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Greater Richmond Age Wave

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The Greater Richmond Age Wave (GRAW)

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Abstract:

Older adults represent the fastest growing segment of the U.S. population. According to the U.S. Census (2014), adults ages 65 and older are projected to make up approximately 83.7 million people by 2050, which is almost double from 2012, 43.1 million. The Greater Richmond Age Wave (GRAW), evaluates the communities in Richmond, Powhatan, New Kent, Henrico, Hanover, Goochland, Chesterfield, and Charles City, Virginia, (Greater Richmond Age Wave, 2013). Due to the dramatic shift within the communities, know as the Age Wave, the objective is to make sure each community is engaged, livable, stable, and well. The benefits of *GRAW* include: an increase in quality of life as they look at the engagement, livability, wellness, and stability. This helps individuals to live engaging, long, and full lives. The *GRAW* works closely with companies and stakeholders to create volunteerism, caregiving, employment, physical activity, engagement, and happiness. The *Age Wave Plan* ensures that the Greater Richmond area is ready to face the challenges and obstacles presented by the aging population.

Background:

Specific needs that are directly influenced by the program include:

- Housing
- Transportation and mobility
- Workplace
- Financial stability
- Caregiving
- Chronic disease

Through a vision and framework that is supported by communities that are:

- Engaged
- Livable
- Stable
- Well

Planning Process Rational:

Due to the influx of aging adults, communities have to utilize resources to manage the changes. The *GRAW* is meant to help alleviate, and improve qualities of lives and communities. The program utilizes local information, current data, and examined health risk to create an implementation program that can be implemented. Health risk include heart disease, cancer, stroke, diabetes, isolation, accidental falls, and depression. Supporting programs, resources, and events are within the plan of *GRAW* to make a change.

Mission Statement: “The mission of *GRAW* is to foster meaningful dialogue, build deeper community commitment and engage broader stakeholders in our planning efforts by assembling a corps of devoted people who are committed to collaborating and discovering new solutions to shape our region into one that is *Engaged, Livable, Stable, and Well* across the lifespan”

Goal: Four goal areas – Engaged, Well, Livable, and Stable Communities

Objective: Engaged: Increase knowledge of lifelong learning and civic engagement opportunities. Well: Increase the number of older adults participating in prevention, wellness, and chronic disease management. Livable: Increase opportunities for affordable housing and home modifications services for older adults. Stable: Encourage businesses to retain and invest in older adult workers.

(Greater Richmond Age Wave. (2013). The greater richmond regional plan for age wave readiness. Retrieved on February 9, 2018 from http://www.agewellva.com/uploads/3/7/2/7/37276939/age_wave_plan_edited_2013.pdf

United States Census Bureau. (2014). An aging nation: the older population in the united states. Retrieved on January 31, 2018 from <https://www.census.gov/prod/2014pubs/p25-1140.pdf>

Materials/ Procedure:

Participants: Adults aged 65 years and older

Program plan: The program is designed to fit the PRECEDE-PROCEED and the Theory of Planned Behavior Model to determine the overall community and quality of life. The theories will indicate information regarding inactivity. Past history, current and previous social factors, accessibility, and knowledge are examined to determine behavior and starting point of the program.

Resource List: Partnerships, coalitions, and stakeholders help strength the program.

Examples: Kroger, YMCA, business owners, and Senior Connections.

Data Collection: Written or oral test, questionnaires, telephone interviews, observations, and self-reported evaluation

Data Analysis: Obtaining a group to determine the results using descriptive statistics. They will take the data reported from the instrument and combine the results together in a chart.

Assessment Tool:

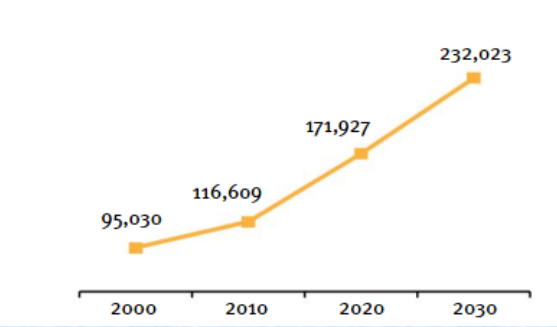
| | | | | | |
|--|----------------------------------|-------------------------------------|----------------------|---------------------------|----------------|
| 1. What county do you live in? | | | | | |
| 2. Ethnicity origin (or Race): Please circle your ethnicity. | | | | | |
| White | Hispanic or Latino | Black or African American | | | |
| Native American or American Indian | | Asian / Pacific Islander | | Other | |
| 3. What is the highest degree or level of school you have completed? Circle one. | | | | | |
| High school graduate, diploma or the equivalent | | Trade/technical/vocational training | | | |
| Some high school, no diploma | Some college credit, no degree | Associate degree | | Doctorate degree | |
| Bachelor's degree | Master degree | Professional degree | | | |
| 4. Are you currently...? | | | | | |
| Self-employed | Out of work and looking for work | Student | Military | Retired | Unable to work |
| Out of work but not currently looking for work | | | | | |
| 5. Please write your age | | | | | |
| 6. What kind of opportunities do you think should be created to educate the public about needs of older adults? | | | | | |
| 7. What types of resources do you think the aging population needs? | | | | | |
| 8. On a scale of 1-5, with 1 being “not valuable at all” and 5 being “very valuable”, how valuable would knowing more about the aging population be? | | | | | |
| 5- Very valuable | 4 – Valuable | 3- In-different | 2- Somewhat valuable | 1- Not valuable at all | |
| 9. What type of programs would be most valuable for your specific community? | | | | | |
| 10. On a scale of 1-5, with 1 being “strongly disagree” and 5 being “strongly agree”, do you agree that once an individual hits 70 years of age, they lack the ability to do anything anymore? | | | | | |
| 5- Strongly agree | 4- Agree | 3- Undecided | 2- Disagree | 1- Strongly disagree | |
| 11. What resources are you aware of that are currently provided for the elderly to seek help? | | | | | |
| 12. What immediate actions could/can you take to help better your community for the aging population? | | | | | |
| 13. On a scale of 1-5, with 1 being “not recommend it” and 5 being “highly recommend it”, how likely are you to recommend an individual to become/stay physically active? | | | | | |
| 5- Highly recommend it | 4- Probably recommend it | 3 – Sometimes ill recommend it | | 2- Probably not recommend | |
| 1- Not recommend it | | | | | |
| 14. On a scale of 1-5, with 1 being “very poor” and 5 being “excellent”, how would you rate the quality of your community? | | | | | |
| 5- Excellent | 4- Good | 3- Acceptable | 2- Poor | 1- Very poor | |
| 15. On a scale of 1-5, with 1 being “not at all” and 5 being “all the time”, how often do you see partnering organizations help the community out? | | | | | |
| 5- All the time | 4- Often | 3- Sometimes | 2- Seldom | 1- Not at all | |
| 16. Are you retired? | | | | | |
| YES | | NO | | | |

Results:

Anticipated results: Anticipated results includes participants being able to show increased levels in their overall quality of life. They will be able to rate their engagement, wellness, livability, and stability higher on the evaluation report. They will have increased mood levels, increase health screenings from physical activity, better means of transportation, additional caregivers, and more volunteering opportunities. The individuals will have gained knowledge involving local organizations and supportive networks who are willing to help.

How data will be analyzed to determine results: A comparison of results from predictions and past/similar studies will be created. A representation from stakeholders, evaluators, staff, volunteers, and priority population will be involved. They will determine if 1) Engaged, Well, Livable, and Stable objectives were achieved 2) success was accomplished within those areas 3) compare results between objectives 4) review data from outside perspective and 5) compare results to goals and objectives to see if they were met .

Projected Growth in 65+ Population
source: 2000 and 2010 Census, Virginia Employment Commission Estimates



Discussion

Evaluation: The program will be evaluated by creating purposeful physical activity classes. They will create more volunteer opportunities for the adults, creating a social aspect, as well as community building. More home visits will be implemented for those who said they’re lonely. Increasing means of transportation, so individuals are able to get out. Overall, the program wants to create more mobility with their participants, increase their wellness knowledge through cooking demos, and engage landscaping businesses to create beautiful neighborhoods.

Considerations: Recruiting approaches, program challenges, theories/models for health promotion, multicultural strategies, and partnership will all be considered.

Take away: Future research will be implemented to further understand the trend in age increasing, understand how to create a high quality of life, and what can be done in advance to alleviate potential health barriers for the future. It is important to take care of your body, health, and mental state so when you’re 65 or older, you can live a function and purposeful life. It has been shown here that activity, social interaction, wellness, and stability are important factors to consider when aging.