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Creating Communities of Support For Kent County's Aging Population

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Creating Communities of Support
For Kent County's Aging Population

December 2002   Grand Rapids Community Foundation

Community Research Institute

GRAND VALLEY
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About the Community Research Institute

Community Research Institute

www.gvsu.edu/philanthropy/cri

The Community Research Institute (CRI) at Grand Valley State University, a partnership between the Dorothy A. Johnson Center for Philanthropy and Nonprofit Leadership and the Grand Rapids Community Foundation, serves the Greater Grand Rapids nonprofit and philanthropic community. CRI's mission is to assist nonprofit organizations with the acquisition of information and technical skills that will help to understand the evolving needs of the community, plan programs and solve problems, and measure outcomes.

CRI engages in applied research and Geographic Information Systems (GIS) projects and is a clearinghouse for community data. The CRI web site provides a comprehensive overview of community indicators at www.gvsu.edu/philanthropy/cri.

Questions about **Creating Communities of Support for Kent County's Aging Population** may be directed to Cori Scholtens at 331-7585 or scholtco@gvsu.edu.

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Introduction

"A gray dawn is fast approaching," says Peter Peterson. "The challenge of global aging, like a massive iceberg, looms ahead in the future of the largest and most affluent economies of the world." (1999, p.12, 3) The global world, including America, is experiencing the aging of its population and growing numbers of older adults in its local communities. The "aging of the population" has begun and will continue, with two primary areas of concern: 1) current seniors who are growing in number and living longer than ever before and 2) the quickly approaching baby boomer population who is expected to double the number of senior adults in America.

First, older adults in America continue to increase in number and live longer than in generations past. This group includes a growing number of minority persons. They are also more often women and prefer to live in their own homes as they age. As adults live longer, it is the group of seniors 85 years and over who has experienced the most rapid growth of the older population.

Second, the baby boomer generation will begin turning 65 years old in 2010. By 2030, the senior population in America is expected to have doubled the numbers of 2000. Projections indicate that 1 in 5 Americans will be age 65 or over by 2030.

Until 2030, the majority of these seniors will be "young-old" retirees who will be healthy and active, many continuing to work in paid or volunteer roles. As they grow older, increased disability and chronic conditions will change their levels of mobility and health. Both groups of older adults, the healthy-active population as well as the frail, need to be supported and valued by the local community.

The Organisation for Economic Development in Canada concluded that, "the policy implications of ageing are manageable – they need to be managed. That will not happen automatically. There is a need to develop strategies and tools to deal effectively with issues such as ageing…There is a need to build public understanding and support for new policy directions. This will not be simple. However, because ageing trends are fundamentally positive, the payoff from such strategies should be high." (Alberta Community Development, June 2000)

The purpose of this study is to explore what needs to be done at the local level to prepare for the aging of the population. Key questions include:
- ❖ What is the demographic make-up of the senior and soon-to-be senior population in Kent County, Michigan?
- ❖ What issues have the potential of affecting the local community of Kent County as their population ages?
- ❖ What services are already available to support aging citizens in the area?

Demographic Trends in the Aging Population

United States Demographics

The number of older adults and soon-to-be seniors in America is increasing.
One in every eight Americans (12.4%) was 65 years or older in 2000. The number of older Americans increased by 12% from 1990-2000. The number of America's soon-to-be seniors (45-64 years old) increased by 34% over the same time period. (U.S. Dept. of Health and Human Service, 2001)

Between 1990 and 2000, the population 85 years and over experienced the most rapid growth of the older population, increasing by 38%. (Hetzel & Smith, 2001) The number of Americans aged 85 and over is expected to increase from 1.5% of the total population in 2000 to 3.8% in 2040. (Rappaport & Parikh, 2002)

The under-65 population grew at a faster rate than the older adult population in the 1990's.
The number of Americans 65 years of age and older increased 12% from 1990 to 2000 while the under-65 population increased by 13.3%. (U.S. Dept. of Health and Human Service, 2001). This marked the first time in Census history that the total population grew faster than the older adult population. This is in part due to the relatively low number of births in the late 1920's and early 1930's. (Hetzel & Smith, 2001)

Greater growth of the senior population is on the horizon.
Between the years 2010 and 2030, the "baby boomer" generation (Americans born between 1946 and 1964) will become older adults. By 2030, the 65 and older population in America is expected to reach 70 million persons, twice their numbers in 2000. By 2030, older adults will grow from 12.4% of the population to 20%. (U.S. Dept. of Health and Human Service, 2001)

Seniors are expected to live long lives.
Persons reaching 65 years of age in 2000, on average, could expect to live an additional 17.9 years (19.2 years for women and 16.3 years for men), an increase of 3.7 years since 1960. (U.S. Dept. of Health and Human Service, 2001) It is expected that one in nine baby boomers today will live to be at least 90 years old. (Ervin, 2000)

Minority persons are expected to comprise 1 in 4 seniors.
Older adults in ethnic minority groups are expected to increase in proportion to whites. By 2030, 25.4% of the elderly population will be of a minority race or ethnic group compared to 16.4% in 2000. Between 1999 and 2030, the population of white older adults is expected to increase by 81% compared to 219% for minority seniors. The largest growth will be among Hispanics (328%). (U.S. Dept. of Health and Human Service, 2001)

Older adult populations are comprised of more women than men.
In 2000, there were 143 women 65 years or older for every 100 men. The gender ratio widens as older adults increase in age. For adults 85 and over, there were 245 women for every 100 men. (U.S. Dept. of Health and Human Service, 2001)

Older adult men are more likely to be married than their female counterparts.
Seventy four percent of men 65 years or older were married compared to 43% of women. Almost half (45%) of older women were widowed. (U.S. Dept. of Health and Human Service, 2001)

Kent County Demographics

The number of older adults and soon-to-be seniors in Kent County is increasing.
One in every ten Kent County residents (59,625) was 65 years or older in 2000. The number of older adults increased by 10% from 1990-2000. Older adults aged 85 years and older saw even greater growth increasing in number by 28% from 1990-2000.

One in every five Kent County residents was a soon-to-be senior (45-65 years old) in 2000. This group grew by 38% from 1990-2000. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

2000 U.S. Census Comparison of Age Distributions

	45-64 years old		65 years and over		85 years and over	
	% of Population	*1990-2000 % Change*	% of Population	*1990-2000 % Change*	% of Population	*1990-2000 % Change*
Kent County	20%	*38%*	10%	*10%*	1.4%	*28%*
Michigan	22%	*28%*	12.3%	*10%*	1.4%	*33%*
United States	22%	*34%*	12.4%	*12%*	1.5%	*38%*

The majority of older adults in Kent County live in the City of Grand Rapids.
One in every 2.6 Kent County adults 65 years or older (38.5%) lives in the City of Grand Rapids. Almost 11% live in the City of Wyoming. Older adults comprise at least 10% of the population in a third of the communities in Kent County including:

Percent of Community that is 65+ Years Old

- ❖ 15.4% Grand Rapids Charter Township
- ❖ 13.8% Lowell City
- ❖ 12.8% Grandville City
- ❖ 11.6% Grand Rapids City
- ❖ 11.6% Sparta Township
- ❖ 11.4% Cascade Township
- ❖ 10.9% Byron Township
- ❖ 10.6% Walker City
- ❖ 10.5% Spencer Township
- ❖ 10.3% Cedar Springs City
- ❖ 10.1% East Grand Rapids City

Four communities experienced more than a 50% increase in their older adult population between 1990-2000 including Algoma Township (55.7%), Cannon Township (55.7%), Gaines Township (60%), and Byron Township (60.8%). Four communities experienced a decrease in older adults

over the past ten years: East Grand Rapids City (-8.7%), Grand Rapids City (-7.1%), Cedar Springs City (-3.3%), and Lowell City (-2.1%). (U.S. Bureau of the Census: 2000 Census of Population and Housing)

1990-2000 Percent Change in Persons 65 Years or Older in Kent County Communities

Kent County's older adult population is comprised of more women than men.
In 2000, there were 149 women 65 years or over for every 100 older men. The gender ratio widens in Kent County as adults increase in age. For adults 85 and over, there were 258 women for every 100 men. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

Senior populations are becoming more diverse in Kent County.
The population of Hispanic older adults is growing at a faster rate than other race or ethnic groups. While the white population of older adults in Kent County increased by 22% from 1990-2000, black older adults increased by 39% and Hispanic older adults grew by 154%. The same trend was visible in the soon-to-be senior population. White adults aged 45-64 increased by 33% from 1990-2000 while blacks increased by 57% and Hispanics by 86%. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

Female-headed older adults households with no husband present are more likely to be in poverty.
The number of Kent County residents aged 65 and over living in poverty decreased by 1.3% from 1990-2000. Adults aged 55-64 living in poverty increased by 15.2% over the same time period. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

Female-headed older adult households were more likely to be in poverty in 2000 than male householders. Five households in Kent County headed by a female with no husband present were in poverty compared to every one male-headed household with no wife present. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

Issues Affecting Communities as the Population Ages

Introduction

Today's adults 65 years and over comprise 10% of Kent County's population, 12.3% of Michigan's population, and 12.4% of the country's population. As the older adult population grows, the local region needs to be aware of issues that have the potential to affect the changing community. Some of these issues include:

- Health and Wellness
- Housing Choices
- Financial Security
- Work and Retirement
- Transportation
- Civic Engagement
- Informal Caregivers and Families
- Education

By taking a closer look at these issues and how they have been addressed in other communities, images of a "Senior Friendly" community begin to emerge. In fact, the World Health Organization in 2001 reported, "age-friendly environments can help to prevent the onset or worsening of disabilities." (Cited in Cvitkovich, 2001) A senior friendly community is one in which:

- Community partnerships share resources and information for the benefit of seniors so that the community is equipped to meet future needs.
- Health services, benefits, and coverage are well coordinated, provide a range of services, and ensure accessibility for all ages.
- People can maintain their independence, make their own decisions, and have choices about where and how to live.
- Programs, services, facilities, and events for older adults reflect the cultural, ethnic, ability, and age diversity of the community.
- Programs of support for seniors are sustainable and flexible because there is shared responsibility across the community.
- Older adults are valued and respected as a vital component of social capital in the community.

By better understanding the issues that have the potential of affecting an aging community and key components visible in a senior-friendly, senior-supportive community, Kent County can take steps to prepare for the aging of its own population.

Issues Affecting Communities as the Population Ages

Health and Wellness

Facts, Figures and Issues of Concern

Communities must be aware of the health issues faced by aging adults.
As Americans age, many will become concerned about their health. Over a quarter of older Americans rated their health as fair or poor in 1999. African Americans (42%) and Hispanics (35%) were more likely to rate their health as fair or poor than older Whites (26%). (U.S. Department of Health and Human Services, 2001)

In addition, as the population ages, there will be an expected increase in mental health problems, cognitive disorders, and nonfatal, chronic disease. (Public Sector Consultants, 2002) (Thomas, October 2001, M599) Once Americans turn 85 years old, it is expected that 60% of their remaining life expectancy will be spent dealing with some type of chronic disability. (Rappaport & Parikh, 2002)

- In 1998, over half (50.6%) of Americans 75 years old or older said they were limited by chronic conditions. The most frequently reported conditions among seniors of all ages were arthritis, hypertension, hearing impairments, and heart disease.
- In 1997, over half (54.5%) of seniors had at least one physical or nonphysical disability. Almost three quarters (73.6%) of adults 80 or older had at least one disability.

- Older adults had four times as many days in the hospital as those under 65 in 1999 and their length of hospital stay was 6 days on average compared to 4.1 days for younger populations. (U.S. Department of Health and Human Services, 2001)

Older adults in Kent County are concerned about health care.
In 2010, the first baby boomers will become eligible for Medicare. (Charting Health Care's Future, March 2002) Health care institutions are expected to see an increase in demand for their services as this population ages. (Rappaport & Parikh, 2002) In the 2001 Community Survey, Kent County adults over 60 years of age expressed their concern about health care and elder care issues. (VanIwaarden, 2001)

In addition to an increase in demand, health care prices are on the rise. In a Kent County assessment of older adult needs in 2000, 31% of participants indicated a concern about the cost of prescription drugs. (Kent County Health Department, 2000)

- Health care expenditures per older adult are expected to increase 76% by 2010 to a cost of $9000 or more per senior than in 2000. (Charting Health Care's Future, March 2002)
- Estimates show that by 2005 older adults may spend $14,000 on average each year to cover health care costs. (Ervin, 2000)

- Older adults spent an average of 11% of their total expenditures on health in 1999, spending $3,019 in out-of-pocket health care expenditures. This is compared to $1,959 for the total population. (U.S. Department of Health and Human Services, 2001)

There is great concern regarding the health care industry's ability to handle the significant increase in the number of elderly needing their services.
The health care industry is currently facing a threat to their ability to meet community needs due to an unprecedented labor crisis. This crisis is long-term in nature and much broader and more severe than other periodic shortages of the past. This shortage comes at a difficult time as the population ages and baby boomers reach an age where there is higher incidence of disease. These factors increase the demand for services. The Bureau of Health Professions projects a needed growth in health care employees from 10.9 million in 2000 to over 14 million in 2010. (American Hospital Association, 2002) In addition, there is great potential for the need of in-home elder care services to dramatically increase as family members are busy at work and live in different geographic areas of the country. With the severe shortage in health care workers, a large crisis in care for the elderly could emerge. (Ervin, 2000)

- Eighty-nine percent of hospital CEOs are reporting significant employee shortages, apparent in every type of hospital job even though ten percent of the United States civilian labor force is already working in health care. (American Hospital Association, 2002)
- Statistics indicate that there are fewer that 9,000 of the 20,000 geriatric doctors currently needed to meet the demands of the senior population. The number in need is estimated to grow to

36,000 by the year 2030.
- Of the 145 medical schools in the United States, three have departments devoted to the study of aging and 14 require a course in geriatrics. (Center for the Advancement of Health, 2002)

Image of a Senior Friendly Community

Health and Wellness
- ❖ People are encouraged to remain healthy.
- ❖ Health services are well coordinated, provide a range of services, and ensure accessibility for all ages.
- ❖ Health care benefits and coverage are organized in a way to meet the changing needs of an aging population.
- ❖ Adequate numbers of health care professionals are well trained to meet the needs of an aging population.
- ❖ Access to health services is available to underserved areas of the community.
- ❖ Accurate information is communicated community-wide regarding healthy lifestyles and preventing illness and injury.

Issues Affecting Communities as the Population Ages

Housing Choices

Facts, Figures and Issues of Concern

Older adults most often prefer to live alone or with their spouse.
In the United States, fifty-five percent of non-institutionalized adults 65 years and over lived with their spouse in 2000 (73% of older men and 41% of older women.) Forty percent of older women and 17% of older men lived alone and the number increased with age. In addition, 80% of households headed by older persons in 1999 were homeowners compared to 20% renters. (U.S. Department of Health and Human Services, 2001)

- In Kent County, 79% of householders 65 years and older owned their homes while 21% were renters in 2000. (U.S. Bureau of the Census: 2000 Census of Population and Housing)
- As they age, older adults most often live alone and face independence difficulties due to some form of disability. For example, they lose the ability to drive and/or perform activities of daily living. (U.S. Department of Health and Human Services, 2001)

Few older adults live in nursing homes. For those that do, the price of care is increasing.
A small percent of American seniors (4.5%) lived in nursing homes in 2000. The percentage dramatically increases as adults get older rising from 1.1% of persons 65-74 years old to 18.2% of seniors 85 or older. (U.S. Dept. of Health and Human Service, 2001) Even though the percentage of older adults living in nursing homes increases as they age, the percent overall has declined over the last decade.

- In 2000, 4.5% of seniors 65 and older lived in nursing homes compared to 5.1% in 1990. For those 85 years and older, 18.2% lived in nursing homes in 2000 compared to 24.5% in 1990. (Hetzel & Smith, 2001)
- The Census Bureau has projected that the number of available caregivers for the elderly needing long-term care will greatly decrease over the coming years. They predict a drop from 11 caregivers in 1990 for each person in long-term care to 4 in 2050. (Ervin, 2000)

With declines in available staff for nursing homes and other formal long-term care facilities comes an expected increase in costs of care, making these types of care unaffordable for many families. (Rappaport & Parikh, 2002)

Older adults desire to stay in their current place of residence as they grow older.
As seniors age, they prefer to "age in place" and are more unlikely to change their place of residence compared to younger populations. Only 4.2% of senior households in the United States moved residence between 1998-1999. (U.S. Dept. of Health and Human Service, 2001)

Aging at home becomes difficult for many in traditional houses because of maintenance demands and costs. Physical barriers within the home are also barriers for those with limited mobility. (Howe, 1992)

A Harvard School of Public Health survey mentioned by Ervin (2000) found that older adults are often not aware of alternatives to nursing homes or remaining in their own home that are available in their community. Alternatives include assisted living and independent living facilities, life-care communities, and adult day care options.

Image of a Senior Friendly Community

Housing Choices
- ❖ A range of affordable, safe, and appropriate housing options are available for seniors of various ages, incomes and ability.
- ❖ Legislation is in place that encourages partnerships to address the housing needs of seniors.
- ❖ Services are available to help people stay in their own homes as long as possible.
- ❖ An appropriate range of informal caregiving services is available to help seniors remain in their homes.
- ❖ Senior housing options are located in walking distance of local stores, medical facilities, libraries, banks, and senior centers.
- ❖ Adequate information is available for seniors to make appropriate housing decisions based on the availability of options in their community.
- ❖ Support is available for families and seniors who choose to live with extended family members.

Issues Affecting Communities as the Population Ages

Financial Security

Facts, Figures and Issues of Concern

Soon-to-be seniors are not financially prepared for retirement.
Davis (2000) reports that almost 18 million baby boomers are considered financially at risk for not having enough money during retirement years. These economically at risk boomers are most often African Americans and other minorities, have sporadic work histories, are single women, have poor education, and are not homeowners. In addition, financial advisors rarely target their retirement planning services towards these low-income individuals and minorities.

Even those soon-to-be-seniors that have done some financial planning have not placed priority on outliving their assets. This issue will cause severe problems, especially for widows. In addition, few people have secured private insurance to assist them in

covering the costs of long-term care. (Rappaport and Parikh, 2002)

Other research agrees. A survey by the American Health Care Association found that the majority (68%) of baby boomers are not prepared financially for long-term care if it becomes needed. Another survey conducted by the National Council on Aging and John Hancock Mutual Life Insurance found that about one in three baby boomers falsely assumes Medicare will pay, as a primary funding source, for long-term care. (Ervin, 2000)

Image of a Senior Friendly Community

Financial Security
- ❖ Financial planning education and services are available, promoted, and accessible for all community members.
- ❖ Available pension and retirement plans have been reviewed to ensure long-term viability.

Work and Retirement

Facts, Figures and Issues of Concern

Many older adults are choosing to remain in the workforce after retirement.
Close to 13% of Americans 65 years and older were in the labor force in 2000. Twenty-three percent of Americans aged 65-69 were in the labor force. A prospective trend shows the likelihood of more seniors reentering the workforce as they (those 65-69 years old) may now earn income without Social Security penalties. (Ervin, 2000) (U.S. Department of Health and Human Services, 2001) This trend is confirmed by a 1998 AARP study conducted by Roper Starch Worldwide. The study showed that 80% of baby boomers intend to work after they retire. In fact, about a third of men who retire early are returning to work within two years. (Davis, 2000)

- When Americans retire from work, they most often miss the people they worked with, opportunities they had to learn, the chance to make a difference, the prestige of having a role in their company and the challenges of their job. Missing their salary ranked below all these on the list. As Americans transition into retirement, it is important for them to find meaning and purpose in their new roles. (Davis, 2000)

The workforce in America is aging, creating a growing reliance on older workers.
Hudson Institute's Workforce 2020 (as cited in Callo, 1997) says that the workforce will continue to age until 2020. This means that both corporate and industrial America will need to increase their reliance on Americans 50 and over in coming years. Workforce 2020 states, "The resulting continued presence of aging baby boomers in the work force will face employers with two challenges: first, they will need to design benefit plans and workplace options that appeal to older workers wishing and needing to work past age 65; second, they will need to find slots into which younger workers can be promoted." Retirement for many no longer means leaving the workforce, but rather an expansion in work options. In addition, as the workforce increases in age, there is expected to be a simultaneous decrease in the pool of younger people joining the ranks. (Minnesota Department of Human Services, 2002)

Image of a Senior Friendly Community

Work and Retirement
- ❖ Flexible employee policies are available that encourage continued employment of older workers.
- ❖ Training programs are available for older adults.
- ❖ Local businesses are aware of the needs of the senior population.
- ❖ Steps are in place to ensure a strong and adequate workforce for future economies.

Issues Affecting Communities as the Population Ages

Transportation

Facts, Figures and Issues of Concern

In order for senior adults to remain independent, it becomes crucial that they maintain their mobility.
Seniors listed losing their ability to drive, thus their independence, as their chief concern in a study by SCAN Health Plan. (Ervin, 2000) The automobile is the preferred mode of transportation. Many are reluctant to use public transportation because of poor scheduling, uncomfortable transit stops, and the difficulty of transporting large packages with them. Since it is expected that cars will continue to be the primary mode of transportation for seniors, it becomes important to make driving safer for older adults. (Howe, 1992)

- In a May 2000 assessment of the needs of Kent County seniors, 70% of senior participants indicated that better public transportation was needed. (Kent County Health Department, 2000)
- Sixteen percent of Kent County housing units occupied by persons 65 years and over did not have a vehicle available in 2000, a 2% increase from 1990. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

Image of a Senior Friendly Community

Transportation
- ❖ Transportation issues of older adults have been adequately addressed so that isolation is reduced and seniors can remain integrated and active in the community.
- ❖ Transportation changes in a senior-friendly community may include more accessible parking, wider roads, better signage, safer sidewalks, crosswalk signals that provide adequate time for safe crossing, and increased use of left turn lanes.
- ❖ Adequate public transportation is available for seniors, including wheel-chair accessible systems.

Issues Affecting Communities as the Population Ages

Civic Engagement

Facts, Figures and Issues of Concern

Retirement cannot be directly associated with higher rates of volunteering.
This information from the Commonwealth Productive Aging Survey confirms other similar studies. While volunteering provides older adults with meaning for their lives, about 40% of adults age 50 to 70 years are actively volunteering and less than 30% of seniors over 70 years volunteer. (Burr Bradley, 1999-2000)
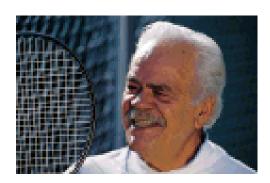
Volunteering provides older adults with an increased sense of well-being and self-image while helping them maintain a sense of usefulness and productivity.
Older adults involved in volunteer activities do so for three main reasons: (1) to increase their sense of purpose by making a difference and helping others, (2) as a way to become more involved in a personal interest and achieve growth in that area, and (3) to create structure to their day by remaining productive. Volunteering allows retired adults to create an identity for themselves apart from their paid employment and career. They are most likely to volunteer if they are integrated in their community and know their neighbors. (Burr Bradley, 1999-2000)

Baby boomers represent the age group most actively involved in volunteering.
As they age, understanding their personal interests and motivations for volunteering will become important. For example, baby boomers are less interested in religious-based activities than their older counterparts.

- To help a generation remain and/or become active as volunteers requires accessibility to transportation for seniors, opportunities that match their expectations and interests, as well as environments that respect the contributions of older adults. (Burr Bradley, 1999-2000)

Voter turnout among senior adults has increased and they are most likely to be the best-informed voters.
Voter participation was highest among those aged 65-74 in 2000. Seventy-two percent of American seniors in this age group voted in the 2000 presidential elections compared to 55% of all age groups. A study conducted by SCAN Health Plan found seniors to be major consumers of the daily news through

television news programs, magazines, and local newspapers making them very informed voters. (Public Sector Consultants, 2002) (Ervin, 2000)

- "Older people are a tremendous source of social capital and could serve as a valuable resource to American society in rebuilding the civic engagement that is vital to all communities. " (Davis, 2000)

Image of a Senior Friendly Community

Civic Engagement
- ❖ Intergenerational programming and activities are available in the community.
- ❖ Various programs, facilities, resource centers, and events are available for older adults.
- ❖ The voices of older adults and senior organizations are heard and valued.
- ❖ Older adults are encouraged to volunteer and remain engaged in the community.

Issues Affecting Communities as the Population Ages
Informal Caregivers and Family

Facts, Figures and Issues of Concern

Kent County seniors expressed a need for assistance to improve their quality of life.
In 2000, 30% of seniors participating in a survey said they needed help with meals, 55% with chores around the house, 30% needed more stimulating activities, 31% more information on available services, and 16% home health care. (Kent County Health Department 2000)

Across the country in 1997, 14.2% of older adults had trouble carrying out activities of daily living such as bathing, dressing, eating, and getting around the house. 21.6% had trouble with instrumental activities of daily living such as preparing meals, shopping, managing money, using the telephone, doing housework, and taking medication. The number of older adults needing assistance with activities of daily living is expected to double by 2020. (Ervin, 2000)

- In the 2001 Greater Grand Rapids Community Survey, the majority of participating seniors who reported needing regular assistance with various tasks such as bathing, personal care, taking medications, or running errands also had incomes below $25,000. (VanIwaarden, 2001)

Caregiving for an aging parent requires many adults to adjust their career paths.
In the United States, family members provide more than 80% of informal caregiving assistance for elders. Seventy-two percent (18 million of the approximated 25 million) of all family caregivers for older adults are female. Seniors more often rely on a daughter than a son for caregiving assistance in their later years.

- This causes concern as the potential for more women to move into time-consuming managerial and executive positions increases, leaving many daughters without the flexibility to care for their aging parents. (Ervin, 2000)

A national study conducted by the National Alliance for Caregiving and the American Association of Retired Persons found that 31% of caregivers for older adults had to significantly adjust their career paths or leave the workforce. The Family Caregiver Alliance estimates that 12% of informal caregivers for older adults will have to quit their jobs to provide the full time care that is needed.

- It is expected that more employers will need to provide eldercare benefits as this becomes a major issue of concern for baby boomer employees caring for their aging parents. (Ervin, 2000)

The role of caregiving for an aging parent affects many midlife adults' plans for their own retirement.
A 1997 National Caregiver's Alliance Survey found that these family members spend on average $2,000-$9,200 annually

to care for their parents. The caregiving role they assume often affects their own plans for retirement. (Ervin, 2000)

"While we expect that families - and especially women within these families - will continue to shoulder responsibility for caregiving - it is clear that family dynamics are changing, and we must change with them to support this vital resource. We must develop policies and programs for caregiving - not as a children's issue or a seniors' issue - but as a family issue." (North Carolina Department of Health and Human Services, March 1999 as cited in Alberta Community Development, June 2000)

Some older adults in Kent County are the primary caregivers for their grandchildren. Almost 20% of householders 65 years and over are grandparents living in households with one or more grandchildren present under 18 years of age. Forty-four percent of these grandparents are responsible for their grandchildren, of which two thirds are under the age of five. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

Image of a Senior Friendly Community

Informal Caregivers and Families
- ❖ The role of informal caregivers is recognized and valued in the community.
- ❖ Families are supported and encouraged to prepare and care for the needs of their aging relatives.
- ❖ Training and education is available for informal caregivers.
- ❖ Eldercare is available for employees who are responsible for the care for their aging family members.

Issues Affecting Communities as the Population Ages

Education

Facts, Figures and Issues of Concern

The educational attainment level of senior adults has increased.
By 2000, 70% of older adults in the United States had completed high school, up from 28% in 1970. Close to 16% of older adults had a bachelor's degree or more in 2000. High school completion varied greatly by race and ethnic origin, ranging from 74% of whites, 63% of Asians and Pacific Islanders, 46% of African-Americans, to 37% of Hispanics. (U.S. Department of Health and Human Services, 2001)

- In 2000, 69% of Kent County's population 65 years and over were high school graduates or the equivalent. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

Millions of senior citizens are choosing to continue their education during retirement.
In continuing their education, older adults are experiencing the truth that later life, much like earlier stages in the life span, can also be a time for personal development. (Griffin, 1997)

The community needs to be educated about aging in general as well as the impact of an aging population.
Focus groups and Symposium participants in the Alberta Canada study consistently raised

Image of a Senior Friendly Community

Education
- ❖ Community citizens have an understanding of the abilities, contributions, and needs of older adults.
- ❖ Youth have been taught to respect and value older adults.
- ❖ There is an increased awareness of healthy aging.
- ❖ Education opportunities for lifelong learning are available for all ages of people.
- ❖ Caregivers, volunteers, and employers have been trained and educated in preparation for an aging population.

Model Initiatives

Creating Communities of Support for Senior Adults

Introduction

As Kent County explores the issues affecting communities as the population ages, it is beneficial to learn from other initiatives that have taken into consideration their own aging populations and created plans to address their needs in the coming years. The Community Research Institute has identified and profiled four such model initiatives that are creating communities of support for the current and soon-to-be seniors in their area. While the hope was to find city or county based initiatives, those uncovered were being led at the state or province level.

The model initiatives profiled on the following pages were chosen for several reasons. First, their initiatives were directly focused on the issues surrounding the aging population in their region. Second, they were collaborative efforts engaging the support and assistance of various other agencies and groups. Third, they had concrete goals, plans, and action steps in place. Finally, these initiatives had information accessible via the Internet.

The four initiatives profiled include:
1. *Aging Initiative, Project 2030* led by the Minnesota Department of Human Services
2. *Alberta for All Ages: Directions for the Future* led by the Government of Alberta, Canada
3. *North Carolina: A Leader in Aging* led by the North Carolina Division of Aging
4. *Communities for a Lifetime* led by the Florida Department of Elder Affairs

Common Threads
Common threads run through the initiatives in terms of the process they used to guide their work. Most began by gathering demographic data specific to their community. All initiatives gathered input and ideas from local citizens through community forums or focus groups. The groups then identified the trends and current issues to be addressed through the initiative. Most included various state departments or ministries in the planning process. With information gathered and partnerships created, plans and actions were developed.

Model Initiatives

Aging Initiative, Project 2030

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Aging Initiative, Project 2030

Location:	Minnesota
Leader:	Minnesota Department of Human Services
Partners:	Minnesota Board on Aging, State Department Liaisons, the Area Agencies on Aging, and the Citizens League
Date:	Primary research in 1996-1998. The project is still underway.
Primary Funding:	Minnesota Department of Human Services
Source:	www.dhs.state.mn.us/agingint/Proj2030/AddPubs/MBApre.htm

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Focus of the Initiative
- To increase the responsibility of individuals in preparing for retirement, including long-term care planning, healthy living and maintenance.
- To increase "age-sensitive physical, service and social infrastructures at the community level, including wise land use, life-cycle housing, responsive service delivery systems and strong social ties within communities."
- To promote strong economic growth within Minnesota through the continued use of the state's aging population in both paid and voluntary roles.

Expected Outcomes
- "Visible momentum within all sectors of Minnesota to develop solutions that meet the needs and demands of an aging society.
- Strong and active partnerships with a broad variety of public and private groups that identify and take actions that respond to the coming age wave.

- Key actions state government can take now to prepare for 2030.
- Re-energizing (not reinventing) existing strategies and partnerships wherever possible."

How They Are Addressing These Goals
The Aging Initiative, Project 2030 identified nine policy directives:
1. "Increase personal responsibility to plan for retirement and old age.
2. Increase options for greater personal responsibility and choice in provision and payment of long-term care.
3. Support health promotion and maintenance to prevent or reduce disability rates in our population.
4. Create "age-sensitive" social infrastructures that support and help people as they age.
5. Strengthen, maintain or redesign the service delivery systems in our communities.
6. Build or adapt physical infrastructures to achieve wise land use, lifecycle housing, better transportation and supportive design of public spaces while promoting environmental sustainability.

7. Promote creative use of the state's aging population both in the labor force and in non-paid, contributory roles.
8. Promote flexibility in the workplace in order to accommodate the changing definition of work and retirement within an extended lifespan.
9. Invest in high quality education and training for our young people to ensure a high quality workforce in the future."

Planning Process
1. Researched the current demographics and population projections over the next 30 years.
2. Created partnerships with the Board on Aging and the Area Agencies on Aging.
3. The Governor and the commissioner of the Department of Human Services asked each state department to appoint a liaison to Project 2030. Their role was to assess the readiness of their department for 2030. The liaisons:
   a. Met regularly with project staff for six months.
   b. Identified how the aging of the population in the state would affect the future business of their department. (Survey used to gather data.)
   c. Developed issue papers on topics related to the aging of the population, including: Health and Long-Term Care, the Workforce, and Economic Vitality.
   d. Designed milestones to measure progress towards goals.
4. The Department of Human services contracted with the Citizens League to "organize and administer a citizen-based policy study that took a deliberative look at the issues, consequences, and choices facing the

state of Minnesota, regarding the aging of its population."
5. The Minnesota Board on Aging, in collaboration with the Area Agencies on Aging, and corporate sponsors hosted 17 community forums to initiate local discussion about the issues. These discussions produced several policy directions.

Future Plans as a Result of Initiative
- Conduct an environmental scan of the current communities to identify needs and resources of people throughout the lifecycle, then speculate how current trends will support or challenge those factors.
- Create Lifestyle Communities that would:
   a. Provide a wide range of housing options to meet the needs of all ages.
   b. Be in reasonable proximity to schools, businesses, services, houses of worship and recreation.
   c. Include transportation systems for those with or without personal transportation.
   d. Create options for social integrations of all ages.
- Promote a strong workforce for future economies by identifying opportunities to make optimum use of the aging labor force through the:
   a. Removal of barriers faced by older workers.
   b. Expansion of policies that protect older workers.
   c. Development of voluntary roles for older people.

Model Initiatives

Alberta for All Ages: Directions for the Future

Alberta for All Ages: Directions for the Future

Location:	Alberta, Canada
Leaders:	Alberta Community Development, Government of Alberta
Partners:	Organisation for Economic Cooperation and Development
Date:	The project was initiated in 1998, but continues today.
Primary Funding:	Government of Alberta
Source:	http://www.seniors.gov.ab.ca/policy_planning/aging_study/finalreport.pdf

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Focus of the Initiative

The vision of *Alberta for All Ages: Directions for the Future* is "for an aging society where Albertans have a sense of pride in healthy aging which allows them to live independently in a safe and supportive environment" by

- "Encouraging wellness, healthy lifestyles and good health care.
- Preparing for financial security.
- Providing more flexible options for work and retirement.
- Ensuring safe, affordable and appropriate housing choices.
- Encouraging supportive communities.
- Recognizing and supporting informal caregivers and volunteers.
- Preparing the workforce for an aging population.
- Expanding education opportunities."

Planning Process

The government-wide study on the impact of the aging population in Alberta involved an "extensive process of identifying issues, establishing a vision and principles, consulting with Albertans, reviewing literature and trends in other parts of the world, and preparing recommendations."

1. *Preparation of an initial report.* This report identified eleven current issues, provided a profile of the seniors in Alberta, summarized current government programs and services, outlined a vision and set of principles to guide the work of the committee, and presented a series of nineteen recommendations for action.
2. *Consulted with Albertans.* The Steering Committee developed and circulated a discussion guide that presented information and posed questions for people to consider. It also included a survey for Albertans to use in providing advice and ideas to the Steering Committee.
3. *Held focus groups.* Seventeen focus groups were held in fifteen locations across the province. They were held in rural and urban communities and provided participants an opportunity to review information about trends and population projections, consider the potential impact the aging population will have, and focus on key questions in relation to healthy aging and development of supportive communities. Over 600 people attended these focus groups.

4. *Hosted a provincial Symposium on Aging.* Over 170 people participated in the symposium. It provided an opportunity for participants to listen to the views of experts, share their ideas and develop suggestions in three key areas: the impact of aging, healthy aging and supportive communities.
5. *Gathered and reviewed information, trends and related reports and literature.* The Steering Committee was able to glean useful information from this "gathering" stage.
6. *Consulted with various ministries in government.* An interdepartmental committee, made up of representatives from fifteen government ministries, was established to provide information, feedback and assistance to the Committee in the completion of their study.

Future Plans
The Initiative created suggested action targets around each of their eight focus areas. Some of their ideas included:
- "Provide better and more accurate communication about preventing illness and injuries.
- Expand education programs to assist seniors in maintaining their own health.
- Expand financial planning education for Albertans of all ages.
- Encourage employers to introduce more flexible employment policies for mature workers.
- Expand information and training programs, especially for older people.
- Establish a provincial resource center as a single source of information on innovative housing concepts and design ideas.
- Plan flexible and responsive housing to accommodate a continuum of seniors' needs.
- Review and change legislation to ensure that it encourages and supports partnerships in addressing housing needs.
- Expand community-based resource centers for seniors.
- Provide seniors with information and access to a wide range of inspection services so they can remain safely in their homes.
- Expand training and education for informal caregivers and volunteers.
- Expand education and training for all people providing services to seniors.
- Promote greater public understanding of the contributions and abilities of seniors.
- Expand opportunities for lifelong learning opportunities for people of all ages."

Model Initiatives

North Carolina: A Leader in Aging

The 1999-2003 State Aging Services Plan

North Carolina: A Leader in Aging
The 1999-2003 State Aging Services Plan

Location:	North Carolina
Leader:	North Carolina Division of Aging
Partners:	North Carolina Senior Tar Heel Legislature, AARP, General Assembly, Division of Aging, State academic programs, Trade and professional Associations
Date:	Report prepared in March of 1999
Primary Funding:	North Carolina Division of Aging
Source:	www.ssw.unc.edu/cares/doadocs/sp9903/ncsp9903.pdf
	www.unc.edu/cares/boom28.pdf
	www.unc.edu/cares/boompoli.pdf

Focus of Initiative

- Future financial security
- Responsibility for healthy aging
- Work and education across the life span
- Caring for all the generations (baby boomers caring for their children, grandchildren and parents or grandparents all at the same time)

Expected Outcomes

- "To implement a public framework that includes the following elements:
    - Lifelong learning combined with accessible information.
    - Incentives for investing in aging well.
    - Public and private accountability for results.
    - Community governance.
- To make boomers more aware of what they can do to age securely and healthily and to spur policymakers to consider what effect an 'aging society' will have on the state.
- To assemble and present the best information available to help policymakers, businesses, communities, and citizens decide and act today in ways that will benefit boomers and their families today and in the future.
- To foster and support cooperative and collaborative activities among all parties who can help make a positive difference in how the state responds to the aging of the boomers."

Planning Process

The Direction of the National Academy on Aging said, "The sooner we start, the easier it is to help shape our future, rather than simply react." Based on that statement, North

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Carolina has decided to be proactive instead of reactive. They are reevaluating what it means to be "old" and what they expect of themselves, their families, communities, and institutions. They prepared a demographic profile of North Carolina boomers, explored issues of financial security and ways that boomers need to prepare for retirement, and looked at their health, both now and as they get older.

They also created a State Aging Services Plan, to address the statewide Agenda on Aging prepared by the Governor. Before writing the plan, they studied plans and reports of other agencies, gathered input from numerous state agencies, and considered feedback from older adults gathered in community forums sponsored by the Division on Aging, the Area Agencies on Aging, and AARP. The plan discussed the following action steps:

- "Increase the availability of home and community-based services.
- Assure quality service in safe and comfortable environments when long-term care outside the home is needed.
- Help make private long-term care insurance more affordable, strengthen consumer protections, and help families understand their options for long-term care.
- Encourage the recruitment and retention of older workers.

- Help older adults lead productive lives and enjoy retirement, including linking older adults to the needs for volunteers within communities.
- Help older adults make informed choices and assure adequate consumer protections, including protection against fraudulent telemarketing practices."

Future Plans as a Result of the Initiative
- "Educate boomers to take increased personal responsibility for their own future planning, including the areas of finances and housing.
- Urge public and private accountability for results.
- Implement a framework of community governance.
- Urge government to invest in research on the prevention and care of chronic health problems.
- Develop a culture that expects, fosters and rewards individual, corporate and government responsibility.
- Provide a sense of community and intergenerational interdependence that will lead citizens to assume responsibility for themselves, their families, and their communities."

Model Initiatives
Communities for a Lifetime

Communities for a Lifetime

Location:	Florida
Leader:	Florida Department of Elder Affairs
Partners:	Department of Environmental Protection, Department of State, Cultural Affairs, Health Department, Governor's Office, Law Enforcement, Department of Transportation, Juvenile Justice, Community Affairs, and Department of Children and Families.
Date:	Began in 1999 as the Elder Ready Communities Initiative
Primary Funding:	Local Communities, with matching grant funds from the Florida Department of Elder Affairs
Source:	http://elderaffairs.state.fl.us (Personal Communication, Shawn Henning, 12/9/02)

Focus of the Initiative

Communities for a Lifetime is the second phase in the Elder Ready Community Initiative begun by the Governor's Office in 1999. Fifty-two cities, towns, and counties in the state have committed to the planning process to become *Communities for a Lifetime*. These communities will focus on:

- Creating opportunities for senior independence in their local communities
- Supporting caregivers of senior adults
- Providing support of seniors to "age in place with dignity, security, purpose and in an elderly-friendly environment."

Expected Outcomes

- "Increased safety through improved coordination of transportation and community planning.
- Improved physical and mental health through better access to social interaction, recreational and other activities known to impact quality of life issues.
- Effective community planning and design.
- Efficient use of natural resources.
- Elder friendly businesses that provide services and products to meet the needs of both present and future elder consumers."

Planning Process

In this second phase, additional communities are being encouraged to join the initiative. The initiative is a grass-roots effort being coordinated at the state level. Ideally, becoming a *Community for a Lifetime* includes involving local level elected officials, regional planners, policy makers, government staff, agencies on aging, chambers of commerce, volunteers, health care and non-profit organizations. Each community is encouraged to use the following process:

1. " Local government passes a resolution in support of the program and notifies the Department of Elderly Affairs (DOEA).
2. DOEA provides sample survey instruments, information and support.
3. The community forms a committee to assess elements important for senior independence and care
4. Upon completion of the assessment, the committee identifies areas in need of attention and incorporates them into a community action plan with a timeline for completion.
5. The completed survey is sent to DOEA for review and recommendations."

Future Plans as a Result of the Initiative
"Florida's communities are working to prepare for the baby boomers' retirement by removing artificial barriers and incorporating universal designs into the planning stages of new homes, businesses, landscaping and transportation. The *Communities for a Lifetime* initiative asks communities to revive the best ideas from America's past – neighborhoods where all generations lived and worked together – while using today's technology, to sow the seeds for the communities of tomorrow. Florida is growing communities for all life's seasons – *Communities for a Lifetime*."

Kent County Senior Services

Kent County has a multitude of services available to support older adults. The Office of Services to the Aging, Michigan Department of Community Health provides a searchable list of service providers on the Michigan Aging Services System (MASS) website at www.miseniors.net. The site has the support services for Kent County divided into thirty-three categories including:

- Adult Day Care
- Adult Foster Care
- Adult Protective Services
- Assistive Transportation/Escort Service
- Care Management
- Case Coordinator/Support
- Chore Services
- Congregate Meals
- Counseling
- Elder Abuse Prevention
- Food Stamps
- Health Screening
- Home Delivered Meals
- Home Health Aide
- Home Repair
- Homemaker
- Information & Referral
- Legal Assistance

- Long Term Care Ombudsman
- Medicare/Medicaid Assistance Program
- Medication Management
- MI Choice Waiver Program
- Nursing Homes
- Other
- Outreach
- Personal Care
- Respite - Other
- Senior Community Services Employment Program
- State Emergency Relief (SER)
- Supplemental Security Income (SSI)
- Support Groups
- Transportation
- Vision Services

The Michigan Aging Services System lists 191 providers of service to senior adults in Kent County. Over half (102) provide **adult foster care (AFC)**. AFC homes provide 24-hour personal care, protection, and supervision in a residential setting for individuals who cannot live independently because they have developmental disabilities, mental illness, physical handicaps, or are aged. AFC's do not provide continuous nursing care and can only care for a maximum of 20 adults.

The second largest group of providers is those that offer **homemaker** services. These organizations help with routine household tasks for adults with functional limitations such as laundry, preparing meals or light housekeeping chores. Thirty-two organizations provide this service to seniors in Kent County.

Kent County has 23 **nursing homes** within its boundaries. Nursing homes are certified residences that provide room, meals, nursing, medical and rehabilitation care, and recreational activities. Most seniors in nursing homes have impairments that restrict them from living independently.

For seniors that are able to remain in their homes, there are 16 providers of **home health aides** and 12 providers of **personal care** services in Kent County. Home health aides provide seniors with such services as assistance with ADL (activities of daily living), exercise, and various health monitoring services. Personal care providers offer similar in-home assistance such as assistance with bathing, dressing, and eating but not including health-oriented monitoring or services.

There is one primary provider of **congregate meals** and **home delivered meals** for seniors in Kent County, the Senior Meals Program. Senior Meals has 21 congregate meal programs in the county that provide meals in group settings at places such as churches, schools, residential communities or recreational centers. They also provide home delivered meals, delivering at least one meal per day to adults in their home who are homebound.

There are 5 providers of **transportation** and **assistive transportation** services in the county. These services allow seniors enhanced access to the community for purposes such as shopping, health care appointments or to access community services. There are also 5 providers of **outreach** who work with senior adults who are isolated or in great social or economic need helping them access appropriate services.

In the area of **adult day care**, Kent County has 4 organizations that provide daytime care for less than twenty-four hours for functionally impaired elderly persons. These services typically include structured programming such as social and rehabilitative and/or maintenance services in a group setting other than the client's home.

There are also various types of financial assistance and income support provided in the community for seniors including **food stamps**, **Medicare/Medicaid assistance programs**, **MI Choice Waiver Programs**, **State Emergency Relief**, and **Supplemental Security Income**. The Kent County Family Independence Agency, the Area Agency on Aging of Western, MI, HHS Health Options, and the Social Security Administration are the primary providers of these services.

Each of the remaining Kent County services in the list above are currently being provided by 3 or fewer organizations in the community, according to the Michigan Aging Services System.

Nora Barkey of the Area Agency on Aging of Western Michigan was not aware of any community-wide planning processes being used in Kent County to create comprehensive senior support systems (personal communication, October 2002). A web search did not uncover any initiatives either.

Conclusions

"There is a need to develop strategies and tools to deal effectively with issues such as ageing…There is a need to build public understanding and support for new policy directions. This will not be simple. However, because ageing trends are fundamentally positive, the payoff from such strategies should be high." (The Organisation for Economic Development cited in Alberta Community Development, June 2000)

The purpose of this study was to explore what can to be done at the local level to prepare for the aging of the population. Key questions included: what is the demographic make-up of the senior and soon-to-be senior population in Kent County; what issues have the potential of affecting the local community of Kent County, Michigan as their population ages; and what services are already available to support aging citizens in the area?

It was found that…
- One in every eight Americans was 65 years old or older in 2000. (U.S. Dept. of Health and Human Services, 2001)
- One in every ten Kent County residents was 65 years old or older in 2000. (U.S. Bureau of the Census: 2000 Census of Population and Housing)
- Between the years 2010 and 2030 the "baby boomer" generation will become senior adults. By 2030, the senior population in America is expected to reach 70 million persons, twice their numbers in 2000. (U.S. Dept. of Health and Human Services, 2001)
- By 2025, it is expected that seniors 65 and older in Michigan will comprise 18.1% of the total state population. (U.S. Bureau of the Census: 2000 Census of Population and Housing)

Today's seniors are expected to live long lives. There are a growing number of minority persons in their ranks. They are more often women and prefer to live in their own homes as they age. In Kent County, the majority of senior adults live in the City of Grand Rapids even though seniors comprise over 12% of the community population in Grand Rapids Charter Township, Lowell, and Grandville.

Some of the issues communities must take into consideration as the population ages include:
- ❖ Health and Wellness
- ❖ Housing Choices
- ❖ Financial Security
- ❖ Work and Retirement
- ❖ Transportation
- ❖ Civic Engagement
- ❖ Informal Caregivers and Families
- ❖ Education

Various initiatives across the country and in Canada led at the state or province level are creating communities of support for the current and soon-to-be seniors in their area. Common threads ran through these initiatives in terms of the process they used to guide their work. Most began by gathering demographic data specific to their community. All initiatives gathered input and ideas from local citizens through community forums or focus groups. The groups then identified the trends and current issues to be addressed through the initiative. Most included various state departments or ministries in the planning process. With information gathered and partnerships created, plans and actions were developed.

As Kent County begins to explore what steps it will take to create communities of support for its aging population, it must have a clear understanding of its current care environment for seniors. According to the Michigan Aging Services System, there are 191 providers of service to senior adults in Kent County, over half being providers of adult foster care.

No community-wide planning processes were found in Kent County to create comprehensive senior support systems. The Area Agency on Aging of Western Michigan has expressed interest in participating in a community effort to look at the issues explored in this study. Grand Valley State University's Gerontology Initiative, a faculty-staff work group, also is committed to working with the larger community in raising the awareness and expertise in our community – to achieve an elder-friendly environment in Grand Rapids.

By better understanding the demographics of the older adult population, issues that have the potential of affecting an aging community, and key components visible in a senior-friendly, senior-supportive community, Kent County can take steps to prepare for the aging of its own population.

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