

# SHAPE the Future of Aging Plan

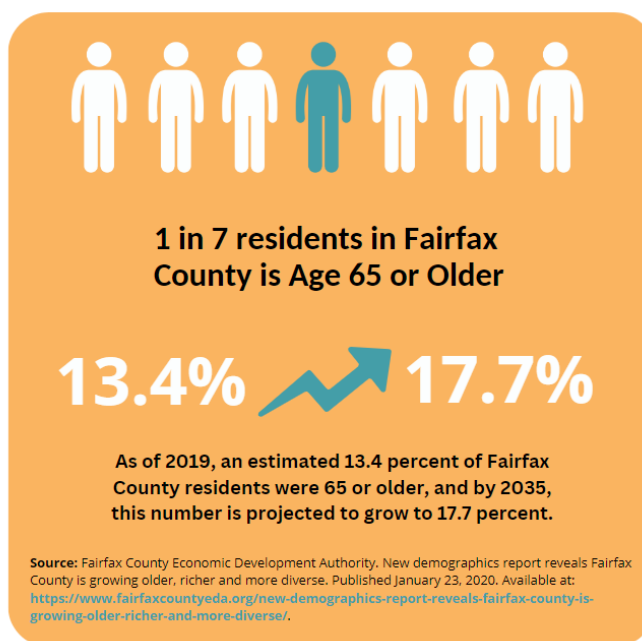
2023 – 2028

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## INTRODUCTION

The U.S. population, like that of all industrialized nations, is aging. In 2023, approximately 17 percent of all Americans were aged 65 and over, a number that is expected to increase to more than 20 percent by 2030. Likewise, the percentage of older adults in the Commonwealth of Virginia was 16.3 percent in 2021 and will rise to 19 percent by 2030.

Fairfax County and the cities of Fairfax and Falls Church are following suit. (Throughout this report, the term “Fairfax County” should be understood to include Fairfax County and the two partner cities, Fairfax and Falls Church.) The percentage of residents aged 65 and older in Fairfax County is anticipated to increase from 13.4 percent in 2019 to 17.7 percent in 2035. The County is becoming more diverse, too. According to the Demographic Reports 2022 from the Fairfax County Department of Management and Budget, the total proportion of all Fairfax County residents who are African American or Asian grew from 21.7 percent in 2000 to 30.1 percent in 2020 while the percentage of white residents declined from 69.9 to 49.5 percent during that period. Additionally, the total proportion of all Fairfax County residents who are Hispanic (of any race) grew from 11 percent in 2000 to 17.3 percent in 2020.



An older, more diverse population in Fairfax County brings a wealth of knowledge, skills, and experience and a richness of cultures. An aging population, though, also experiences new challenges to independence and wellness. Older adults often want to remain in their homes but

have increased functional limitations and a greater need for support to live as independently as possible. With age, unfortunately, comes more chronic illnesses, such as heart disease and diabetes, and progressive conditions, such as dementia, that compound those functional limitations. As the cost of living in the County rises, many older adults who are financially dependent on fixed incomes are strained by the price tags for maintaining their homes, paying their real estate taxes, and paying for necessary services.

There are many counties and states that have plans for improving government services for older adults, but a relatively small number have done more comprehensive strategic planning, drawing on community input, to reimagine and, sometimes, reconfigure aging services. To ensure that every resident can thrive, Fairfax County has created multiple comprehensive strategic plans since the 1980s to provide the services and support older adults need. The SHAPE the Future of Aging Plan: 2023-2028 (described below) is the latest planning guide to assist Fairfax County in intentional community engagement that meets the needs of older residents now and in the next five years.

The SHAPE the Future of Aging Plan is aligned with the Fairfax Countywide Strategic Plan and One Fairfax. It also supports the purposes of the Fairfax Area Agency on Aging, which include providing information about and services for aging, disability, and caregiving in Fairfax County to enable older residents to age in place with dignity and safety.

### **OVERVIEW AND VISION OF SHAPE THE FUTURE OF AGING**

In 2019, the Older Adult Committee of the Fairfax County Board of Supervisors approved a framework for a revised aging services plan using the acronym SHAPE. That acronym stands for:

## **SHAPE** the Future of Aging

### **S**ervices for **O**lder Adults & **F**amily **C**aregivers

(caregiver support, dementia friendly, resources)

### **H**ousing & **N**eighborhood **S**upports

(affordable housing, home modifications, home maintenance, Villages, livable communities)

### **A**ccess to **M**obility Options

(transportation, mobility support, walkability)

### **P**ersonal **W**ell-Being

(community engagement, isolation public & mental health, nutrition)

### **E**conomic **S**tability and **P**lanning

(financial stability, exploitation, employment, end of life, business partnerships)

These categories and subcategories roughly align with other jurisdictions' aging services plans. (For example, the state of California's Master Plan on Aging has five goals: Housing for All Ages and Stages; Health Reimagined; Inclusion and Equity, Not Isolation; Caregiving that Works; and

Affordable Aging.) The purpose of the SHAPE the Future of Aging Plan was identified as informing policy, making decisions about how to meet older residents' needs, educating the public, and assisting communities and organizations in their efforts to sustain a high quality of life for older adults. Its goals have included understanding what is working well and the gaps in services that need to be addressed, as well as the services and supports that should be in place to respond to future needs. (For details, see Appendix B.)

### **DEVELOPMENT OF THE SHAPE THE FUTURE OF AGING PLAN**

The process for developing the SHAPE the Future of Aging Plan included a 2019 Community Assessment Survey of Older Adults (CASOA), a national benchmarking survey. At the direction of the Board of Supervisors, the Fairfax Area Agency on Aging engaged a vendor to administer the CASOA, which was mailed to a randomized sample of residents aged 50 and older in early 2019. But the onset of COVID-19 in early 2020 prompted Fairfax leaders to put a hold on the development of the community input phase of the SHAPE the Future of Aging Plan as Fairfax County shifted its immediate focus to create a COVID-19 response plan for older adults.

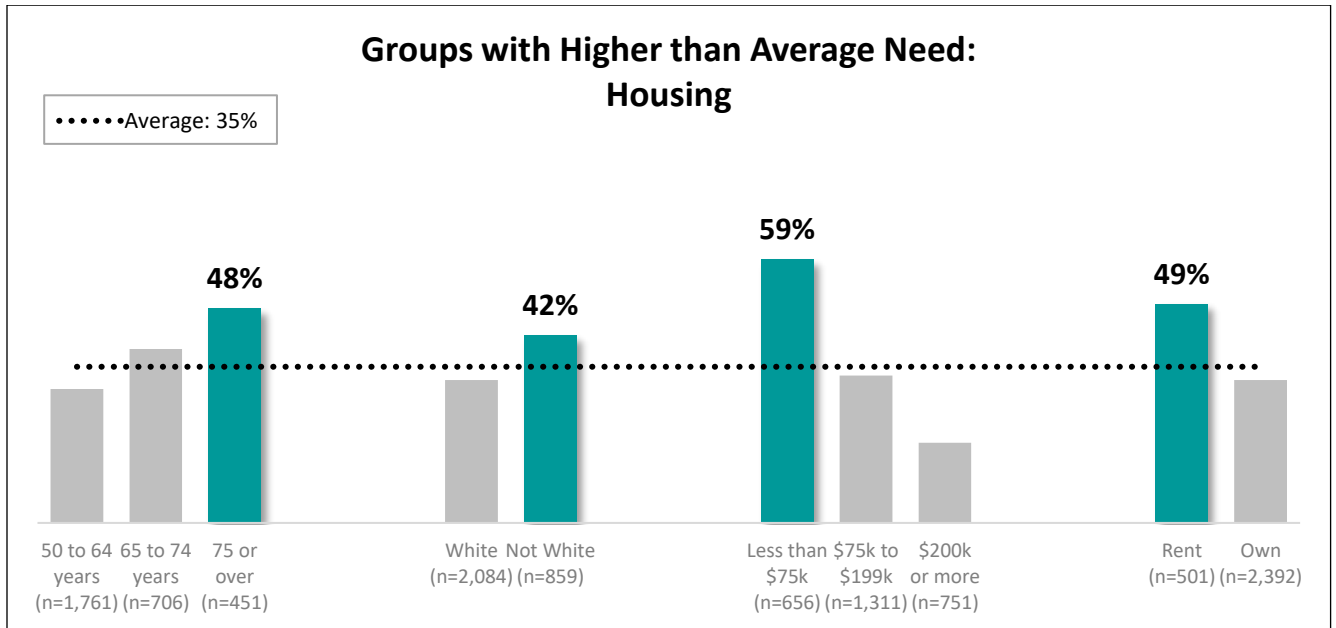
As the pandemic began to abate in mid-2021 planning was reinitiated for the development of the SHAPE the Future of Aging Plan. From July 2021 to May 2022, the Fairfax Area Agency on Aging and other County agencies finalized plans and timelines for the quantitative and qualitative methods for gathering information from older residents, their family caregivers, and other stakeholders. The two phases occurred sequentially:

#### **PHASE 1: COMMUNITY ASSESSMENT SURVEY FOR OLDER ADULTS**

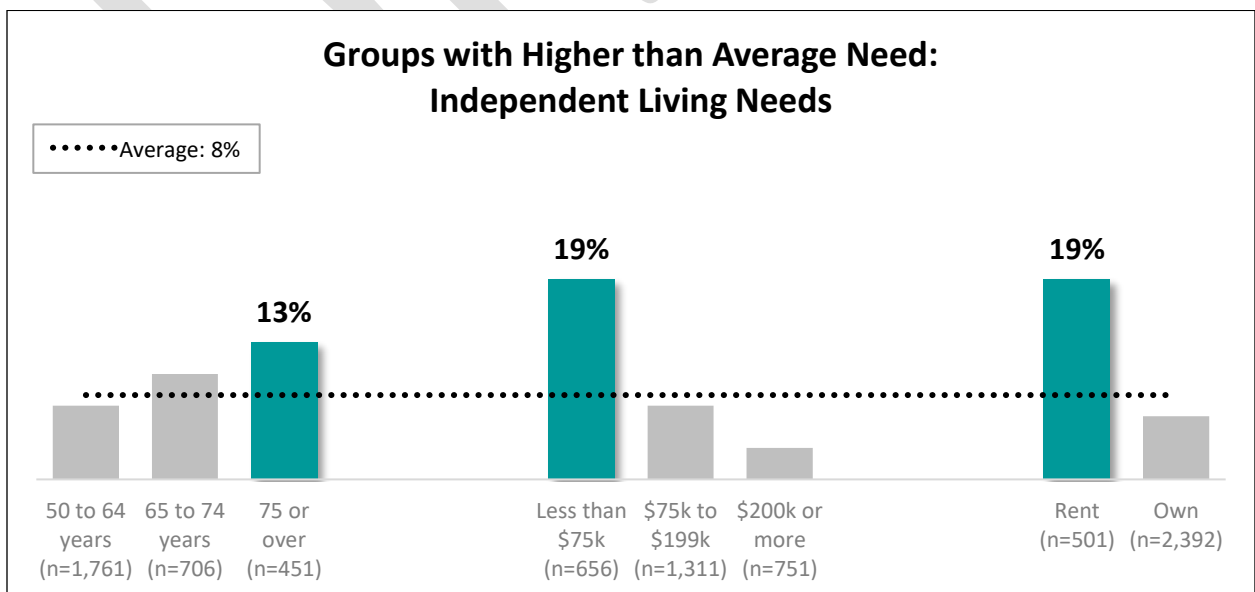
Because COVID-19 had a profound effect on older adults, Fairfax County leadership decided to provide an opportunity to gather new survey data to determine whether the pandemic altered the perceptions and needs of older adults. In early 2022, the CASOA survey was readministered through a mailing to a randomized sample of 22,000 residents aged 50 and older and was offered in English, Arabic, Korean, Spanish, and Vietnamese, reflecting the languages most spoken in the County. It had questions about quality of life, residents' commitment to the community, work and volunteer opportunities, opportunities to socialize, retirement, housing, caregiving, the use of public transportation, senior centers, and other community services. The survey questions were designed to assess six aspects of livability--Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities. Summary scores of community livability from 0 to 100 were created through the aggregation of a series of resident ratings within each of the six livability domains. Higher scores are interpreted as positive; lower scores (e.g., below 50) indicate room for improvement.

The 2,919 Fairfax County resident respondents identified areas of strength and challenge. The survey data revealed that the County ranked high in safety, physical health, and social engagement. The areas where survey respondents indicated older residents were most challenged included remaining in or finding housing that is affordable to them, obtaining

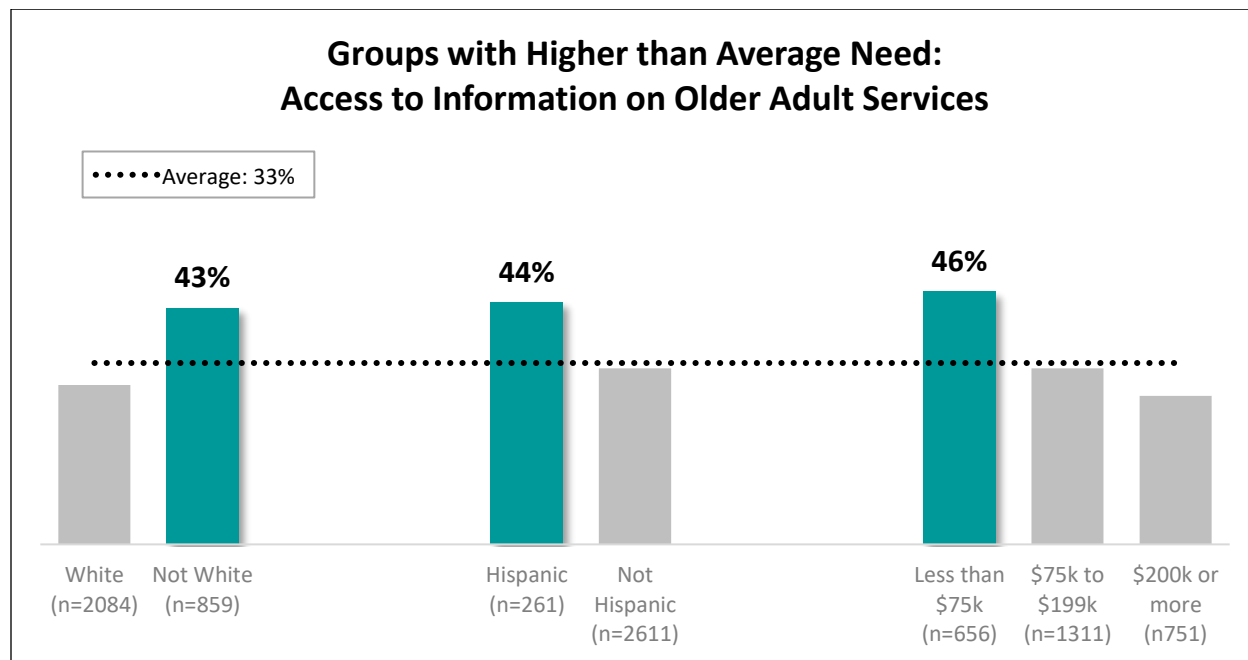
information about services, accessing health care services, and locating culturally competent providers. At least 26 percent of CASOA respondents reported that one or more of these issues posed a major or moderate problem for them in the last 12 months. In discussion about housing needs, during community engagement, many residents pointed to tax burden being a challenge in being able to remain in their homes in the future.



The availability of housing that was both affordable and accessible for older adults was given an average livability score of 27 out of 100. The total percentage of older adults needing appropriate housing was 35 percent; groups with higher-than-average needs included adults aged 75 and older (48%), non-Whites (42%), adults with incomes lower than \$75,000 (59%), and renters (49%)



In 2022, respondents' answers to questions about support for the independence of older adults received a livability score of 37, which was slightly trending downwards compared to responses in 2019. The total percentage of older adults needing independent living supports was 8 percent; groups with a higher-than-average need included adults aged 75 and older (13%), individuals having incomes lower than \$75,000 (19%), and renters (19%).



Respondents rated access to information about older adult services 41 out of 100, a decline from a score of 53 in 2019. The difference in results suggests that ratings are trending negatively for having adequate information on dealing with public programs, such as Social Security, Medicare, and Medicaid; availability of financial or legal planning services; and access to information about resources for older adults. The total percentage of older adults who need information about older adult services is 33 percent; groups with a higher need than average include non-Whites (43%), Hispanics (44%), adults earning less than \$75,000 (46%).

A large percentage of older adults reported good or excellent overall physical (85%) and mental health (89%); however, the availability of affordable health care (52%) and the availability of long-term care (40%) received lower ratings. Nine percent reported receiving assistance (paid or unpaid) for at least one hour per week. Access to health care services overall was a challenge for 26 percent of the respondents. Mental health was a great challenge for respondents, with an average livability score of 38 out of 100—a decrease from a score of 48 out of 100 in 2019. The availability of affordable quality mental health care received a positive rating from 38 percent of the respondents—a figure that has been decreasing since 2019. The total percentage of older adults who reported needing mental health services is 24 percent; groups with a higher need than average include individuals earning less than \$75,000 (40%), renters (37%), and individuals who live alone (30%).

Respondents rated their physical health higher, with an average livability score of 72 out of 100, higher than the national benchmark. Ratings for specific subcategories of physical health, such as falling or injuring oneself at home, fitness opportunities, and availability of affordable quality food, however, are decreasing. The total percentage of older adults with a need for health care service is 27 percent; groups with a higher-than-average need included adults ages 75 and older (37%), non-Whites (32%), individuals earning less than \$75,000 (45%), and renters (41%).

## **PHASE 2: QUALITATIVE DATA COLLECTION (INCLUSIVE ENGAGEMENT) AND ANALYSIS**

In 2022, the Fairfax County Department of Family Services partnered with Health Management Associates (HMA), a national health care consulting and research firm, to conduct the qualitative data collection, called the Inclusive Engagement phase of the SHAPE the Future of Aging Plan development. The purpose of the Inclusive Engagement phase was to supplement the quantitative data gathered through the CASOA survey by meeting directly with a wide range of older residents and other stakeholders in all areas of Fairfax County to discuss issues of pertinence to aging in place and planning aging services.

HMA started its inquiry with review, analysis, and integration of relevant County and state assessments and plans to align all Inclusive Engagement activities with those documents. Specifically, HMA analyzed:

- **2022 CASOA** results stratified by geography, race, and ethnicity.
- **The Fairfax Countywide Strategic Plan**, adopted in October 2021, is galvanized by four key drivers: commitment to equity through One Fairfax; a focus on the Ten Community Outcome Areas identified as most important by members of the community; an integrated approach to collecting and using data; and inclusive engagement of all county residents, employees, and other key stakeholders. These elements set a new foundation for the way different functions in County government work together with a shared vision in pursuit of achieving real and sustained progress for the benefit of all people who live, work, and play in Fairfax County. The plan charts a path forward across 10 Community Outcome Areas:
  - Cultural and Recreational Opportunities
  - Economic Opportunity
  - Effective and Efficient Government
  - Empowerment and Support for Residents Facing Vulnerability
  - Environment
  - Health
  - Housing and Neighborhood Livability
  - Lifelong Education and Learning
  - Mobility and Transportation
  - Safety and Security

*(See Shape the Future of Aging Alignment with Fairfax County Plans and Initiatives, Appendix B, page 45.)*

- **One Fairfax:** “One Fairfax is a joint racial and social equity approach adopted by the Fairfax County Board of Supervisors and School Board. It commits the county and schools to intentionally consider equity when making policies or delivering programs and services. It’s a declaration that all residents deserve an equitable opportunity to succeed—regardless of their race, color, nationality, sex, gender identity, sexual orientation, religion, disability, income or where they live.” Equity (and, more specifically, communities of opportunity) is a primary driver because it helps County and school leaders to look intentionally, comprehensively, and systematically at barriers that may be creating gaps in opportunity, and to intentionally and strategically direct resources to fill the gaps. Equity is considered in decision-making and in the development and delivery of future policies, program. and services. The Countywide Strategic Plan focuses on transforming areas where residents face economic, educational, health, housing, and other challenges more broadly by:
  - Understanding Opportunity and Vulnerability: Using data and analytics tools to better understand the dynamics of opportunity and vulnerability within Fairfax County.
  - Targeting Interventions to Build Opportunity: Facilitating the development of targeted, strategic interventions in low-opportunity areas to build and reinforce critical support structures for residents and businesses.
  - Targeting Interventions to Connect to Opportunity: Intentionally connecting low-income and other marginalized residents to existing opportunities.
  - Encouraging the Development of an Inclusive Economy: Building on Fairfax County’s strong economy by expanding opportunity for more broadly shared prosperity, especially for people facing the greatest barriers to advancing their well-being.
- **2021 U.S. Census data for Fairfax County** to understand population trends and identify hot spots of older adults in greater need.
- **Fairfax County’s previous aging services plan, the 2014 50+ Community Action Plan**, its annual updates, and the 2019 final report to determine where progress had been made and past priorities that have been discontinued for various reasons.
- **The Northern Virginia Aging Network Legislative Platform** to ensure that strategies in the SHAPE the Future of Aging Plan are consistent with legislative priorities and actions
- **The 2023 Fairfax Area Agency on Aging Area Plan**, which described a range of County aging services, including socialization and recreational opportunities, volunteer programs, home-delivered and congregate meals, falls prevention, money management, and many others.

After reviewing these materials, the HMA team designed a series of community events and interviews with County-approved facilitation guides aligned with all County documents, especially their focus on the needs of minority and socioeconomically disadvantaged residents. It prioritized collecting input from groups underrepresented in the CASOA survey data, including racial, ethnic, and linguistic minority residents (African Americans; Asians, including Chinese, Korean, and Vietnamese; Hispanics; and Arabic, Urdu, and Farsi speakers). HMA also

sought feedback from individuals in long-term care and continuing care settings whose views were omitted from the CASOA survey.

From October to December 2022, HMA conducted a series of facilitated in-person or virtual community events and interviews with diverse individuals and communities from all parts of Fairfax County, including its four Human Service Regions, nine magisterial districts, and the cities of Fairfax and Falls Church. They took detailed notes for all Inclusive Engagement activities, which included:

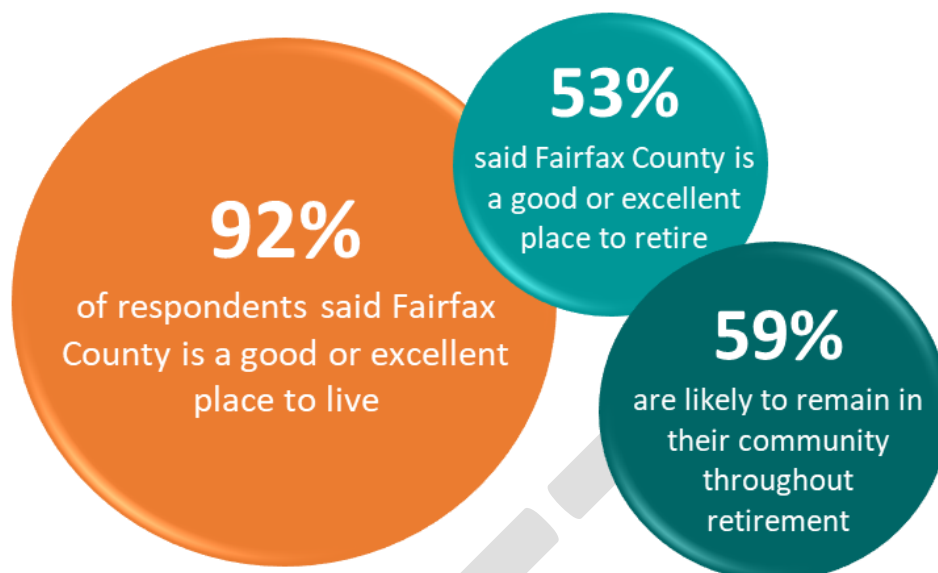
- **Town Halls**, defined as open, facilitated, cross-County events of up to 60 participants to gather information on all older residents' needs and County aging services. They took place in the four human services regions—Reston, Annandale, Fairfax, and South County.
- **Community Gatherings**, defined as invited, facilitated, regional events of 10 to 20 participants to gather information on all older residents' needs and County aging services. They took place at 11 sites, one event in each of Fairfax County's nine magisterial districts, and one each in Fairfax and Falls Church.
- **Focus Groups**, defined as invited, facilitated, small-group conversations with five to 10 participants to gather information on topics or specific groups identified to inform additional information. HMA led 11 separate Focus Groups.
- **Key Informant Interviews**, defined as invited, facilitated conversations with small groups of county and community leaders to gather information on topics that needed further exploration. HMA conducted 13 separate Key Informant Interviews.

### **OVERARCHING THEMES AND GAPS**

By synthesizing the information gathered at the Inclusive Engagement events with the data from the CASOA survey and other documents, themes and gaps were identified to support healthy aging across the diverse communities within Fairfax County. They can be organized into two general overarching insights that affect all aspects of the lives of older residents and other insights that fit into specific SHAPE categories. The overarching insights include:

**Fairfax County's older adults generally enjoy living in their communities but have diminished hopes of aging in place because of the ever-higher cost of living in the County.**





Resident concerns about the affordability of living in Fairfax County are evident in the CASOA data and were discussed at nearly every Inclusive Engagement event, confirming the affordability success measure within the Community Outcome Area of Housing and Neighborhood Livability highlighted in the Countywide Strategic Plan. Approximately 92 percent of CASOA survey respondents said Fairfax County is a good or excellent place to live, but only 53 percent said it is a good or excellent place to retire. Only 59 percent rated the prospect of remaining in their community throughout their retirement as good or excellent. In comparing Fairfax County to other communities which have completed the CASOA survey, Fairfax County ranked 258<sup>th</sup> out of 279 in terms of cost of living and last—84<sup>th</sup> out of 84 communities when older adults were asked how likely they are to remain in their community throughout retirement.

Inclusive Engagement participants pointed to higher costs for housing, health care, prescription drugs, technology, personal aides, and other essentials as reasons to leave the County. “Everything is more expensive,” said a participant at the Annandale Town Hall. “Overall expenses are significantly higher. Some things become luxuries.” A participant in the Korean Language Focus Group said, “Many [older residents] have competing demands on their finances—long-term care costs, living alone without family supports, housing, transportation, and food costs. Medical costs not covered by Medicare or Medicaid [are also a concern].”

Their degree of worry about affordability was palpable. “[The] biggest problem with finances is trying to project how long my money will last,” said a participant at the Mason Community Gathering. “Not everyone has the luxury of retirement or aging in place,” a participant in the Adults with Disabilities Focus Group noted. “[They] focus on survival.”

**Fairfax County has an impressive array and diversity of available aging services, but there is distressingly low awareness among its older residents and other stakeholders about many of these services, as well as the sources of information to learn more about them.**

Access to services--a Key Theme and a measure of success in several of the 10 Community Outcome Areas in the Countywide Strategic Plan--is undermined if residents are unaware of them. Lack of awareness, unfortunately, has been true for aging services in the Fairfax County area. Only 37 percent of CASOA survey respondents rated the availability of information about resources for older adults as excellent or good. A participant in the Faith Community Leadership Focus Group said:

“I spend a lot of time hunting for resources for congregation members and would love to have it all in one place (resource guide) and a phone number where people can call and have confidence that they are getting good and complete information.”

A Family Caregiving Focus Group participant added:

“Caregivers report not knowing what resources are available to them – where to start, what to ask, who to talk with. The information needs to be available through different mediums/modalities to maximize accessibility.”

## **(S)ERVICES FOR OLDER ADULTS AND FAMILY CAREGIVERS: CAREGIVER SUPPORT, DEMENTIA FRIENDLY, RESOURCES**

**1. Many of Fairfax County’s older residents have adapted to advances in technology to access news and information online, but some of these individuals still lack in-home computers and smartphones, struggle with technological literacy, or lack English proficiency. Sharing information about aging services and events in multiple formats and languages is critical to keep all individuals informed.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Lifelong Education and Learning*.**

Many older adults in Fairfax County are active users of the internet and social media. The CASOA survey indicated that 96 percent of the CASOA survey respondents regularly access the internet from their homes and 70 percent said they visit social media sites. Some participants in Inclusive Engagement events did raise concerns about a digital divide in which some older residents without access to the internet or social media may be missing key information about County resources. A Community Gathering participant noted:

“If you cannot use technology, then you aren’t getting the information the County provides.”

A Focus Group participant said people need access to technology or they face “a significant barrier to connecting with resources.” Although residents understand that Fairfax County and

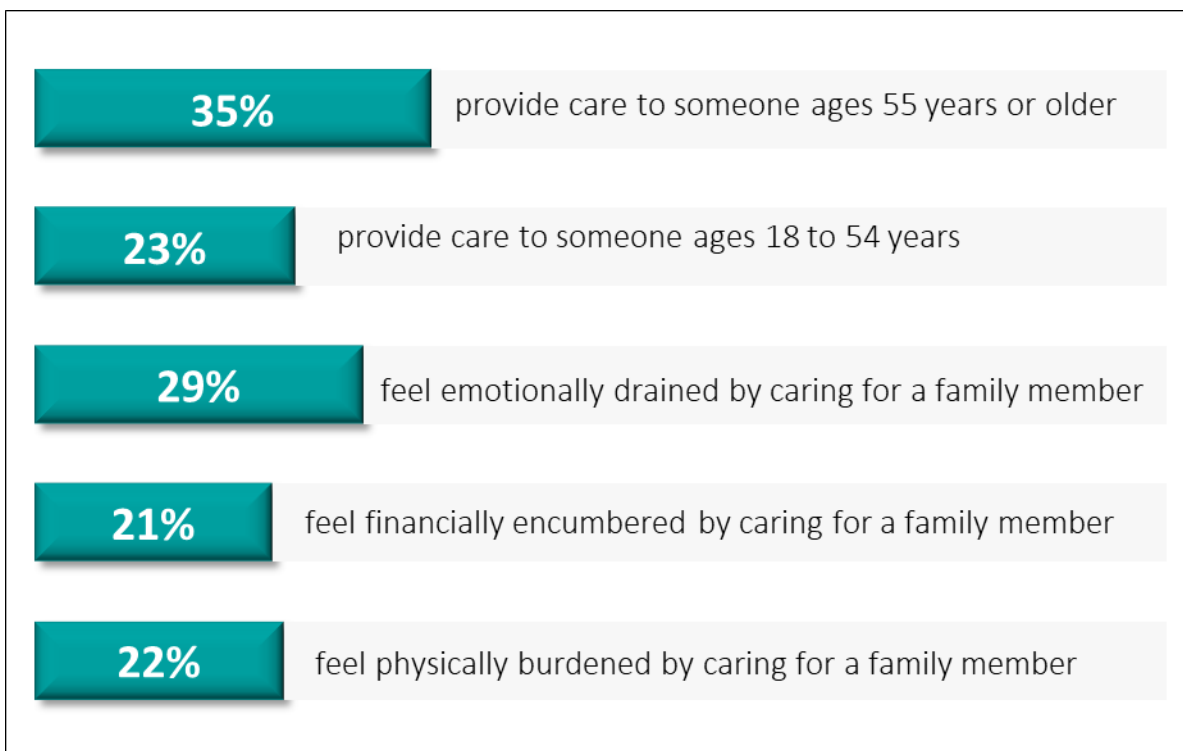
community organizations provide helpful resources, they also believe that limited access to technology and unfamiliarity with how to use technology could be hurdles to learning about these resources.

This challenge is heightened among people for whom English is not a primary language. The 2021 U.S. Census indicated that nearly 40 percent of Fairfax County residents speak a language other than English in their homes. As one Focus Group participant noted, “Because of language barriers, it is often difficult to learn about opportunities.” Inclusive Engagement event participants encouraged County agencies and community-based organizations to provide published information about services and events in multiple languages and across multiple platforms to ensure that a wider range of the Fairfax County population can benefit from available resources.

**2. Family caregivers provide essential logistical, emotional, and hands-on support that enables older residents to age in place. But these caregivers have been under tremendous pressure in recent years, as they face the dual challenges of a prolonged pandemic and caring for an older loved one. Caregivers would benefit from increased support services, including training, respite care, support groups, and help with navigating benefits, resources, and information.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Empowerment and Support for Residents Facing Vulnerability*.**

The Family Caregiver Alliance, a national caregiver advocacy group, defines family caregiver as “any relative, partner, friend, or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, an older person or an adult with a chronic or disabling condition.” Many Fairfax area residents are engaged in family caregiving. According to the CDC 2019 Behavioral Risk Factor Surveillance System Data, one in five adults in Virginia are caregivers. The 2022 CASOA survey found that 35 percent of survey respondents across Fairfax County were providing care to someone aged 55 years or older and that 23 percent of respondents were providing care to someone ages 18 to 54. In addition, 29 percent of CASOA survey respondents reported feeling that caring for a family member was emotionally draining, 21 percent reported feeling financially encumbered, and 22 percent reported feeling physical burdened—all common symptoms of burnout.



The County offers many supports for family caregivers. Additionally, Dementia Friendly Fairfax, part of the national Dementia Friendly America advocacy movement, works to ensure that County residents with dementia and their family caregivers are understood, accepted, and well supported. More help and attention for family caregivers in general, however, seems needed. A Family Caregiver Focus Group participant said:

“Most caregivers have long-term needs and need consistent support. “Peer-based support systems are helpful. The County should consider integrating this model.”

**3. Fairfax County has embraced equity as a foundational principle to improve quality of life for all residents. Nonetheless, further study is necessary to determine whether and to what extent various segments of the older population are marginalized, including aging adults with disabilities and individuals who belong to racial/ethnic minority groups. Providing enhanced services specific to their needs—as well as increasing their awareness of those targeted resources—would increase their sense of belonging and having access to care from trusted providers.**

**This theme aligns with the Countrywide Strategic Plan’s Community Outcome Area, *Empowerment and Support for Residents Facing Vulnerability*.**

The CASOA survey did not collect information regarding the specific needs of older adults with disabilities. Some Focus Group participants and key informants praised Fairfax County’s focus on the needs of older adults, but also highlighted the need for increased attention to adults with disabilities, stating, “[T]his group feels like they are an afterthought.”

Another participant said, “Within the realm of disabilities in general, access to public transportation can be an issue. An affordable apartment may not be along a Metro line or near public transit. All these things [affect] resource access (groceries, healthcare, etc.)”

The CASOA survey did ask respondents about their sexual identity and gender identity, but the response rate was very low. Several Inclusive Engagement participants expressed concerns that older LGBTQIA+ are also overlooked. One Focus Group participant said:

“LGBT older adults fall in between the cracks [and are] bounced between aging and DEI [diversity, equity, and inclusion], etc.”

## **(H)OUSING AND NEIGHBORHOOD SUPPORTS: AFFORDABLE HOUSING, HOME MODIFICATIONS, HOME MAINTENANCE, VILLAGES, LIVABLE COMMUNITIES**

**1. Housing affordability is a significant concern for Fairfax Area residents of all ages, including older adults who want to remain in their homes or downsize to smaller houses or apartments nearby. Although the County has several established programs to assist community members with financing, more resources could be directed toward providing relief to older homeowners and renters to help them age in place.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Housing and Neighborhood Livability*.**

Many older residents have lived in stable housing in Fairfax County for years. According to the CASOA survey, 82 percent own their own homes; of those who own their homes, 37 percent of these individuals have paid off their mortgages, so their only housing expenses are maintenance, utilities, insurance, and real estate tax. More than half of all respondents (56%) have lived in the County for more than 20 years; 87 percent over six years.

Despite this strong evidence of housing stability, the CASOA survey also found that only 21 percent of respondents were satisfied with the availability of affordable quality housing. This was echoed during several Inclusive Engagement sessions in which participants indicated that rising housing costs for owners and renters, the increasing cost of living, property taxes, and being priced out of the market for downsizing are challenges facing adults across socioeconomic strata. One Town Hall participant stated, “Rent is very expensive; this is a challenge for lower- and middle-income older adults.” A Focus Group participant said:

“Affordability in general is a concern--property taxes, maintenance costs, caregiver costs, etc. All costs add up. Many are leaving the County because these things are very expensive in Fairfax County, especially for individuals who have retired and are relying on small pensions or Social Security.”

Some financial advisors suggest that older adults downsize to better manage their finances and home maintenance needs, but this proposition sometimes proves difficult or is less viable than

anticipated. As another Focus Group participant indicated, “It is hard to even downsize if, for example, an individual sells a house,” noting that condo assessments and co-op fees may still be unaffordable.

Several participants at Inclusive Engagement events noted that cost may be just one barrier to affordable living. They suggested that some residents who are aware of the availability of financial assistance are still hesitant to connect with such resources. “Not only [is housing] expensive, but there is a stigma about needing help,” said a participant of one Community Gathering.

**2. High housing costs disproportionately affect older adults with low incomes and limited savings, especially if they are in declining health or lack family support. To help them remain in their homes and avoid, in the worst-case scenario, becoming homeless, they need additional supports.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Housing and Neighborhood Livability*.**

Across Fairfax County, only 15 percent of CASOA survey respondents said they are satisfied with the cost of living in their communities, and 31 percent indicated that having enough money to meet daily expenses was a concern to them. Issues related to Housing and Neighborhood Livability, such as affordability, are of greater concern among older adults with health problems, such as strokes or dementia, who may not have a support network, such as nearby family members, to help care for them. One Community Gathering participant lamented the situation that older adults in declining health face as they contemplate their living arrangements:

“As residents’ health declines, where do they go next? When it gets to the point that they need assisted living, where can they go? The waiting list for Medicaid beds is too long.”

Fairfax County offers resources that address some of these challenges. For example, the County’s Lincolnia housing model pairs subsidized housing with social services/service coordination. Although such services exist, they may not be available to all residents who need them.

**3. Increasing numbers of older residents in Fairfax County appear to be curious and open to being educated about shared housing options that exist, so they can decrease their expenses and alleviate social isolation. But many still need greater assurance that their privacy and personal safety will remain secure when considering living with individuals whom they may not know.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Housing and Neighborhood Livability*.**

The CASOA survey did not obtain feedback regarding home sharing. However, throughout Inclusive Engagement events, participants were asked whether sharing a residence is an intriguing prospect for alleviating many concerns older adults have about living independently.

Participants in several Focus Groups noted that home sharing for an older adult might take the form of “renting out space at a reasonable price to a student, young professional, etc., in exchange for maintenance assistance around the house.” This approach could address concerns around costs and provide an avenue to home maintenance for older adults who find it difficult to keep up with the demands of home ownership. This type of arrangement also might address issues of loneliness and isolation, which can take a toll on older adults.

However, several participants at Inclusive Engagement events expressed that while older adults would appreciate the assistance and company in theory, most are wary of welcoming a stranger into their homes. One Focus Group participant summed up these sentiments:

“Shared housing is an [interesting] alternative, but [many are] concerned about issues of reliability and safety.”

**4. As people age, their need increases for environmental accessibility and accommodations, such as single-floor living, wide hallways and doorways, and no-step home and shower entry. Greater access to low-cost or free home modification services to address these needs is essential. Even when a home is already accessible, maintaining it is often challenging for older residents.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Housing and Neighborhood Livability*.**

There was acute awareness among participants that older adults’ housing needs change as they age. 21 percent of the CASOA survey respondents were satisfied with the availability of accessible homes and 30 percent indicated it can be difficult to find housing in Fairfax County that suits their needs. 49 percent reported problems maintaining their home and 48 percent maintaining their yard.

Several participants in Inclusive Engagement events expressed a desire for prioritization of home maintenance resources for older adults who want to remain in their communities. One Focus Group participant said:

“Home repairs, aging in place, rentals should be priorities... there needs to be more consideration for preventing falls, ensuring safety of homes for older adults.”

A prominent barrier that older adults face in accessing living spaces in their own homes, however, is the cost of paying for services to install or remodel rooms and doorways to accommodate their needs. A Focus Group participant noted,

“The County has a building program [that can help with] the cost of certain modifications to [the] home (carpenters, electricians, plumbers, etc.).”

Fairfax County and various community-based organizations provide resources that address the housing needs of older adult residents. A Focus Group member, however, added:

“Funding is limited, and there are cases where people take advantage of the services... Lots of services provided by Fairfax County are income-based.”

While available resources may be of assistance to low-income residents, middle-class populations may be ineligible for help. Demand also may outpace capacity. “The volume of interest exceeds available housing resources, and waiting lists are common,” according to one stakeholder.

## **(A) ACCESS TO MOBILITY OPTIONS: TRANSPORTATION, MOBILITY SUPPORT, WALKABILITY**

**1. When older adults no longer feel safe walking or driving in their communities, their isolation increases and quality of life declines. Some older residents reported finding it difficult to walk in certain areas because sidewalks are not level, construction too often obstructs walking paths, and roads lack shoulders. While most older residents are able to drive and can easily get to the places they need to visit, others reported feeling hesitant about driving on local highways.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Areas, *Mobility and Transportation* and *Safety and Security*.**

The CASOA survey indicated that most older Fairfax County residents are satisfied with their ability to get around their communities; 79 percent of respondents reported being able to easily get to the places they usually need to visit, and 67 percent indicated satisfaction with the overall quality of the transportation system in their communities. Although 80 percent of respondents were satisfied with the ease of traveling by car, fewer (66%) said they were satisfied with the ease of traveling by foot in their communities. One Key Informant Interview participant emphatically stated:

“Walkability should mean you can get somewhere! There are lots of nice trails, but they don’t go anywhere. So many roads aren’t safe for walking!”

In addition, 14 percent of the CASOA respondents reported they no longer can drive, which creates a significant challenge for them. As one Key Informant Interview participant noted, “When people stop driving as they become older, they become more socially isolated because they can’t connect with resources. Their well-being suffers.” Some older residents have cut back on driving on heavily traveled roads with higher speed limits. “[I] try not to get on the Beltway unless absolutely necessary,” said one. These individuals often lean on their support systems, such as family members to get them to their destinations. “My children drive me,” a Town Hall participant said.



**2. Improvements in Fairfax County’s public transportation system are ongoing, but for multiple reasons, the County’s mass transit system often is inadequate to meet the needs of older residents.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Mobility and Transportation*.**

Among the CASOA respondents, 44 percent said they find Fairfax County’s public transportation easy to navigate; however, the survey did not assess in further detail which aspects of the public transportation system are most navigable. Public transportation is available along major routes across Fairfax County, but options within many communities are limited. A Community Gathering participant noted:

“There are not enough bus lines/bus stops. People have to walk quite a ways to get a bus.”

Having to go to such lengths to use public transportation may negatively affect older adults’ physical and mental well-being, especially if they must navigate several bus routes and trains to reach their destinations. The County should expand its public transportation options. One participant also noted that some bus stops in the County do not have shelters where older people can protect themselves from harsh weather conditions and rest.

During Inclusive Engagement events, many participants were aware of helpful resources in Fairfax County, such as NV Rides, a local ride share service, and Fastran, a specialized service for individuals enrolled in human service programs. These transportation services, however, present other challenges because they can be expensive and/or unreliable. A Focus Group participant explained, NV Rides “is entirely volunteer-run, and the personal vehicles used by volunteers, and the volunteers themselves, have limitations.” A participant from a senior center said the facility’s older adults use Fastran but noted that Fastran’s schedule for picking up passengers sometimes conflicts with scheduled senior center activities. So, though these options are helpful, they have room for improvement. Some community and senior centers offer their own transportation resources, but the availability and quality of these options are dependent on funding.

Several participants in Inclusive Engagement events also cited the need for more readily available information about transportation options and routes, adding that this information should be updated continually and offered across multiple modalities and in multiple languages.

**3. Buildings and facilities should be universally accessible and navigable.**

**This theme aligns with the Countywide Strategic Plans’ Community Outcome Area, *Safety and Security*.**

The CASOA survey found that 72 percent of respondents are satisfied with the overall design or layout of their community’s residential and commercial areas. Participants at Inclusive

Engagement events provided feedback about other settings, including medical facilities and group homes. A Focus Group participant mentioned that “medical health facilities [sometimes] do not have the proper assistive devices and technology...to [help older adults] transfer from a wheelchair to a bed [or get on] a scale.” The same set of participants noted that accessibility in some group homes can be an issue.

Because older adults may have physical limitations that make navigating some facilities challenging, building planners and developers should examine whether their sites are comprehensively accessible to all residents and visitors. The County requires all buildings to use universal design. In addition, these facilities should feature clear signage and other accommodations for individuals who require visual or hearing assistance.

## **(P) PERSONAL WELL-BEING: COMMUNITY ENGAGEMENT, ISOLATION, PUBLIC AND MENTAL HEALTH, NUTRITION**

**1. Fairfax County values its rich diversity and strives for greater equity. Evidence suggests, however, that older adults from some racial, ethnic, religious, and sexual and gender minority groups have greater needs and less satisfaction with living in the County. Some older residents from minority groups also reported facing discrimination and feeling unwelcome in their communities.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Areas, *Empowerment and Support for Residents Facing Vulnerability* and *Effective and Efficient Government*, as well as *One Fairfax*.**

Data suggests that disparities exist among older adults from minority groups in the County, especially those from Asian populations (e.g., Chinese, Korean, Vietnamese, Indian) and increased markedly between 2019 and 2022. Asian respondents in the 2022 CASOA survey indicated greater difficulty meeting daily expenses than other racial/ethnic groups. They ranked the availability of affordable quality housing lower, reported lower levels of social connectedness, and perceived less availability of affordable quality physical health care. More Asian respondents reported difficulties with obtaining information about what services are available to older adults. More than half of the Asian respondents said that having safe and affordable transportation is a problem compared to 35% overall. While there only slight changes in feeling valued in their communities among most respondents from the 2019 to 2022 CASOA surveys, Asian respondents had significant decreases.

Some residents from minority groups in general said they have experienced discrimination in their communities, leading to feelings of disconnection. In fact, 37 percent of CASOA survey respondents felt that the community lacked openness and acceptance toward people of diverse backgrounds. However only 31% of respondents who identified as white felt this way

compared to 41% of Black or African American respondents, 43% of Hispanic respondents and 54% of Asian respondents.

This sentiment also was reflected in comments from some participants in the Inclusive Engagement events, including an attendee at one Town Hall who said:

“There is a lot of hate speech going on in social media, and it impacts those from different ethnic and cultural backgrounds.”

Some participants with racial and ethnic minority backgrounds also expressed a lack of trust in health care providers and social service agencies. One participant said, “There is sometimes a trust barrier due to previous trauma and experiences related to race and ethnicity.”

A Focus Group participant expressed that an important part of creating an inclusive community is representation and that minority groups need to serve at all levels of leadership and government. Members of diverse and minority communities also expressed a desire for culturally competent services. One Town Hall participant said, “[We] need a bridge between racial and ethnic community, as well as those of different ages!”

LGBTQIA+ participants in Inclusive Engagement events also spoke about their experiences with discrimination when dealing with institutions, including health care providers and social services agencies, and the need for a safe, inclusive space. “Looking back,” one person said, “[members of] the Stonewall generation have battled discrimination most of their lives and are currently aging without protection. People are fearful of government programs, health care providers, state programs.”

**2. Local older residents have a long and impressive record of community engagement and volunteer service through the County’s local organizations, schools, and Villages. Older adults, however, expressed a desire that the County make information about volunteer opportunities more readily available to a greater number and diversity of older adults.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Cultural and Recreational Opportunities*.**

The CASOA survey found that 41 percent of older adults reported limited engagement with their communities. A Focus Group participant spoke about the importance of volunteering, stating, “One of the things that makes people feel good is having a sense of purpose. What makes the Villages work are the volunteer roles within the Village.” For context, the Village

model involves neighbors joining together to form a volunteer group that offers support and access to services for their older neighbors.

Though it can be challenging for older residents to continue to feel as though they are actively engaged in their communities, volunteer opportunities are a meaningful way to get involved and build relationships.

Unfortunately, numerous barriers to volunteering may prevent older adults from enjoying the increased sense of belonging and being of value, which volunteers often experience. Language differences, stringent volunteer requirements, and lack of transportation impede volunteerism. It can also be difficult for older adults to learn about the availability of volunteer opportunities. The CASOA survey found that more than 73 percent of respondents rated opportunities to volunteer as good or excellent in 2022, down from 88 percent in 2019.

A Town Hall participant agreed with the importance of volunteer opportunities and indicated that COVID-19 may have led to fewer chances to get involved. “[More] volunteer opportunities are needed. Before COVID-19, the schools were a great place to volunteer because of the connections between kids and older adults,” according to this respondent. Older adults are also at higher risk from COVID-19 and may be unable to volunteer in a close-contact environment such as a school. Inclusive Engagement participants also expressed a need for accessible and safe volunteer opportunities in Fairfax County for older adults from diverse backgrounds (i.e., language spoken, education level, etc.) and greater communication about the availability of these opportunities.

**3. During many of the Inclusive Engagement events, older residents reported feeling lonely and isolated in their communities and expressed a desire to reconnect with others as the pandemic restrictions end. Enhancing opportunities for increased connectedness through in-person, telephonic, or online interactions would help relieve social isolation.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Cultural and Recreational Opportunities*.**

National surveys over the past decade have shown that older adults have experienced increasing loneliness and disconnection from their support systems and communities, particularly during the pandemic. Social isolation and loneliness have been associated with detrimental effects on physical health, such as increased hypertension and heart disease, and mental health, including increased rates of anxiety, depression, and cognitive decline. Among CASOA survey respondents, 33 percent said that feelings of loneliness and isolation are a problem for them. However, 23 percent said it was only a minor problem, 7 percent a moderate problem, and only 3 percent a major problem.

Some Inclusive Engagement participants noted that as people age, building connections becomes more difficult as friends and families grow apart and opportunities to connect decline.

To counter social isolation and loneliness, some participants said more intergenerational programs and engagement would be welcomed to create more opportunities for young and older people to connect.

A Community Focus Group explained, “Increased connectedness...helps people stay in their homes. Several participants described the changes in their neighborhoods and said they no longer know or speak to their neighbors. One said, “Nobody has the time to just sit and talk with me.”

The pandemic made the isolation and loneliness worse. “Many older residents suffered the loss of their support networks,” said a Focus Group participant. “They may not have had the technology to go online and join an exercise group or chorus. They became much more isolated.”

Isolation may trigger anxiety, which can lead to more isolation and other detrimental effects. “When older adults feel anxious,” said another Focus Group participant, “they further isolate themselves. This increases their vulnerability to scams.”

To counter isolation, a participant in one Key Informant Interview said one community-based organization is moving toward an intergenerational model for its residency program, which offers opportunities for participation in arts programs at public schools, senior centers, parks, community centers, libraries, and affordable housing communities. Other participants suggested volunteerism and online groups to serve as safe meeting grounds for older adults.

#### **4. Older residents reported barriers accessing physical and mental health care in Fairfax County for multiple reasons:**

- **Challenges finding health care providers who accept specific insurance plans and can offer appointments in a timely manner.**
- **Too few health care providers who can communicate in a language other than English and understand culturally based health beliefs and behaviors.**
- **Time pressures on health care providers and their office staff members that preclude them from listening to and understanding older residents’ health needs and answering their questions.**
- **Poor options for dental insurance and dental care**
- **Difficulties finding reliable transportation to health care offices.**
- **Technology challenges, including use of telehealth services and patient portal.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Health*.**

In the CASOA survey, 30 percent of the respondents reported that getting the health care they needed was a minor, moderate, or major problem. Several Inclusive Engagement participants illuminated these problems. A participant at one Community Gathering noted limited availability of medical appointments, adding, “Not being able to get doctor’s appointments in a

timely fashion, for whatever reason, is a critical issue.” A Town Hall participant described difficulty finding physicians who listen to their patients’ needs, stating:

“Even if you get to a doctor, the quality of health care has deteriorated. Doctors don’t take the time to understand your health.”

Another participant suggested that, since the pandemic, health care workers are under supported and overworked.

Another barrier cited in the CASOA survey is the affordability of health insurance and health care. In the CASOA survey, 34 percent of respondents reported they had difficulty finding affordable health insurance. Event participants reiterated this concern. One noted:

“Many older adults who have Medicaid or Medicare have difficulty accessing services because many providers in the area don’t accept those insurances.”

Participants had many concerns about dental care for older residents. Although there is some Medicaid dental coverage now, a participant in a Focus Group said, “Dental care is a...big issue, in [terms of] getting care and getting insurance.” Another added, “Dental care is zero.” A participant at another Town Hall said, “Dental care is so expensive! [Someone I know], whose income is \$800 a month, got stuck with a \$3,000 dental bill!”

Other noted barriers to health care access include lack of transportation, limited technology or technological know-how for using telehealth, and difficulty finding culturally sensitive providers who speak languages other than English.

The pandemic increased rates of depression and anxiety across all populations, including older adults, throughout the county. Older adults and other stakeholders identified two significant barriers that often prevent Fairfax County’s older residents from accessing mental health care: a lack of available services and social stigma against mental health disorders and treatments. Mental health advocates say that this stigma is more prevalent among older adults from minority communities because of cultural beliefs.

Among the CASOA survey respondents, 89 percent indicated that their overall mental health and emotional well-being was excellent or good; and 62 percent said that availability of affordable, quality mental health care was fair or poor.

Some Inclusive Engagement participants expressed frustration with trying to access mental health services because many mental health agencies either don’t accept their health insurance or have little availability due to mental health workforce shortages exacerbated by the pandemic. “There is truly a gap in mental health providers available and those who take different insurance types,” one participant said. “We face the same challenges with the three Rs—recruitment, retention, resignations—that mental health agencies throughout the country are dealing with,” said one of the participants in a Key Informant Interview, referring to an

organization that primarily serves individuals with Medicaid and Medicare. That participant added, “A lot of mental health agencies that take commercial insurance also have wait lists.”

Lacking health insurance of any kind makes accessing services much harder, especially for members of minority groups. “Mental health [care] without insurance is hard to access, especially in Spanish,” a participant pointed out.

Speakers of languages other than English reported difficulty finding providers who speak their language and understand their culture. A Focus Group participant expressed that support group facilitators should speak the same languages as the people in it. “We don’t want the members who speak English to dominate the group,” said the participant. “We can’t superimpose the Western way of doing things. [We] have to offer different languages or else people won’t be able to participate.”

In addition to speaking older adults’ languages in Fairfax County, it is important that providers understand the cultures of the people in their care. Sometimes mental health stigma is a barrier to accessing care. A participant noted, “The area is multicultural and multiracial, and these different cultures look at mental health differently. Sometimes getting help is discouraged in different cultures. For some it can be considered a bad thing to go to the psychologist or psychiatrist.”

#### **5. Participants expressed inadequacy with the availability of long-term services and supports (LTSS), including assisted living and skilled nursing facilities and home- and community-based services, in Fairfax County.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Areas, *Housing and Livability and Health*.**

LTSS comprises a range of facility-based care, including skilled nursing facilities and assisted living facilities, and home- and community-based services, including non-medical personal care, home health care, and case management. Only 40 percent of CASOA respondents rated LTSS options as good or excellent in Fairfax County, and only 32 percent for daytime care options. Satisfaction with LTSS options is one of the areas where respondents who identified as Asian were notably less satisfied, with only 19% rating LTSS options as good or excellent and only 18% for daytime care options.

Inclusive Engagement participants also expressed dissatisfaction with the LTSS options available in the Fairfax County area. The primary issue for them was affordability; unless participants had been able to purchase Long-Term Care insurance earlier in their lives, many found the cost of LTSS services out of reach.

Several participants noted that federal and state funding for LTSS is insufficient. A participant in the 50+ Community Ambassadors Focus Group pointed out that “Medicare does not support all the equipment needed for aging at home or [paying for home health aides].” In one Key

Informant Interview, a participant shared, “The state provides a small pot of money for in-home care [that is] not close to meeting the need.” Even if funds were available, eligibility restrictions preclude many older adults from qualifying for them. Another participant in a Key Informant Interview said:

“There are large groups of people who don’t qualify for in-home care and don’t qualify for public-paid services.”

Poor quality of available LTSS services, especially facility-based care in the aftermath of the pandemic, was also a common concern. A participant said, “Many nursing home residents are Medicaid recipients and struggle to get [regular on-site medical] care...Residents feel like they are not heard and not followed up with.”

As with mental health services, workforce shortages negatively affect the LTSS industry. Participants in the Long-Term Care Focus Group agreed that hiring skilled nurses and aides to staff LTSS facilities was extremely challenging nowadays. A participant at the Commission on Aging Key Informant Interview said, “We need more home health aides and better transportation to get them to where in the County they are needed.”

**6. Some older residents and key informants identified food insecurity as a pressing issue for Fairfax County. They said they want greater access to affordable, healthy food options and education on how to make better dietary decisions.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Health*.**

Food insecurity was a much-publicized national issue during the pandemic, and it affected some older residents in Fairfax County as well. In 2022, 12 percent of respondents reported that having enough to eat was a problem. The CASOA survey also found that the availability of affordable quality food trended negatively from 2019 to 2022 dropping from 67% saying it was excellent or good in 2019 to 56% in 2022.

Several Inclusive Engagement participants said affordability is the major impediment, primarily caused by rising food prices. This was recently exacerbated when the SNAP pandemic allotment for older adult recipients ended.

“Families are living on the edge of self-sufficiency,” said a participant in one Key Informant Interview.

“They aren’t making enough money to eat healthily. Food and gas price increases have made the situation worse,” added another participant.

According to one participant, “Many seniors retire without a pension plan and rely on Social Security only. They don’t have enough funds for food and housing. [Most] focus on paying for



housing.” Limited income leads to poor food choices. A participant at a Community Gathering said, ‘Fruits and vegetables are expensive. Junk food is cheap.’”

Several food banks and other free and low-cost nutrition programs are available in and around the area to help older adults meet their nutritional needs. Some participants reported challenges finding an adequate quality and variety of food through these services. One Focus Group participant said, “The free food that is distributed is often not nutritious. More guidelines should be given to food pantries.” Another participant suggested that more older residents might participate in food assistance programs if a wider variety of foods were available. Some programs can offer food but are not able to accommodate food matching diverse cultural requests. Another Focus Group participant highlighted the importance of being able to choose their own food, stating, “Agency over your food purchases is incredibly important to people.”

Another barrier to healthy eating can be older residents’ functional limitations, especially if they are living alone without others’ assistance. “Some older adults have difficulty cutting fresh produce and opening cans,” said a participant in a Key Informant Interview. Participants suggested that distributing pre-cut foods in easy-to-open packages or prepared foods would help these residents. This is worse for older residents who experiencing some cognitive impairment and are living alone.

Greater knowledge about healthy food could also lead to healthier eating. At one Community Gathering, participants expressed interest in increased nutrition and wellness education and local gardening opportunities through senior and community centers and faith-based organizations.

## **(E) CONOMIC STABILITY AND PLANNING: FINANCIAL STABILITY, EXPLOITATION, EMPLOYMENTS, END OF LIFE, BUSINESS PARTNERSHIPS**

**1. High inflation is negatively affecting the ability of older adults living on fixed incomes to pay for their basic needs, such as housing, transportation, food, and health care, and technology-related costs, such as computers, cell phones, broadband.**

**This theme aligns with the Countywide Strategic Plans Community Outcome Area, *Empowerment and Support for Residents Facing Vulnerability*.**

When asked about the cost of living in Fairfax County, only 15 percent of CASOA survey respondents rated it as good or excellent. The survey found that only 16 percent of respondents thought the economy would have a very positive or somewhat positive impact on their family income in the next six months.

Inclusive Engagement participants also expressed many concerns about the impact of inflation on their continued ability to make ends meet. “Everything is more expensive. Overall expenses are considerably higher,” said a participant. Participants described competing demands for their finances including long-term care costs, living alone without family support, transportation, food, medical copayments, and other expenses, and helping family members. While older adults have their own financial responsibilities, some also are supporting children and grandchildren.

For some older adults, the rising cost of living means postponing retirement as long as possible. A participant who is already retired shared, “People feel [inflation] more once they are retired” because they are often living on fixed incomes. Participants expressed concern that their income will not stretch as far, and their savings and investments will be depleted.

**2. Some older Fairfax County residents are considering reentering the workforce to supplement their fixed incomes and better meet their financial needs. But significant barriers exist that limit employment opportunities for older adults, including age discrimination, the digital divide, lack of timely or convenient transportation, and physical and cognitive limitations.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Empowerment and Support for Residents Facing Vulnerability*.**

Concerns about inflation are prompting more older residents to consider reentering the workforce. Although 54 percent of the CASOA survey respondents reported they had good or excellent opportunities to build their work skills, only 38 percent of respondents indicated that employment opportunities for older adults were good or excellent. Employment supports for older adults was an area where Fairfax County scored above most benchmark communities. Opportunities to build work skills ranked 2nd out of 40 communities and opportunities to enroll in skill-building or personal enrichment classes was 19th out of 84 communities where this question was asked.

Inclusive Engagement participants suggested multiple barriers prevent them from working, including physical limitations, lack of transportation, and discrimination. A Town Hall participant noted, “It is difficult for someone in their late 70s [who needs income] to find jobs. And when they do find a job, it can be too physically taxing and difficult to find transportation to get to and from work.” Another Town Hall participant offered:

“It’s not that older people don’t want to work. It’s that they are being overlooked [due to ageism].”

Several participants expressed a desire to work but felt that prospective employers favor younger candidates, either for the lower cost of employment or because of their comfort with technology.

**3. As the incidence of financial exploitation of older adults has risen nationally and regionally in recent years, Fairfax County’s Adult Protective Services (APS) has developed programs in partnership with AARP, Land Development Services, and other entities to prevent its older residents from falling prey to scams. These programs should be periodically reviewed and strengthened to counter the increasing dangers.**

**This theme aligns with the Countywide Strategic Plan’s Community Outcome Area, *Safety and Security*.** As technology advances, so does the sophistication of online criminal activity and the number of older adults who are negatively affected. Older adults also may be vulnerable to unethical contractors or car repair shops. In 2022, 20 percent of CASOA survey respondents said that being a victim of fraud or a scam was a minor, moderate, or major problem. Older residents expressed concerns that becoming a victim of a scam could be financially devastating. A Community Engagement participant said, “[Financial scams] affect the ability [of older adults] to age smoothly as they deplete their life savings.”

Several participants cited education as key to prevention. One participant was grateful for the speakers who come to his senior center to teach about scams, saying, “Without [them], I wouldn’t know about the scams.” But another participant said, “We need more education for older adults who are susceptible to financial scams.”

### **RECOMMENDATIONS**

To better meet the identified needs of Fairfax County’s older residents within the next five years, many potential local and countywide strategies would address the overarching and SHAPE the Future of Aging themes. The recommendations identified below encompass multiple possibilities, many which can be built upon initiatives started under previous aging service plans. They are not intended to be prescriptive, so much as stimulating and perhaps inspiring. In some of the proposed strategies for each recommendation, the primary strategy suggested is further detailed study. Ideally, partnerships can be forged among the County’s diversity of older adults, community-based organizations, business and faith community leaders, County department and elected officials, and other stakeholders to consider, choose, and implement the most promising solutions going forward.

## **(S)ERVICES FOR OLDER ADULTS AND FAMILY CAREGIVERS: CAREGIVER SUPPORT, DEMENTIA FRIENDLY, RESOURCES**

**Recommendation 1: Publicize comprehensive, easy-to-access information in multiple languages about services and events for older adults.**

**Proposed Strategies:**

- **Provide multiple avenues of communication—including online and print materials as well as broadcast and social media in several languages—to provide comprehensive, easy-to-access information.** In a county as large, complex, and diverse as Fairfax County, no single means of disseminating information about aging services will reach every older resident.
- **Research how older adults are learning about resources and identify gaps.** The County could consider studying older residents' use of currently available information clearinghouses—such as the Fairfax County Aging, Disability and Caregiver Resource Line, 211 Virginia, and Virginia's Senior Navigator—to learn about aging services. This tactic also might include studying the efficacy of the County Department of Family Services' Older Adult webpage to attract views and clicks. The County could explore how to increase resident awareness and usage of these resources.
- **Produce a senior resource handbook. Provide materials in multiple languages.** At several Inclusive Engagement events, participants suggested disseminating information in multiple languages—including Spanish, Mandarin, Cantonese, Korean, Farsi, Arabic, and Vietnamese—to accommodate many of the older residents who primarily speak a language other than English. This could include information available on the County's Older Adults webpage, as well as popular resources such as the Golden Gazette and the Age Well Guide. These resources also should be reviewed to ensure they are at a level of readability that is accessible to most residents.
- **Utilize existing dissemination networks to share information about aging services.** For example:
  - The County could partner with homeowners' associations (HOAs) to distribute resource access information and print materials.
  - It could regularly mail postcards and flyers to older residents with instructions on how to access resources.
  - The 50+ Community Ambassador Program's scope of activities could be expanded to regularly circulate information through faith-based organizations and in non-English speaking communities.
- **Study family caregivers' awareness of and satisfaction with current programming.** In addition to current caregiver program consider options for developing a face-to-face community navigator program for individuals who are uncomfortable with using technology to access information and resources and would welcome face-to-face engagement.
- **Explore creating a peer-to-peer program for older adults of diverse communities to promote information-sharing among cultural groups.** Inclusive Engagement participants described older residents, especially those who immigrated to Fairfax County as adults, maintaining their close social circles within their cultural groups for comfort and familiarity. This strategy might reach older residents who would otherwise be unaware of available services because informational materials are in English.

**Recommendation 2: Increase support and guidance for family caregivers.**

### Proposed Strategies:

- **Create a family caregiver peer-to-peer program.** By expanding the 50+ Community Ambassador program's scope of activities to include a family caregiver peer-to-peer program, the County could promote inclusion of caregivers from all demographic groups and provide an in-person support system for caregivers.
- **Consider increasing services to underserved areas of the County.** During the Inclusive Engagement events, specific gaps in aging services were identified that, if addressed, could provide increased caregiver support. For example, the County could conduct a feasibility study for adding adult day health centers in Fairfax area communities which have no such services.
- **Establish guidelines for new businesses setting up Dementia Friendly training for their employees.** All residents could benefit from gaining greater understanding of the challenges and needs of individuals with dementia and their caregivers. Employees of public-facing, service-oriented businesses could help create a more supportive environment for customers dealing with dementia, as well as employees with dementia-related cognitive challenges.

### Recommendation 3: Increase support for Fairfax County's older residents with disabilities.

#### Proposed Strategy:

- **Survey adults with disabilities to understand needs.** Aggregate data to understand how the needs of older adults with disabilities may differ from other respondents.
- **Research use of peer supports in other counties for older adults with disabilities.** The County could identify best practices and then develop its own individual and family peer programs.
- **Expand older adult educational opportunities.** Educational programs in safe driving, home safety, falls prevention, age-related cognitive changes, and other topics help older adults remain safe and more likely to age in place. The County and non-profit community-based organizations can collaborate to increase online and in-person educational opportunities.

## **(H)**OUSING AND NEIGHBORHOOD SUPPORTS: AFFORDABLE HOUSING, HOME MODIFICATIONS, HOME MAINTENANCE, VILLAGES, LIVABLE COMMUNITIES

### Recommendation 1: Advance opportunities to reduce housing costs for older adults so they can remain in their homes.

#### Proposed Strategies:

- **Convene a multi-sector, multidisciplinary workgroup to study potential strategies for relieving Fairfax County's affordable housing challenges.** Affordable housing is a crisis in many regions of the country for populations of all ages and backgrounds. Because of

the complexity of the challenge, developing effective strategies for meeting it will require studying the impacts of multiple policies and approaches:

- Benchmark best practices utilized in other counties for fostering aging in place.
- Explore how other communities have approached property tax policies, and real estate approaches, such as homesteading, to address older adults' tax and real estate burdens.
- Determine the effects of the County's current zoning and other regulations on housing construction of smaller homes and efficiency apartments for older residents who would like to downsize from larger homes.
- **Develop additional resources to educate consumers about home sharing.** Home sharing was discussed at all Inclusive Engagement events as a potential remedy for high housing costs and home maintenance needs for older residents. It also was considered as a means of reducing social isolation and feelings of loneliness among older adults. Many participants, however, expressed hesitancy at the prospect of sharing a living space with a stranger. To address this concern, the County should:
  - Educate residents about what home sharing is, and what options exist.
  - Share templates for formal rental agreements between homeowners and tenants to help older adults feel an extra sense of security about legal and financial processes.
  - Advertise home-sharing opportunities and success stories with information about other County services, such as the availability of applications to add Accessory Dwelling Units

**Recommendation 2: Increase support and partnerships targeted to help older residents who are housing insecure.**

**Proposed Strategy:**

- **Develop braided funding opportunities through federal and state grants and health care and academic partnerships to increase service-enriched housing.** Such housing resources could be targeted for low-income community-dwelling older adults who are at risk for hospitalization, nursing home placement, or homelessness to reduce Medicaid and social services costs.

**Recommendation 3: Assist older residents in accessing resources to meet their home accessibility needs.**

**Proposed Strategies:**

- **Partner with universities and non-profit community-based organizations to expand resources to assist older adults with home modifications to meet their accessibility needs.** Home modification services are an integral part of Medicaid home- and community-based services and Medicare supplemental benefits. They can offset the cost of adapting home environments to increase the safety of older adults with

functional limitations. Participants at the Inclusive Engagement events spoke highly of services provided through local programs. These services could be expanded by partnering with local trade schools and universities to encourage student participation, and employers' service day projects could also be targeted to help with minor repair needs.

- **Adopt innovative, evidence-based models for increasing housing accessibility and advancing aging in place.** There are several promising models being implemented in communities across the country. For example, Johns Hopkins University's Community Aging in Place—Advancing Better Living for Elders (CAPABLE) is a home-based program that integrates services from an occupational therapist, registered nurse, and handyman for four to five months for older adults with functional limitations who need home adaptations. Extensive research demonstrates it makes homes more livable for older adults and lowers their health care costs and skilled nursing facility stays. It has been implemented in more than 40 sites around the country, though none in the Commonwealth of Virginia. The County could partner with a local affordable housing agency, university, and/or health system to pursue external funding opportunities to create a CAPABLE pilot model in multiple County locations to promote aging in place.

## **(A) ACCESS TO MOBILITY OPTIONS: TRANSPORTATION, MOBILITY SUPPORT, WALKABILITY**

### **Recommendation 1: Increase walkability and accessibility.**

#### **Proposed strategies:**

- **Encourage greater county planning consideration of accessibility, walkability and navigability when planning new sidewalks, maintaining existing sidewalks, improving street and path lighting, and repainting any fading crosswalks and road lines.**

### **Recommendation 2: Increase the viability and convenience of non-automobile transportation options for older adults.**

#### **Proposed strategies:**

- **Expand existing transportation networks.** The County could consider expanding existing transportation resource networks, such as Fastran and the Mobility Management program. These networks could garner greater acceptance by older residents with functional and cognitive limitations by recruiting volunteers to assist them who are trained to aid people with significant disabilities.
- **Increase older adult awareness of alternative transportation options that are affordable and accessible.** Multiple transportation options currently exist for individuals who no longer drive and are not in close proximity to public transportation. Consider carpooling and vanpooling opportunities as well as Uber Health and Lyft Healthcare, and

private ridesharing, as these services provide low-cost transportation to healthcare appointments. Information about these and other options should be readily available through online and print guides to services for older adults.

- **Consider strategies for lowering transportation costs of alternative options.** One barrier to promoting non-automobile transportation options is financial; many older adults who cannot use public transit and must rely on ridesharing services find it difficult to afford these resources. The County can improve affordability by increasing the availability of ridesharing and taxi vouchers and reduced rates for other transportation methods.

## **(P) PERSONAL WELLBEING: COMMUNITY ENGAGEMENT, ISOLATION, PUBLIC AND MENTAL HEALTH, NUTRITION**

### **Recommendation 1: Increase inclusion and acceptance for all older residents.**

#### **Proposed Strategies:**

- **Consider additional initiatives for increasing inclusion for older residents.** Though a large portion of Fairfax County's population is composed of diverse communities from different cultural, racial, ethnic, religious, sexual, and gender minority groups, results of the CASOA survey and Inclusive Engagement events indicate that some still experience discrimination and feel unwelcome. Additional initiatives could be considered:
  - Fairfax County has successfully used 50+ Community Ambassadors to engage with older residents of diverse backgrounds to connect them with resources and create a greater sense of community. Expanding the role and numbers of 50+ Community Ambassadors may further enhance community cohesion and acceptance. Those Ambassadors should receive regular training in cultural competence and Dementia Friendly principles.
  - To supplement the efforts of 50+ Community Ambassadors, the County could formally identify and train neighborhood champions for cultural groups in all communities to welcome new residents and foster a sense of belonging.
  - Educate community and community-based organizations against ageism and other forms of discriminatory practices and behaviors.
  - Expand community education programs to help LGBTQ+ individuals feel recognized and better accepted. The County and local organizations can collaborate to develop programming that expands access to information about trans health, LGBTQIA+ individuals of color, anti-violence, and PRIDE, as well as sponsoring PRIDE events in Fairfax area communities.
  - Ensure cultural competency education for aging services providers. Most public servants are trained in equity and cultural competence to better serve their constituents. The County can ensure its staff and service providers receive training in best practices for working with older adults who are LGBTQIA+ and people with disabilities. For example, all Fairfax area senior center employees



could complete SAGECare's LGBTQIA+ cultural competency program. (SAGE stands for Services and Advocacy for LGBT Elders.)

- Create dedicated space and time to discussing needs with the LGBTQIA+ community to determine what supports are needed. These initial efforts could create a forum for dialogue on what older adults from the LGBTQIA+ community ultimately want as a gathering place of their own.

## **Recommendation 2: Increase access to and engagement with physical and mental health care for all older residents**

### **Proposed Strategies:**

- **Convene a multi-sector gathering to collaborate on initiatives for recruiting providers to Fairfax County.** Increasing access to health care for Fairfax County's older residents depends in large part on attracting more providers. But not only is there a health care workforce shortage nationally, geriatricians and other health care professionals trained to care for older adults have always been in short supply. Consider convening a gathering of local leaders from multiple sectors, including physical and mental health, social services, business, the faith community, and racial and cultural groups, to jointly develop initiatives for recruiting providers.
- **Encourage local health systems and behavioral health organizations to train culturally competent health care providers with experience and expertise with the specific populations of Fairfax County.** Most providers are required by their licensures and employers to have some training in cultural competence and cultural humility. If such training were focused on the specific complement of minorities within the County, then it would likely make those older adults more comfortable seeking care and engaging with available providers. Ideally, many of those providers speak the primary languages of older residents.
- **Foster growth of telehealth.** The pandemic proved the viability of telehealth. To increase access to health services for older adults in a geographically large county with limited public transit, telehealth services must grow. Enable more older residents to use telehealth by:
  - Expanding community education in multiple languages about technology options in the community.
  - Seeking funding from foundations and the business community for purchasing and distributing low-cost computers through aging services agencies to older residents of limited means
  - Encouraging local health systems to explore the use of hybrid systems in which community health workers, peers, and volunteers travel with computers to the homes of homebound residents to facilitate telehealth services.
- **Increase community education in multiple languages.** To increase the engagement in health care services by diverse older adults, local health systems and the County could offer more community education programs in multiple languages at senior and community centers about physical and emotional wellness and appropriate preventive

and therapeutic care for older adults. These efforts can increase older adults' comfort with navigating the health care system and thereby promote engagement.

- **Expand trusted, community-based engagement.** The County's versatile 50+ Community Ambassadors program can reach out to, engage, and encourage immigrants to seek health care services without fear of being questioned or deported.
- **Integrate more health services into senior centers.** Even when older adults in many communities are uncomfortable going to doctor's offices and hospitals for health care, they often have been willing to engage physical health professionals in private offices in the senior centers that are familiar to them. The County's senior centers, including those serving diverse communities such as Korean and Arabic speakers, could partner with local health systems to situate in-person and telehealth services onsite.
- **Consider launching an anti-mental health stigma effort.** To help older residents and their family caregivers overcome feelings of stigma about mental health treatment, the County could support community education programs, such as Mental Health First Aid, in multiple languages that are designed to increase community knowledge about mental health disorders and thereby reduce the stigma associated with seeking treatment.

### **Recommendation 3: Increase community engagement and decrease social isolation of older residents.**

#### **Proposed Strategies:**

- **Expand volunteer options that increase community engagement.** Volunteering has been demonstrated to increase community engagement and reduce social isolation and loneliness. To increase and publicize volunteer opportunities for older residents, the County can expand its Venture into Volunteering marketing effort to reach more older adults from the diversity of County communities. The County can also recruit culturally diverse advocates to provide guidance to prospective volunteers as needed.
- **Partner with Fairfax library system.** To build on existing resources, consider partnering with the library system as a social engagement hub for older adults and create a separate link on the Fairfax County Public Library webpage for older adults that includes information about services and social engagement opportunities.

### **Recommendation 4: Expand nutrition and wellness activities for older residents.**

#### **Proposed Strategies:**

- **Provide resources to improve awareness of free food options.** Fairfax County could expand partnerships with food pantries and meal delivery programs and reach out to potential new partners (e.g., Imperfect Foods and healthy food subscription services).
- **Enhance residents' knowledge of nutritious food and affordable options and benefits.**
  - Some grocery chains around the country have run pilot programs within their stores to provide community nutrition education, including free counseling sessions with dietitians. Such programs could assist Fairfax County's older adults

in reading food labels and learning to make healthy but inexpensive food choices.

- The County could expand its partnerships with the Fairfax Food Council and other volunteer organizations to conduct nutrition demonstrations at senior and community centers and expand community gardens where older adults can volunteer.

## **(E)conomic Stability and Planning: Financial Stability, Exploitation, Employment, End of Life, Business Partnerships**

**Recommendation 1: Increase awareness and education for financial security to prevent/reduce economic distress of older adults.**

**Proposed Strategies:**

- **Consider providing financial planning seminars at senior and community centers.** These educational programs, provided by financial advisors at no cost, could be directed at all adult residents (early, mid-, and late-career) to better prepare them for a financially secure retirement.
- **Identify and advertise locations where older adults ages 65 and older get discounts.** Older residents could benefit from a directory of contractors, movie theaters, stores, transportation services, restaurants and other service providers that offer discounts to people aged 65 and older.
- **Identify and advertise locations that older adults could get access to low-cost technology.** The County could increase access to low-cost technology for older adults by directing them to vendors of refurbished phone and discounted broadband fees.

**Recommendation 2: Increase awareness of protections to prevent financial exploitation of older adults.**

**Possible strategies:**

- Increase awareness, visibility, and reach of Fairfax County's Silver Shield Anti-Scam Program
- Research scam awareness programs used by other counties, as well as national resources, such as the National Elder Fraud Hotline, which operates under the auspices of the U.S. Department of Justice Office for Victims of Crimes.

**Recommendation 3: Increase employment prospects for older adults who are interested in joining the workforce.**

**Possible strategies:**

- **Develop a messaging campaign to combat ageism.** A campaign may include showing the positive impact hiring older adults will have on a business by publicizing success stories at local companies. Publicly recognizing companies that made a commitment to hiring older workers may also benefit them and bring in new business.
- **Consider opportunities to partner with job coaching programs for older residents.** Older residents reentering the workforce typically want to maintain their job skills and acquire new ones. The County can consider creating a peer-to-peer networking and job coaching program for older residents. Older residents would be able to share their knowledge with their peers, and younger generations can volunteer to work with older adults.

#### **Recommendation 4: Increase percentage of older residents' completing end-of life planning.**

##### **Proposed Strategies:**

- **Create end-of-life planning task force.** Many communities and health systems have boosted their efforts in recent years to provide education and encouragement about end-of-life planning because it allows people greater choice and frequently reduces their health care costs. The County could consider organizing a multi-sector task force to study initiatives of other nearby counties and create a uniform process for engaging adults in end-of-life planning, using common forms, and uploading those forms to a common online platform.
- **Train 50+ Community Ambassadors to educate residents about the importance of end-of-life planning and then refer them to primary care providers and other professionals for planning guidance.**

#### **ACCOUNTABILITY AND MEASURING SUCCESS**

Fairfax County will assign accountability and have a measurement of success for each initiative undertaken. To ensure accountability, a community-based leader will be identified as a Champion during each initiative's first year to spearhead it on an ongoing basis; a Commissioner from the Fairfax Area Commission on Aging will serve as an advocate for initiatives under the SHAPE categories; and a Fairfax County staff member will serve as the County Liaison for the Champion and COA advocate. To measure success, one to four bullet points will be assigned to each initiative to reflect the progress made. One bullet will indicate little progress or inactivity; four bullets will indicate an achieved operation. An update on SHAPE the Future of Aging plan initiatives will be produced annually.

SCORING KEY	
●●●●	Initiative has been achieved or is now an established, ongoing operation
●●●	Initiative has made good progress and accomplished more than half of its initial goals
●●	Initiative has made some progress
●	Initiative has made little progress or is inactive, due to limited resources or obstacles

**Champion:** Community-based leader empowered by the Board of Supervisors' (BOS) endorsement of the 50+ Plan to develop and implement a work plan for the specific initiative.

**COA Advocate:** Fairfax Area Commission on Aging (COA) representative who served as an advocate for the initiative's Champion and County Liaison.

**County Liaison:** Fairfax County staff person who provided assistance and linkages to County resources and serves as a County contact for the initiative's Champion and COA advocate.

## Appendix A: Stakeholder engagement

ENGAGEMENT TYPE	DATE
<i>Town Halls</i>	
Reston Community Center	October 31, 2022 (in-person)
Hybla Valley Community Center	November 1, 2022 (in-person)
Fairfax County Government Center	November 4, 2022 (in-person)
Annandale Heritage Center	November 10, 2022 (in-person)
<i>Community Gatherings</i>	
Braddock	November 17, 2022 (virtual)
City of Fairfax	November 10, 2022 (virtual)
City of Falls Church	October 20, 2022 (virtual)
Dranesville District	November 29, 2022 (virtual)
Hunter Mill District	November 15, 2022 (virtual)
Lee/Franconia	November 30, 2022 (virtual)
Mason District	November 17, 2022 (In-person)
Mount Vernon District	November 30, 2022 (virtual)
Providence District	November 22, 2022 (In-person)
Springfield District	November 16, 2022 (In-person)
Sully District	November 29, 2022 (virtual)
<i>Focus Groups</i>	
Adults with disabilities	November 9, 2022 (virtual)
Spanish-speakers	November 28, 2022 (virtual)
Central Senior Group – in Korean	November 29, 2022 (in-person with interpreter)
Mandarin-speakers	December 1, 2022 (virtual)
Faith Community Leadership	November 28, 2022 (virtual)
Community Ambassadors	November 14, 2022 (virtual)

<b>Family Caregivers</b>	November 15, 2022 (virtual)
<b>Arabic-speakers</b>	December 8, 2022 (virtual)
<b>Farsi-speakers</b>	December 14, 2022 (virtual)
<b>Vietnamese-speakers</b>	November 30, 2022 (virtual)
<b>Housing</b>	December 1, 2022 (virtual)
<i>Key Informant Interviews</i>	
<b>Commission on Aging</b>	October 19, 2022 (virtual)
<b>Long Term Care Coordinating Council</b>	November 9, 2022 (virtual)
<b>Arts Fairfax</b>	November 21, 2022 (virtual)
<b>LGBTQIA+</b>	November 11, 2022 (virtual)
<b>Older Adult Safety</b>	November 22, 2022 (virtual)
<b>Adult &amp; Aging Equity Workgroup</b>	November 29, 2022 (virtual)
<b>Long Term Care Facilities</b>	November 28, 2022 (virtual)
<b>Gum Springs Senior Center (South County)</b>	
<b>United Community</b>	December 6, 2022 (virtual)
<b>Homelessness</b>	November 28, 2022 (virtual)
<b>Access to health care: mental health</b>	November 29, 2022 (virtual)
<b>Lifelong Learning Institute and Osher Lifelong Learning Institute</b>	November 29, 2022 (virtual)
<b>Food</b>	November 21, 2022 (virtual)

## Appendix B: SHAPE the Future of Aging Plan: 2023 – 2028

### SHAPE the future of aging Alignment with Fairfax County Plans and Initiatives

The SHAPE the Future of Aging Plan will reinforce One Fairfax and Countywide Strategic Plan alignment called out in the Fairfax Strategic Plan. Through novel approaches to Services, Housing, Access, Personal Well-Being and Economic Stability –

*The SHAPE the Future of Aging Plan will focus on transforming islands of disadvantage—areas where older adults in Fairfax County face economic, educational, health, housing, and other challenges—into communities of opportunity by:*



**Understanding Opportunity and Vulnerability:** Using data and analytical tools to better understand the dynamics of opportunity and vulnerability as experienced by older adults within Fairfax County.



**Targeting Interventions to Build Opportunity:** Promoting the development of targeted, strategic interventions in low-opportunity areas to build and reinforce critical support structures for older adult residents.



**Targeting Interventions to Connect to Opportunity:** Intentionally connecting low-income and other marginalized older adults to existing opportunities.



**Encouraging the Development of an Inclusive Economy:** Building on Fairfax County's strong economy through expanding opportunity for broadly shared prosperity, with a focus on older adults who face the greatest barriers to well-being.

## Countywide Strategic Plan Crosswalk

Strategic Plan Community Outcome Areas	Related Indicators of Success	Most Direct Connection to SHAPE the Future of Aging	Additional Connections (Tactical Level)
<b>Cultural and Recreational Opportunities</b>	<ul style="list-style-type: none"> <li>• Access to Local Arts, Sports and Cultural Opportunities</li> <li>• Satisfaction with Local Arts, Sports and Cultural Opportunities</li> <li>• Awareness and Appreciation of Diverse Cultures</li> <li>• Representation of Diverse Cultures</li> </ul>		<b>Personal Well-Being</b>
<b>Economic Opportunity</b>	<ul style="list-style-type: none"> <li>• Healthy Businesses in a Diverse Mix of Industries</li> <li>• Economic Stability and Upward Mobility for All People</li> <li>• Preparing People for the Workforce</li> <li>• Promoting Innovation in the Local Economy</li> <li>• Promoting Economic Vibrancy in All Parts of Fairfax County</li> </ul>	<b>Economic Stability and Planning</b> Financial stability, exploitation, employment, end of life, business partnerships	<b>Housing &amp; Neighborhood Supports</b> <b>Personal Well-Being</b>
<b>Effective and Efficient Government</b>	<ul style="list-style-type: none"> <li>• Customer Satisfaction with County Services</li> <li>• Inclusive Community Engagement</li> <li>• Effective and Representative County and School Workforce</li> <li>• Effective Technology and Quality Facilities</li> <li>• Financial Sustainability and Trustworthiness</li> </ul>		<b>Personal Well-Being</b>
<b>Empowerment and Support for Residents Facing Vulnerability</b>	<ul style="list-style-type: none"> <li>• All People Are Respected, Understood and Connected</li> <li>• Services Are Easy to Access and Use</li> <li>• Services Are High Quality and Coordinated</li> <li>• All People Can Meet Their Basic Needs</li> </ul>	<b>Services for Older Adults &amp; Family Caregivers</b> Caregiver support, dementia friendly, resources	<b>Personal Well-Being</b> <b>Economic Stability and Planning</b>
<b>Environment and Energy</b>	<ul style="list-style-type: none"> <li>• Promoting Air, Water and Land Quality</li> <li>• Supporting Sound Environmental Policy and Practices</li> </ul>		<b>Housing &amp; Neighborhood Supports</b>
<b>Healthy Communities</b>	<ul style="list-style-type: none"> <li>• Access to Health Services</li> <li>• Improving Physical and Behavioral Health Conditions</li> <li>• Promoting Health-Related Behaviors</li> </ul>	<b>Personal Well-Being</b> Community engagement, isolation public & mental health, nutrition	<b>Access to Mobility Options</b>
<b>Housing and Neighborhood Livability</b>	<ul style="list-style-type: none"> <li>• Affordable and Quality Housing</li> <li>• Adequate Quantity and Availability of Housing</li> <li>• Access to Amenities that Promote Healthy Neighborhoods</li> <li>• Flexibility and Adaptability of Land Use Rules</li> <li>• Preventing and Ending Homelessness</li> </ul>	<b>Housing &amp; Neighborhood Supports</b> Affordable housing, home modifications, home maintenance, Villages, livable communities	<b>Access to Mobility Options</b>
<b>Lifelong Education and Learning</b>	<ul style="list-style-type: none"> <li>• Access to Early Childhood Education</li> <li>• Supporting Academic Achievement</li> <li>• Supporting Career-Based Training</li> <li>• Participation in Learning Opportunities</li> <li>• Access to Quality Technology</li> <li>• Increased English Language Proficiency</li> </ul>		<b>Personal Well-Being</b> <b>Economic Stability and Planning</b>
<b>Mobility and Transportation</b>	<ul style="list-style-type: none"> <li>• Efficient and Varied Transportation Options</li> <li>• Infrastructure Condition, Sustainability and Environmental Impact</li> <li>• Traveler Safety</li> <li>• Increased Accessibility, Affordability and Equity</li> </ul>	<b>Access to Mobility Options</b> Transportation, mobility support, walkability	
<b>Safety and Security</b>	<ul style="list-style-type: none"> <li>• Following Laws and Regulations</li> <li>• Timeliness and Quality of Emergency Response</li> <li>• Effective and Equitable Administration of Justice</li> <li>• Safety-Related Prevention and Preparedness</li> <li>• Reliable and Secure Critical Infrastructure</li> </ul>		<b>Services for Older Adults &amp; Family Caregivers</b> <b>Personal Well-Being</b>





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Fairfax County Board of Supervisors:	Fairfax County Government Staff
<b>Jeffrey C. McKay</b> , Chairman, At-Large	<b>DEPARTMENT OF FAMILY SERVICES (DFS)</b>
<b>Pat Herrity</b> , Springfield District, Chair, Older Adults Committee	<b>Michael A. Becketts</b> , Director <b>Alycia Blackwell</b> , Deputy Director, Programs and Services
<b>James R. Walkinshaw</b> , Braddock District, Vice Chair, Older Adults Committee	<b>Adult and Aging Division</b> Trina Mayhan-Webb, Director Tara Turner, Director, Fairfax Area Agency on Aging
<b>Penelope A. Gross</b> , Mason District, Vice Chairman, Fairfax County Board of Supervisors	Jacquie Woodruff, Fairfax Area Agency on Aging Ana Valdivia, Fairfax Area Agency on Aging
<b>John W. Foust</b> , Dranesville District	<b>Data Analytics Unit</b>
<b>Rodney L. Lusk</b> , Franconia District	John Ruthinoski, Manager
<b>Walter L. Alcorn</b> , Hunter Mill District	Eduardo Leiva
<b>Daniel G. Storck</b> , Mount Vernon District	Ana Ealley
<b>Dalia A. Palchik</b> , Providence District	Kelsey Brewster
<b>Kathy L. Smith</b> , Sully District	<b>Communications</b>
	Amy Carlini, Director of Communications
	Kathleen Thomas
	Rick Aleman
	<b>COUNTYWIDE STRATEGIC PLAN</b>
	<b>ONE FAIRFAX</b>
	<b>COMMUNITY SERVICES BOARD (CSB)</b>
	<b>HEALTH DEPARTMENT (HD)</b>
	<b>HOUSING &amp; COMMUNITY DEVELOPMENT (HCD)</b>
	<b>NEIGHBORHOOD &amp; COMMUNITY SERVICES (NCS)</b>
	<b>OFFICE OF PUBLIC AFFAIRS (OPA)</b>
	<b>POLICE DEPARTMENT (PD)</b>
Fairfax Area Commission on Aging	
<b>Catherine S. Cole</b> , Chair: At-Large	<b>Sharron Dreyer</b> : Franconia District
<b>Cathy Muha</b> , Vice Chair: Sully District	<b>Phyllis Miller Palombi*</b> , <b>Joanne Collins</b> : Hunter Mill District
<b>Martha J. Cooper</b> , Secretary: City of Falls Church	<b>Kathleen Hoyt*</b> , <b>Irvin Katz</b> : Mason District
<b>Mike Perel</b> : Braddock District	<b>Diane R. Watson</b> , Mount Vernon District
<b>Carolyn Sutterfield</b> : City of Fairfax	<b>Joseph A. Heastie</b> , Providence District
<b>Kay Larmer</b> : Dranesville District	<b>Tom Bash*</b> , <b>James R. Kirkpatrick</b> : Springfield District
	*Former Commissioner