%	2.1%	0.6%	6.3%
Roanoke MSA Total	5.8%	2.0%	0.3%	8.1%
Roanoke MSA 65+	5.5%	2.0%	0.2%	7.7%

*Source: US Census Bureau, 2006-2010 ACS 5-Year Estimates*

Historically, the region has had a high median age. Individually, the Town of Clifton Forge and Alleghany County have the highest median ages within the region, while the Cities of Roanoke and Salem, along with the Town of Vinton have the lowest median ages.

**Median Age by Locality**

Locality	Median Age
Alleghany County	45.1
Botetourt County	44.3
Craig County	43.6
Franklin County	43.8
Roanoke County	42.6
City of Covington	43.8
City of Roanoke	38.6
City of Salem	39.9
Town of Clifton Forge	46.4
Town of Rocky Mount	41.8
Town of Vinton	38.3

*Source: US Census Bureau, ACS 2007-2011*

When the Roanoke MSA area is compared to the 571 urban areas in the United States, it ranks in the top 15% at number 80. However, in Virginia, Martinsville, Danville, Bristol and Bluefield all have higher median ages. This suggests that much of the aging in Southwest Virginia is due to aging in place, and the out migration of younger age people, rather than these areas becoming a “destination” for retirees. On the other hand, the Roanoke MSA could be considered a destination with more health care and retirement options than some other localities, but the lack of large college populations, and high economic growth likely also affects the median age as well.

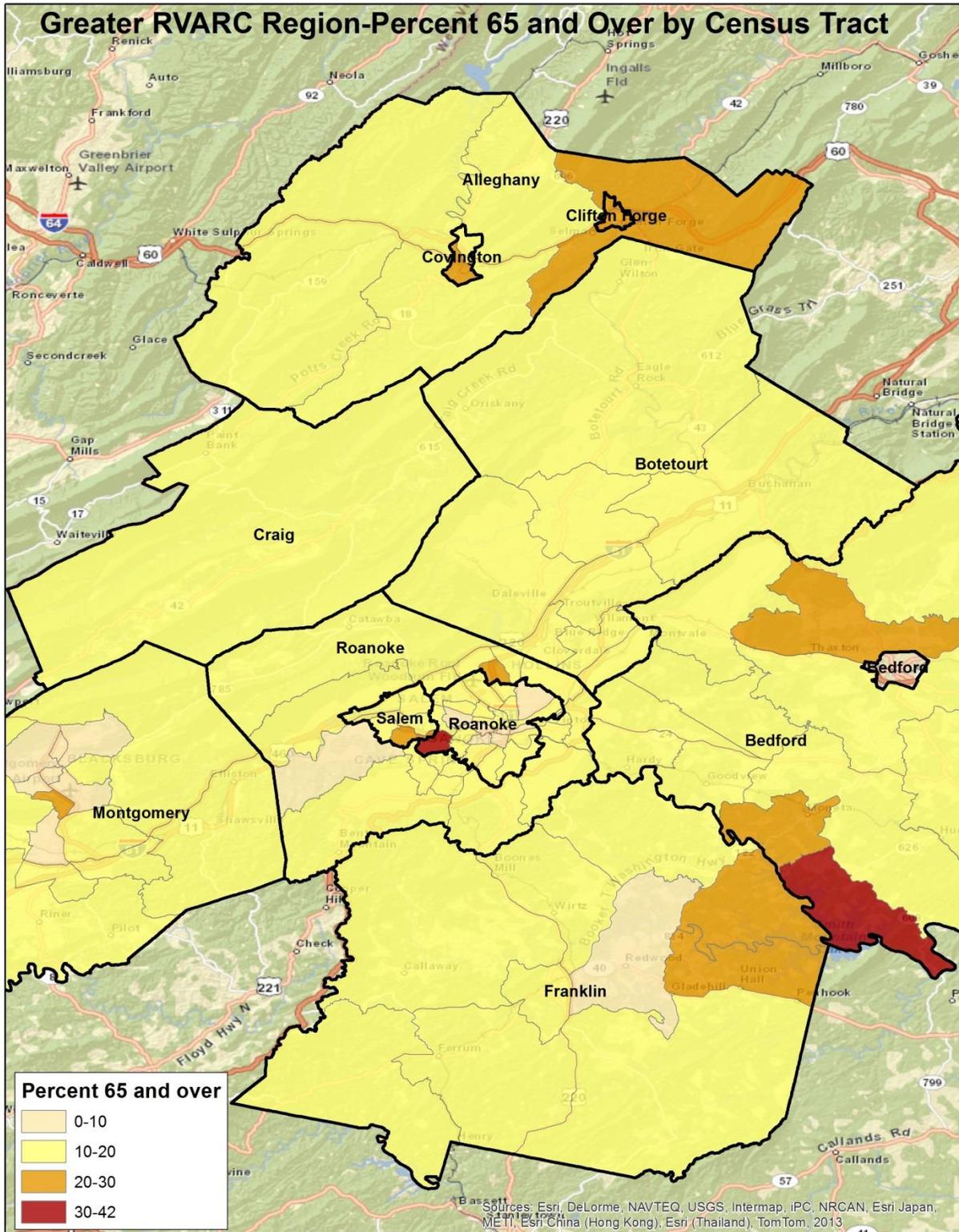
**2011 Median Age and National Rank**

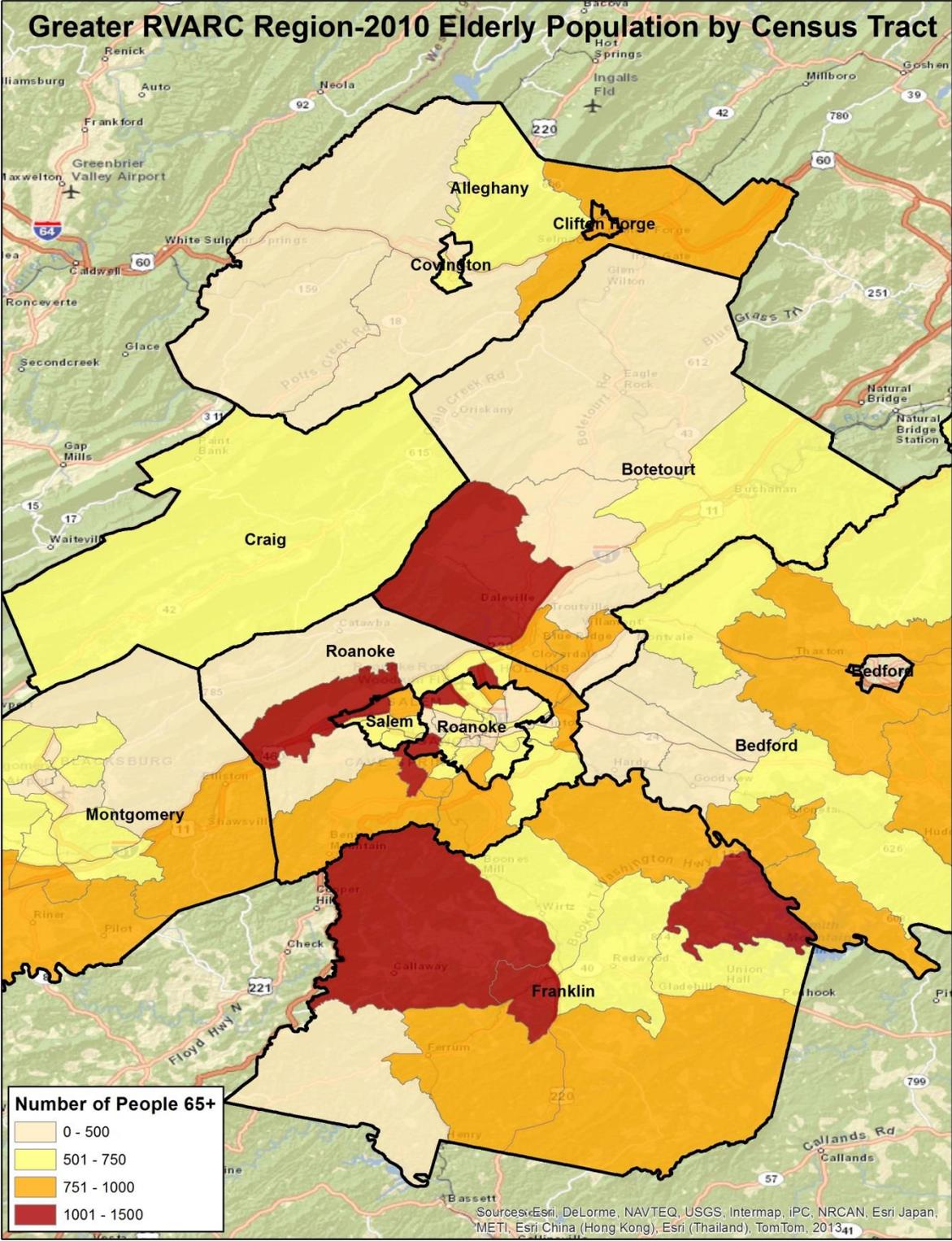
<b>US Rank</b>	<b>Urban Area</b>	<b>Median Age</b>
1	The Villages, FL Micro Area	63.7
2	Punta Gorda, FL Metro Area	56.1
3	Homosassa Springs, FL Micro Area	54.7
37	Martinsville, VA Micro Area	44.3
45	Danville, VA Metro Area	43.6
60	Kingsport-Bristol-Bristol, TN-VA Metro Area	42.9
65	Pittsburgh, PA Metro Area	42.6
66	Asheville, NC Metro Area	42.5
74	Bluefield, WV-VA Micro Area	42.3
<b>80</b>	<b>Roanoke, VA Metro Area</b>	<b>42.1</b>
101	Staunton-Waynesboro, VA Micro Area	41.5
174	Winchester, VA-WV Metro Area	40.1
207	Lynchburg, VA Metro Area	39.5
282	Richmond, VA Metro Area	38.0
362	Charlottesville, VA Metro Area	36.2
370	Washington-Arlington-Alexandria, DC-VA-MD-WV Metro Area	36.1
400	Virginia Beach-Norfolk-Newport News, VA-NC Metro Area	35.4
452	Blacksburg-Christiansburg-Radford, VA Metro Area	33.1
487	Harrisonburg, VA Metro Area	31.6
531	Provo-Orem, UT Metro Area	24.4

*Source: US Census Bureau, ACS 2011*

The following maps illustrate the distribution of the elderly population in the greater region. Of particular note are high concentrations in south western Roanoke City, and around Smith Mountain Lake in Bedford County. The following maps also show large numbers in some portions of Roanoke County, Botetourt County, Franklin County and Alleghany County.

# Greater RVARC Region-Percent 65 and Over by Census Tract





## Previous Local Studies

In 2005, the Council of Community Services, in cooperation with the Senior Citizens Task Force, developed a report called “**2005 Report to the Community on Senior Citizen Issues**”. They identified the fact that none of the 32 reports written from 1997-2002 had focused directly on the needs of senior citizens. Further analysis of current studies and comprehensive plans in the region has given little attention to the “age wave” and expected demographic changes over the next few decades. In 2003, the Council of Community Services conducted the Roanoke Valley Senior Citizen Needs Assessment. This assessment identified five areas of need:

- Finances
- Home care services
- Knowledge of resources
- Medications
- Transportation

These are the day-to-day needs that seniors need assistance with, regardless of long-term planning efforts, existing resources and programs. The survey went on to identify basic strategies for improving home care services, isolation and social interaction, financial and health resources, and transportation.

- Client education – make seniors aware that there are resources available in the community that can meet some of these needs that are not being used. For example, the LOA-Area Agency on Aging has care giving funds which can be accessed to cover the costs of housekeeping.
- Programs that provide volunteers must be expanded, such as the Senior Companion program.
- Meals-on-Wheels, although not surveyed, has a meal delivery service to the homebound elderly that is vital and should be expanded. Expansion would include providing meals to more people in addition to restoring the breakfast program discontinued due to loss of the funding source.
- Increase opportunities to monitor health;
- Offer accessible (low cost, nearby) social and recreational activities;
- Promote congregate meal programs;
- Increase neighbor to neighbor interaction;
- Promote opportunities for community, neighborhood, church involvement;
- Expand affordable, safe transportation options;
- Educate seniors on use of computers;
- Encourage volunteerism; and
- Address issues of loneliness and isolation with seniors to find out their perceptions of these issues.
- Enlist local pharmacists who are often very involved with the people who come to them for medications. For example, pharmacists often contact physicians to determine the whether a less expensive medication would be appropriate.

- Conduct seminars for the community that address areas of interest to seniors, such as negotiating the new Medicare law and other ways of accessing affordable medications.
- Promote 2-1-1, which will be the new, easy-to-remember, telephone number for Information and Referral Services program and will be accessible 24 hours a day, 7 days per week;
- Convene quarterly meetings of the Knowledge of Resources Committee to keep information available to I&R up to date;
- Map transportation and other services and senior citizen population concentrations to highlight barriers to services;
- Conduct a public information campaign; and
- Distribute Senior Citizen Quick Guide to medical offices and clinics, libraries, and other places seniors frequent
- Provision of transportation guides with a section on seniors and people with disabilities;
- Conduct an educational campaign that encourages the use of public transportation;
- Encourage municipalities to adopt transportation policies which are pedestrian and bicycle-friendly; and
- Inclusion on the agenda of the Metropolitan Planning Organization where Federal money passes through and where there is regional representation.

The Council of Community Services has managed to keep the Senior Citizen Quick Guide updated and the latest version is available online.

Regional Commission staff has consulted with the **Local Office on Aging (LOA)** ([www.loaa.org](http://www.loaa.org)) for the Fifth Planning District region. The LOA is a private, non-profit that serves the region to:

- Enhance the quality of life in the home
- Help individuals stay in their homes and avoid early institutionalization
- Provide support to caregivers of the elderly
- Advocate for quality services, medical care, and housing for the elderly.

The LOA Area Agency on Aging is a private, non-profit organization. LOA administers over 20 community services that provide nutrition, education, advocacy and socialization for the elderly. The agency serves the Fifth Planning District in the Commonwealth of Virginia, including Alleghany, Botetourt, Craig and Roanoke Counties and the cities of Covington, Roanoke and Salem. LOA is funded by federal, state, and local governments, corporate and private foundations, United Way, Foundation for Roanoke Valley, donations and fund raising.

As one of the 25 Area Agencies on Aging, the LOA has not had the resources to study changing demographics and the “age wave”. The LOA believes the demand far exceeds existing resources and that unless funding and policy is changed at the state and federal level, their agency will continue to struggle to meet existing demand. Unless funding mechanisms are

changed, there is even less hope that they will be able to meet the demand of a larger elderly population in the future.

In 2011, the Roanoke Valley-Alleghany Regional Commission prepared a **Regional Housing Study**. This report primarily documented existing conditions. The oldest housing stock, based on median year built, is located in Clifton Forge (1940), the City of Covington (1950), and the City of Roanoke (1957). Additionally, the median year built for six of the nine localities is older than the Virginia median (1975). Localities with the newest housing stock are Franklin County (1979), Craig County (1978), and Botetourt County (1976). Additionally, Roanoke County has a relatively large percentage (90%) of post WWII housing.

Housing age and design can significantly impact a range of housing related factors such access affordability, and mobility. For instance, while older (i.e., pre-WWII) housing stock fits well within the built urban environment, its two-story design can present challenges to senior, disabled, or other residents with limited mobility. Moreover, much of the newer housing stock also consists of multistory design which may present similar accessibility challenges. Examples include, but are not limited to:

- bathroom often only on the second floor
- bedrooms located on the second floor
- laundry facilities not on “main” floor (upstairs or basement)

While universal design can address many of these issues, retrofitting older or existing housing units with universal design features is generally more costly compared to new construction and is not affordable to many residents.

Beyond accessibility, repair, maintenance, and high utility cost often associated with older housing stock can also negatively impact affordability and general quality of life. Several agencies in the region are involved in home repair and maintenance, retrofitting, and weatherization activities including Rebuilding Together, Total Action Against Poverty (TAP), and Habitat for Humanity.

Furthermore, the majority of newer housing stock is located in areas that are not served by public transit resulting in high levels of auto-dependence and associated costs of maintaining a motor vehicle. This adds to the isolation factor for seniors that have limited mobility.

The Regional Housing Study also identifies public and subsidized housing options, some of which are available for seniors. While the Regional Housing Study does a good job documenting existing conditions and resources, there was not a focus on future needs, particularly in regard to the needs of an aging population.

In 2005, the Roanoke Valley Area Metropolitan Planning Organization produced the report **“Planning for Elderly and Disabled Mobility”**. This report outlined some of the same issues identified in the **“2005 Report to the Community on Senior Citizen Issues”** discussed above. The mobility report also documents the public transportation options for seniors. These included Valley Metro, STAR, CORTAN, RADAR, and LOA services.

RADAR (Roanoke Area Dial-A-Ride) is a non-profit corporation which provides a variety of transportation services to physically, mentally-disabled or transportation disadvantaged individuals. About 54% of their ridership is over the age of 60. The cost per passenger for service is about \$15. Federal, State and Local government contributions comprise most of the RADAR budget, while passenger fares total about 5% of their revenue. RADAR's 2010-2015 Transit Development Plan does project an increase in the elderly population through 2030 and recognizes that this will likely create more service demand.

In 2008, the Virginia Department of Rail and Public Transportation funded the **Coordinated Human Service Mobility Plan** for the Roanoke Valley-Allegheny Regional Commission service area. The study identified several key points relating to the elderly and transportation. There is a need for additional human service transportation for the elderly, disabled and poor populations in the region. This need is intensified by the size and rural nature of the Roanoke, Allegheny, and New River Valley areas. While several urban areas have access to public transportation, residents of smaller communities and those living in the outlying areas of the region do not. There are enough transportation providers in the region, if sufficient resources are made available. More regional cooperation and leadership is needed to provide transportation services to the disadvantaged populations.

Additionally, the Roanoke Valley Area Metropolitan Planning Organization (MPO) produced their **Long Range Transportation Plan** in 2011, which analyzed an aging population. The study looked at various "scenarios" and the "Retirement of Baby Boom Generation" in Chapter 6 focused on the transportation issues relating to the age wave. Geographic isolation, carless households, and public transit were analyzed to help predict transportation issues that may face the elderly in the Roanoke urban area. The analysis also tried to identify future growth plans at some of the larger retirement communities in the region, but the data was collected before the economic downturn and often their growth plans were tied to short term business models.

Each locality in the region produces a **Comprehensive Plan** which typically outlines current conditions, identifies issues and needs for the population, and makes a plan for land use and development for the next 10-20 years. A short review of Comprehensive Plans in the region does find recognition of changes in elderly demographics, but often in the terms of transportation and housing. In particular, the elderly and disabled are often lumped together and recognized as requiring accessible housing and special transportation options. Little strategic attention is given to the predicted change in demographics in a holistic way.

## Recommendations

Not unique in the nation, the RVARC region faces a dramatic shift in demographics over the next few decades. Historic shifts and population projections show two significant trends. Considering the region's total population is expected to grow about 11% over the next 20 years, the increase of 59% in the population age 65 should catch the attention of many leaders and service providers in the region. This change will be evident by 2020 as the elderly population will increase by nearly 30%. Furthermore, growth in the working age population (20-64) is expected to remain flat, from 196,775 in 2011 to 195,844 in 2030, but those over age 65 are projected to grow by about 32,700 by 2030.

Little attention has been given to this expected demographic shift in the region. While there are some clear needs that should be addressed, the aging population also presents some opportunities.

## Opportunities

- The elderly can be seen as a resource for volunteerism, entrepreneurship, mentoring and civic engagement.
- The elderly can be an economic force, contributing to the vitality of the region through retirement spending.
- Retirements will open the workplace to new opportunities for skilled labor.

## Needs

- Develop a Regional Age Wave strategy through a cooperative effort of local governments, interest groups, service providers and other stakeholders.
- Document and monitor these demographic shifts.
- Increase awareness of aging and workforce shifts.
- Integrate age wave planning into long-range community design and public infrastructure plans.
- Awareness and education about existing elderly services and options.
- Put more emphasis on elderly populations in the development of comprehensive plans.
- Enhance workforce development strategies to: address an aging workforce, retiring workforce, training of a younger and more diverse workforce, and prepare employers for these changes.
- Integrate workforce demographics into economic development efforts.
- Enhance regional cooperation for age related service providers. (Transportation, housing, finance, health, tax, legal, public safety, emergency preparedness, and recreation)
- Identify increased funding for existing age related service providers.
- Improve options for affordable housing for the elderly.
- Improve options and coordination of transportation services for the elderly.

- Encourage age specific housing options through development and zoning regulations; especially for family-at-home care options.
- Identify strategies to improve prevention, healthcare, nutrition, exercise, and self-care options for seniors.
- Identify strategies to improve lifelong learning and civic engagement.
- Form a Regional Coalition for the Elderly.

There is an existing Senior Citizens Task Force, with more recognition and participation from local governments and other stakeholders could be tasked to carry out a comprehensive age wave strategic plan, as recommended by the Commonwealth Council on Aging. Assistance could be provided by the Roanoke Valley-Alleghany Regional Commission staff. Such a process could provide a more comprehensive list of issues and identify ways to raise awareness of the regional implications.

As a community starting point, the Appendix also includes a “Senior Readiness Checklist for Communities”, as developed by the Southeast Michigan Council of Governments. The checklist should give communities of the types of activities that they can be addressing through the delivery of services and comprehensive planning process.