![Virginia Funders Network logo] VIRGINIA FUNDERS NETWORK

Virginia Philanthropy's Response to the Challenges Facing Older Adults

In partnership with
Bob and Anna Lou Schaberg Foundation
Richmond Memorial Health Foundation

August 2023

Table of Contents

BACKGROUND

In the spring of 2022, the newly formed Virginia Funders Network (VFN) convened its first statewide conference. At the event, Dr. Qian Tsai, Director of the Demographics Research Group
at the University of Virginia's Weldon Cooper Center for Public Service provided her perspective on the population changes shaping Virginia's present and future. Among the issues Dr. Tsai highlighted was the rapidly growing older adult population in the Commonwealth. Raising that issue generated a conversation among conference attendees about how philanthropy in Virginia was responding to the needs of older adults. Out of this informal conversation, a general consensus emerged that there was a very limited understanding of how philanthropy is supporting efforts to address the needs of older adults in the Commonwealth.

As a result of the conference conversations, two funders, Richmond Memorial Health Foundation and Bob and Anna Lou Schaberg Foundation, stepped forward to partner with VFN to gain a better understanding of the landscape of philanthropy's

efforts to support older adults in the Commonwealth by investing in a scan of current funders' work. Given that Inside Philanthropy (12.21.22) reported that nationally less than 2% of philanthropic funding goes to support traditional age-related services, this scan is intended to encourage deeper investment of dollars and other philanthropic resources in support of this growing population.

Twenty-four funders (See Appendix) participated in the field scan interviews. They were selected based on VFN's knowledge of their involvement in some form of older adult work. The participants covered the spectrum from local to regional to statewide funders, and ranged from health conversion foundations and community foundations to trusts, public-private entities, and corporate funders. The pathway to engaging in older adult work among the funders was diverse and included decades of legacy work, donor interest, deep research into local needs, and organically emerging demand as more older adult-related applications were submitted through open funding portals.

OVERVIEW

According to the U.S. Census (Census.gov), there are nearly 1.5 million adults in the Commonwealth aged 60 and over, and this population will increase to more than two million by 2030, representing over 20% of the state's population. Data from Census.gov ACS (American Community Survey) also suggests that many of these older adults are facing significant challenges. Over 27% of Virginians over 65 years of age live alone. Just under 8% live below the poverty level and 22% have annual incomes under $20,000. Twenty-eight percent of older Virginians receive food stamps (TANF). Women and people of color are disproportionately represented among those facing financial burdens.

Thirty-two percent of those over 60 years of age live with at least one disabling condition (with 16% having two or more disabling

conditions). Slightly over 9% have no car, 16% do not have a computer, and 8% do not have access to internet.

But demographic data only tells part of the story. "Aging in Virginia," an annual report released in early 2023 by the Virginia Department of Aging and Rehabilitative Services (DARS) and the Virginia Center on Aging at Virginia Commonwealth University (VCU) provides insights regarding how older adults across the Commonwealth see and experience issues affecting their lives. The survey of nearly 9,000 older Virginians pointed to housing, mental health, and physical health as being their greatest challenges. Nearly 45% of those who responded to the survey stated that at least one of those issues was a major or moderate problem for them in the preceding year.

27%

of Virginians over 65 years of age live alone.

8%

of Virginians over 65 years of age live below the poverty level.

22%

of Virginians over 65 years of age have annual incomes under $20,000.

28%

of older Virginians receive food stamps (TANF).

Women and people of color are disproportionately represented among those facing financial burdens.
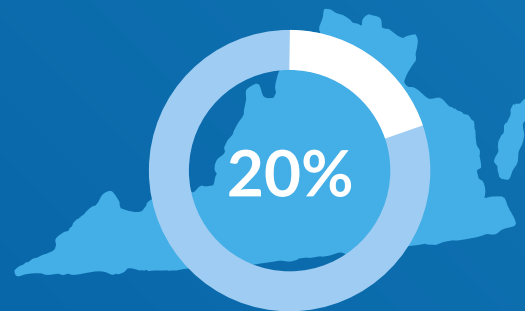
There are nearly

1.5 million

adults in the Commonwealth aged 60 and over, and this population will increase to more than

2 million

by 2030, representing over

20%

of the state's population.

20%

32%

of those over 60 years of age live with at least **one disabling condition**.

16%

of those over 60 years of age have **two or more disabling conditions**.

9%

of those over 60 years of age have **no car**.

16%

of those over 60 years of age **do not have a computer**.

8%

of those over 60 years of age **do not have access to internet**.

PHILANTHROPY'S RESPONSE TO THE CHALLENGES FACING OLDER ADULTS IN VIRGINIA

While not a comprehensive look at all Virginia philanthropy, the outreach to Virginia funders known to be engaged in supporting older adult work offered insights into the multiple ways that funders are endeavoring to address the challenges facing older persons in their communities. Although, by their own admission, the scale of the efforts does not yet match the level of need, there is no doubt that funders across the Commonwealth are investing in a wide array of strategies to address the challenges facing many older Virginians.

Before looking at those investments in more detail, there are a few macro learnings that emerged from the interviews.

As will be discussed in more detail later in this report, the issue of "aging in place," or choosing to stay in your home and community with family, friends, and neighbors as you grow older, was identified as a north star for most, if not all, funders. Repeatedly, funders who participated in these interviews expressed their desire to invest in efforts that will make it possible for older adults to age in the home and/or community in which they live.

Another often repeated theme is the need to build a more equitable system of services for older adults, one that addresses the disproportionately negative outcomes in health, lifespan, and access to services that impact communities of color and low resourced communities in both urban and rural areas. In parallel, there was a recognition that addressing the inequities and ensuring programs and other investments are meeting real needs requires authentically engaging the voices of older persons, particularly those who are members of historically disenfranchised population groups, in program and policy design.

One revelation from the interviews is that the level of investment was not necessarily a predictor of impact. Annual investments in older adult work ranged from $14,000 to hundreds of thousands of dollars. While there is no doubt that financial resources are critical, some funders who could only make small investments used their limited funds effectively, leveraging them with other philanthropic tools like convening and advocacy work to make a significant difference in their communities.

Across the Commonwealth, financial investments and other philanthropic tools were deployed in a variety of ways to support efforts to improve the lives of Virginia's older adults. In the following section some of those areas of work and specific investments are discussed with the hope that they will serve as models for those who would like to take on similar work.

Aging in Place or Community

AARP estimates that, nationally, 77% of people over the age of 50 wish to remain in their own homes as they age ("Despite Pandemic, Percentage of Older Adults Who Want to Age in Place Stays Steady," AARP 2022). Yet, the DARS/Virginia Center for Aging survey found that a sizable number of respondents were concerned that they would not be able to remain in their homes due to their health, financial status, or their housing situation. In response to the challenges of aging-in-place, Virginia funders have invested in an array of services that help older adults remain in their homes and community.

In-Home Care

The DARS/Virginia Center on Aging survey reported that 40% of the respondents were concerned their health would prevent them from staying in their homes. For older adults wishing to age in place, but who are facing health challenges, perhaps no resource is more critical than in-home care. But a shortage of providers in some areas, a limited home care workforce, and insufficient Medicaid reimbursement have made it impossible for many older adults to access the services they need.

There are two primary types of home health care. The first is medically oriented in-home care which is prescribed by a doctor and provided primarily by physicians, registered nurses, physical therapists, and occupational therapists. Examples of services provided include wound care, physical and occupational therapy, speech therapy, injections, and nutrition therapy, as well as patient and caregiver education. Non-medical in-home care, provided by home health aides with various levels of training, includes assistance with activities of daily living (e.g., bathing, dressing, meal preparation). Other non-medical in-home care can also include transportation to and from physician appointments, running errands, shopping, and housekeeping.

While a number of Virginia funders provide critically needed financial support to in-home care providers, at least three funders have embarked, or are embarking on, pilots to examine different approaches to addressing some of the current in-home services challenges. **Bon Secours Community Health** supported a partnership among the Bon Secours Hospital System, Senior Connections (the Richmond region Area Agency on Aging), Family Lifeline (an in-home care nonprofit), and project: HOMES (a housing and home repair organization) to test a model with the goal of seamlessly transitioning older adults from hospitals stays back into their homes. A hospital social worker was responsible for linking patients being discharged to an Area Agency on Aging care coordinator to ensure that they had the necessary support(s) to successfully return to living at home. As part of the pilot, project: HOMES assessed the physical aspects of the home to determine if adaptations were needed to facilitate the patient's return. Unfortunately, the arrival of the COVID-19 pandemic undermined the effort, but the funder and partners hope that the lessons learned will inform a future version of the pilot.

The COVID-19 pandemic drew attention to the already existing challenges of the in-home care workforce which were only exacerbated by the pandemic. In the Richmond region, the in-home caregiver workforce challenges were discussed in a series of convenings hosted by **Richmond Memorial Health Foundation** and **Bob and Anna Lou Schaberg Foundation**. As a result of those conversations, and to get a better understanding of the financial and systems challenges faced by in-home care providers, the two foundations partnered with Family Lifeline to engage in an in-depth study of the organization's work. A key finding of the study was the difficulty of recruiting and retaining in-home care workers. In response to the findings, the foundations again partnered to support a demonstration project with Family Lifeline and Jewish Family Services, another nonprofit in-home care provider. The project is examining how increased wages, transportation supports, and enhanced training opportunities affect recruitment, retention, and job satisfaction. The funders have also invested in a formal evaluation of the three-year demonstration that will inform future program design and policy and advocacy needs.

Housing and Home Repair/Modification

Sixteen percent of the older Virginians responding to the DARS/ Virginia Center on Aging expressed a major need for home repair support and 18% stated a moderate need for such services. Nearly thirty percent of the respondents stated that their current residences were not suited for them to continue to live there.

Home repair/modification programs are designed to provide minor repairs and/or accessibility modifications to older adult homeowners. Typical home repair work includes:

- Minor electrical repair

- Window and door repair

- Minor plumbing repair

- Installation of grab bars, hand railings, and other accessibility devices

- Repair or replacement of electric hot water heaters

In response to the pressing need, a number of Virginia funders have made investments in home repair and modification services. One example is **Bob and Anna Lou Schaberg Foundation** that supports the home repair efforts of project: HOMES and Rebuilding Together Richmond, both of whom serve a sizable number of older adults in the region but are challenged by long

waiting lists. Another example is **Sentara Health**, a large health care system with a philanthropic arm. **Sentara** invests in critical home repairs by partnering with trusted organizations like Habitat for Humanity who focus on medically vulnerable individuals.

While the need for affordable housing stock for older adults was mentioned by many interviewees, philanthropic investments in housing development efforts were minimal. Most housing-related efforts, beyond home repair and modification, were in the form of administrative and service support for housing providers rather than the development of new housing units. One exception was the investment by the **Community Foundation for Loudon and Northern Fauquier Counties** in an affordable housing development project that will serve multiple vulnerable populations including older adults. Another exception is **Sentara's** investments in housing development with groups like the Judeo-Christian Outreach Center and the Local Initiatives Support Corporation (LISC), a Community Development Finance Institution (CDFI) focused on connecting groups with capital to help build resilient communities. In addition, **Richmond Memorial Health Foundation** and **Bob and Anna Lou Schaberg Foundation** are joining with community partners to explore strategies to increase the stock of affordable housing for older adults.

Mobility

Nearly a quarter of older adults responding to the DARS/Virginia Center on Aging survey stated that they had mobility needs. That is a daunting statistic since aging in place often requires being able to meet a variety of needs that, in some places, cannot easily be accessed in the home (e.g., purchasing groceries, seeing a doctor, participating in faith communities, combatting isolation). For those with physical challenges, meeting some of those needs is impossible without access to an array of mobility options (e.g., personal auto, public transportation, volunteer ride services).

While philanthropic funding for transportation modalities is limited, a sizable number of funders are engaged in supporting efforts around transportation for older adults. **Dominion Energy, The Community Foundation of the New River Valley, Williamsburg Health Foundation, Sheltering Arms Foundation, Community Foundation for Northern Virginia,** and **Williamsburg Community Foundation** are among the funders who are involved in convening key community leaders around transportation needs, participating in transportation planning, supporting volunteer ride systems, and advocating for improved transportation options.

Adult Day Services

Adult day care provides support for older adults who require supervised care during the day while also providing family caregivers with respite from caregiving duties. Services vary depending on the provider's focus. Some programs provide only social and recreation services, while others offer more comprehensive medical and therapeutic services, sometimes including a focus on specialized services for older adults with a specific health condition, such as dementia or a particular disabling condition.

Among the funders in Virginia supporting adult day care are the **PATH Foundation**, which supports an intergenerational day care program in Culpeper, **Dominion Energy, The Morris and Gwendolyn Cafritz Foundation,** and the **Culpeper Wellness Foundation**.

Social Gathering/Combatting Isolation

While, historically, isolation has been a challenge faced by many older adults, particularly those with limited mobility, the COVID-19 pandemic's health threats, and the strategies to mitigate those threats through limited social contact highlighted the impact of isolation on older persons.

Over the past half-century, senior centers have emerged as a significant response to isolation. Today there are over 11,000 senior centers in the nation (National Council on Aging), serving over one million older adults daily. Senior centers seek to meet many of the social, physical, emotional, and intellectual needs of older adults through:

- Meal and nutrition programs

- Information and assistance

- Health, fitness, and wellness programs

- Transportation services

- Public benefits counseling

- Employment assistance

- Volunteer and civic engagement opportunities

- Social and recreational activities

- Educational and arts programs

- Intergenerational programs

A number of Virginia funders, including the **Culpeper Wellness Foundation** and **Dominion Energy** have invested in senior centers, often in partnership with their region's Area Agency on Aging.

Another approach to addressing isolation is the senior village concept. Villages are a place-based response to building community capacity to support older adults' ability to live independently. Villages are most often nonprofits entities run by volunteers and/or paid staff, supported primarily through member dues. Villages seek to reduce seniors' isolation, and improve their inter-dependence, health, and sense of purpose by facilitating access to affordable services including transportation, health and wellness programs, home repair, and social and recreational activities.

There are a number of villages in the Washington, D.C. region. **The Morris and Gwendolyn Cafritz Foundation** is a funder of the work taking place in some of these communities.

Intersectionality

In addition to funding directed to programs solely serving older adults, Virginia funders have invested in a broad array of efforts that serve multiple populations, including older adults.

The **Jenkins Foundation, Sentara, Community Foundation for a greater Richmond, Bon Secours Community Health, Culpeper Wellness Foundation, The Morris and Gwendolyn Cafritz Foundation,** and **Bank of America Philanthropic Solutions** are among the many examples of funders who support a number of cross-cutting programs such as community health centers, clinical services, health care vans, housing programs, home repair, and community centers, all of which serve multiple population groups. In addition, the **Virginia Health Care Foundation** funds efforts to address the health-related needs of families and individuals across the age spectrum. And the **Wythe Bland Foundation** sees a secondary impact of one of its centerpiece programs, funding college scholarships for local high school students, as helping to ensure many of those young adults will remain in the community, supporting the economy, ultimately becoming a resource for aging parents and friends.

Examples of other multi-population programs being funded by Virginia philanthropies include:

- **Health care safety net programs:** A number of funders stated that they support clinics and other health care programs that serve multiple populations including older adults. Among those funders involved in supporting these services are **Richmond Memorial Health Foundation, Jenkins Foundation, Sentara, Bank of America Philanthropic Solutions, Bon Secours Community Health, The Morris and Gwendolyn Cafritz Foundation, Virginia Health Care Foundation, and Sheltering Arms Foundation**

- **Food security supports:** **Williamsburg Health Foundation, The Morris and Gwendolyn Cafritz Foundation, and Sentara**

- **Fuel assistance programs:** **Dominion Energy**

- **Behavioral health programs:** **Williamsburg Community Foundation, Richmond Memorial Health Foundation, Community Foundation for a greater Richmond, Community Foundation for Northern Virginia, Sentara,** and **The Morris and Gwendolyn Cafritz Foundation**

In addition, almost every funder interviewed for this report supported investments to strengthen the capacity of nonprofit organizations' ability to address an array of health and human service needs for multiple populations.

Access to Information/ Education/Learning

The availability of the services outlined above is only helpful if older adults know how to access those services and the requirements for obtaining them. For some, that is a challenge. Forty-two percent of the older adults responding to the DARS/ Virginia Center on Aging survey said that they needed better access to information on available services.

Virginia funders have responded to this need for information in a variety of ways. The most far-reaching effort was undertaken by the **Virginia Health Care Foundation**, a public private partnership that receives General Assembly funds and raises private funds to address health needs across the Commonwealth. Several years ago, the foundation funded and developed Senior Navigator, an online resource that provides information on more than 26,000 programs and services for older adults. After successfully incubating and scaling Senior Navigator, the foundation spun it off as an independent organization serving the entire Commonwealth.

Other funders, like the **PATH Foundation**, have developed more localized resource centers for older adults. And **The Community Foundation of the New River Valley** has developed an Aging in Place Workbook focused on positive aging, and regularly holds seminars based on the workbook.

Impact Beyond Funding

Too often, philanthropy is seen only as a financial resource, supporting an array of community-based programs by deploying grants and other monetary investments. There is no doubt that financial resources are critical, but the reality is that, if they choose to do so, funders can significantly impact a community's response to pressing human needs using a much broader combination of tools, which may or may not include grant funding. Often the impact of implementing these tools can be much greater than a financial investment alone.

That is the case across Virginia as some funders use their convening power to set the table for cross-sector conversations and action on critical issues. Others invest in, or directly engage in, various forms of policy and advocacy. Still others focus on systems development or systems change, or support research on critical issues facing older adults. While the following section of the report looks at these activities independently, these tools are often used in combination with one another. For example, research can be used to inform a convening which, in turn, leads to a policy and advocacy effort.

Research and Data Collection

Often funders support research and data collection to identify community needs or to better target responses to a particular issue. For example, the **Community Foundation for Loudon and Northern Fauquier Counties** invested in a report on the trajectory of vulnerability in Loudon County which touched on the needs of older adults. In 2014, the **Community Foundation for Northern Virginia** supported a study on the needs of older adults which has informed their work over the years. The study was updated in March 2023. In 2021, the **Williamsburg Health Foundation** engaged in extensive research regarding older adults in their service area. As mentioned earlier, to obtain robust outcome data to inform future program and policy work, **Richmond Memorial Health Foundation** is funding LeadingAge to evaluate two recent grants examining how enhancements to caregiver wages, training, and transportation support affect recruitment, retention, and satisfaction. **Sentara** is deeply committed to accessing and using critical community health and human needs data to inform their investment and human resource decisions while balancing that information with deep engagement with organizations and individuals in the community who can offer perspectives on needs not captured in quantitative data. The Sentara community engagement team regularly engage in external activities that offer on-the-ground insights into the needs of the geographies where they work.

Convening

Convening is another tool that can have a significant impact on meeting community needs. Often, funders are seen as neutral bodies that can provide a level playing field for difficult community conversations. A number of Virginia funders have used their convening power to impact efforts to support older adults in their communities. The **PATH Foundation** regularly convenes twenty organizations to look at community needs, build networking among organizations, plan for future programmatic and policy responses, and inform foundation grant-making. Every March, **The Community Foundation for Northern Virginia** convenes stakeholders across sectors for its annual "Shape of the Region" conference. In 2023, the conference focused on the needs of the growing older adult population. And the **Wythe Bland Foundation** regularly convenes human service providers, including older adult serving organizations, to ensure coordination, extend resources, and build a more efficient human service delivery system.

The Culpeper Wellness Foundation has funded the **Aging Together Collaborative** which meets regularly to ensure collaboration and communication among entities addressing older adult needs in the community. In Richmond, **Richmond Memorial Health Foundation** and **Bob and Anna Lou Schaberg Foundation** partnered to bring together providers of older adult services, academics, and community experts to envision how to strengthen the older adult services ecosystem in order to be prepared to meet the needs of aging residents when the older adult population reaches its peak in the Richmond region in 2040.

Policy and Advocacy

A substantial number of respondents identified the need for stronger advocacy with and on behalf of older adults, but only a few Virginia funders have explicitly invested in advocacy efforts or engaged in advocacy efforts directly. While the rules regarding lobbying differ between public and private foundations, at the very least, funders can: (1) provide data regarding older adult needs, (2) offer non-partisan analysis of the impact of policy proposals, and (3) organize opportunities for policy-makers to hear from older adults regarding issues they are facing. A good philanthropic framing of advocacy work is reflected in the **Potomac Health Foundation's** description of its approach to advocacy as, "data driven and non-partisan."

Some funders, like **Sentara**, engage in advocacy work by supporting organizations that are involved in policy and advocacy work. Others, like the **Community Foundation of the New River Valley** participate in policy and advocacy efforts in partnership with an array of entities, including local government, human service providers, and other interested organizations and citizens.

Richmond Memorial Health Foundation, in partnership with other community organizations, is about to embark on an effort to educate policymakers on the need for increased Medicaid reimbursement for in-home care. Others, like the **Community Foundation of the Central Blue Ridge** and the **Community Foundation for a greater Richmond** see their support of their regional Area Agency on Aging as their vehicle for supporting advocacy on behalf of older adults.

Systems Development and Change

Systems' work can be described as an effort to ensure that all the players involved in addressing an issue, in this case the needs of older adults, in a particular geographic space, are working in concert. Strong systems, at the very least, have a set of coordinated activities and an ongoing communication mechanism. In addition, they may have a shared data system, common metrics, and/or a formal plan that links their actions. In some cases, there is a backbone organization with formal or informal authority to manage the system.

In Richmond, **Bob and Anna Lou Schaberg Foundation** funded research to identify the optimal way to strengthen the existing ecosystem of older adult services in the Richmond region. Based on that study, **Schaberg Foundation** and **Richmond Memorial Health Foundation** have partnered to invest in a joint effort to support the regional Area Agency on Aging's efforts to better align the system's players.

Sentara is engaged in an array of collaborations and partnership efforts for multiple populations, including older adults. They have described their role as a "community case manager," identifying needs and helping to address them by connecting non-profits, government organizations, faith communities, and non-traditional partners. Among the latter are banks that **Sentara** has partnered with to share mutually identified strategies that support community reinvestment and place-based investing. Other non-traditional partners to consider are colleges, including Historically Black Colleges and Universities (HBCU).

In southwest Virginia, **The Community Foundation of the New River Valley**, convenes the Collaborative Network consisting of the Area Agency on Aging, local governments, service providers, and other key entities that develop projects and approaches to addressing issues related to older adults.

In terms of systems work, it should be noted that Area Agencies on Aging (AAA), which exist across the Commonwealth, are the conduit for federal Older Americans Act funding, the key source of funding for older adult programs across the nation. Several funders support the work of their local AAA and see that as support for systems improvement efforts.

METHODS OF FUND DEPLOYMENT

As is the case in philanthropy generally, the vehicles for deploying grants and other investments in Virginia varied greatly. Most often, projects were funded on a case-by-case basis as proposals arrived through an open application process. Using Requests for Proposals for specific aging programming was significantly less common. More common were strategic investments. That is, direct grants to organizations known to funders as effective in addressing older adult issues or likely to implement a new older adult program effectively.

Partnering among funders was another approach to deploying funds. This is the case with **Richmond Memorial Health Foundation** and **Bob and Anna Lou Schaberg Foundation** who have partnered with each other to expand the resources for a variety of older adult efforts in hopes of increasing impact and highlighting the benefits of philanthropic collaboration.

Less formal approaches to fund deployment for older adult programs were donor directed funds housed in trust entities or community foundations. A few funders, like the **Community Foundation for Loudon and Northern Fauquier Counties**, sponsor, or support "giving circles" consisting of like-minded individuals seeking to leverage each other's resources to support specific efforts.

Sentara, describes their investment strategy as both "large and small." While they are able to invest significant funds in some projects, they have also developed a community engagement funding approach that supports small programs and organizations such as food pantries and congregation-based senior meal programs that are often unprepared or ineligible to seek philanthropic dollars.

A unique approach to fund deployment to assist older adult work is the partnership between the **Charlottesville Area Community Foundation** and Twice is Nice, a long-standing nonprofit thrift store. Twice is Nice raises and deploys approximately $250,000 annually to support older adult serving organizations in the Charlottesville region. The **Community Foundation** partners with them to provide guidance on program design and administrative support.

LEARNINGS

The funders who participated in the interviews were eager to share their candid assessments of the challenges of supporting older adult work, which one funder described as a "lonely field with limited philanthropic involvement, and no coordinating body." Several funders also pointed to the difficulty of overcoming the myths and stereotypes related to aging and older adults that present barriers to investment decisions and overall community responses to the needs of older adults. They argued that in a resource-constrained world, older adults are not valued in the same way as other age groups, especially children and youth. They suggested that part of the challenge is that older adults, themselves, are not highly engaged in public discourse and, often, older adult service providers are not vocal advocates either. In the end, several funders contended that there is a significant need to find ways to educate the broader public about the needs of elders in their communities. One funder suggested that the effort to raise people's understanding of the needs of older adults, and the contributions to the community that older adults make, would benefit from a StoryCorps approach.

Funders also offered their thoughts on where the work on behalf of older adults needs to head in the future. At the top of the list was the strong belief that to ensure efforts effectively address the actual needs of older adults, the voices of older adults need to be at the center of policy development and program design decisions. Tied to this was the view offered by many of the interviewees that the voices of those who have been historically disenfranchised, particularly Black and Brown communities, need to be especially sought out in order to advance equity in this work. To do this, the funders suggested that philanthropy needs to have a much better understanding of the cultural context of the populations in their communities. Key to this, according to some, is building authentic relationships with the older adult population generally, with a specific focus on minority elders who have not been invited to contribute in the past. **Sentara** is one of the few funders with access to an enterprise level senior director of health equity who seeks to ensure that consideration of equity is part of all programmatic and policy design.

Additionally, funders suggested that there is a great need to improve policy and advocacy efforts, suggesting that "We will not be able to move the needle without advocacy and changes in public policy." Others pointed to the importance of collaboration but expressed frustration regarding having to overcome funding silos, turfism, and time constraints.

Several interviewees offered that philanthropy needs to do more to support service coordination in their communities and to inform service providers about best practices.

One of the findings from the interviews was the significant lack of outcome data across nearly all funders, without which, as several interview participants pointed out, it is very difficult to determine what is working and what might need to be changed in communities to meet older adult needs. Several funders acknowledged that they were not sufficiently staffed with experts who could evaluate outcomes of specific types of services, and they suggested that grantees are hard pressed to have the capacity to collect and analyze outcome data except at a very macro level.

On a more positive note, one interviewee offered that things are changing rapidly in Virginia philanthropy and one of the changes is a new generation of leaders who are much more receptive to collaboration, both in community problem solving and in resource partnering.

Interviewees also focused on what they see as pressing needs in their communities currently and what they anticipate will be emerging in the future. Several of the funders who were interviewed identified groups of people in their communities whose needs have not been adequately addressed in the past and need to be a focus of future efforts. Among those groups were members of the LGBTQ community, non-English speakers, and historically marginalized Black and Brown communities. Older adults in immigrant and refugee communities were also mentioned, as were rural older Virginians.

Other funders pointed to specific service-related needs that either are currently being addressed insufficiently or are emerging needs that they view as areas where new responses must be developed. Nearly every funder pointed to the need for affordable housing options for older adults in their communities. Most expressed frustration at the scale of the problem in relation to their organization's ability to impact the issues. One funder framed this challenge by saying he needs help determining what is an effective investment in the housing world for a small funder.

Related to the housing issue, and raised primarily by urban funders, is displacement of older adults as a result of increased housing costs due to gentrification. In a related set of issues, some funders pointed to the need to support Black and Brown communities struggling with the racial dynamics of gentrification and displacement.

Other funders pointed to the need for transportation equity in urban areas and access to transportation in rural communities. The need for mental health services specializing in the needs of older adults was mentioned by several funders, as was the need for access to prescription assistance and oral health services. It was also suggested that more attention needs to be focused on workforce issues related to older adults. It was argued that philanthropy needs to support creative thinking about how best to use the skills and experience of older adults in the workforce in the coming years both in specific jobs and in mentoring roles.

Somewhat surprising was the limited mention of two issues that are often at the center of conversations about older adults—technology and homelessness. Technology will have a significant impact on older adults and caregivers in the coming years but, at least from this set of interviews, technology, as it relates to older adults, is not on the radar screens of Virginia philanthropy. Similarly, the fastest growing sub-group of the homeless population nationally is older adults, both those who have aged while on the streets for many years, and those who have suddenly found themselves homeless as result of an economic crisis in late life.

On a more macro scale, several funders expressed concern about the commodification of older adult services as for-profit entities aggressively purchase skilled care and assisted living services, as well as in-home care and other older adult programs traditionally run by mission-driven nonprofit entities.

FINAL WORDS

As was mentioned in the opening of this report, the conversation that catalyzed this effort reflected a concern that Virginia philanthropy was not sufficiently responding to the needs of the growing older adult demographic. As one can see from the information in this report, the issue is not being ignored. There are significant investments being made and innovative efforts underway. The challenge in the coming years will be for philanthropy to continue to increase financial investments, expand support for innovation, engage in collaborative problem solving and funding efforts, and advocate with and on behalf of older adults to help communities scale their responses to the level of need.

APPENDIX

Resources on Aging

AARP	www.aarp.org
AARP-Virginia	states.aarp.org/virginia
Administration for Community Living (at HHS)	acl.gov
Area Agencies on Aging in Virginia	vaaaa.org/25-area-agencies-on-aging
Grant Makers in Aging	www.giaging.org
LeadingAge	leadingage.org
LeadingAge-Virginia	leadingagevirginia.org
Virginia Association of Area Agencies on Aging	vaaaa.org
Virginia Center on Aging at VCU	vcoa.chp.vcu.edu
Weldon Cooper Center at UVA	demographics.coopercenter.org/data-briefs-aging-virginia

Virginia Funders That Participated in This Project

Bank of America Philanthropic Solutions

Bank of America Private Bank

Bob and Anna Lou Schaberg Foundation

Bon Secours Community Health

Charlottesville Area Community Foundation

Community Foundation for a greater Richmond

Community Foundation for Loudon and Northern Fauquier Counties

Community Foundation for Northern Virginia

Community Foundation of the Central Blue Ridge

Culpeper Wellness Foundation

Dominion Energy

Jenkins Foundation

PATH Foundation

Potomac Health Foundation

Richmond Memorial Health Foundation

Sentara

Sheltering Arms Foundation

TCV Trust and Wealth Management

The Community Foundation of the New River Valley

The Morris and Gwendolyn Cafritz Foundation

Virginia Health Care Foundation

Williamsburg Health Foundation

Williamsburg Community Foundation

Wythe Bland Foundation

VIRGINIA FUNDERS NETWORK

vafunders.org