

The Virginia NEWS LETTER

Virginia's Diverse and Growing Older Population

by Qian Cai

Introduction

Virginia's population is aging. By 2030, Virginians ages 65 and older will grow both in number (by doubling from 900,000 now to 1.8 million), and in percentage of the population (from 12 to 19 percent).

While living longer is good news for individuals and is evidence of the progress of medical, social and economic advances over mortality, a large and growing older population presents both challenges and opportunities for our communities, for the commonwealth and for the nation. These include increased demands on:

- Social Security and pension systems,
- Health care services,
- Health insurance programs (including Medicare and Medicaid),
- Family relationships and support for those in need of health assistance,
- Public transportation,
- State and local services, and
- Housing suitable for older citizens.

At the same time, the aging population is not all a liability. Older Virginians can be great assets to their families, communities and society. A group demographers call the "young-old," those ages 65-84, for example, may remain productive members of the workforce, and may help to compensate



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for a decrease in the proportion of working-age (16-64) Virginians in the next twenty years. Older Virginians at any age may become valuable community volunteers and may provide care for grandchildren in their homes.

As Virginians age and remain in their home communities, they provide continuity—and living memory—of the history and identity of the local area and of Virginia. They embody workplace skills developed over a lifetime. These older Virginians are likely also to become community pioneers, exploring the territory of making our communities livable and sustainable for all residents. A recent study funded by the MetLife Foundation concludes that “when older residents can age in place, everyone benefits.”¹

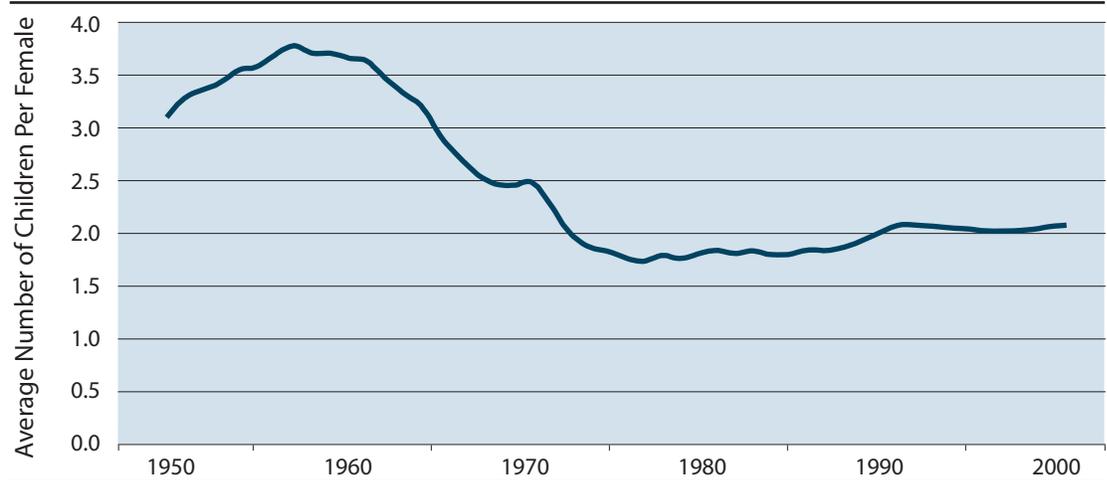
This article describes factors in the aging of the population, three dimensions that characterize the heterogeneity of the older population (age, gender and place of residence) and the changing face of aging within the baby boom generation. Virginia data are presented to illuminate specific concerns,

¹ “A Blueprint for Action: Developing a Livable Community for All Ages,” funded by MetLife Foundation and produced in collaboration with the National Association of Area Agencies on Aging (n4a) and Partners for Livable Communities, 2007 <http://www.n4a.org/pdf/07-116-N4A-Blueprint4ActionWCovers.pdf> (4/16/2009).



The two forces behind population aging: people living longer (lower mortality) and having fewer babies (lower fertility), are evident not only in Virginia, but also across the nation and around the world.

Figure 1. Total Fertility Rates in the United States, 1950 - 2000



including the needs of older Virginians, and opportunities for our communities.

Factors in Population Aging

Population aging is defined as a rise in the proportion of the elderly population, ages 65 and over. Two forces result in population aging: lengthening life expectancy and lower fertility. Both forces have seen consistent and significant change in the last century.

With improved public health, medical advances and economic development, people today are living longer and generally healthier lives. The average U.S. life expectancy at age 65 was 11.86 years for 1900-1902. This increased to an average of 13.83 years for 1949-51 and to 18.7 in 2004.² This decline in mortality allows more people to live beyond 65 years of age and for many years longer.

Low fertility, on the other hand, shrinks the proportion of the younger population over time and results in an increase of the proportion of the older population and a rise in the median age. As seen in **Figure 1**, in 1950, the total fertility rate, which measures the average number of children a woman has throughout her reproductive life, was 3.1 in the U.S. In the late 1950s, it peaked at 3.7. The total fertility rate dropped below 3 in 1965, and reached the lowest rate (1.8) from the mid-1970s to mid-1980s. Since 1990, it has remained at the replacement level of 2.1. Of the two factors in population aging, life expectancy and fertility rate, the low fertility rate in recent years is dominant in leading to the increased aging of the population.

² National Vital Statistics System, *National Vital Statistics Reports*, "United States Life Tables, 2004," Table 11. Vol. 56, No. 9, (December 28, 2007). <http://www.cdc.gov/nchs/products/nvsr.htm#vol56> (4/16/09)

The two forces behind population aging: people living longer (lower mortality) and having fewer babies (lower fertility), are evident not only in Virginia, but also across the nation and around the world. In the United States, however, population aging will be more dramatic, driven by one of the most powerful demographic forces in the last century—the baby boom cohort.

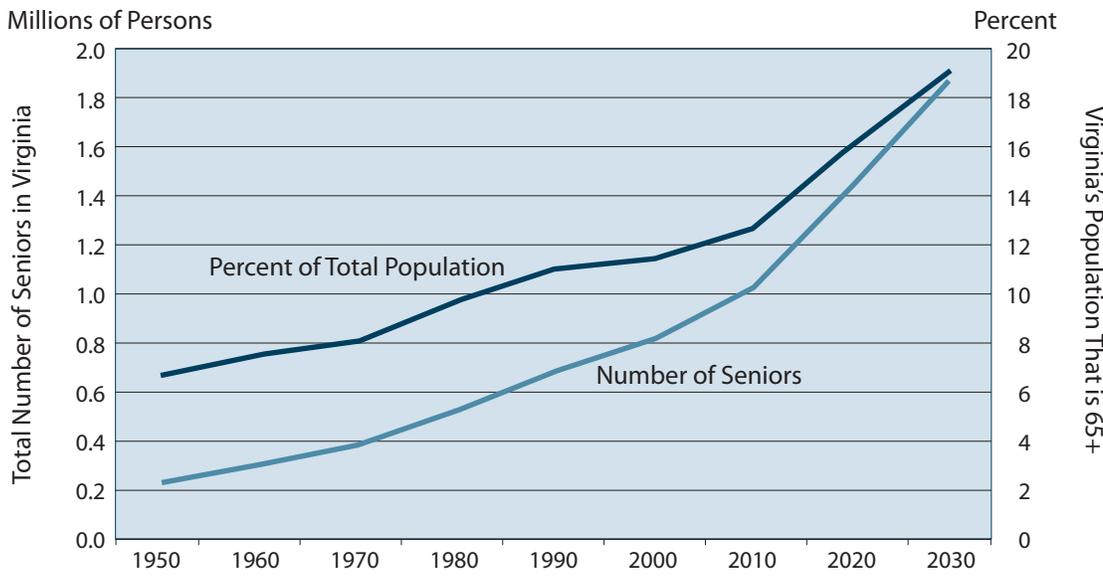
Growing Older in Virginia

Virginia's senior population, people ages 65 and over, more than tripled between 1950 and 2000, as seen in **Figure 2**. According to census data, in 1950, there were 214,524 Virginians, or 6.5 percent of the total population, ages 65 and older. In 2000, nearly 800,000, or 11.2 percent, were in that age category. The median age of the commonwealth's population increased from 27.3 years in 1950 to 35.7 years in 2000. Population projections show that this aging trend is going to continue. Based on projections, the senior population in Virginia is expected to reach 1.8 million people and make up 19 percent of the statewide population by 2030.

The senior population is remarkably heterogeneous. It encompasses people with varied characteristics and different levels of needs, abilities and resources. The capabilities and needs of a 65-year-old married person, for example, differ markedly from those of a widowed 85-year-old living alone. Therefore, this analysis describes the senior population by age, gender and urban/rural residence and examines differences within and across sub-groups. The terms "older population" and "seniors" are used interchangeably, both referring to people ages 65 and above.

Data presented in the following analyses focus on Virginia and come from the decennial censuses, 2007 American Community Survey,

Figure 2. Total Number of Seniors and Their Percentage Share of the Total Virginia Population, 1950 - 2030



While seniors are considered a distinct age group when compared to school-age children or the prime working-age population, the senior population is everything but homogeneous.

2007 Current Population Survey, and population projections, all conducted or produced by the U.S. Census Bureau. The 2007 population estimates by age were produced by the Weldon Cooper Center for Public Service.

Young-Old and Old-Old

While seniors are considered a distinct age group when compared to school-age children or the prime working-age population, the senior population is everything but homogeneous. It encompasses people with an age range spanning more than three decades and includes people in very different stages of the life cycle. A 65-year-old may have very little in common with an 85-year-old. Coming from different generations, they have different life experiences, concerns and needs. Therefore, it is important and necessary to

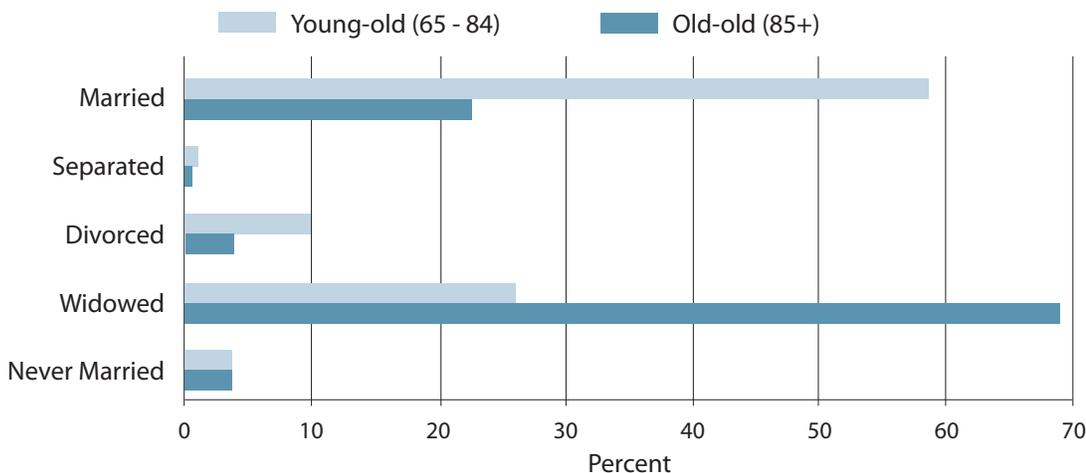
differentiate the senior population into two age groups: the “young-old” (ages 65-84), and the “old-old” (ages 85 and older). Analysis of these two groups provides an understanding of the diversity of the older population and may help state and community leaders utilize resources to more effectively accommodate the different needs of older residents.

More than 900,000 Virginians in 2007 were ages 65 and older. Among them, 87 percent were young-old and 13 percent were old-old. With increasing age come differences in marital status, living arrangements and health status.

Marital Status and Living Arrangements

As **Figure 3** shows, nearly 60 percent of the young-old are married. Less than one-quarter of the old-old are married and nearly 70 percent of

Figure 3. Marital Status by Age Group in Virginia, 2007



In the next decade, nearly one million baby boomers in Virginia will join the ranks of the young-old.

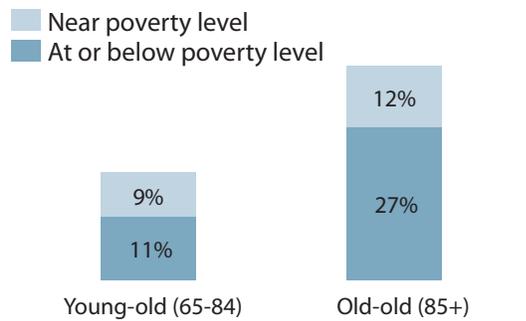
the old-old are widowed. Consequently, 40 percent of the old-old live alone and 17 percent live in non-household, group quarters facilities, such as nursing homes. In contrast, 59 percent of the young-old live in married-couple family households and only 25 percent live alone.

Socioeconomic and Poverty Status

Differences in socioeconomic status between the young-old and old-old are also significant. The young-old have more education and are much less likely to live in poverty than their older counterparts. Nearly a quarter of the young-old have a bachelor's degree, compared to 17 percent of the old-old.

Poverty rates also increase with advancing age. While 11 percent of the young-old live in poverty, 27 percent of the old-old are living in poverty as shown in **Figure 4**. Additionally, 9 percent of the young-old are living near poverty (101-150 percent of the poverty income level), compared to 12 percent of the old-old. The old-old are much less likely to be in the labor force and are more likely to have spent down savings and assets to supplement Social Security and pension income. Rising health problems and health care needs at very old age also cut into savings.

Figure 4. Poverty Status by Age Group in Virginia, 2007



Health Status and Lifelong Engagement: The Young-Old

Another striking difference between the age groups is health status. In 2007, nearly three-quarters of Virginia's young-old reported themselves in good, very good or excellent health, compared to 56 percent of the old-old. Health status suggests differences in health care needs, pension and income requirements, and desires for longer engagement with work and society.

Since the young-old are younger, healthier and better educated, they may be more likely to seek diverse, productive opportunities to enrich their lives, remain in the workforce, volunteer in the community, and provide care-giving to family members (including their frail parents or pre-

school grandchildren), all as a part of active living and healthy aging.

As many employers shift from defined-benefit plans to defined-contribution retirement plans and as the Social Security eligibility age rises, the young-old may have greater incentives, or financial necessities, to remain in the workforce well past "retirement age." Currently, 27 percent of those between ages 65-74 are in the labor force. Those who continue to work beyond age 65 may, however, have shifted to working part time or may have left career jobs for different kinds of employment. Therefore, opportunities for continuing education and training and the provision of flexible work assignments and hours should be given considerable attention in order to ensure the productivity of older workers.

In the next decade, nearly one million baby boomers in Virginia will join the ranks of the young-old. The baby boom generation has much higher educational attainment than the current young-old. Thirty-six percent of baby boomers have at least a bachelor's degree, compared to 26 percent of the current 65-74-year olds. The labor force participation rate among baby boomers is also high, 78 percent. When they become the young-old, baby boomers may continue their labor force participation at an even higher rate than the current young-old.

Living Longer with Chronic Illness: The Old-Old

The old-old, on the other hand, have different concerns and needs. While the current old-olds are enjoying better health than their predecessors, the actual number of elderly with chronic illnesses (e.g., heart disease, cancer, dementia, Alzheimer's, arthritis and diabetes) and disabilities will increase simply because of the growth of the old-old as a group. In Virginia, the population ages 85 and older grew from nearly 60,000 in 1990 to more than 87,000 in 2000, an increase of 46 percent. According to census projections, in the coming decades the old-old age group will continue to grow at a much faster pace than the older population overall, reaching 250,000 by 2030. A boom in the old-old will occur between 2030 and 2050, when baby boomers become the old-old. The population ages 65 and older will increasingly consist of the old-old, because the young-old by then will be made up of a much smaller cohort.

The growth of the old-old has a number of implications: retirement income will need to cover a longer period of time; health care costs will undoubtedly rise as the old-old are most likely to suffer disability and chronic illness; and working adults will feel the emotional and financial

pressures to support their children, parents, and perhaps even grandparents, simultaneously.

Special Circumstances of Aging Baby Boomers

While the future will bring a growing number of seniors who need care and support from their family members (primarily spouses and children), the likelihood of receiving such support may decline, especially for aging baby boomers due to their low fertility rates and changing family structures. Baby boom Virginians have lived in widely diverse family types, reflecting low fertility; postponement of marriage and childbearing; higher proportions of the never married and voluntarily childless; higher rates of divorce, remarriage, blended and step-family relationships; and single-parenthood.

Today, 10 percent of senior residents in Virginia are divorced or separated, compared to 19 percent of baby boomers. Less than 4 percent of the current older population is never married, compared to more than 10 percent of baby boomers. While baby boomers were born in an era of high fertility (their mothers had an average of more than three children), their own fertility was much lower (less than 2 children per woman), resulting in fewer children to rely on for care and support as they become old. Childlessness is another important factor that will affect care giving. According to a study by the Census Bureau, childlessness among all women 40 to 44 years old in the U.S. increased from 10 percent in 1980 to 19 percent in 1998, indicating a high prevalence of childlessness among baby boomer women. Currently, 27 percent of the 65-years-and-older Virginians live

alone, and that number is expected to increase as baby boomers age.

Older Women and Older Men

Among the older population in Virginia, women significantly outnumber men. While the overall population is split almost evenly between male and female, among people ages 65 and older, the sex ratio between male and female is 42:58. It further declines with advancing age. Among those ages 85 and older in Virginia, the sex ratio drops to 30:70, with women outnumbering men more than two-to-one. This gender imbalance is due to differing life expectancy between men and women. Throughout the 20th century women had a higher life expectancy than men. In 1950, the national life expectancy at birth was 65.5 years for men and 71 years for women. By 2000, it increased to 74.1 for men and 79.5 for women.

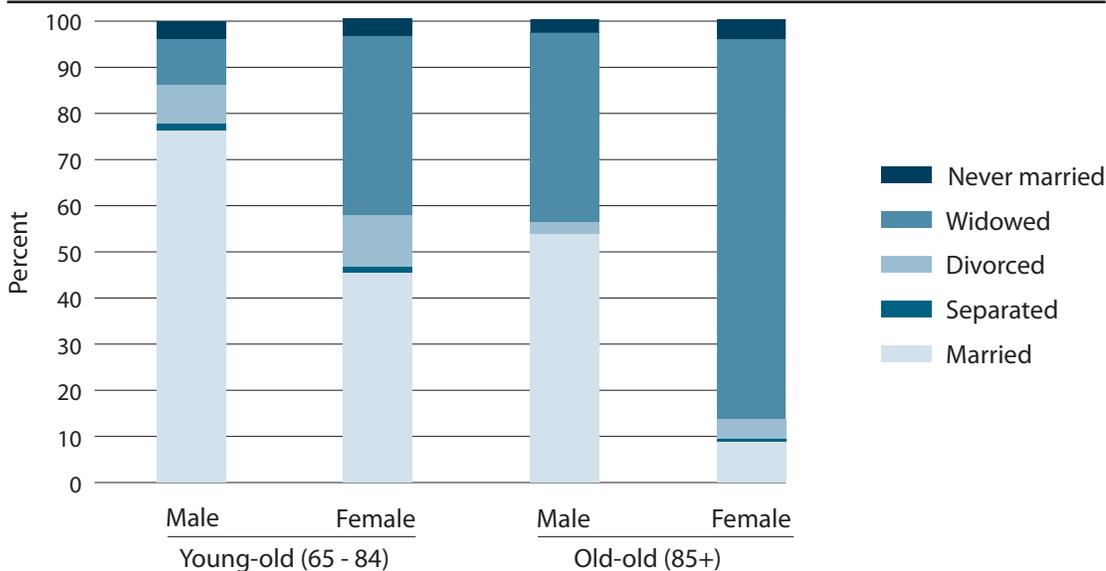
Marital Status and Living Arrangements

In the age group from 65 to 84, most Virginia men are currently married, and most women are not. In 2007, about 76 percent of young-old men were married, compared to 46 percent of young-old women. As shown in **Figure 5**, the discrepancy becomes even larger at more advanced ages. Fifty-three percent of men age 85 and over were married, compared to 9 percent of women in that age group. Among women ages 85 or older, 82 percent are widows.

While the gender gap in average longevity accounts for most of these differences, the tendency for women to marry men who are older, and a gender differential in remarriage rates are also

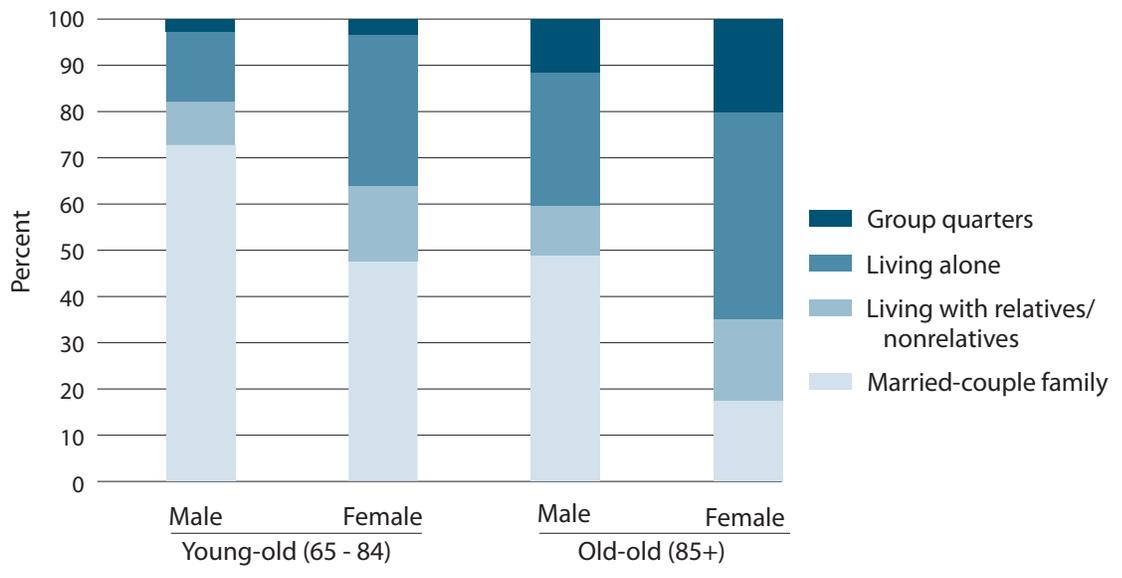
Among the older population in Virginia, women significantly outnumber men. While the overall population is split almost evenly between male and female, among people ages 65 and older, the sex ratio between male and female is 42:58.

Figure 5. Marital Status by Gender and Age in Virginia, 2007



Many of the challenges of growing older for women result from disadvantages in education and in the labor force in their early years. Those disadvantages threaten their economic wellbeing once they lose their spouses or become very old.

Figure 6. Living Arrangements by Gender and Age Group in Virginia, 2007



important. Older widowed men are much more likely to remarry than older widowed women.

Marital status is a significant factor in determining living arrangements, as seen in **Figure 6**. As older women are less likely to be married and more likely to be widowed, they are more likely to live alone than men. Among women ages 65 to 84, one-third live alone, compared to 15 percent of their male counterparts. For those ages 85 and over, 45 percent of women live alone (compared to 29 percent of men). In addition to being more likely to live alone, older women are more likely than older men to live with a relative other than a spouse or non-relative (15 percent vs. 7 percent).

Another arrangement, institutionalized group quarters living, is also more prominent among older women than older men. Chronic illnesses, such as arthritis, diabetes, osteoporosis and senile dementia, increase with age and are more common among women. This, coupled with the high likelihood of widowhood, results in an over-representation of women living in group quarters facilities. Among Virginia's group quarters residents ages 65 to 84, almost two-thirds are women. Among residents age 85 and over, 80 percent are women.

Poverty Status for Older Women

Poverty rates are higher for older women than for older men. Thirteen percent of Virginia women ages 65-84 live in poverty, compared to 7 percent of men. Among women ages 85 and over, the poverty rate climbs to 32 percent, compared to 18 percent among men. Dependence on husbands' incomes, high occurrences of widowhood and longevity all contribute to higher poverty rates for women. The financial wellbeing of many older women is closely tied to that of their husbands,

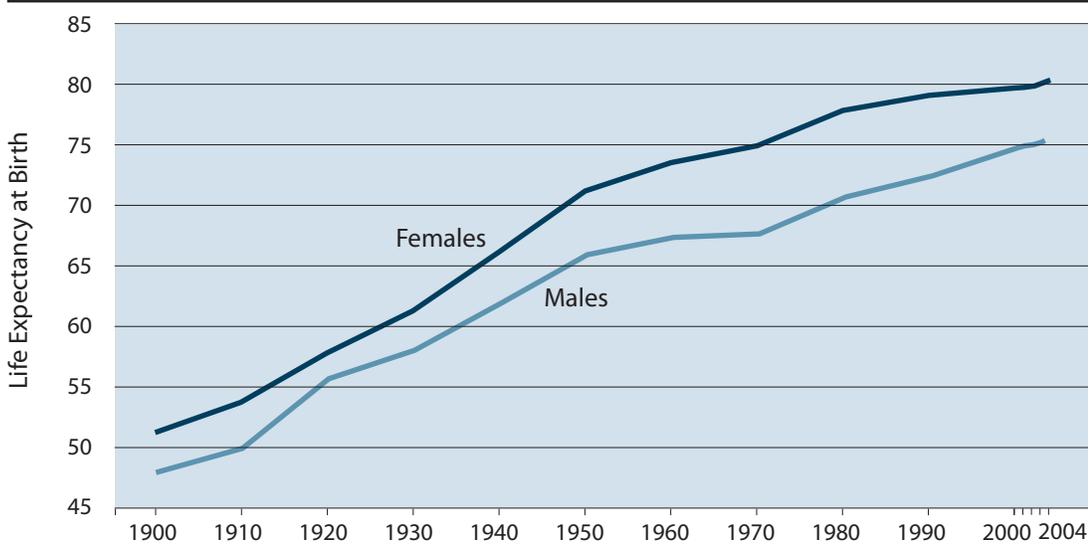
and the death of a spouse can drastically change their financial resources. Longevity also increases the likelihood of outliving one's savings, which tend to be eroded by inflation. Finally, among never-married and married women alike, older women are less likely than men to have had jobs that qualified them to collect the maximum Social Security benefits, to be eligible for private pensions, or to have accumulated wealth.

Poverty is also related to older women's lower educational attainment. While young women currently have equal opportunity for education and achieve higher educational attainment than their male counterparts, this was not the case for previous generations. Among Virginia's older population, 17 percent of women have a bachelor's degree or more, compared to 31 percent of men. Education directly affects one's socioeconomic status and economic wellbeing.

Most older women today outlive their spouses. Older women are more likely than older men to be poor, live alone, enter nursing homes, and depend on relatives or non-relatives for care and support. Many of the challenges of growing older for women result from disadvantages in education and in the labor force in their early years. Those disadvantages threaten their economic wellbeing once they lose their spouses or become very old.

A Baby Boom Gender Revolution?

The baby boom generation will age differently in several ways, some representing greater equality, others reflecting lifestyle choices made by baby boomers throughout their lives. First, the gap between male and female life expectancy is expected to narrow. In the 1970s and 1980s men, on average, lived seven fewer years than women.

Figure 7. Life Expectancy of Males and Females in the U.S., 1900 - 2004

That gap, as shown in **Figure 7**, has been narrowing in the early 21st century. In 2000, life expectancy at birth was 79.5 years for women and 74.1 years for men—a gap of slightly more than five years.

Furthermore, the gender gap in life expectancy for those among older ages has also narrowed. In 1980, a man 65 years of age was expected to live another 14.2 years, while a woman of the same age was expected to live another 18.4 years. In 2000, the life expectancy at age 65 increased to 16.3 years for men and 19.2 years for women, with a significant narrowing of the gap from 4.2 years in 1980 to 2.9 years in 2000. While the gender gap in longevity is not understood completely, many attribute the narrowing of the gap to changes in smoking behavior, decreased male participation in war and jobs with chronic health consequences, and even physiological factors. Experts predict that the narrowing of the gap will continue and possibly close as we continue to make advances in healthy living.

As the gap in life expectancy between men and women narrows, differences between older men and older women related to widowhood could be expected to diminish; however, changes in marriage, childbearing and family structures within the baby boom generation may tell a different tale for the aging women of this generation. Ten percent of baby boom women never married, compared to 3.8 percent of those now ages 65-84. Seventeen percent of baby boom women are divorced, compared to 11.5 percent of women ages 65-84. Unless baby boom women have a higher propensity than earlier generations to marry or remarry at a late age, fewer baby boom

women will have a spouse when they become old, even as the rate of widowhood declines.

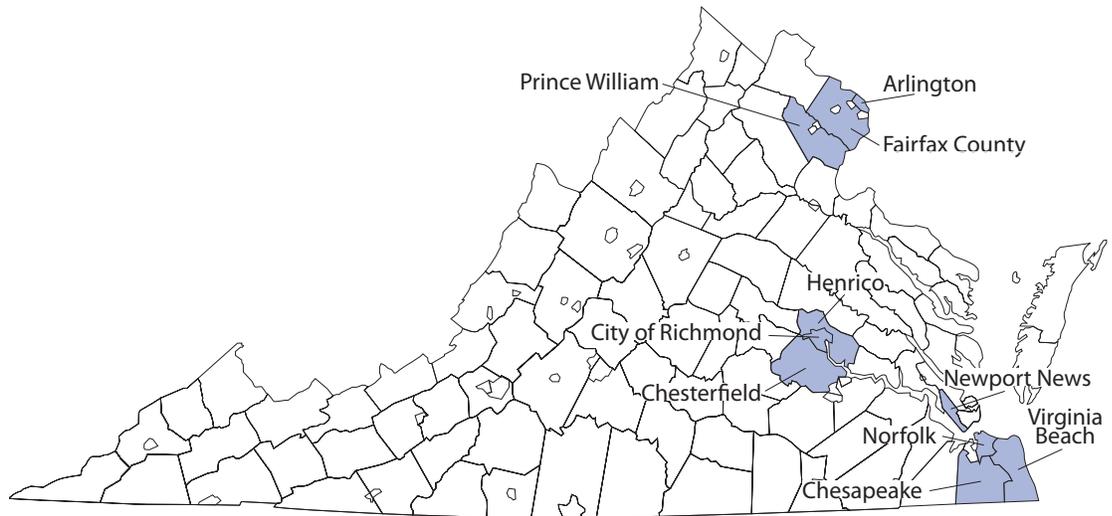
Women of the baby boom generation not only had a low fertility rate (fewer than two children per woman between 1973-1988), but these women also delayed childbearing. A large proportion of baby boom generation women bore their children in their late 20s and 30s. As a result, as the baby boomers reach 80, many of their children will be in the range of 40-50 years old. If this generation also delayed childbearing, they will find themselves in what has been called the “sandwich generation,” where the adult children of baby boomers are more likely to have both parent-care and childcare responsibilities simultaneously. With the baby boomers having fewer children on whom to rely for support and caregiving, and the likelihood they may be competing with their children’s own childrearing duties, baby boom women, as they age, may be less likely than the current generation of older women to receive care from adult children.

On the other hand, baby boom women are better educated, have a much higher labor force participation rate, and are more financially independent than the current older generation of women. Baby boom women are as educated as their male counterparts, with more than a third having a bachelor’s degree or above, twice as many as women currently ages 65 years and over. Seventy-three percent of baby boom women are currently in the labor force. By the time they retire, they are likely to have been in the labor force long enough to have savings, pensions and Social Security in their own names, which will make a significant difference in their economic status as they become old.

While the gender gap in longevity is not understood completely, many attribute the narrowing of the gap to changes in smoking behavior, decreased male participation in war and jobs with chronic health consequences, and even physiological factors.

Most older Virginians live in cities or urban areas, but the areas with the highest proportion of older citizens are often rural.

Figure 8. Ten Localities in Virginia with the Largest Number of Seniors, 2007



Nonetheless, living alone is likely to be a continuing trend among baby boom women as they move into their senior years—a result of marital, health and economic status and lifestyle preferences. Today’s young-old women are already more likely to be in good health and to be able to afford to live alone than was true in the past. The further improved educational and economic status of the baby boom women, coupled with their strong desire to be independent, will contribute to the increasing proportion of women living alone in old age in the years to come.

Rural Old and Urban Old

Older Virginians are found in every community, urban and rural. Their quality of life—and impact on their communities—varies depending on the type of communities in which they live. Most older Virginians live in cities or urban areas, but the areas with the highest proportion of older citizens are often rural. In this analysis, “urban” is defined as metropolitan counties and cities, and “rural” is defined as non-metropolitan counties. “Nonmetro” and “rural” are used interchangeably.

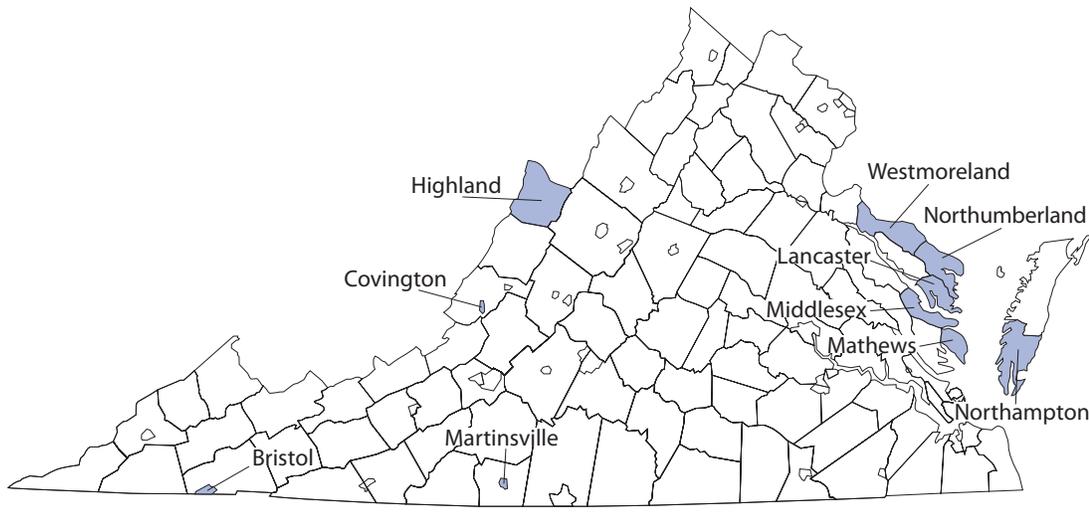
Place of Residence

Of the 900,000 older residents currently living in Virginia, 70 percent live in the state’s metropolitan areas, especially in the populous localities of the three major metro areas: Northern Virginia, Hampton Roads and Richmond, as shown in **Figure 8**. Fairfax County, the largest locality in Virginia, is home to more than 92,000 (or 10 percent) of the commonwealth’s senior citizens. Virginia Beach and Henrico rank second and third, respectively. The top three urban localities contain nearly 20 percent of the older population in Virginia.

In contrast, localities with *high proportions* of seniors, which tend to be rural communities, are quite different from those with the greatest numbers. These localities are identified in **Figure 9**. The highest percentage is found in Lancaster County (nearly 30 percent of its population is age 65 and over), followed by Northumberland County (27 percent) and Middlesex County (24 percent). While Fairfax County has the largest *number* of persons ages 65 and over, the proportion of seniors in the county’s total population (9.2 percent) ranks 123rd among the 134 localities. These differences mean that rural and urban localities face different challenges providing support to their older residents, and the residents themselves experience aging differently due to their surroundings.

Aging in Rural Communities

Three factors contribute to the higher proportion of older persons in rural areas and shape the entire age structure of these communities: 1) aging-in-place, 2) out-migration of young adults, and, 3) in-migration of retirees or pre-retirees. In general, rural seniors are less mobile than their urban counterparts. Rural seniors often lack the education or income to make geographic mobility advantageous or possible, increasing the likelihood that rural seniors will “age in place.” With declining employment opportunities, rural communities, such as those in Southside and Southwest Virginia, also have seen steady outflows of younger people migrating to urban areas for education and jobs. As younger individuals and families move away, the older population makes up a larger proportion of the total population, often depending on a smaller base of younger residents for support. On the other hand, in-migration of metro retirees

Figure 9. Ten Localities in Virginia with the Largest Percentage of Seniors, 2007

Rural seniors depend more heavily on Social Security income than urban seniors, who are more likely to have additional sources of retirement income.

to amenity-rich non-metro counties also contributes to high concentrations of seniors in selected rural areas. Localities in the Northern Neck and Middle Peninsula, known for a pleasant lifestyle and proximity to the Chesapeake Bay, attract an influx of pre-retirees from metro areas and have the highest proportion of older residents in their population. In 2000, for example, 15 percent of the 75-79-year-olds in Middlesex County had moved in from elsewhere in the previous 5 years.

Differences in Rural and Urban Seniors

Rural and urban seniors in Virginia differ demographically, socioeconomically and in health status. While they are slightly more likely to be married (and less likely to be divorced) than their urban counterparts, rural seniors are comparatively disadvantaged in other dimensions related to aging: widowhood, likelihood of living alone, educational attainment, income security, likelihood of being in poverty and health status.

The median age of rural seniors (74 years) is slightly older than urban seniors (73 years), and the widowhood rate is slightly higher for those in rural areas. Rural seniors are more likely to live alone than their urban counterparts. Nearly 30 percent of rural seniors live alone in Virginia, compared to 27 percent of urban seniors.

More dramatic differences are evident in educational attainment and in factors related to education, including income and poverty. More than 70 percent of rural seniors have only a high school education or less and 12 percent have a bachelor's degree or above. Among urban seniors, 27 percent have a college degree or more education.

Rural seniors depend more heavily on Social Security income than urban seniors, who are more likely to have additional sources of retirement

income. In 2006, 92 percent of rural seniors received Social Security, compared to 86 percent of metro seniors. Urban seniors were also more likely than rural seniors to report income from wages, investments, retirement income and other earned income. Over three percent of seniors, regardless of residence, received Supplemental Security Income (SSI) benefits, a program that provides income to needy disabled, blind and elderly persons.

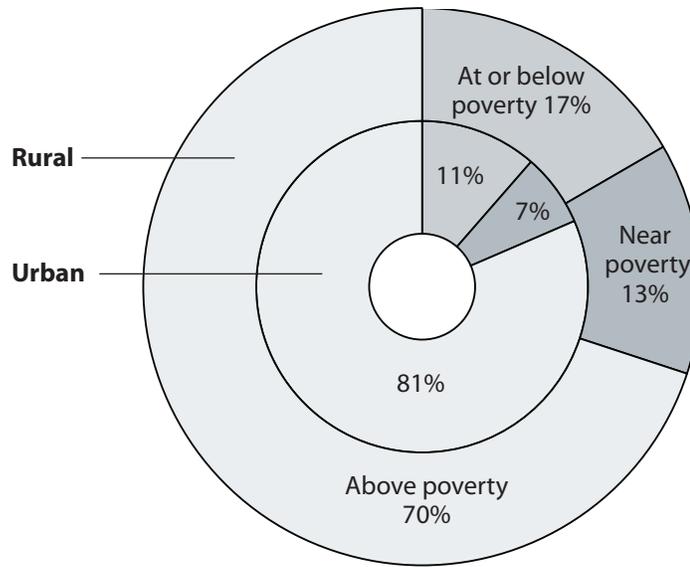
Poverty rates of older nonmetro residents are much higher than those of metro residents. Seventeen percent of rural seniors live in poverty, and an additional 13 percent live in near-poverty (101-150 percent of the poverty income level), representing a total of 30 percent of rural seniors facing economic exigency, as seen in **Figure 10**. In contrast, 11 percent of urban seniors live in poverty and 7 percent live in near-poverty (a total of 18 percent).

Beyond its association with poverty and income, educational attainment is correlated with physical wellbeing. People with higher levels of education may benefit not only from having greater access to information about health, but also from healthier attitudes and behaviors. In addition, more highly educated people are more likely to have higher incomes and be able to afford health-related expenses. Consequently, by being both less educated and less financially secure than their urban counterparts, rural elders are more likely to have poorer health. In 2007, one-third of rural seniors reported themselves in poor or fair health, compared to 29 percent of urban seniors.

Rural Community Challenges

Since rural seniors are older, poorer, have more health problems, and are more likely to live alone

Figure 10. Poverty Level by Urban/Rural Status, 2007



The capacity of communities, organizations and governments to anticipate and respond to the needs of older Virginians requires a more informed, complex and complete understanding of the diversity and potential of the senior population.

than their urban counterparts, the rural elderly may have a greater need for health care and social services. At the same time, providing health care services for older people in rural areas is more difficult than in metro areas due to distance, sparse settlement patterns and lower capacity in rural governments to provide services. As a result, the range of health care services for seniors living in rural communities is narrower, fewer alternatives are available, rural health services are less accessible and more costly to deliver than in urban areas and fewer health care providers exist in rural areas to offer specialized services.

In Virginia, most seniors have at least one form of health insurance coverage. In 2006, 96 percent of nonmetro seniors and 91 percent of metro seniors were covered by Medicare; 8 percent of nonmetro seniors and 6 percent of metro seniors were covered by Medicaid. Sixty-one percent of both rural and urban seniors had private insurance to augment goods and services only partially covered by Medicare, such as prescription drugs. The costs associated with health care are, however, a significant, constant and disproportionate barrier for rural seniors who are more likely than the urban old to be poor or have limited resources.

In addition to health care, elderly-friendly housing, transportation, community care centers and other services are more difficult to provide in rural areas, especially among those areas characterized by chronic out-migration of younger people. Elderly parents in those communities are less likely to live near their adult children or to receive assistance and care from them. Since many rural communities have been losing younger working-age people and their contributions to the local tax base, it is increasingly difficult for these localities

to meet the service needs of the rural elderly. This includes attracting private providers of necessary services such as assisted living, where residents can get prepared meals, housekeeping services, assistance with medication and transportation, and help with bathing, dressing and other personal care needs.

Summary

Virginia's senior population has grown steadily in the past decades, both in absolute number and as a percentage of the total population. This growth will accelerate in the next few decades as the baby boom generation reaches ages 65 and older. While older Virginians share many characteristics and needs, good public policy requires an understanding of the diversity of Virginia's older population in terms of age, gender, socio-economic status, health characteristics and geographic distribution. The aging of the baby boom generation will only magnify the diversity and the impact of the older population in Virginia.

While many factors beyond the scope of this article, such as economic conditions, health care policy and medical technologies, may change the context for aging in Virginia in the future—and make accurate predictions difficult—there is certainty that the older population will continue to grow, will be diverse and will display different characteristics in the future than are seen among older Virginians now.

The capacity of communities, organizations and governments to anticipate and respond to the needs of older Virginians requires a more informed, complex and complete understanding of the diversity and potential of the senior population. This includes refining our concept of

“growing old” from one of a downward and inevitable trajectory involving isolation and poor health to one of a pathway crafted by an individual with unique history, talents, family and financial supports and capacities to contribute beyond typical “working years” to the community and the commonwealth. For example, the young-olds are very different from the old-olds in terms of marital status, socioeconomic and health characteristics, interests, and needs. While the oldest baby boomers are joining this age group and reaching retirement age, their sheer numbers need not be seen as an immediate burden or threat. These incoming senior Virginians are better educated and more independent, and are expected to live longer and healthier, to spend more years with their spouses, and to have more economic resources than prior generations. They may, in many ways, represent resources for reshaping the ways our communities respond to the presence of older citizens.

In addition, advances in medicine and technology are likely to further increase our knowledge about the biological mechanism of aging, and reduce the severity of chronic illness and disability. Therefore, education, work, leisure, volunteering and care-giving, all opportunities primarily for the younger population, should also be made available to senior people.

While resources may not match up with growing needs and demands, more prudent, strategic planning and informed decision-making are essential. Policy makers may be well advised to target resources to the subgroups of the older population in more disadvantaged positions, for example, elderly women. Elderly women are more likely to be poor, to live alone and to have less familial support and care available when they need it. They are likely to have greater needs for assistance in housing, transportation, daily activities, health and personal care than their male counterparts.

Rural communities will face greater challenges than urban areas due to an imbalance in the number of older people relative to the younger, working age population. This may strain the communities’ ability to provide easily accessible services. Important differences also exist between natural amenity-rich retirement areas and areas depending on single, declining industries such as farming, mining, or manufacturing. The former benefits from growth, as in-migrating retirees boost the tax base and help sustain local businesses, whereas the latter suffers the loss of working-age population and tax base. Each locality or region will need to examine its own situation carefully in planning and designing its service programs.

Finally it is important to note that population aging is not an isolated subject that affects only older residents of Virginia. Aging is a demographic reality that affects people of all ages and many aspects of society such as the economy, resource allocation, social norms and expectations and familial structures. The aging of our population presents real opportunities for improving life in our communities, for restoring our commitment to each other, and for recognizing the rich wisdom of experience from a life well lived. It calls on us to understand the differences and the similarities among us and among our communities. It calls for strong leadership, vision and collaborative efforts from all levels—federal, state, local, community and individual—to take responsibility and to find creative ways of maintaining the quality of life of the fast-growing older population.

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