Policy paper – Aging with Dignity for All in Washington, DC

Washington DC's older adults, more than 90,000 residents age 65 and older, reflect the full breadth of this city's history: long-term Black residents, immigrants who built lives and businesses here, LGBTQ+ older adults, and people of every background navigating aging with varying degrees of support, security, and access. Their health, economic security, and civic engagement are inseparable from the well-being of DC as a whole. We envision a city where all people have access and opportunity to age well and with dignity.

1. Economic Security

Washington, DC's older adults face a deeply precarious financial reality. Discriminatory housing policy, occupational segregation, and exclusion from programs like the GI Bill created conditions whose consequences are now visible in the poverty rates and retirement accounts of today's seniors. And the problem runs deeper than traditional poverty measures capture: according to United For ALICE (2024), **42% of DC seniors fall below the ALICE threshold** — earning too much for traditional assistance but still unable to cover basic monthly costs. Even by conventional measures, **17.7% live in poverty (vs. 11.3% nationally)**, rents exceed $2,252 per month, and only **1 in 4 senior households can meet basic needs without assistance**.

For DC's large Black senior population, this reflects a legacy of redlining and segregation. For immigrant seniors, it can also mean reduced federal benefit eligibility regardless of years worked and taxes paid.

Key Points

- DC's senior poverty rate is **57% higher than the national average**, reflecting high costs and unequal access to retirement income.
- **62.5% of older adults are Black**, and disparities are stark: **43.4% of Black seniors live below 200% of the federal poverty level**.
- Workers in service, domestic, or informal sectors, historically shaped by occupational segregation, are less likely to have retirement plans, compounding inequality in old age.
- Policy decisions threaten stability: proposed federal Medicaid cuts and local reductions could impact **tens of thousands of seniors**, disproportionately in Wards 7 and 8.

2. Housing & Cost Burden

DC's older adults face a severe housing affordability crisis driven by fixed incomes, high rents, and a shortage of accessible units. Average rents exceed $2,252, and assisted living costs reach **$8,9600 per month, the highest in the nation**.

Key Points

- Assisted living costs are **more than double the national median of $5,419**, placing formal care out of reach for most – and making the case for community-based alternatives all the more urgent.
- More than half of senior renters are cost-burdened; many spend over **50% of income on housing**.
- Multigenerational households, common among immigrant families and lower-income seniors, often mask overcrowding, caregiver strain, and unmet need. Housing discrimination based on race, income source, or family composition continues to narrow options for those who need stability most.
- Few can afford both housing and home care; DC's costs make this gap especially acute.
- Seniors in high-poverty areas and those excluded from homeownership by redlining and racially restrictive covenants face the greatest long-term insecurity. Wealth that was never built cannot be drawn upon in old age.

3. Nutrition & Food Security

DC has one of the highest rates of senior food insecurity in the country: **12.8% are food insecure and 20.1% are at risk of hunger**. This reflects the intersection of poverty, isolation, and rising costs.

For seniors facing language barriers or documentation concerns, food insecurity is compounded by low SNAP participation and confusion around eligibility.

Key Points

- Only about **half of eligible seniors are enrolled in SNAP**, with especially low rates among seniors who face language barriers or have concerns about benefit eligibility. DACL data shows that 37% of DC households receiving SNAP include at least one person aged 60 or older — rising to 64% in Ward 2, a reminder that food insecurity among seniors is not limited to lower-income wards.
- Over half of residents 60+ live alone, increasing isolation and barriers to consistent nutrition.
- Seniors in lower-income wards and those without access to transportation or nearby grocery options experience disproportionately high food insecurity.
- DC delivered roughly **2 million meals in 2021**, yet demand continues to outpace supply.
- Cuts to federal nutrition programs would disproportionately harm low-income and immigrant seniors.

4. Health Care Access & Outcomes

Despite a low uninsured rate, DC's older adults face deep disparities in access and outcomes, especially for residents east of the Anacostia River.

Seniors facing language barriers or limited access to culturally competent providers face additional obstacles to timely, quality care.

Key Points

- A **15-year life expectancy gap** persists between Ward 3 (86 years) and Ward 8 (71 years), tracking closely with decades of disinvestment and unequal access in lower-income communities east of the Anacostia.
- Older adults in lower-income wards face significantly higher rates of chronic disease and delayed diagnosis, shaped by decades of unequal preventive care access and, for many, warranted distrust of a medical system with a documented history of inequitable treatment.
- Nearly **1 in 5 adults reports barriers to care**, including discrimination and poor provider interaction.
- Limited English proficiency remains a major barrier to quality care.
- Medicaid cuts would disproportionately impact low-income and immigrant seniors.

5. Transportation & Mobility

Transportation is essential to health, independence, and social connection, yet access gaps persist across DC, falling hardest on older adults with the fewest options: those on fixed incomes, those without cars, and those in wards with limited transit infrastructure.

Key Points

- Walking is the primary mode of transportation, underscoring the need for safe pedestrian infrastructure.
- Programs like Metro Access and Connector Card are essential but underutilized due to complexity and limited outreach.
- Transportation barriers contribute directly to missed care and food insecurity.
- Wards 7 and 8 face the greatest need and the fewest accessible options.

6. Civic Participation & Social Inclusion

DC's older adult population is growing and civically engaged, but social isolation remains a major public health risk, especially for those living alone.

Barriers to participation, including language access gaps, limited digital literacy, and a lack of affirming spaces, affect many older adults across DC.

Key Points

- The 65+ population is projected to grow by **24.4% by 2030**.
- **74% of older adults live alone**, increasing isolation risk.
- More than **2,000 residents use senior wellness centers**, though access varies by ward.

- **24% report not feeling socially included**, with higher rates among those who are isolated, lack English proficiency, or do not feel seen in the spaces available to them.
- Voting disparities across wards reflect broader structural inequities.

7. Dementia and Memory Care

Dementia is a growing public health crisis in DC. An estimated 15,100 DC residents age 65 and older are living with Alzheimer's, representing 16.8% of the older adult population, above the national average, and late-stage diagnosis is far too common among those who have faced lifelong health disparities.

Key Points

- Black older adults are up to **twice as likely**, and Latino seniors **1.5 times as likely**, to develop dementia, a disparity rooted in the cumulative health toll of chronic stress, limited preventive care, and economic hardship over a lifetime.
- Older adults in underserved communities are less likely to receive early diagnosis, delaying access to care, planning, and family support.
- Language barriers, cultural stigma, and distrust of medical systems complicate diagnosis and care navigation for many seniors, regardless of background.
- DC has only 70 geriatricians, with a 25% increase needed to meet demand by 2032, a workforce gap that falls hardest on communities already underserved.
- A lack of consistent funding is a concern for current programs and there are not enough programs and investment into clinical care management for people living with dementia.

8. Family Caregivers

Family caregivers are the backbone of DC's long-term care system, yet the burden falls unevenly. Where formal supports are inaccessible due to cost, language, or cultural fit, families absorb more, and women and lower-income caregivers are most likely to reduce or leave work to do so, compounding economic insecurity across generations. The paid direct care workforce — home health aides and certified nurse aides — is equally essential and equally strained. DC's Certified Nurse Aide Amendment Act of 2024, passed unanimously by the Council and effective December 12, 2024, created a framework for stronger workforce protections, training standards, and quality oversight. Full implementation is now the work ahead.

Key Points

- **In DC alone, 11,530 caregivers support someone with Alzheimer's or dementia, providing** an estimated **15 million hours of unpaid care annually, valued at $334 million**.
- Caregivers in lower-income households provide more hours of care and face greater strain; 65% of DC's dementia caregivers have chronic health conditions of their own.
- Caregiving exacts significant mental, physical, and financial costs.

- Cuts to Medicaid and aging services will shift even more responsibility onto families.
- DC's Certified Nurse Aide Amendment Act of 2024 — passed unanimously and effective December 12, 2024 — established critical workforce protections, training standards, and quality oversight for CNAs. Strong legislation requires strong implementation: full realization of the Act's provisions is essential to stabilizing the direct care pipeline and improving outcomes for older adults and the workers who care for them.

9. Community Senior Villages + Senior Service Organizations = Aging in Place

Community "village" models are among the most effective, low-cost strategies for aging in place. Coupled with clinical services and robust programming provided by Senior Service organizations, a strong ecosystem exists to help older individuals age in place.

Key Points

- **13+ active villages** and **3 anchor senior service organizations (Iona, Seabury, ERFC) in all 8 wards**.
- Villages provide **high-impact, low-cost services**, including transportation, grocery assistance, tech support, and social programming.
- Senior Service organizations provide case management, mental health services, daily meals, nutrition counseling, and social activities.
- Aging in place is both preferred and cost-effective, helping delay or prevent nursing home placement.
- Funding is the primary constraint; public investment could scale villages into underserved wards where need is greatest and important clinical services by Senior Service organizations.
- Stronger integration with healthcare, housing, and social services would extend their reach and impact.

10. Mental Health & Behavioral Health

Mental health is among the least addressed dimensions of aging in DC. Depression, anxiety, and isolation are common yet dramatically underdiagnosed, dismissed as a normal part of aging rather than treatable conditions.

Key Points

- **1 in 5 older adults nationally lives with a diagnosable mental health condition**, and depression is the most frequently missed diagnosis in primary care for seniors.
- DC's risk factors are acute: **24% of seniors report feeling socially excluded**, and more than half live alone, directly amplifying depression and anxiety risk.
- Among older transgender adults, **71% report a history of suicidal ideation**, reflecting a lifetime without adequate support or affirming care.

- Mental health and dementia are deeply linked: **98% of older adults with dementia experience co-occurring anxiety, depression, or psychosis**, and untreated depression accelerates cognitive decline.
- Community-based behavioral health services, geriatric counseling, and integration with primary care remain critically underfunded in DC, particularly in lower-income wards.

11. Elder Justice & Adult Protective Services

Elder abuse, including physical, emotional, financial exploitation, and neglect, is among DC's most hidden threats. Only 1 in 24 cases is ever reported, and DACL's APS unit operates a 24-hour hotline facing persistent demand that outpaces capacity.

Key Points

- Elder abuse affects approximately **1 in 10 older adults annually**, but reporting is rare, most often because the abuser is a trusted family member or caregiver.
- Financial exploitation is the most common form: older adults lost **$3.4 billion to fraud in 2023**, with only 1 in 44 cases reported.
- Dementia heightens risk: **1 in 2 people with dementia experience some form of abuse**, and social isolation, affecting roughly 1 in 4 seniors, compounds that vulnerability.
- Risk is not evenly distributed. Seniors in lower-income wards, recent immigrants unfamiliar with their rights, and those without strong social networks face compounding vulnerability and are least likely to have legal resources or advocates when abuse occurs.
- DACL's APS unit requires sustained investment, including expanded staffing, mandatory reporter training, and stronger coordination with law enforcement and financial institutions, to meet growing need.