

# INTEGRATING FRAGMENTED CAREGIVING RESOURCES

## THE CASE OF MARTINSVILLE – HENRY COUNTY, VIRGINIA

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Across the United States, people commonly face a lack of respite care services, training opportunities, and convenient transportation. The existing service system's operational model often inadvertently exacerbates the stress and loneliness experienced by family caregivers<sup>[1]</sup>. With a rapidly aging population and shrinking family sizes, the gap between the supply capacity of local social service systems and the ever-increasing demand for care is widening, exacerbating systemic challenges. This places even greater pressure on already strained community support networks<sup>[2]</sup>. While the burden of long-term care still falls primarily on family members, the number of informal caregivers is declining. Coupled with low wages and staff shortages in the care industry, many families are struggling to meet their most basic care needs.

Martinsville, located in southern Virginia, is a typical small post-industrial city (Figure 1). Like many small cities across the United States, Martinsville is facing pressure to support its care system. The city is actively exploring localized pathways to address care challenges through pragmatic and incremental innovation to build a multi-layered care system that links older services, behavioral health, transportation, workforce development and housing.

### Community Profile

Martinsville, a small independent city within Henry County, is a rural city in southern VA, with aging and disability rates that far exceed state and national averages: by 2023, 25.2% of Henry County residents (including Martinsville) were age 65 or older (vs. 17.1% statewide), and disability prevalence reached 20.9%, well above Virginia's 12.6% rate. Local healthcare and caregiving resources remain strained, while the workforce pipeline is too limited to meet rising and complex care needs<sup>[16][17]</sup>.

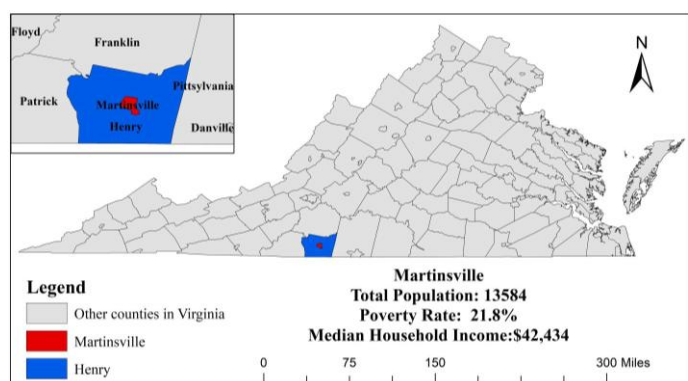


Figure 1: Location map of Martinsville

### Challenges and Issue Statement

Martinsville's core caregiving challenges include gaps in transportation, limited respite care hours, workforce instability, and fragmented service delivery.

Public programs are foundational, yet not fully coordinated at the scale required for a rapidly aging and high-need population. For example, Piedmont Area Regional Transit provides ADA-compliant, affordable, transit—but only on weekdays and along fixed routes—leaving last-mile and after-hours access unresolved. The Southern Area Agency on Aging averages just three hours of respite care per week per client, with only small extensions for Alzheimer's cases. Certified Nursing Assistant and Personal Care Aide programs at Patrick & Henry Community College offer entry-level training, but weak employer coordination and poor retention make it hard to sustain a stable workforce.

**To address these challenges, Martinsville engages stakeholders in shared planning to build a multi-layered ecosystem including services, behavioral health, workforce development, transportation and housing.**

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## A Layered Care Ecosystem: Partnerships at the Local Level

A "care ecosystem" can be understood as a shared network of actors with a responsibility to help older adults and people with disabilities live safely in the community<sup>[4]</sup>. Caregiver support and respite in Martinsville–Henry County are guided by a federal-state-local policy framework and regionally delivered AAA programming. See Figure 2.

**Southern Area Agency on Aging (SAAA)** anchors core Older Americans Act services, including respite, meals, information and referral, and coordination of adult day services<sup>[5]</sup>.

**Adult Day Care Center of Martinsville & Henry County** provide services to support seniors who desire to remain in their own private home as long as possible<sup>[6]</sup>.

**Piedmont Community Services (PCS)** offers behavioral health and crisis services, partnering with aging and caregiving programs to support families managing dementia, mental health conditions, or complex needs<sup>[7]</sup>.

**Henry–Martinsville Department of Social Services (DSS)** connects low-income and vulnerable residents to benefits and safety-net supports, forming a bridge between health, housing, and income security<sup>[8]</sup>.

## Healthcare networks & veterans' organizations

(including DAV veteran transportation and local clinics) provide primary care, chronic disease management, and targeted transportation for appointments<sup>[9]</sup>.

**Transportation providers** include Piedmont Area Regional Transit (PART), Henry County Senior Transportation, Non-Emergency Medical Transportation (NEMT) providers, and volunteer driver networks that together stitch together basic mobility for older and disabled residents<sup>[10][11]</sup>.

**Workforce and training partners**, especially community college and state workforce programs, create on-ramps into caregiving career through short-term Certified Nursing Assistant (CNA) and Patient Care Assistant (PCA) certificates, tuition support, and job placement<sup>[12][13]</sup>.

**Home Support & Access.** City and nonprofit partners use tax relief, Livable Home Tax Credits, and volunteer programs for accessibility upgrades and home repairs, targeting low-income and disabled seniors<sup>[14]</sup>.

**Continuous Outreach & Coordination.** Programs are publicized via city platforms and senior centers, with regular reassessment to align investments with evolving community needs.

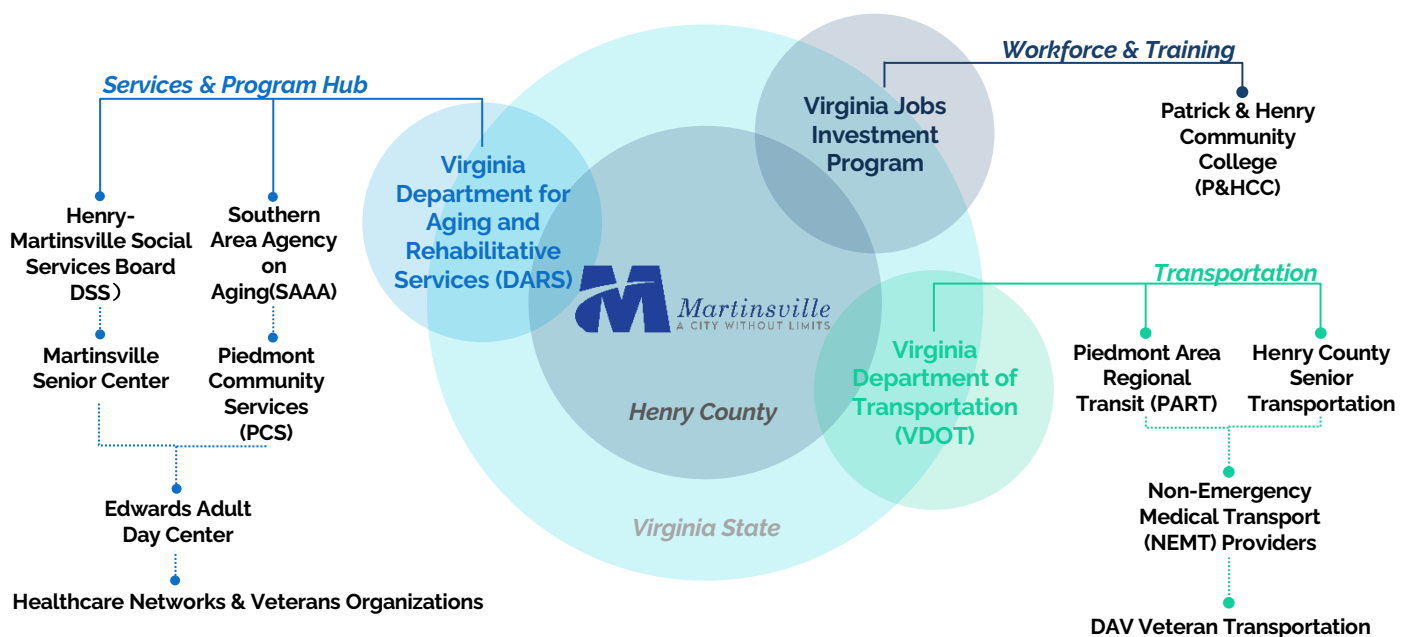


Figure 2: Martinsville Caregiving Ecosystem

Taken together, these actors form a local care infrastructure that goes beyond any single program. **Martinsville’s distinctive feature is not one “big program,” but rather a web of partnerships that incrementally close gaps in respite, mobility, workforce, and home support.**

Policy Alignment and Local Innovation Over Time

Martinsville’s caregiving approach is grounded in the framework established by the [Virginia State Plan for Aging Services, 2023–2027](#), aligning local action with federal (Older Americans Act) and state goals—including “No Wrong Door” resource navigation and Medicaid Home- and Community-Based Services (HCBS) waivers. Federal OAA funding is channeled through the Southern Area Agency on Aging (SAAA), which anchors standard services such as respite, meals, and information/referral.

Over time, Martinsville has layered local initiatives on top of this state and federal baseline:

- **Baseline programs:** Coordination with SAAA for standard OAA services (respite, meals, information and referral), participation in the “No Wrong Door” network, and use of Medicaid HCBS waivers.
- **Program expansion and innovation:** : Development of fast-track CNA/PCA training

pipelines with community college; expansion of adult day care through SAAA and Adult Day Center of Martinsville & Henry County; and targeted housing investments such as the Villa Heights project, adding 16 accessible homes.

- **Service adaptation and coordination:** Implementation of (Virginia Department of Transportation) VDOT-led mobility and accessibility upgrades; expansion of local medical services through partnerships (e.g., Mahoney Family Medicine); and regular convenings of key stakeholders to reassess gaps, adapt strategies, and reallocate resources.

Martinsville’s model exemplifies an incremental, partnership-driven process: layering state and federal policy with local workforce, housing, and mobility solutions, resulting in a care ecosystem responsive to the evolving needs of caregivers and older adults.

Figure 3 shows a progressively layered timeline, illustrating how a small city can start at a basic level, complying with regulations, and gradually build more targeted solutions that are better suited to local conditions, in line with federal aging policies<sup>[15]</sup>.

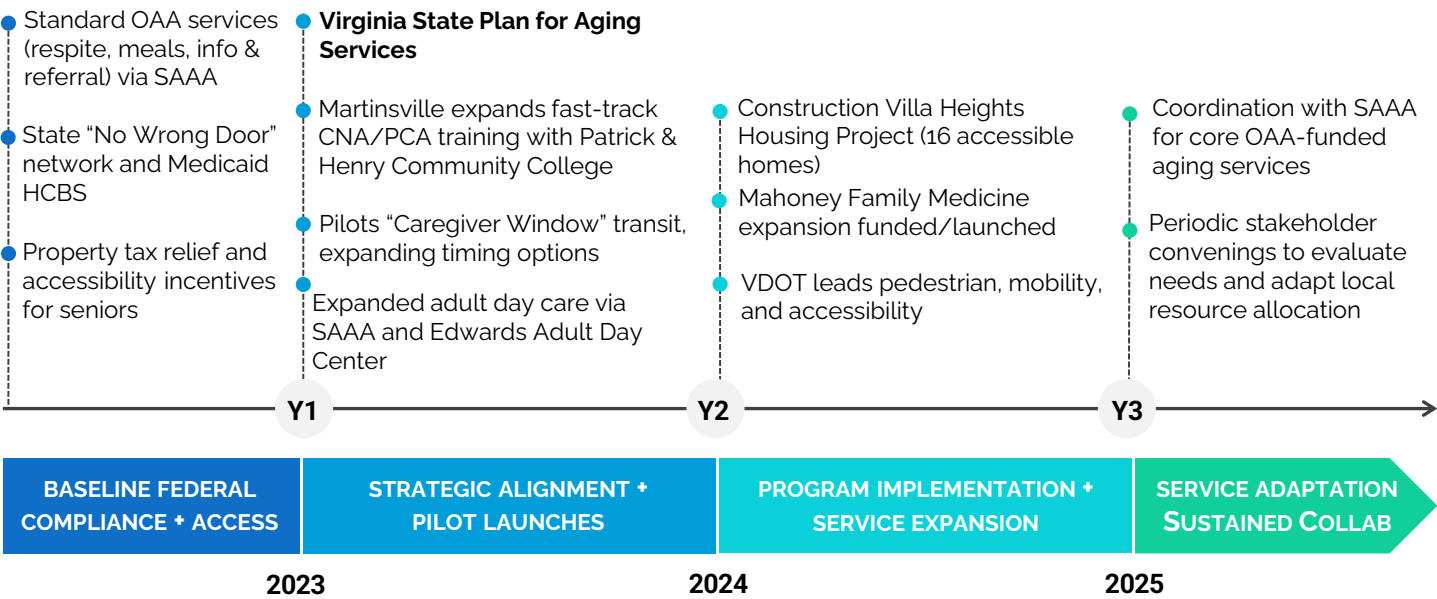


Figure3: Martinsville Caregiving Policy Timeline

## Lessons Learned and Applicability



### Incremental Innovation

Even in small, resource-limited communities, targeted pilots—like flexible transit (“Caregiver Window”) and workforce pipelines—can close gaps, prove concepts, and build momentum for broader reforms.



### Community-Specific Approaches

Outreach, volunteers, and lower enrollment barriers help reach isolated groups and improve cultural competence, showing the value of empowering communities.



### Cross-Sector Partnerships

Caregiving progress relies on collaboration among government, AAAs, health providers, transit agencies, schools, and nonprofits. Shared planning and data stretch resources, cut duplication, and close gaps.



### Workforce Development

Training, work-study, internships, certifications, and behavioral health cross-skilling retain staff, improve care, and sustain the workforce.



### Diverse Funding and ROI

Combining pay-per-service, hospital, and philanthropic support ensures growth beyond one-time grants. Measuring social ROI (fewer ER visits, better workforce retention) sustains support.



### Flexibility and Feedback

Stakeholder meetings, assessments, and iterative reviews help Martinsville adapt to changing demographics, regulations, and emerging needs like after-hours care or housing.

## Resources

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- [6] <https://www.seniorlivinglink.org/directory/adult-day-care-services/adult-day-care-center-of-martinsville-and-henry-county?utm>

- [7] [www.prcsb.org](http://www.prcsb.org)
- [8] <https://www.henrycountyva.gov/248/Social-Services?utm>
- [9] <https://www.yesmartinsville.com/veterans/?utm>
- [10] [www.mtmedicalgroup.com](http://www.mtmedicalgroup.com)
- [11] [www.henrycountyva.gov/312/Bus-Routes?utm](http://www.henrycountyva.gov/312/Bus-Routes?utm)
- [12] <https://www.patrickhenry.edu/programs-courses/workforce-development/>
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