



The Aging-in-Place Workbook

HOME HEALTH SUPPORT CONNECTION

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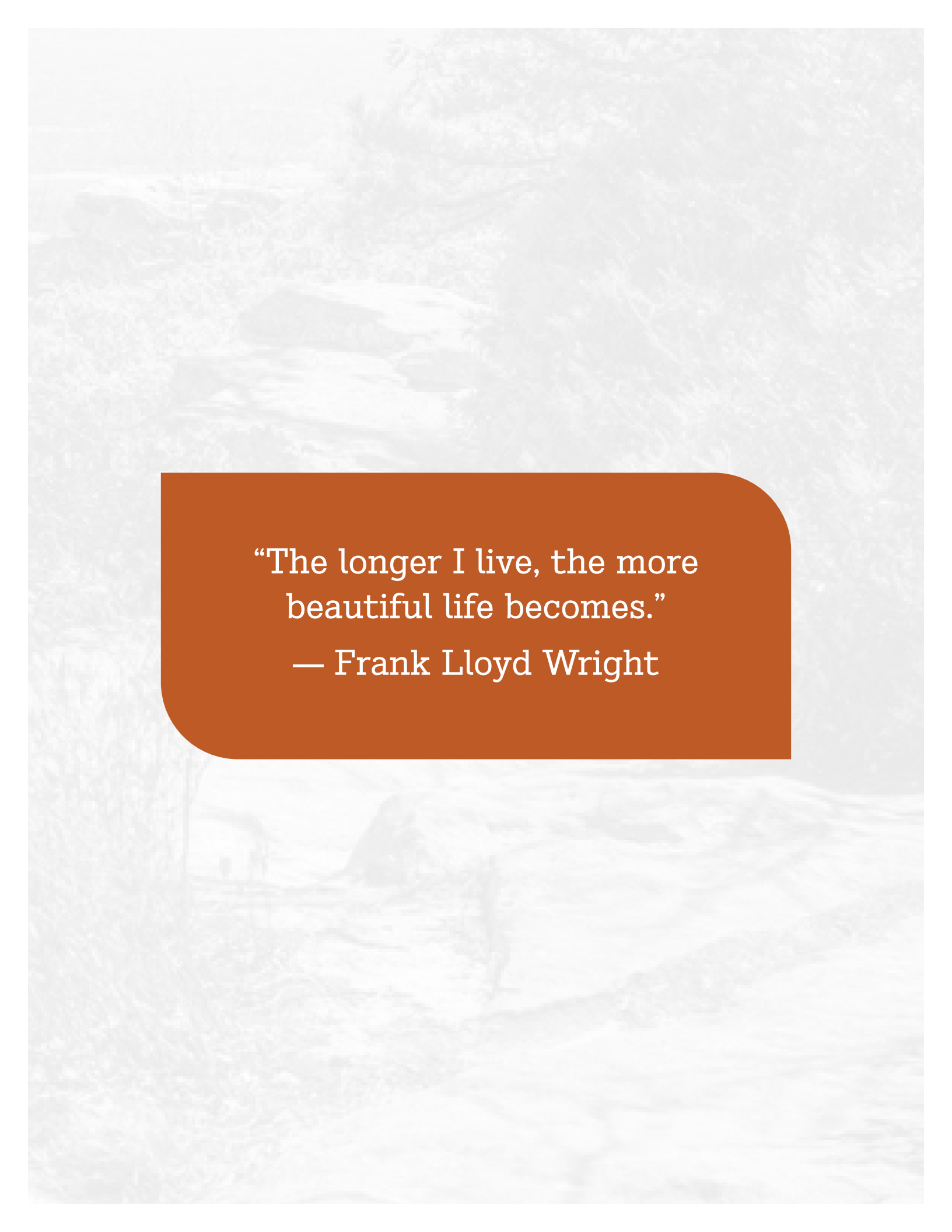
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“The longer I live, the more
beautiful life becomes.”
— Frank Lloyd Wright



Keeping You Independent, Active, & Engaged



Our Mission

To provide seniors and their caregivers with access to programs and services so they may live their lives with choice and dignity in their communities.



Our Vision

We envision a community that empowers, respects, and values seniors and their caregivers.



Our Values

Act with courage. Create trust. Exhibit respect. Deliver results.

Senior Services of Southeastern Virginia, a 501(c)3 nonprofit organization, was founded in 1972 and serves Chesapeake, Norfolk, Portsmouth, Suffolk, Virginia Beach, Franklin, and the counties of Isle of Wight and Southampton.

INTRODUCTION

Aging in place means having the ability to live safely, independently, and comfortably in the home and community of your choice as you grow older, even as your needs change.

Growing older is not just about trying to hold on to the life you have. It is another phase of life, with opportunities for new experiences, relationships, interests, and possibilities. Planning ahead helps you enter that phase with more choices and greater confidence about what comes next.

This workbook provides practical steps to empower you to live independently well into your aging journey. You'll find useful information, simple checklists, and planning prompts.

Aging, like all of life, is unpredictable. Even the best-laid plans often need adjustments along the way. However, a lack of planning and preparedness can sabotage someone's sincere wish to remain independent as long as possible.

At Senior Services, this wish is our mission. We provide programs and services that allow seniors to age with choice, dignity, and independence. This book contains the wisdom and practical advice gained over 50+ years of experience caring for older adults as they age in place.

As you read, you'll find short exercises to help you build your plan. If you complete them as you go, you'll already have an aging blueprint underway by the time you finish this book. Remember, there is no perfect plan, but any plan is better than none. Let's get yours started!

Mindset Matters: Aging in Place Is More Than a Plan

For many people, aging in place sounds straightforward: stay in my home as long as possible. But in real life, aging in place is not just a housing decision; it's a day-to-day experience. It's how you move through your home, manage your health, maintain your routines, and stay connected to other people.

Planning ahead matters because most disruptions don't arrive with any warning. A minor fall, a short hospitalization, a home maintenance emergency, or a sudden change in driving ability can create a chain reaction. Having a plan doesn't mean you're expecting the worst; it means you're protecting your independence.

One lesson we have learned from half a century of helping seniors stay independent is this: the seniors who thrive at home are rarely the ones who do it all themselves. They are the ones who build reliable relationships and support systems before a crisis occurs. A significant portion of this workbook is dedicated to identifying and building the support systems that will ensure your success living independently.

Exercise

When you think about aging in place, what concerns you most right now?

What do you feel confident about, and what feels uncertain?

The Four Pillars of Aging in Place

Most successful aging-in-place stories share the same foundation, made from these four pillars. If one pillar weakens, independence becomes less stable. If you strengthen all four, you give yourself many options to thrive.

PILLAR 1: HOME

Home is about comfort, safety, access, and maintenance. A well-designed home supports you every day. It reduces fall risk, makes daily tasks easier, and provides a safe haven.

PILLAR 2: HEALTH

Health includes medical care, of course, but it also includes routines: nutrition, movement, sleep, medication organization, and preventive habits. The goal is not to avoid all health issues (no one can), but to stay resilient and recover well when issues arise.

PILLAR 3: SUPPORT

Support means regular help that shows up. It is the subset of your network that will dependably help you in practical ways. It includes informal support (friends, family, neighbors, and church) and formal support (professional services and community programs). Support is what protects independence when life changes.

PILLAR 4: CONNECTION

The power of connection is often underestimated. Relationships shape motivation, mood, brain health, and even the practical side of independence (like having someone who notices if you don't show up). Data now supports the incredible impact of social connection on both mental and physical health.

Exercise

Rank the pillars in your life from strongest (4) to weakest (1):

_____ Home

_____ Health

_____ Support

_____ Connection

Which pillar sounds the hardest to build?

Which pillar is the easiest for you?

The next chapters are each dedicated to a pillar. We'll walk through how you can assess the strength of each area, and what to do to make it stronger.



HOME: SMALL CHANGES THAT MAKE A BIG DIFFERENCE

The First Big Decision: Stay or Move?

When people think about aging in place, they often begin by thinking about changes to their current home: adding grab bars, improving lighting, or perhaps remodeling a bathroom. But a bigger question should come first: Is this the home where you want to grow older?

For some people, the answer is an enthusiastic yes. Your home may be filled with memories, close to friends and family, located in a neighborhood you love, and financially comfortable to maintain. With a few changes, it may serve you well for decades.

For others, the better choice may be to move. A large house can become more work than pleasure. Stairs that barely register today may be inconvenient later. A sprawling yard, aging roof, or ongoing maintenance can consume time and money you would rather spend elsewhere. You may also realize that the home you chose for an earlier stage of life no longer puts you close to the people, activities, health care, shopping, or transportation you value most.

Downsizing does not necessarily mean giving something up. Done intentionally, it can mean trading space you no longer need for greater freedom, convenience, connection, and flexibility. The important thing is to make that decision while you have the time and ability to choose what you want rather than waiting until a life event decides for you.

AFFORDABILITY CHECK: CAN I COMFORTABLY STAY IN MY CURRENT HOME?

Choose the checklist that applies to you. Check each statement that you can confidently say is true today.

If You Own Your Home

- ☐ I know approximately how much I spend each month on housing, including my mortgage, property taxes, homeowners insurance, utilities, association fees, and routine maintenance.
- ☐ My current housing expenses fit comfortably within my retirement income and budget.
- ☐ I could manage increases in property taxes, homeowners insurance, utilities, or association fees without creating significant financial strain.
- ☐ I have money available for major home repairs or replacements, such as a roof, HVAC system, plumbing, appliances, or other unexpected expenses.
- ☐ If I could no longer handle yard work, cleaning, minor repairs, or other household tasks myself, I could afford to hire someone to do them.
- ☐ I could afford necessary modifications to make my home safer and easier to live in, such as bathroom improvements, handrails, improved lighting, or accessibility changes.
- ☐ If my medical, prescription, or health insurance expenses increased significantly, I could continue paying my housing expenses comfortably.

- ☐ Remaining in my home would still leave enough room in my budget for the things that are important to my quality of life, such as travel, hobbies, dining out, entertainment, charitable giving, and time with family and friends.
- ☐ I believe my income, savings, and other financial resources could support the total cost of living in this home for the next 10–20 years.

Take a closer look at the boxes you did not check. You may need to do a deeper dive to research costs. The unchecked boxes could be the areas that will make remaining in your current home more difficult over time.

If You Rent Your Home

- ☐ I know approximately how much I spend each month on housing, including rent, renters insurance, utilities, parking, pet fees, and other regular housing expenses.
- ☐ My current housing expenses fit comfortably within my retirement income and budget.
- ☐ I could manage reasonable increases in rent, utilities, and other fees without creating significant financial strain.
- ☐ I have considered what I would do if my rent increased beyond what I could comfortably afford.
- ☐ I could afford to move to another suitable rental if I had to move out of my current home for reasons out of my control.
- ☐ I understand what safety and accessibility modifications I can make to my rental and how I would request changes from my landlord or property manager.
- ☐ If my medical, prescription, or health insurance expenses increased significantly, I could continue paying my housing expenses comfortably.
- ☐ My housing expenses leave enough room in my budget for the things that are important to my quality of life, such as travel, hobbies, dining out, entertainment, charitable giving, and time with family and friends.
- ☐ I believe my income, savings, and other financial resources could support the likely cost of renting for the next 10–20 years.

Take a closer look at the boxes you did not check. In particular, think about how increases in rent and other living expenses could affect your ability to remain comfortably in your current home.

What Do Your Answers Tell You?

A high number of checked boxes suggests that your current home may be financially sustainable for the long term. A lower number does not automatically mean you should move. More importantly, look at which boxes you left unchecked. One significant concern—such as having little room in your budget for rising health care costs—may matter more than several smaller ones.

Use your unchecked boxes as a starting point for further planning. What would need to change for you to confidently check them? You may need more information, a larger

emergency fund, a conversation with a financial professional, or simply a better understanding of what your future housing expenses could be.

The bottom line question is, “Can I continue to afford to live here comfortably while still having the resources and flexibility to live the life I want?”

STAY OR MOVE? A Self-Assessment

Now that you’ve considered affordability—probably the biggest factor in housing—let’s look at the compatibility of your current home with your long-term future.

Consider each statement and check the box if you agree.

My Home

- ☐ I can enter and leave my home easily without climbing multiple steps.
- ☐ I could live primarily on one floor if stairs became difficult.
- ☐ My bedroom, a full bathroom, kitchen, and laundry are—or could be—accessible to me without stairs.
- ☐ My bathroom could be modified to make bathing and toileting safer.
- ☐ The home is a manageable size for me to clean and maintain.
- ☐ I am willing and financially able to make larger modifications if I need them later.

My Community

- ☐ I have friends, family, or neighbors nearby whom I can call when I need help.
- ☐ I can easily get to medical appointments, shopping, recreation, and other places I regularly go.
- ☐ If I stopped driving, I would have realistic transportation options.
- ☐ There are opportunities nearby for me to socialize, volunteer, exercise, worship, learn, or participate in activities that matter to me.
- ☐ I feel safe and comfortable in my neighborhood.

My Lifestyle

- ☐ I genuinely enjoy living here—not simply because moving feels overwhelming.
- ☐ Most of the space in my home is useful to me.
- ☐ Home and yard maintenance do not prevent me from doing other things I enjoy.
- ☐ I can envision myself being happy here if my mobility or health changes.
- ☐ The people who may help me in the future can reasonably reach me.

Look at your responses as a whole. If you checked most of the statements, staying may be a very workable long-term choice. If several important statements remain unchecked—particularly those involving stairs, transportation, maintenance, isolation, or access to help—it may be worth exploring other housing options now. Exploring does not commit you to moving. It simply gives you more information and more choices.

If You Decide to Move, What Are You Moving To?

If you decide that your current home may not be the best fit for your future, the next question is not simply, “Where should I move?” A better question is, “What do I want my next home to make easier?”



Ways to Make Your Home More Affordable

Before deciding you need to move, explore ways to reduce the cost of staying:

- 1) **Check your benefits.** Visit [BenefitsCheckUp.org](https://www.benefitscheckup.org) to find programs that may help with health care, prescriptions, utilities, food, and other expenses.
- 2) **Explore property tax relief.** Many Virginia localities offer tax relief or deferral programs for qualifying homeowners age 65+.
- 3) **Review your mortgage.** Find out whether refinancing could lower your costs. Be sure to consider fees and the total long-term cost.
- 4) **Consider renting a room.** A compatible housemate can provide additional income and potentially companionship. Consider safety, insurance, tax, and legal implications first.
- 5) **Cut energy costs.** Energy-efficient appliances, lighting, insulation, and heating and cooling systems can reduce monthly utility bills.
- 6) **Review recurring expenses.** Shop around for insurance, internet, phone, lawn care, and other services you pay for regularly.

A good place to start: Identify your three largest household expenses and ask, “Is there a way to reduce each one?”

You may want a smaller single-family home with less maintenance. A condominium or apartment may appeal to you because someone else handles exterior upkeep. A 55+ community offers built-in opportunities for recreation and social connection. An independent living community may provide meals, transportation, activities, and other conveniences while allowing you to remain independent. Some people prefer a continuing care or life plan community that offers multiple levels of care on the same campus should their needs change.

Before you begin looking at properties or communities, decide what matters most to you. It is easy to be won over by a beautiful kitchen, water view, clubhouse, or model apartment and overlook the things that will affect your everyday life.

What Do I Want in My Next Home?

As you think about your next home, consider each feature below and decide whether it is a Must Have, Would Be Nice, or Not Important to you. There are no right answers. The goal is to identify your priorities before you begin looking at homes or communities.

THE HOME

Feature	Must Have	Would Be Nice	Not That Important
Single-level living	☐	☐	☐
No-step entrance or elevator access	☐	☐	☐
Wide hallways and doorways	☐	☐	☐
Little or no yard maintenance	☐	☐	☐
Smaller overall square footage	☐	☐	☐
Guest bedroom or space for visiting family	☐	☐	☐
Home office or hobby space	☐	☐	☐
Pet-friendly	☐	☐	☐
Garage	☐	☐	☐
Outdoor living space	☐	☐	☐

LOCATION AND LIFESTYLE

Feature	Must Have	Would Be Nice	Not That Important
Close to family or friends	☐	☐	☐
Close to doctors and health care	☐	☐	☐

Feature	Must Have	Would Be Nice	Not That Important
Walkable to shopping, restaurants, or activities	☐	☐	☐
Transportation available if I stop driving	☐	☐	☐
Opportunities to meet people and socialize	☐	☐	☐
Fitness or recreation amenities	☐	☐	☐
Nearby cultural, educational, faith, or volunteer opportunities	☐	☐	☐
Ability to travel easily and leave the home unattended	☐	☐	☐

SUPPORT

Feature	Must Have	Would Be Nice	Not That Important
Home maintenance is handled for me	☐	☐	☐
Meals are available if I want or need them	☐	☐	☐
Transportation services are available	☐	☐	☐
Help with household tasks can be arranged	☐	☐	☐
Personal care or health support is available on-site or nearby	☐	☐	☐
I could remain in the same community if my care needs increase	☐	☐	☐

Look at Your Must-Haves

Look closely at the items you marked Must Have. Those are your criteria—not the preferences of your children, friends, real estate agent, or anyone else. Take this list with you when you tour homes and communities, and use it to keep your priorities in focus.

Also look for patterns. If most of your must-haves involve freedom from maintenance, built-in social opportunities, transportation, meals, and access to future care, a senior living or continuing care community may deserve a closer look. If your priorities are primarily single-level living, a smaller footprint, and less maintenance while retaining privacy and autonomy, a condominium, townhouse, apartment, or smaller single-family home may be a better fit.

And remember to think beyond today. Your next home does not need to anticipate every possible future need, but it should give you more options rather than fewer.

If You Stay: Make Your Home Work for Your Future

If you decide that your current home is where you want to be, the next step is to look at it with fresh eyes. Instead of asking, “Does my home work for me now?” ask, “Will this home still work for me if my needs change?”

Most homes were not designed for aging. But don’t worry—that doesn’t mean you have to do a full remodel. Making smart updates will reduce risk and increase ease. The key is to act before the home becomes a barrier.

It helps to distinguish between an “accessible” home and a “livable” home. Accessible means you can get in and around. Livable means daily life is easier: you can carry laundry safely, get into the shower without worry, and reach what you need without strain.

ACTION LIST: Ten small home changes that support independence

1. Add motion-sensor night lights in hallways and bathrooms.
2. Install brighter lighting in stairways and entry points.
3. Install grab bars in the shower and near the toilet. Because a grab bar must support a person’s weight when it is needed, proper placement and secure installation are essential. Unless you have the appropriate experience, have grab bars installed by a qualified professional who can make sure they are securely anchored to the wall structure—not simply attached to drywall or tile.
4. Remove throw rugs or secure them with double-sided tape; use non-slip mats on slippery floors.
5. Add a second handrail on stairs, if possible.
6. Switch doorknobs to lever-style handles on frequently used doors.
7. Keep frequently used items between shoulder and knee height.
8. Create a “landing zone” near the entrance for keys, mail, and packages.
9. Program emergency contacts into your phone and post a list on the fridge.
10. Review smoke/CO detectors and consider a monitored alert option if appropriate.

ACTION STEPS

Choose the easiest item and do it this month. Then pick the next one. Try to accomplish every conversion within a year. Even if you don't need the modification now, remember that you're planning for your future self. These changes are easier to make when you're still feeling as though you don't need them.



Falls: A Home-Safety Issue Worth Taking Seriously

Falls are the leading cause of injury and injury-related death among Americans age 65 and older, according to the Centers for Disease Control and Prevention. More than one in four adults age 65 and older falls each year.

And home deserves particular attention. The National Institute on Aging notes that many falls happen at home, where familiar surroundings can make us less conscious of hazards. Loose rugs, poor lighting, cluttered pathways, stairs without secure handrails, and slippery bathroom surfaces can all increase risk.

A fall is not an inevitable part of getting older. Many falls can be prevented, and relatively simple home modifications—better lighting, secure handrails, grab bars, nonslip surfaces, and clear walking paths—can help make your home safer. The best time to reduce a fall risk is before the first fall.

“But I Don’t Want it to Look Like an Old Person Lives Here!”

There can be a surprising emotional hurdle to making these changes. Installing a grab bar or replacing a traditional shower can feel like admitting that you are getting older before you actually feel old. You may look at a home modification and think, “I don’t need that yet.”

That is precisely why now can be the best time to do it.

Think about these changes as future-proofing your home, not “seniorizing” it. Many of the features that make a home easier to live in as we age are simply examples of good design. Better lighting is useful at every age. Lever handles are convenient when your hands are full. A curb-less shower can look sleek and contemporary. Well-designed handrails and grab bars can blend naturally into an attractive bathroom.

You do not have to turn your home into something that looks institutional. Today’s aging-friendly products include stylish fixtures, attractive flooring, discreet lighting, and design choices that can make a home safer without announcing why.

The goal is not to make your home reflect your age. The goal is to make sure your home continues to support the life you want to live.



Senior Services hosts Fall Prevention classes at senior centers throughout our service area. Even if you aren't enrolled at a senior center, you can find fall prevention exercises online at our website: ssseva.org/programs/at-home-exercise/.



HEALTH: PROTECTING THE INDEPENDENCE YOU HAVE

Good health is one of the foundations of aging in place, but being healthy does not mean never getting sick or never needing help. It means doing what you can to maintain your strength and mobility, managing health conditions before they become crises, understanding how to access care when you need it, and making plans for the possibility that your needs may change.

Some of that work happens in a doctor's office. Much of it does not. The choices you make about physical activity, food, sleep, preventive care, and where you receive support can have an enormous impact on your ability to remain independent.

Just as importantly, staying in control of your health means understanding your health coverage. A little planning now can make a difficult situation much easier for both you and the people you love.

Understanding Your Medicare

Medicare can be confusing even for people who have had it for years. One of the most important things to understand is that Medicare and Medicare Advantage are not two completely different health insurance programs. They are two different ways of receiving your Medicare benefits.

ORIGINAL MEDICARE VS. MEDICARE ADVANTAGE

Original Medicare	Medicare Advantage (Part C)	
Who provides the coverage?	The federal Medicare program	A Medicare-approved private insurance company
What does it include?	Part A (hospital) and Part B (medical)	Part A and Part B bundled into one plan—often with Prescription coverage included
Doctors and hospitals	See any doctor or hospital in the U.S. that accepts Medicare	You may need to use providers in the plan's network for non-emergency care

Original Medicare	Medicare Advantage (Part C)	
Specialists	Usually no referral needed	Some plans may require referrals
Prescription drugs	Part D can be purchased separately	Most plans include Part D prescription coverage
Extra benefits	Generally does not cover routine dental, vision, or hearing services	Plans may include additional benefits such as dental, vision, or hearing
Prior authorization	Generally not required for covered services	May be required for some services or supplies
Out-of-pocket limit	No annual limit unless you have supplemental (Medigap) coverage	Plans have an annual out-of-pocket limit for covered Medicare services
Medigap coverage	You may purchase a Medigap policy to help with certain out-of-pocket costs	Medigap cannot be used with Medicare Advantage
Travel within the U.S.	Greater flexibility because you can use providers nationwide who accept Medicare	Non-emergency coverage may be limited to the plan's network and service area
Monthly costs	Part B premium, plus possible Part D and Medigap premiums (some beneficiaries may pay a cost for Part A)	Part B premium plus any Medicare Advantage plan premium; some plans have a \$0 additional premium (some beneficiaries may pay a cost for Part A)
May appeal to someone who...	Values broad provider choice, travels frequently within the U.S., or wants the option to add Medigap	Prefers bundled coverage, an annual out-of-pocket limit, or additional benefits offered by a particular plan

The Bottom Line

Neither option is automatically better. Your best choice depends on your doctors, medications, health needs, budget, travel habits, and how much flexibility you want when choosing providers. Medicare Advantage plans also differ from one another, so compare the specific plans available where you live—not just “Medicare Advantage” in general.

Review your coverage every year. Plans, costs, drug formularies, provider networks, and your own health needs can change.

Medicare Check-Up

Your health needs can change, and your plans can change, too. Don't assume that the Medicare coverage you selected several years ago is still your best option.

Once a year, ask yourself:

- Are all of my preferred doctors and specialists still covered or in-network?
- Are my prescriptions covered at a cost I can comfortably afford?
- Do I understand my deductibles, copays, coinsurance, and maximum out-of-pocket exposure?
- If I travel frequently or spend part of the year outside Virginia, does my coverage work where I go?
- Have my health needs changed enough that I should compare my current coverage with other options?

Need help with Medicare? Senior Services' Certified Benefits Counselors can assist you in reviewing your options and screen you for any programs you may be eligible for to help pay for health care costs. Our counselors can also assist with enrollments and help resolve claim or billing issues. Our services are one-on-one and unbiased—we do not sell insurance. There is no charge for a counseling session. Call 757-461-9481.



Understanding your insurance is important, but insurance is only one part of protecting your health. Some of the most powerful tools for preserving independence are things you can do every day.

Keep Moving

Physical fitness in your 60s, 70s, and beyond is less about how you look and more about maintaining the physical ability to live the way you want.

Think about what independence actually requires: getting out of a chair, climbing steps, carrying groceries, getting up from the floor, lifting a suitcase, maintaining your balance on an uneven sidewalk, and having the endurance to enjoy a day with family or friends. Those everyday activities depend on strength, balance, flexibility, and cardiovascular fitness.

For adults age 65 and older, the Centers for Disease Control and Prevention recommends at least 150 minutes of moderate-intensity aerobic activity each week, such as brisk walking or gardening. Seniors should aim for at least two days a week of muscle-strengthening activity

and exercises that improve balance. If health conditions or physical limitations make those goals difficult, remember that some activity is better than none.

Strength training becomes especially important as we age because maintaining muscle helps preserve the ability to perform everyday tasks. Balance exercises can help reduce fall risk. Activities such as tai chi, yoga, gardening, swimming, water aerobics, resistance exercises, dancing, and recreational sports are all great options.

You don't need a gym membership or a complicated exercise routine. You need movement that you enjoy enough to continue doing.



3 Simple Exercises to Improve Your Balance

Try these simple exercises at home.

1) Stand on One Foot

Stand behind a sturdy chair or next to a counter. Hold on for support as needed. Lift one foot slightly off the floor and hold the position for several seconds. Switch legs. As your balance improves, gradually increase the amount of time you hold the position.

2) Walk Heel-to-Toe

Place the heel of one foot directly in front of the toes of the other, as though you are walking on a straight line. Take several slow steps forward. Do this beside a wall or counter so you can steady yourself if necessary.

3) Sit to Stand

Sit toward the front of a sturdy chair with your feet flat on the floor. Stand up slowly, then lower yourself back into the chair with control. Use your hands for support if needed. As you become stronger, try standing without using your hands.

Safety first: Have a sturdy chair, counter, or wall within reach and move slowly. If you regularly feel dizzy, unsteady, or have fallen, talk with your health care provider or physical therapist before beginning balance exercises.

Eat to Maintain Strength and Health

Our relationship with food may evolve as we age. Appetite can change, medications can affect taste or hunger, and cooking for just one or two people can make meal preparation feel like a hassle. At the same time, good nutrition becomes increasingly important for maintaining muscle, bone health, energy, and overall health.

The National Institute on Aging recommends eating a variety of foods from the major food groups and limiting added sugars, saturated fats, and sodium. Protein is particularly important for maintaining muscle as we age. It comes from foods including seafood, dairy or fortified soy products, beans, peas, lentils, eggs, poultry, and lean meats.

Don't wait until you're thirsty to drink. Make fluids part of your routine throughout the day. Water is a great choice, but milk, juice, soups, and other beverages also contribute to hydration, as do water-rich foods such as fruits and vegetables. Your individual needs may be higher with exercise or hot weather. If your doctor has told you to limit fluids because of a heart, kidney, or other medical condition, follow that guidance instead.

Healthy eating also has to be practical. If shopping, cooking, or cleaning up has become a barrier, look for alternatives and support. Grocery delivery, meal preparation services, community meals, or home-delivered meals make it easier to maintain good nutrition.

Senior Services offers home-delivered meals and a community-based group meal program to those who qualify. These programs come with personalized nutrition counseling and opportunities for social connection. To find out more about enrolling, call 757-461-9481.



Are You Getting Enough Protein?

Protein becomes especially important as we age because it helps maintain muscle mass, strength, and the ability to perform everyday activities. While the standard adult Recommended Dietary Allowance (RDA) is 0.8 grams of protein per kilogram of body weight per day, several expert groups recommend that healthy adults over 65 aim somewhat higher—about 1.0 to 1.2 grams per kilogram of body weight per day—to help preserve muscle and function.

If You Weigh...	Aim for About...
120 lbs.	55–65 grams/day
140 lbs.	64–76 grams/day
160 lbs.	73–87 grams/day
180 lbs.	82–98 grams/day
200 lbs.	91–109 grams/day

People who are ill, recovering from an injury or surgery, or at risk for malnutrition may need more protein. Expert guidance suggests approximately 1.2–1.5 grams per kilogram per day in some older adults with acute or chronic illness.

Talk with your health care provider or a registered dietitian about the amount that is right for you, particularly if you have kidney disease or another medical condition that may affect your protein needs.



Senior Services' registered dietitian writes a blog with nutrition tips and healthful, delicious recipes each month. Find the blog here: ssseva.org/healthy-eating/

Don't Treat Sleep as a Luxury

Sleep sometimes gets dismissed as something that simply becomes more difficult with age. While sleep patterns can change, routinely sleeping poorly should not automatically be accepted as a normal part of getting older.

Older adults generally need about seven to nine hours of sleep each night, according to the National Institute on Aging. Good sleep supports physical and mental health and your ability to function during the day.

A consistent sleep schedule can help. So can regular daytime exercise, a comfortable and quiet bedroom, and avoiding caffeine, alcohol, large meals, and excessive screen use close to bedtime. Late-afternoon and evening naps can make nighttime sleep more difficult.

If you regularly have trouble falling asleep or staying asleep, feel exhausted despite spending enough time in bed, or have symptoms that could suggest a sleep disorder, talk with your health care provider. Sleep apnea, medication side effects, pain, and other medical issues may interfere with sleep and be treatable.

Fitness, nutrition, and sleep help preserve the health you have. But even people who take excellent care of themselves may eventually need additional help. Planning for that possibility is another part of protecting your independence.

When You Need More Help: In-Home or Community-Based Care?

When your needs progress, either temporarily or permanently, a wide range of services can be brought into the home. That might include skilled nursing, physical or occupational therapy, help after surgery, personal care, housekeeping, meal delivery, or companionship.

It is important, however, to understand the difference between home health care and personal or custodial care, because the distinction affects who pays.

Medicare may cover certain medically necessary home health services for people who meet its eligibility requirements. Covered services can include intermittent skilled nursing, physical therapy, occupational therapy, speech-language pathology, and—in certain circumstances—part-time home health aide services.

Medicare does not generally pay for ongoing personal care such as bathing and dressing when that is the only care you need, nor does it pay for round-the-clock care at home, routine homemaker services, or home-delivered meals.

Community-based care can supplement what happens at home. Adult day programs, senior centers, transportation programs, community meals, wellness programs, rehabilitation services, and other community resources can provide support that makes it possible for a senior to thrive at home.

For many people, the best answer is a combination of in-home and community-based care. You might have someone come to your home to help with certain tasks while also using community transportation, attending an exercise program, or participating in activities outside the home.

When deciding what kind of help you need, start with the problem rather than the service: What has become difficult for me to do safely or consistently? Once you identify the need, you can determine whether family, friends, paid providers, community organizations, health care providers, or some combination can fill the gap.

Long-Term Care: What Medicare Doesn't Cover

One of the most common and potentially costly misunderstandings about Medicare is assuming that it will pay for long-term care. In general, Medicare does not pay for long-term custodial care—the ongoing help someone may need with activities such as bathing, dressing, eating, or using the bathroom.

Long-term care can be provided in your home, in the community, in assisted living, or in a nursing home. Depending on your circumstances, it may be paid for through personal income and savings, long-term care insurance, or Medicaid for people who meet eligibility requirements.

Don't wait until you need care to ask how you would pay for it. Consider discussing long-term care costs and options with your financial advisor or another qualified professional while you still have time to plan.

Advance Care Planning: Make Your Wishes Known

There is another kind of health planning that has nothing to do with exercise, diet, or insurance. It is deciding who should speak for you and what you would want if illness or injury left you unable to speak for yourself.

Advance care planning can feel uncomfortable because it asks you to imagine situations you would rather not face. But these conversations can actually provide reassurance. They allow you to make your preferences known while you are able to communicate them clearly—and they can spare your family from having to guess during an emotional medical crisis.

Three documents are particularly important to understand. Because these have different legal purposes, don't assume that having one means you have covered everything.

Advance Directive

An Advance Directive records your wishes regarding health care if you later become unable to make an informed decision for yourself. In Virginia, an advance directive can specify health care you do or do not authorize and can appoint another adult—your health care agent—to make health care decisions for you if you become unable to do so.

Think carefully about whom you choose. Your health care agent should be someone you trust to respect your wishes, even if those wishes are different from what that person would choose for themselves.

Completing the document is only part of the job. Talk with the person you name. Discuss what matters to you, what quality of life means to you, and how you feel about different kinds of medical treatment. Make sure your health care providers and the people closest to you know that you have an Advance Directive and know how to access it.

Durable Power of Attorney

A Durable Power of Attorney addresses a different part of your life: your financial and legal affairs. It allows you to designate someone to act on your behalf within the authority granted by the document. In Virginia, a power of attorney governed by the state's Uniform Power of Attorney Act is durable unless the document specifically says it terminates upon your incapacity.

Why does this belong in a chapter about health? Because a serious illness can create financial responsibilities at exactly the time you may be unable to manage them yourself. Someone may need authority to pay bills, handle banking, manage property, deal with insurance, or take care of other financial matters while you are ill.

A financial Durable Power of Attorney and a health care agent named in an Advance Directive serve different purposes. You may choose the same trusted person for both roles or different people whose skills are better suited to each responsibility.

Because powers of attorney can grant significant legal and financial authority, consider consulting a qualified Virginia attorney about the document that is appropriate for your circumstances.

Do Not Resuscitate Order

A Do Not Resuscitate (DNR) Order is different from both an Advance Directive and a Durable Power of Attorney. It is a medical order concerning what should happen if your breathing or heartbeat stops.

In Virginia, a Durable Do Not Resuscitate Order is a physician's order to withhold cardiopulmonary resuscitation in the event of cardiac or respiratory arrest. It is intended for people who, after discussion with their medical provider, decide that they do not want CPR attempted under those circumstances.

A DNR is not the same as saying, "Do not treat me." It specifically addresses resuscitation. Decisions about whether a DNR is appropriate should be made in conversation with your physician or other qualified health care provider based on your health, goals, and wishes.

Advance Planning Check

- ☐ I have an up-to-date Advance Directive.
- ☐ I have named a health care agent and discussed my wishes with that person.
- ☐ I have considered whether I need an up-to-date Durable Power of Attorney for financial matters.
- ☐ The people I have chosen know where important documents are located.
- ☐ My health care providers know about my Advance Directive.
- ☐ I have discussed my preferences for serious illness and end-of-life care with the people closest to me.
- ☐ If a DNR may be appropriate for me, I have discussed it with my health care provider.

Planning for Health Is Planning for Independence

Maintaining your strength, eating well, sleeping well, understanding your health coverage, and getting preventive care can help you remain active and independent. Knowing what support is available can make it easier to recover when illness or injury occurs. And putting your wishes and decision-makers in place gives you a voice even if there comes a time when you cannot speak for yourself.

You don't need to tackle everything in this chapter at once. Pick one place to start. Schedule the appointment you've been putting off. Add strength training to your week. Review your Medicare coverage. Complete your Advance Directive. Talk with your family.

The goal is to make choices today that give you more options tomorrow.

PILLAR 3

SUPPORT: THE RIGHT HELP AT THE RIGHT TIME

For many of us, independence means being able to take care of ourselves. We drive ourselves where we need to go, manage our homes, prepare meals, run errands, and handle the countless tasks that make up everyday life.

But successful aging in place requires a slightly different definition of independence. Being independent doesn't mean doing everything yourself. It means having options and remaining in control of how you live your life.

At some point, you may decide that mowing the lawn isn't worth the strain, that driving at night has become stressful, or that hiring someone to clean the house gives you more time and energy for things you actually enjoy. Later, you may need help recovering from surgery or managing a health condition. Eventually, you may need assistance with personal care.

The goal for this pillar is to understand your options and build support into your plan before a crisis forces you to make decisions quickly.

When Is It Time to Add Support?

Most people don't wake up one morning, suddenly unable to manage independently. This change usually happens gradually.

You stop carrying the laundry upstairs because your knee bothers you. You avoid driving after dark. Preparing dinner every night starts to feel like too much trouble. You postpone a medical appointment because you don't want to deal with the drive and parking. Your spouse begins taking over more of the household responsibilities.

Individually, these may seem like minor adjustments. But they are also useful signals. Instead of thinking, I should still be able to do this, ask a different question: Would getting some help with this make my life easier, safer, or more enjoyable?

Where Could I Use a Little Help?

Check any statements that are true for you:

- ☐ I sometimes postpone errands or appointments because getting there is difficult.
- ☐ Housekeeping takes more energy than I want to spend on it.
- ☐ Yard work or home maintenance is becoming physically demanding.
- ☐ Shopping for groceries or preparing meals sometimes feels burdensome.
- ☐ I have difficulty keeping track of medications or medical appointments.
- ☐ Stairs, bathing, dressing, or another daily activity is becoming more difficult.

- ☐ My spouse or another person is doing considerably more for me than they used to.
- ☐ There are things I continue to do myself only because I don't know what other options are available.

Think of each checked box as an opportunity. A small amount of help in the right place may allow you to remain independent in many other areas of your life.

Build a Support Plan Before You Need One

Start by thinking about the everyday activities that make your life work. What would happen if you temporarily—or permanently—couldn't do one of them? You don't necessarily need to arrange services now. Simply knowing your options can make an enormous difference when circumstances change.

My Support Plan

If I need help with...	My first option	My backup option
Transportation		
Grocery shopping		
Meals		
Housekeeping		
Yard/home maintenance		
Medication management		
Personal care		
Recovery after a hospitalization		
Emergency assistance		

Don't worry if you can't fill in every blank. The gaps show you where you need to do some research.

Transportation: Plan for Mobility, Not Just Driving

For many people, driving has represented independence since they were teenagers. A car provides tremendous freedom and flexibility, particularly in communities where destinations are spread out. But driving and independence are not the same thing.

For older adults, a better long-term goal is transportation independence: having reliable ways to get where you need and want to go, whether or not you are the person behind the wheel.

Don't wait until you stop driving to investigate alternatives. Start learning about them while you still drive. Depending on where you live, your options may include public transportation, paratransit, senior transportation programs, medical transportation, taxis, rideshare services, community transportation, and delivery services.



Senior Services' I-RIDE transportation is a free ride-sharing service for those 60 and over and their caregivers. We'll take you almost anywhere you need to go within our service area. Our vehicles are ADA-compliant and able to accommodate wheelchairs and other assistive devices. To learn more about booking a ride, visit ssseva.org/programs/i-ride-transportation/

Think beyond medical appointments. You need transportation to the grocery store, pharmacy, hairdresser, bank, restaurants, activities, and all the other places that are part of your life. A transportation plan that gets you to the doctor but nowhere else isn't really an independence plan.

My Transportation Backup Plan

I need transportation for...	My first option	My backup option
Medical appointments		
Grocery shopping		
Pharmacy		
Personal appointments and errands		

I need transportation for...	My first option	My backup option
Evening activities		
Longer-distance trips		

Try one of your alternatives before you need it. Take a rideshare to an appointment. Learn how your local transportation system works. Have groceries delivered once or twice. Knowing what to expect can make the transition easier if driving becomes temporarily or permanently unavailable.

Help at Home: Know What You're Hiring

Sometimes a relatively small amount of help at home can make a significant difference. Someone might come in twice a month to clean, once a week to help with meals and errands, or several times a week to assist with personal care. As you explore your options, it helps to understand that home care and **home health care are not the same thing**.

Home care, sometimes called personal care or non-medical home care, generally helps with everyday activities. Depending on the provider and your needs, that might include bathing, dressing, grooming, meal preparation, light housekeeping, errands, or other personal assistance.

Home health care provides health-related services in the home. It may include skilled nursing, physical therapy, occupational therapy, speech-language pathology, wound care, or other medically necessary services. Medicare may cover certain home health services when its eligibility requirements are met.

Senior Services' In-Home Services department connects seniors with short-term help with personal care and household chores and subsidizes the cost for those who qualify. Many seniors find this service useful during periods of transition like returning home from the hospital or after losing a loved one. Go to our website to learn more: ssseva.org/moredetail/in-home-services/



Before You Hire Help at Home

These questions can be helpful to ask when interviewing in-home care providers:

- What services do you provide—and what don't you provide?
- How are caregivers screened and trained?

- Who supervises them?
- What happens if my regular caregiver cannot come?
- Is there a minimum number of hours per visit or week?
- What are the hourly rates, and are evenings or weekends more expensive?
- How and when can rates increase?
- Who do I contact if I have a concern?
- What insurance or licensing does the provider carry or maintain, as applicable?



When Things Get Complicated: Care Coordination

Sometimes the greatest challenge is figuring out what kind of help you need and how to arrange it.

Imagine that you've been hospitalized after a fall. Your doctor says you can go home, but you'll need physical therapy. You're temporarily unable to drive. Getting into the shower is difficult. You need follow-up appointments with two specialists, and several medications have changed.

Who puts all those pieces together?

For some people, a professional care manager can help. Depending on their role and credentials, care managers may assess needs, develop a care plan, identify appropriate services, coordinate providers, help navigate housing or care decisions, and assist when needs change.

How do you find one? Senior Services is a good place to start. Senior Services can help you understand your needs, learn what local resources and services are available, and determine where to turn next. You can also ask your doctor or hospital discharge planner for recommendations.

If you want to hire a private care manager, you can search the Aging Life Care Association at [AgingLifeCare.org](https://www.AgingLifeCare.org) for an Aging Life Care Professional in your area. Before hiring someone, ask about their credentials and experience, what services they provide, how they charge, and whether they receive referral fees from providers they recommend.

Long-Term Care: It's More Than a Nursing Home

The phrase "long-term care" often brings to mind a nursing home. In reality, long-term care describes a much broader range of services.

Long-term care is assistance provided over an extended period to people who have difficulty managing everyday activities independently because of illness, disability, cognitive changes, or other needs. It can be provided in your own home, in the community, in assisted living, or in a nursing home.

You may hear professionals talk about Activities of Daily Living, or ADLs. These are fundamental personal activities such as bathing, dressing, eating, toileting, and moving from one place or position to another.

There are also Instrumental Activities of Daily Living, or IADLs. These are the more complex activities required to live independently, such as preparing meals, shopping, managing medications, handling finances, doing housework, and arranging transportation.

Often, changes in IADLs appear first. Someone may be perfectly capable of bathing and dressing but begin having difficulty managing medications, maintaining the house, or driving. That's another reason to think of support as a continuum rather than an all-or-nothing decision.

How Would You Pay for It?

Long-term care may be paid for through personal income and savings, long-term care insurance, or Medicaid for people who meet eligibility requirements. Other sources may be available in particular circumstances.

If you have long-term care insurance, don't just put the policy in a drawer. Review what it covers, what triggers benefits, the daily or monthly benefit amount, how long benefits can last, and whether there is a waiting or elimination period.

Ask yourself: If I needed paid help several days a week for two years, how would I pay for it? You don't need to know exactly what care you will need. You do need to understand how you would begin paying for it.

Plan for the Temporary Setbacks, Too

Long-term care deserves planning, but don't overlook a much more common scenario: *you need help for a while.*

A knee replacement, a fall, pneumonia, unexpected hospitalization, or other health event can temporarily change what you're able to do. You may be medically ready to leave the hospital but still unable to drive, shop, prepare meals, climb stairs, or shower safely.

Planning for these temporary disruptions can make the difference between a smooth recovery and a cascade of new problems.

If I Came Home From the Hospital Tomorrow...

Could you answer these questions?

☐ How would I get home?

☐ How would I get my prescriptions?

☐ How would I get groceries and prepare meals?

☐ What would I do if I needed help bathing or dressing?

☐ How would I get to follow-up appointments?

☐ What would I do if I couldn't safely be alone for the first few days?

☐ Who would coordinate services if several kinds of help were needed?

Those unanswered questions are worth addressing while there is no emergency.

Friends and Family as Caregivers

When people imagine needing help in the future, they often assume that family or close friends will step in. And they often do. But having people who care about you is not the same as having a caregiving plan.

Caregiving roles frequently develop by default rather than by design. The adult child who lives closest starts handling appointments. The sibling who is good with paperwork takes over finances and insurance. A spouse gradually assumes more and more responsibility. Before anyone has really discussed it, one person may have become the primary caregiver.

Caregiving is more sustainable when expectations are realistic, responsibilities are shared, and everyone understands what they are and are not able to do. Planning ahead gives you an opportunity to build a care team rather than have one built by process of elimination.

Your team may include family, friends, neighbors, paid professionals, and community services. Different people can contribute in different ways. One person might be comfortable accompanying you to medical appointments, while another could help with paperwork or finances. Someone who lives farther away might research services or manage bills online.

Tasks that are too time-consuming or physically demanding for family and friends may be better handled by paid providers.

The important thing is not to decide for someone else what role they will play. Ask. Your adult children may love you deeply but have demanding jobs, children of their own, health concerns, financial limitations, or live too far away to provide regular hands-on care. A close friend may be happy to help with errands but uncomfortable providing personal care. Knowing this ahead of time allows you to create a realistic plan and helps protect the relationships that matter to you.

These conversations can feel uncomfortable, particularly when you are healthy and independent. But talking now is far easier than trying to negotiate responsibilities during a hospitalization or other incident. It also gives the people you may rely on permission to be honest about what they can reasonably provide.

Who Might Be Part of My Care Team?

Think about the people you might call on if your needs changed. Don't assign them a job yet. Start by identifying possibilities.

Person	What might I ask them to help with?	What might be difficult for them?	Have we talked about it?
			☐
			☐
			☐
			☐
			☐
			☐
			☐

Then look at the list as a whole. Are you relying heavily on one person? Are there important needs that no one on your list could realistically meet? Those are good places to consider paid or community-based support.



Tips for Caregiver Conversations

- Start with a possibility, not an assignment.

“If I needed some help after a procedure, would you be willing and able to help?”

- Be specific.

Instead of asking, “Would you take care of me?” talk about actual tasks: transportation, meals, paperwork, managing appointments, or staying overnight for a few days.

- Ask what they can realistically do.

“What kinds of help would you feel comfortable providing—and what would be difficult for you?”

- Give them permission to say no.

A realistic answer now is far more useful than a reluctant yes that becomes unsustainable later.

- Talk about paid help, too.

Family caregiving does not have to mean family members provide every service themselves. Discuss which responsibilities could or should be handled by professionals.

- Identify a backup.

If your first choice becomes unavailable, who—or what service—could step in?

Write down the plan

Keep a simple list of potential roles, contact information, professional resources, and backup options, and revisit it as circumstances change.

The goal is to make sure that if you need help, the responsibility does not unexpectedly fall on one person, and the people you care about have been included in the conversation before their help is truly needed.

Know Where to Start

One of the most reassuring things about planning for support is realizing that you don’t have to figure everything out by yourself.

Community-based organizations can help older adults and their families understand what services exist, determine what may fit their needs, and connect with resources. Those

resources can include transportation, meals, in-home services, care coordination, health and wellness programs, benefits counseling, and other supports that help people remain independent.

And don't assume that community resources are only for people with limited incomes. Eligibility varies by program. Some services are available regardless of income, some use sliding fees or suggested contributions, and others are paid services. A need for transportation, information, or help after a hospitalization can affect anyone.

Senior Services' Resource Specialists are the first stop for most of the seniors who call us looking for help. They can help you understand what you may qualify for and what community resources are available for your specific needs. Call 757-461-9481.



Start Before You Need Support

You don't need to arrange everything today, but you can make yourself much better prepared by taking several steps now.

This year:

- ✓ Identify at least two transportation alternatives.
- ✓ Find out what in-home care providers serve your area.
- ✓ Estimate how much it would cost for several months of personal care.
- ✓ Learn what community-based services are available where you live.
- ✓ Create a basic plan for coming home after a hospitalization.
- ✓ Keep important service and provider information in one place.

Support Protects Independence

There may come a time when you need help with something you have always done yourself. Getting support when that happens will help preserve your independence. Conversely, refusing help can jeopardize your freedom. Continuing to drive when it is no longer safe, struggling with a task that creates a fall risk, eating poorly because cooking has become difficult, or trying to manage alone after a hospitalization can turn a manageable challenge into a big problem.

Planning for support isn't planning to give up your independence. It's planning how you're going to keep it.

CONNECTION: STAYING ENGAGED & INVOLVED

As you've seen in the previous chapters, aging in place is about more than remaining safely in your home. It is about continuing to have a fulfilling life outside its walls.

Relationships, activities, interests, and a sense of belonging give structure and meaning to our days. They also help us stay healthier. Yet social connection is one of the easiest parts of aging in place to overlook. We plan for retirement income, health care, home modifications, and transportation. We are much less likely to make a plan for maintaining friendships, meeting new people, or staying involved in our communities.

For much of adulthood, connection happens almost automatically. Work puts us around other people. Children connect us with schools and other families. Neighbors become friends. We belong to professional organizations, clubs, congregations, sports leagues, and community groups.

As we get older, some of those built-in connections disappear. Retirement changes daily routines. Adult children move away. Friends relocate or develop health problems. Hearing or vision changes can make social situations more difficult. Giving up driving may make it harder to participate in activities that once seemed effortless.

Maintaining connection therefore deserves the same kind of intention you bring to maintaining your home, finances, and health.

Connection Is a Health Issue

Social connection isn't just emotionally comforting; it is biologically protective. A large meta-analysis of 148 studies involving more than 300,000 people found that people with stronger social relationships had a 50% greater likelihood of survival than people with poor or insufficient social relationships.

The researchers concluded that the influence of social relationships on mortality risk was comparable in magnitude to other well-established risk factors for mortality.

The CDC reports that social isolation and loneliness are associated with increased risk of heart disease and stroke, type 2 diabetes, depression and anxiety, dementia, and earlier death. Social connection, on the other hand, is associated with better stress management, healthier behaviors, better sleep, and longer, healthier lives.

In other words, relationships are not simply "nice to have." Social connection belongs alongside exercise, nutrition, sleep, and preventive health care as something worth protecting as you age.

Isolation and Loneliness Are Not the Same Thing

Social isolation refers to having relatively few relationships, interactions, or sources of support. Loneliness is the feeling of being alone, disconnected, or not as close to other people as you would like to be. You can experience one without the other.

Someone who enjoys solitude and has a few close, dependable relationships may spend considerable time alone without feeling lonely. Another person may have a busy calendar, attend meetings and activities throughout the week, and still feel profoundly lonely.

That's why counting how many people you see isn't enough.

A common misconception is that being busy is the same as being connected. Busy can still be lonely. Connection includes regular, meaningful contact—people who know you, notice you, share life with you, and would respond if something changed.

The goal isn't to become more social than you want to be. It's to have the amount, quality, and variety of connection that feels right for you.

Senior Services' Senior Companion Program pairs homebound older adults in need of friendly support with active seniors who live in the same communities. To learn more about the program, visit ssseva.org/programs/senior-companion/

Before deciding that you need to get out more, take an honest look at the connections you already have.

My Connection Check

Check each statement that generally feels true for you.

- ☐ I have people I enjoy talking with on a regular basis.
- ☐ I have at least one person I can talk with about something important or personal.
- ☐ I regularly spend time with people outside my household.
- ☐ I have people who would notice if they stopped hearing from me.
- ☐ I have at least one regular activity that brings me into contact with other people.
- ☐ I feel that I belong somewhere—a neighborhood, congregation, organization, club, volunteer group, class, or other community.
- ☐ I have opportunities to meet new people rather than relying entirely on relationships I've had for many years.
- ☐ I have people I can call when I need practical help.
- ☐ Other people sometimes rely on me, too.
- ☐ I have ways to stay connected even when I can't leave home.
- ☐ I am generally satisfied with the amount of social interaction in my life.
- ☐ I feel that my relationships are meaningful.

If you have plenty of casual contact but no one you would call with something personal, you may need deeper relationships rather than more activities. If you have close friends but rarely see anyone because transportation is difficult, the problem may be access.

If nearly all of your relationships are with people your own age, you might benefit from adding some intergenerational connections. And if your entire social network depends on one person—particularly a spouse or partner—building additional connections now can make your social life more resilient to change.

Build a Social Portfolio

We diversify our investments because depending on one asset creates risk. There is value in thinking about relationships in the same way.

No single person or activity needs to meet all of your social needs. Different relationships contribute different things to our lives.

You may have a lifelong friend you call when something important happens, neighbors you enjoy talking with in the driveway, people you know through a faith community, friends you play golf or cards with, former colleagues you meet for lunch, and people you know through volunteering or a class.

Some relationships provide emotional closeness. Others provide fun, intellectual stimulation, shared interests, practical help, or simply the pleasure of seeing familiar faces.

Becoming More Connected

If your assessment revealed some gaps, ask yourself: What do I already enjoy doing—and how could I do more of it with other people?

If you like books, consider a book club. If you enjoy gardening, look for a garden club or community garden. If you enjoy learning, take a class. If physical activity is important to you, join a walking group, fitness class, pickleball group, golf league, or other recreational activity. If faith is important to you, become more involved with your congregation. If you miss the intellectual stimulation or sense of accomplishment you had at work, consider volunteering or serving on a board or committee.

The activity gives you a reason to show up. Repeatedly showing up is what creates relationships. One-time events can be enjoyable, but connection is more likely to develop when you see the same people regularly. A weekly class may ultimately create stronger relationships than attending a different event every weekend.

Ways to Add More Connection

- ✓ Reconnect with someone you've lost touch with.
- ✓ Invite someone to coffee, lunch, or a walk instead of saying, "We should get together sometime."

- ✓ Join a class, club, recreational group, or hobby organization that meets regularly.
- ✓ Volunteer for a cause you care about.
- ✓ Become more involved in your faith community.
- ✓ Attend programs at a senior or community center.
- ✓ Join a civic, professional, alumni, or neighborhood organization.
- ✓ Take a class simply because the subject interests you.
- ✓ Find an exercise activity that includes other people.
- ✓ Look for an intergenerational volunteer or mentoring opportunity.
- ✓ Turn an occasional acquaintance into a regular connection by initiating plans.

Your action step: Choose one thing you will try in the next 30 days.



Volunteering: Connection With a Purpose

Volunteering deserves special attention because it can provide something beyond social interaction: a sense of usefulness and purpose.

Retirement can create wonderful freedom, but work also provides things we don't always recognize until they're gone—routine, responsibility, interaction with other people, and the knowledge that someone expects us to show up.

Volunteering can restore some of those elements without recreating a full-time job.

Think broadly about what you have to offer. You might mentor a younger professional, help a nonprofit with your business expertise, tutor a student, assist at a museum, deliver meals, support a faith organization, serve on a board, help at an animal shelter, or volunteer for a cause that has always mattered to you.

Ask yourself: What do I know how to do—or simply enjoy doing—that could be useful to someone else?



Senior Services volunteers expand our capacity to help seniors in a variety of ways, from delivering meals to answering phones to providing Benefits Counseling services. To learn more about how you can make a meaningful difference as a Senior Services volunteer, visit ssseva.org/volunteer/

Your Internet Connection Is Part of Your Connection Plan

Today, staying socially connected also means staying digitally connected.

Internet access can never fully replace being with other people, but it can extend and protect your connections—particularly when illness, weather, transportation problems, travel, or distance make in-person contact difficult.

A reliable internet connection allows you to video chat with family and friends, participate in virtual classes and groups, attend religious services, use social media, exchange photos, manage health care, find community events, arrange transportation, and stay connected to organizations that matter to you.

Your Digital Connection Check

- ☐ I have reliable internet access at home.
- ☐ I have a smartphone, tablet, or computer I feel comfortable using.
- ☐ I know how to make and receive a video call.
- ☐ I can send and receive photos and group messages.
- ☐ I know how to find information about local events and activities online.
- ☐ I can use online tools to arrange transportation or deliveries if necessary.
- ☐ I know how to participate in an online meeting, class, or program.
- ☐ I know basic ways to protect myself from scams, suspicious links, and fraudulent messages.
- ☐ I know someone—or somewhere—I can turn for technology help.

Those unchecked boxes are worth addressing now. Ask someone to teach you, take a technology class, or find local instruction. Learning to use a new device or app may be frustrating at first, but digital confidence can become an important tool for maintaining independence.

Senior Services' Silver Surfers technology coaching program can help bring you into the digital age. Our individualized coaching program can help you navigate your healthcare portals, participate in video conferences, and learn other skills that will help you stay connected to services, friends, and family. To learn more, visit ssseva.org/programs/technology-assistance/

Make Sure Someone Notices

Connection has another practical role in aging in place: someone notices when something changes.

If you live alone, think about what would happen if you fell, became ill overnight, or simply didn't follow your normal routine. How long would it take before someone realized something was wrong?

Action Prompt

Who checks in on you—and who do you check on?

How are they able to reach you? Phone? Text? A regular visit? Does a trusted person have a house key? Do you have a simple agreement such as, "If you haven't heard from me by noon, give me a call"?

You might also consider a medical alert device, smartwatch, home sensor, or other technology that can summon help when needed. Technology can add another layer of protection, but it shouldn't necessarily be your only layer.

Write down your plan:

The person who would notice if something were wrong:

How we regularly stay in contact:

If they can't reach me, they should:

And remember that connection works both ways. **Who are you checking on?** Being needed can be just as meaningful as knowing someone is there for you.

Plan for Changes Before They Happen

If most of your social life depends on driving, begin exploring transportation alternatives before you stop driving. If most of your friendships revolve around work, develop outside interests before you retire. If your spouse is the center of your social world, nurture relationships and activities of your own as well as those you share. If hearing loss is making group conversations frustrating, address the hearing problem rather than gradually withdrawing from the group.

That requires the same kind of forward thinking you've used throughout this workbook. You have considered whether your home will continue to work for you, how you'll protect your health, and where you'll turn when you need support. Your relationships and community connections deserve a plan, too.

CONCLUSION

Aging in place is not about avoiding change. It is about preparing for it.

Throughout this workbook, you've considered the different pieces that make independence possible: a home that continues to work for you, habits and decisions that protect your health, support you can turn to when you need it, and relationships that keep you connected and engaged.

You don't need to have every answer today. You don't need to predict what your life will look like 10 or 20 years from now. But the decisions you make while you have time, health, and choices on your side can give you more options later.

Before you put this book away, identify a few things you want to act on.

In the next few months, I will:

1. _____
2. _____
3. _____

In the next year, I will:

1. _____
2. _____
3. _____

I need to learn more about:

1. _____
2. _____
3. _____

Then ask yourself one final question:

If my circumstances change, do I know where I would turn for help?

Knowing where to find trustworthy information and local resources is an important part of being prepared. Senior Services is here to help older adults in Southeastern Virginia

understand their options and connect with programs and services that can help them remain independent, active, and engaged in their communities.

Aging will bring changes. Planning ahead helps you decide how you want to meet them and gives you the best chance to keep living the life you choose. Growing older is not simply about holding on to what you have; it is a new phase of life, with room for new experiences, relationships, interests, and possibilities. The years ahead are yours to shape.

Senior Services is a resource for all seniors and caregivers in Southeastern Virginia. Many of our programs prioritize those seniors with the greatest social and economic need. We provide free home-delivered meals, social and recreation programs, transportation, companionship, and in-home care on a sliding scale.

If you are in a position to help seniors who are less fortunate, please consider a donation to Senior Services. Our mission is to help every senior age with choice and dignity. To give, visit ssseva.org/donation/.



SOURCES

AGING IN PLACE & HOME SAFETY

National Institute on Aging (NIA), National Institutes of Health. Aging in Place: Growing Older at Home.

nia.nih.gov/health/aging-place-growing-older-home

National Institute on Aging (NIA), National Institutes of Health. Home Safety Tips for Older Adults.

nia.nih.gov/health/aging-place/home-safety-tips-older-adults

Centers for Disease Control and Prevention (CDC). Older Adult Falls Data.

cdc.gov/falls/data-research

Code of Virginia § 58.1-3210. Exemption or Deferral of Taxes on Property of Certain Elderly Individuals and Individuals with Disabilities.

Virginia Code § 58.1-3210

National Council on Aging. BenefitsCheckUp.

benefitscheckup.org

ENERGY STAR, U.S. Environmental Protection Agency.

energystar.gov

HEALTH, EXERCISE, NUTRITION & SLEEP

Centers for Disease Control and Prevention (CDC). Physical Activity Recommendations for Older Adults.

cdc.gov/physical-activity-basics/adding-older-adults

National Institute on Aging (NIA), National Institutes of Health. Healthy Eating as You Age.

nia.nih.gov/health/healthy-eating-nutrition-and-diet

Bauer, J., et al. (2013), PROT-AGE Study Group. “Evidence-Based Recommendations for Optimal Dietary Protein Intake in Older People.” *Journal of the American Medical Directors Association*, 14(8), 542–559.

doi.org/10.1016/j.jamda.2013.05.021

National Institute on Aging (NIA), National Institutes of Health. Sleep and Older Adults.

nia.nih.gov/health/sleep/sleep-and-older-adults

MEDICARE, HOME HEALTH & LONG-TERM CARE

Medicare.gov, Centers for Medicare & Medicaid Services. Compare Original Medicare & Medicare Advantage.

[medicare.gov](https://www.medicare.gov)

Medicare.gov, Centers for Medicare & Medicaid Services. Home Health Services.

[medicare.gov/coverage/home-health-services](https://www.medicare.gov/coverage/home-health-services)

Medicare.gov, Centers for Medicare & Medicaid Services. Long-Term Care.

[medicare.gov/coverage/long-term-care](https://www.medicare.gov/coverage/long-term-care)

National Institute on Aging (NIA), National Institutes of Health. What Is Long-Term Care?

nia.nih.gov/health/long-term-care/what-long-term-care

National Institute on Aging (NIA), National Institutes of Health. Services for Older Adults Living at Home.

nia.nih.gov/health/caregiving/services-older-adults-living-home

ADVANCE CARE & LEGAL PLANNING

Code of Virginia § 54.1-2983. Procedure for Making an Advance Directive.

Virginia Code § 54.1-2983

Code of Virginia § 64.2-1602. Power of Attorney Is Durable.

Virginia Code § 64.2-1602

Code of Virginia § 54.1-2987.1. Durable Do Not Resuscitate Orders.

Virginia Code § 54.1-2987.1

Virginia Department of Health, Office of Emergency Medical Services. Durable Do Not Resuscitate Program.

vdh.virginia.gov/emergency-medical-services

SUPPORT, CAREGIVING & COMMUNITY RESOURCES

National Institute on Aging (NIA), National Institutes of Health. Caregiver Resources and Long-Term Care Information.

nia.nih.gov

Aging Life Care Association.

aginglifecare.org

Administration for Community Living, U.S. Department of Health and Human Services.
Eldercare Locator.
eldercare.acl.gov

SOCIAL CONNECTION

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). "Social Relationships and Mortality Risk: A Meta-analytic Review." PLOS Medicine, 7(7), e1000316.
doi.org/10.1371/journal.pmed.1000316

Office of the U.S. Surgeon General (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community.
hhs.gov/surgeongeneral/reports-and-publications/connection

Centers for Disease Control and Prevention (CDC). Social Connection and Health Effects of Social Isolation and Loneliness.
cdc.gov/social-connectedness

LOCAL RESOURCES

Senior Services of Southeastern Virginia

Programs and resources referenced throughout this workbook.
ssseva.org | 757-461-9481

Web resources reviewed in 2026. Information about programs, eligibility, laws, Medicare coverage, and health recommendations may change.



Keeping You Independent, Active, & Engaged