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Emerging Trends: Healthy Seniors, 2004

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Emerging Trends: Healthy Seniors

June 2004

Grand Rapids Community Foundation

Community Research Institute[®]

Supporting Community Improvement Through Research and Data Sharing



DOROTHY A. JOHNSON CENTER FOR PHILANTHROPY AND NONPROFIT LEADERSHIP

About this Report

The Community Research Institute

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 acquisition of information and technical skills that will help them to understand the evolving needs of the community, plan programs, 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.cridata.org. Research for this report was provided by: Korrie Ottenwess, Gustavo Rotondaro, Angie Morris, Dan Rinsema-Sybenga, Nicole Notario-Risk and Chepkoech Kilel. Questions about Emerging Trends: Healthy Seniors may be directed to Korrie Ottenwess at 331-7585 or ottenwko@gvsu.edu, or to Gustavo Rotondaro at 331-7591 or rotondag@gvsu.edu.

Introduction to the Emerging Trends Initiative

Staff at the Community Research Institute (CRI) have developed a process for systematically scanning the Greater Grand Rapids Area for emerging trends and relevant data to inform the work of the Grand Rapids Community Foundation and the larger nonprofit and philanthropic community. More specifically, this project tracks data for each of the Foundation's Leadership Agenda areas including:

- Public Education
- Healthy Youth/Healthy Seniors
- Civic Engagement
- Community & Economic Development
- Child Welfare

This "working document" is a progress report on the Emerging Trends Initiative in the area of Healthy Seniors. It includes a glimpse into the data being collected within the areas of demographics, general health, morbidity/mortality, care/assistance and quality of life. A group of local experts in issues relating to senior health from public and nonprofit sectors were involved in the initiative as Community Interpretive Partners (CIP), providing feedback to refine the data collection system and provide insight to emerging trends. At the completion of this project a full range of senior health data will be available on the Community Research Institute's website at www.cridata.org. In addition goals for future data collection will be available.

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Demographics

Variable 1: Population Composition*

- The US Census Bureau estimated that one in every ten Kent County residents (60,374) was 65 years or older in 2002. In addition, one in every five Kent County residents was a soon-to-be senior (45-64 years).¹ (Exhibit 1)

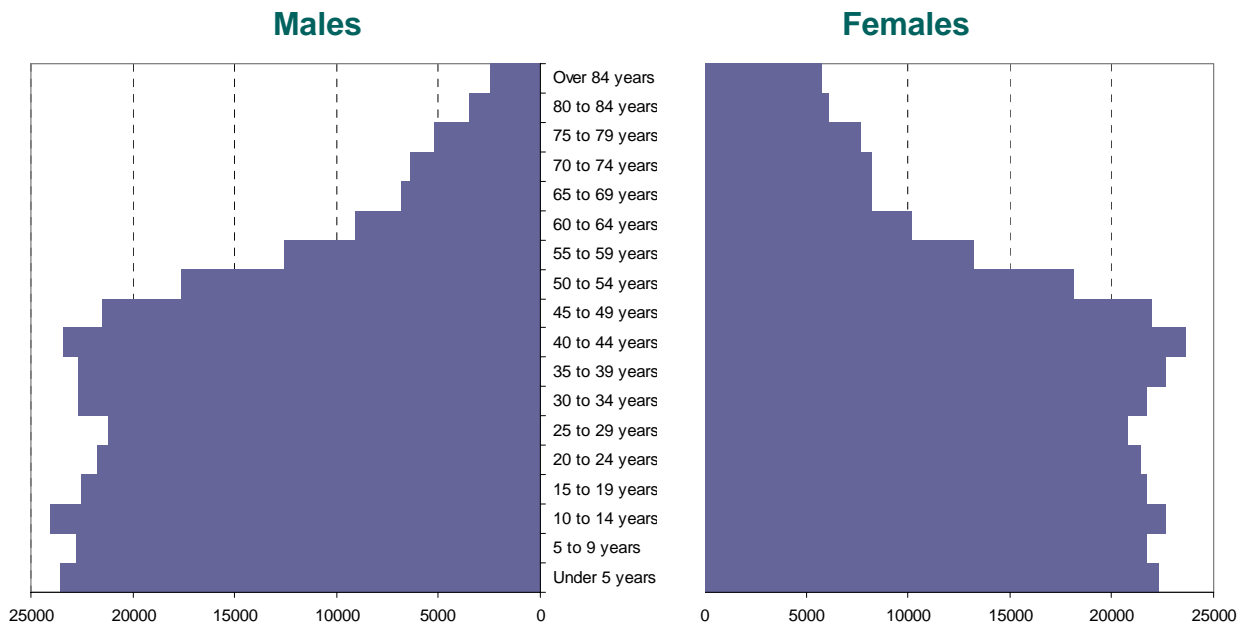
**Exhibit 1– Population by Age
Kent County 2002**

Senior Age Group	Number	Percent of Total Population
45-64	124,349	21.2%
65-74	29,702	5.1%
75-84	22,469	3.8%
85 and older	8,203	1.4%

Source: U.S. Census Population Estimates, 2002

- In 2002, 59.6% of older adults living in Kent County (65+) were females and 40.4% were males. The gender ratio widens in Kent County as adults increase in age (Exhibit 2).¹

**Exhibit 2 – Age Distribution of Total Population
Kent County 2002**



Source: U.S. Census Population Estimates, 2002

- Looking at population trends in Kent County, the number of older adults (65+) increased by 12% from 1990-2002 but because the numbers increased at rates similar to other age groups the percent of the total population that was over the age of 65 remained relatively steady (Exhibit 3).^{1,2}

**Exhibit 3 – Comparison of Age Distributions
Kent County 1990-2002**

	45-64 years old % of Total Population			65 years and over % of Total Population			85 years and over % of Total Population		
	1990	2000	2002	1990	2000	2002	1990	2000	2002
Kent	16.42%	19.72%	21.15%	10.79%	9.03%	10.27%	1.21%	1.36%	1.40%
Michigan	18.75%	22.45%	24.13%	11.92%	12.28%	11.91%	1.15%	1.43%	1.22%
United States	18.64%	22.00%	23.56%	12.56%	11.00%	11.97%	1.24%	2.00%	1.23%

**Source: U.S. Census Bureau 1990, 2000
U.S. Census Population Estimate, 2002**

- The population of Hispanic older adults (65+) is growing at a faster rate than any other race or ethnic group in Kent County. While the white population of seniors in Kent County increased by 24% from 1990-2002, black seniors increased by 48%, and Hispanic seniors grew by 117%. The same trend was visible in the soon-to-be senior population. White adults aged 45-64 increased by 48% from 1990-2002 while blacks increased by 78% and Hispanics by 213%.^{1,2}

**Exhibit 4 – Comparison of Age Distributions by Race
Kent County, 1990-2002**

	% of 45 - 64 year olds			% of 65 and older population		
	1990	2000	2002	1990	2000	2002
White	91.9%	88.5%	89.8%	84.2%	93.3%	93.3%
Black	6.1%	6.9%	7.17%	3.9%	4.8%	5.1%
Hispanic	1.8%	3.3%	3.70%	0.9%	1.5%	1.7%

**Source: U.S. Census Bureau 1990, 2002
U.S. Census Population Estimate, 2002**

- When looking at the same data for smaller geographic areas within Kent County, we see that the majority of older adults in Kent County live in the City of Grand Rapids (Exhibit 5). However, when we look at changes in populations we see that the population of older adults (65+) in Grand Rapids decreased significantly between 1990 and 2000. Conversely, townships such as Algoma, Cannon, Byron, and Gaines saw their population of older adults (65+) more than double during the same time period (Exhibit 6).¹ This creates increased demand for health care, housing, and transportation for the elderly in rural areas.^{2, 4}

Exhibit 5 - Number of People Age 65+ Per Sq. Mile - Kent County 2000

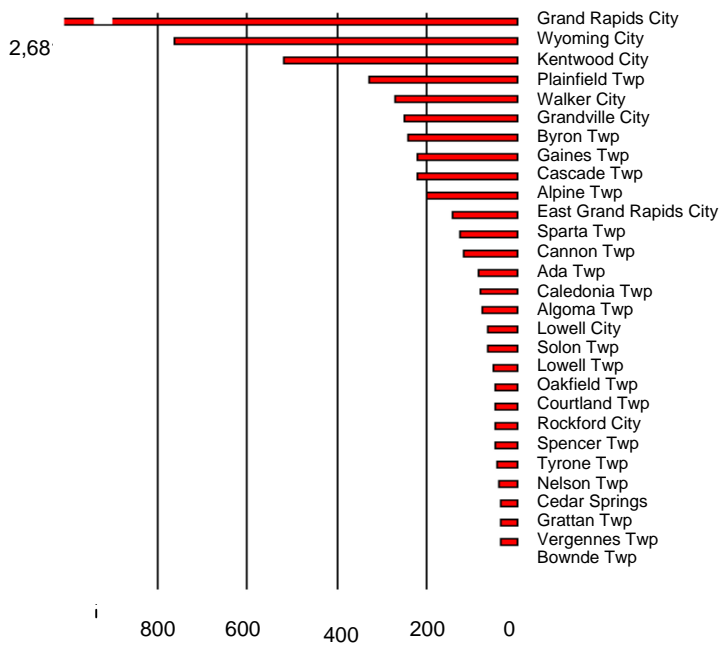
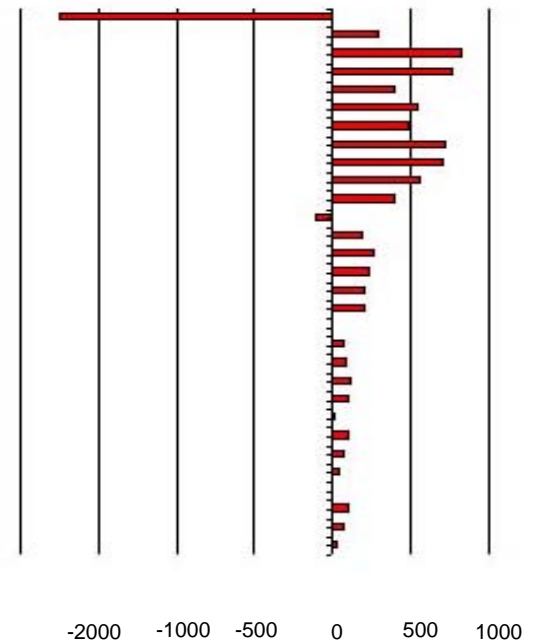


Exhibit 6 - Change in the Number of People Age 65+ - Kent County 1990-2000



Source: U.S. Census Bureau 1990, 2000

*All 2002 figures were arrived at using the U.S. Census Bureaus estimates of population as of July 1, 2002. These estimates are derived using a demographic procedure called an "administrative records component of population change" method. For more information on the methodology of these estimates please visit <http://eire.census.gov/popest/topics/methodology/states.php>

Demographics

Variable 2: Poverty Status

- Seniors who live in poverty are at risk of having inadequate resources for food, housing, health care, and other needs.⁵
- In 2000, there were 49,832 people (8.7% of the total population) living below poverty level in Kent County. Of these 4,188 (8.4%) were age 65 or older.¹ Data from the 2002 American Community Survey shows 5,536 people (9.8%) age 65 or older were living in poverty in Kent County.

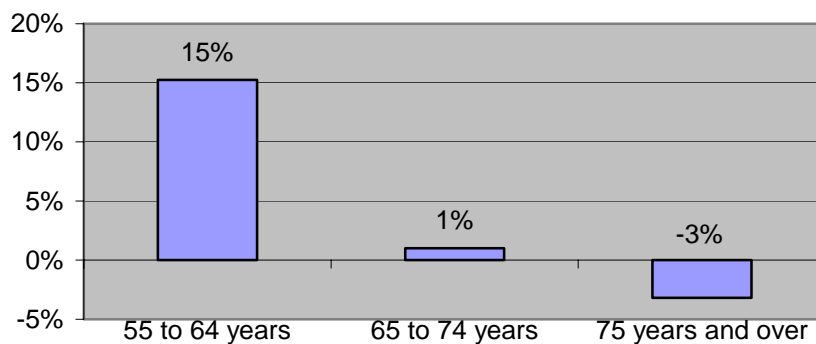
Exhibit 7-Poverty Statistics for People Age 65+ Grand Rapids, Kent County, Michigan 2000

	Number Below Poverty Level				Number Below 200% of Poverty Level			
	Age 65-74		Age 75 and Older		Age 65-74		Age 75 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Grand Rapids	1,043	10.2%	1,077	8.4%	2,715	26.6%	3,834	30.1%
Kent County	1,942	6.4%	2,246	7.7%	6,475	21.4%	8,861	30.2%
Michigan	44,370	6.9%	51,746	9.0%	151,565	23.6%	188,340	32.7%

Source: U.S. Census for Population and Housing

- Between 1990 and 2000, the number of older adults living below the poverty level increased in all age groups other than the 75+ category (Exhibit 8).^{2,4}

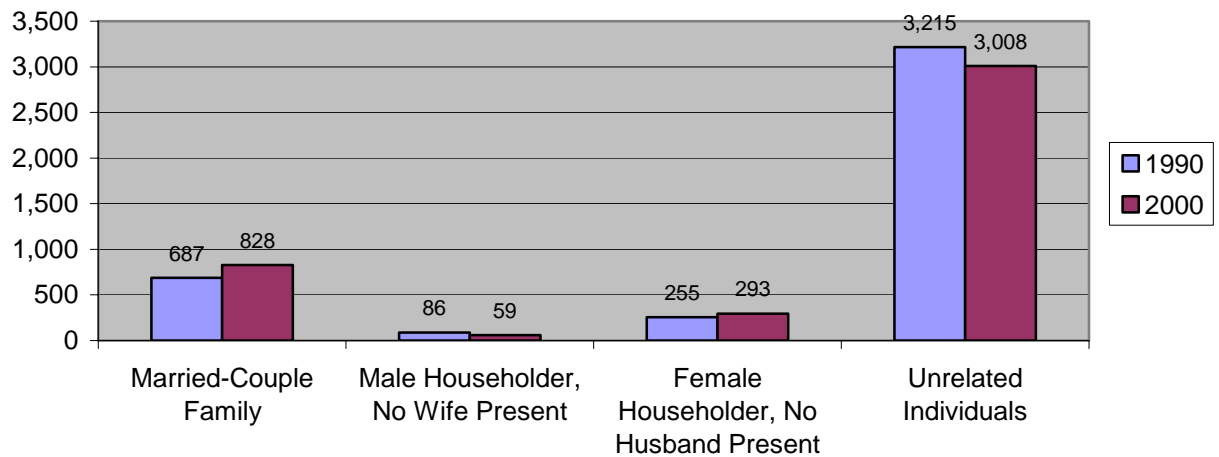
Exhibit 8 - Change in Number of People Living Below Poverty Level by Age Kent County 1990 - 2000



Source: 2000 U.S. Census Bureau

- When examining poverty by living arrangement in Kent County, older persons living with unrelated individuals were much more likely to be poor than were persons living with families. (Exhibit 9).⁴

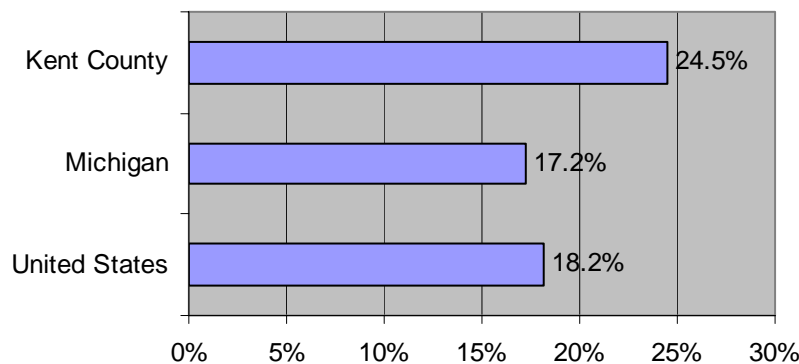
**Exhibit 9 – Number of People Age 65+ Living Below Poverty Level by Household Type
Kent County 1990, 2000**



Source: U.S. Census Bureau 2000

- Grandparents with the responsibility of taking care of their own grandchildren are more likely to be living in poverty than other older adults. (Exhibit 10).³

**Exhibit 10 -Percent of Grandparents Responsible for their Own Grandchildren that are Living Below Poverty Level
Kent County, Michigan, United States 2002**



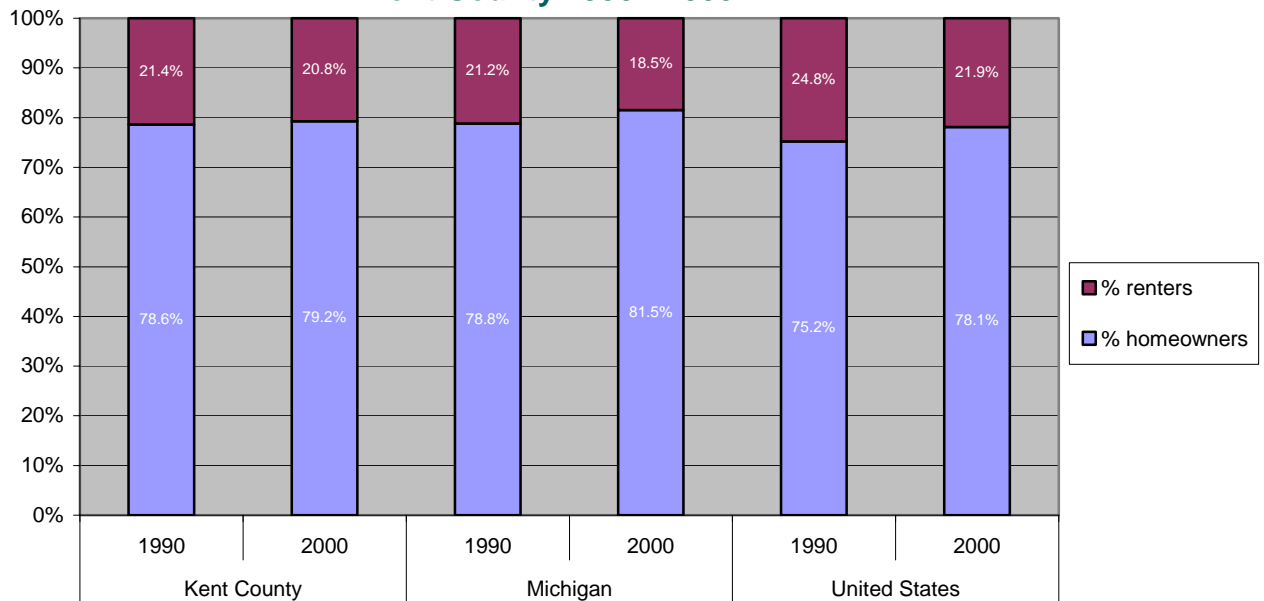
**Source: U.S. Census Bureau
American Community Survey, 2002**

Demographics

Variable 3: Living Arrangements

- Examining the living arrangements of Kent County’s older population is important because living arrangements are closely linked to income, health status, and the availability of caregivers.⁵
- When a living environment is affordable and appropriate, older adults are more likely to remain healthy and independent. Homeownership is typically used as an indicator of affordable housing. In 2000, 29,752 (79.2%) Kent County householders age 65+ were homeowners, a .6% increase from 1990 (Exhibit 11).⁴

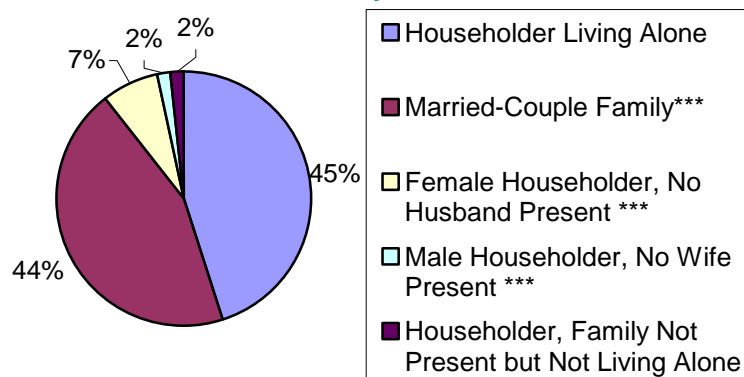
**Exhibit 11 - Home Ownership for Householders Age 65+
Kent County 1990 - 2000**



Source: U.S. Census Bureau 1990, 2000

- Data from 2000 and 2002 show that 53% of householders (65+) who were living in Kent County, were residing with one or more family members, while 47% were living in non-family households (Exhibit 12). These numbers are not significantly different from those seen in Kent County during 1990. However, when compared to state and national numbers from 2000, a greater disparity can be noticed. Sixty-three percent of householders (65+) in the State of Michigan lived in family households. That same year, the national percentage in family households was 64%.^{4, 2,3}

Exhibit 12 - Householders Age 65+ by Household Type Kent County 2000



Source: U.S. Census Bureau 2000

- The percent of older adults who are institutionalized in Kent County is shrinking. According to the US Census, in 1990, 4,631, or 8.6%, of the population aged 65+ were institutionalized in Kent County. In 2000, the Census reported 3,796 institutionalized people, which is equivalent to approximately 6.4% of that population. ^{4, 2}
- In Kent County during 2000, 7,276 grandparents were living with their grandchildren. In 2002, 10,225 Kent County grandparents reported that they were living with their grandchildren*. ⁴
- According to federal guidelines, households are considered to have a “Housing Cost Burden” if they spend more than 30% of their monthly pre-tax household income on housing expenses. Between 1990 and 2002 only a small portion of the senior population in Kent County spent more than 30% of their income on housing. (Exhibit 13). ^{2, 3}

Exhibit 13 - Percent of Senior Population (65+) Suffering from Housing Burden

	1990	2000	2002*
Mortgage Holders			
Kent County	12%	12%	10.1%
Michigan	15.1%	14.1%	16.0%
Renters			
Kent County	42.9%	41.6%	42.2%
Michigan	39.7%	37.6%	35.8%

Source: US Census Bureau 1990, 2000, American Community Survey

* 2002 data was obtained from the US Census Bureau’s American Community Survey. Because the methodology differs from that used in the decennial census, 2002 numbers may not be comparable to 1990 and 2000.

** A householder is defined as the person, or one of the people, in whose name the home is owned, being bought, or rented. If there is no such person in the household, any household member 15 years old or over could be designated as the householder.

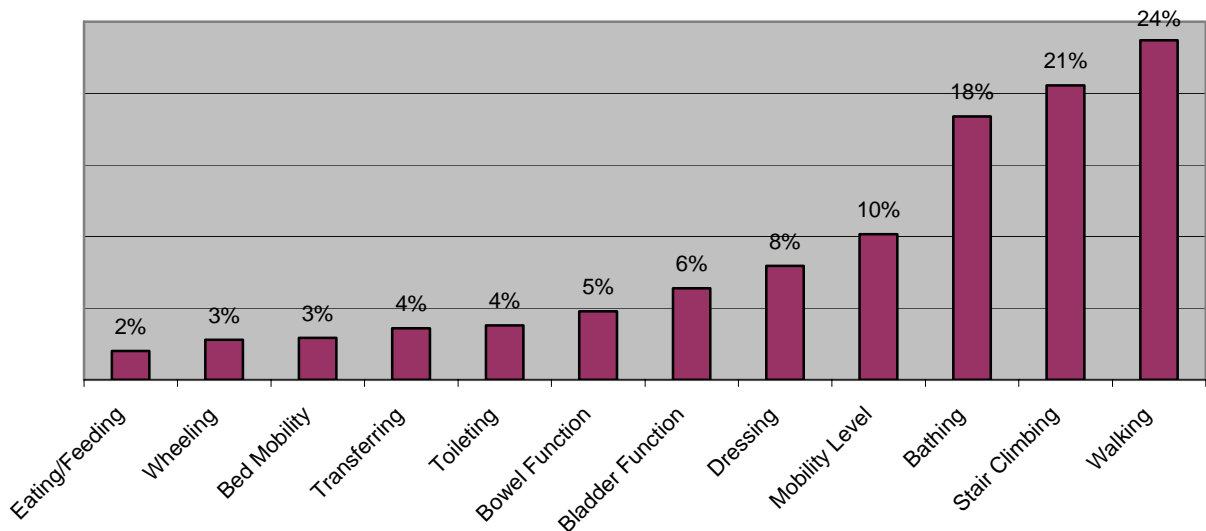
*** Two types of householders are distinguished: family householders and non-family householders. A family householder is a householder living with one or more people related to him or her by birth, marriage, or adoption. The householder and all of the people in the household related to him or her are family members. A non-family householder is a householder living alone or with non-relatives only. Includes a person married to and living with a householder. This category includes people in formal marriages, as well as people in common-law marriages.

General Health

Variable 4: Limitation in Activities of Daily Living (ADL)

- The term ‘Impairments in Activities of Daily Living’ is defined as the inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. ⁶
- Since 1997, the national percentage of adults aged 65 years and over who need the help of other persons with ADL’s has remained stable at 6.5%. ⁷
- Although ADL data is not available for the entire population of older adults in Kent County, a glimpse of Kent County’s senior population is seen when looking at the ADL data collected by Michigan’s Office of Services to the Aging (OSA). OSA collects ADL data for Kent County seniors who participate in OSA programs (approximately 6% of Kent County’s senior population). OSA administers Federally funded Title III aging programs under the Older Americans Act and state-funded aging programs in the following areas: Personal Care, Homemaker, Home Health Aide, Chore, Home Delivered Meals, Care Management, Case Coordination & Support, Adult Day Care, and Respite Care (Exhibit 14). ⁶

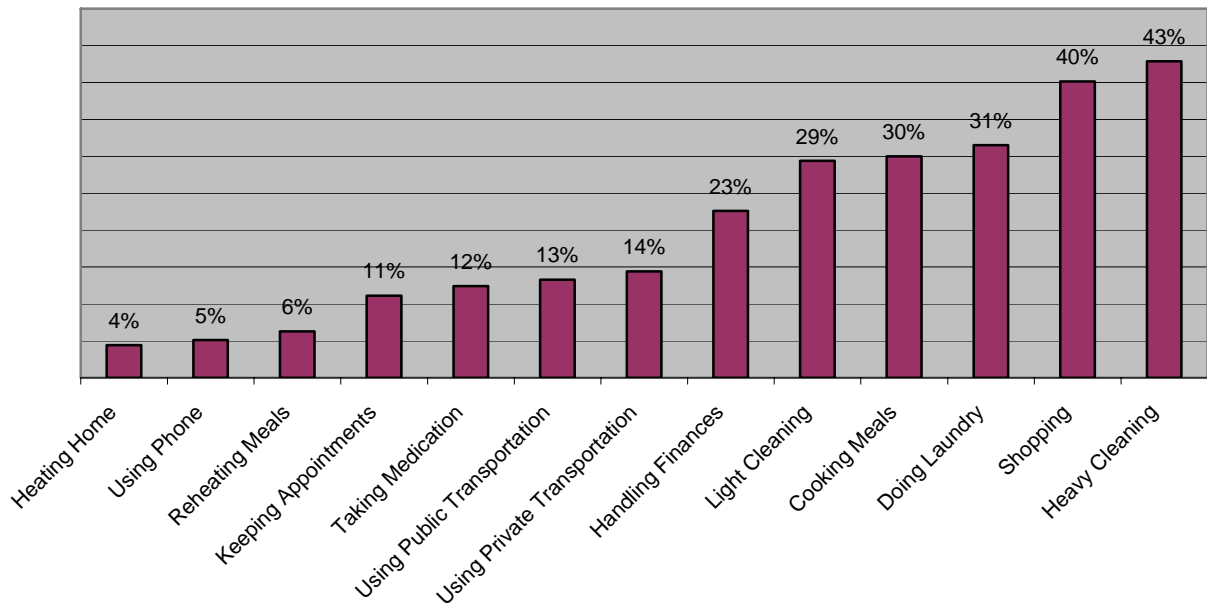
Exhibit 14 - Percent of OSA Clients Age 65+ Reporting Impairments in Activities of Daily Living Kent County 2002



Source: Office of Services to the Aging, Michigan Department of Community Health

- “Impairments in Instrumental Activities of Daily Living” is defined as the inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability.⁶
- Like ADL data, IADL data is not available for the entire population of older adults in Kent County. Again, a glimpse of Kent County’s senior population is seen when looking at the IADL data collected by Michigan’s Office of Services to the Aging (OSA). OSA collects IADL data for Kent County seniors who participate in OSA programs (approximately 6% of Kent County’s senior population) (Exhibit 15).⁶

Exhibit 15 - Percent of OSA Clients Age 65+ Reporting Impairments in Instrumental Activities of Daily Living Kent County 2002



**Source: Office of Services to the Aging,
Michigan Department of Community Health**

General Health

Variable 5: Perceived Health Status

- Asking older adults to rate their own health provides a common indicator of well being. Statistically, good to excellent self-reported health has been proven to correlate with lower risk of mortality.⁸
- In 2002 the Centers for Disease Control conducted its annual Behavioral Risk Factor Surveillance System (BRFSS) survey. Within this survey respondents were asked to rate their personal health. At the national level, the majority of older adults aged 65+ (70%) rated their health status as good, very good or excellent while 28.4% said their health was fair or poor. A smaller percent (26.5%) of Michigan residents (Age 65+) reported having fair or poor health (Exhibit 16).⁹

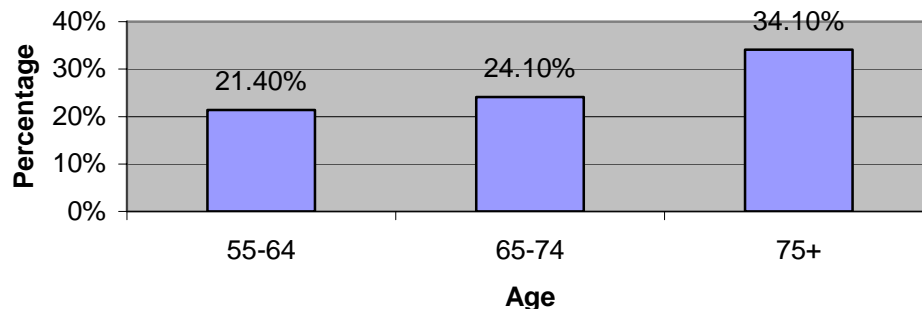
**Exhibit 16- Self Rating of Health Status by Age
United States & Michigan, 2002**

	Excellent	Very good	Good	Fair	Poor
United States					
55-64	18.8%	30.0%	30.2%	13.5%	6.5%
65+	11.4%	25.0%	33.6%	19.7%	8.7%
Michigan					
55-64	18.0%	29.5%	34.8%	11.7%	5.9%
65+	10.4%	26.3%	36.8%	16.6%	9.9%

Source: Centers for Disease Control and Prevention

- As a local complement to the national CDC survey, the BRFSS was administered in Kent County by the Kent County Health Department. This survey indicated that 20-25% of older adults in Kent feel that their health is “fair” or “poor”, depending on age (Exhibit 17).⁸ These numbers are slightly higher than the national and Michigan level figures reported by the CDC.⁹

**Exhibit 17 –Percent of Older Adults Reporting Fair or Poor Health by Age
Kent County, 2002**



Source: Kent County Health Department

General Health

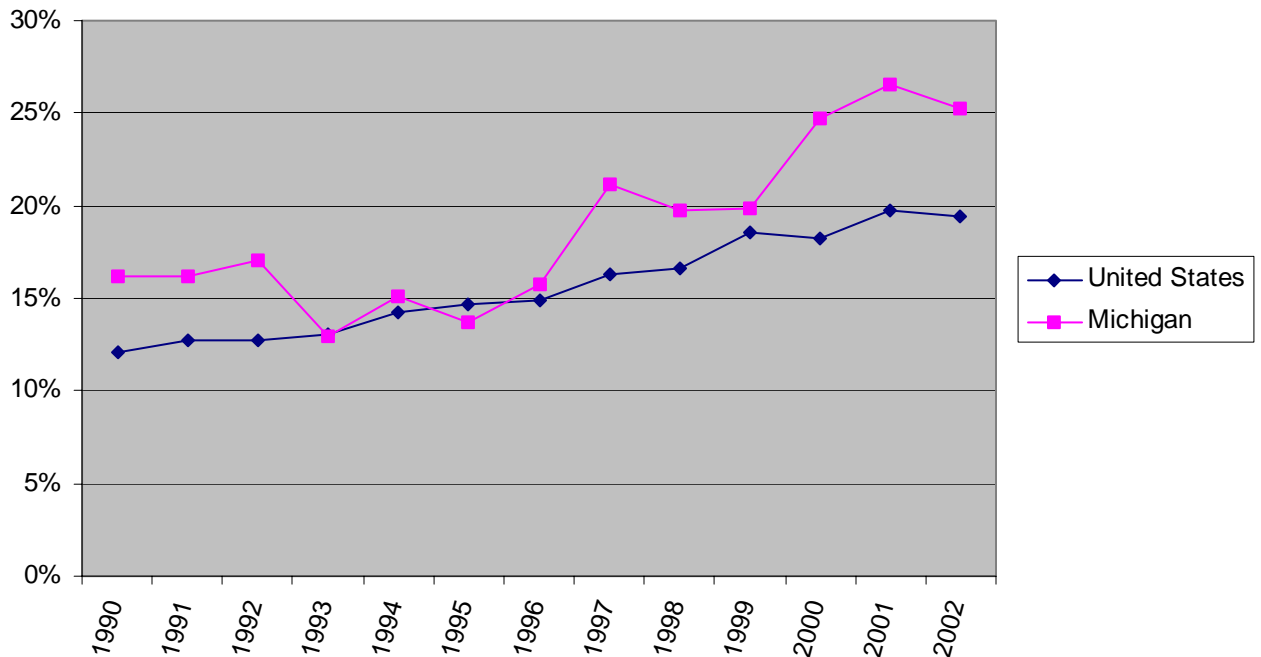
Variable 6: Obesity, Nutrition & Physical Activity

- According to the Administration on Aging, there is increasing evidence that links lifestyle choices to longevity and good health in the later years. A few of the lifestyle choices that are important for older adults to consider are maintaining a healthy weight, eating nutritious foods and engaging in physical activity.¹⁰

Obesity

- Obesity is a major health problem in United States today. Many risks are associated with obesity including increased incidences of illness due to high blood pressure, high cholesterol, type 2 diabetes and stroke. Gallbladder disease, arthritis, breathing problems and certain types of cancer are also more prevalent in obese individuals.⁸ At the state and national levels, the percent of older adults (65+) regarded as obese has significantly increased over the past 12 years (Exhibit 18).⁹

**Exhibit 18- Prevalence of Obesity* in Adults Age 65+
United States & Michigan 1990 – 2002**

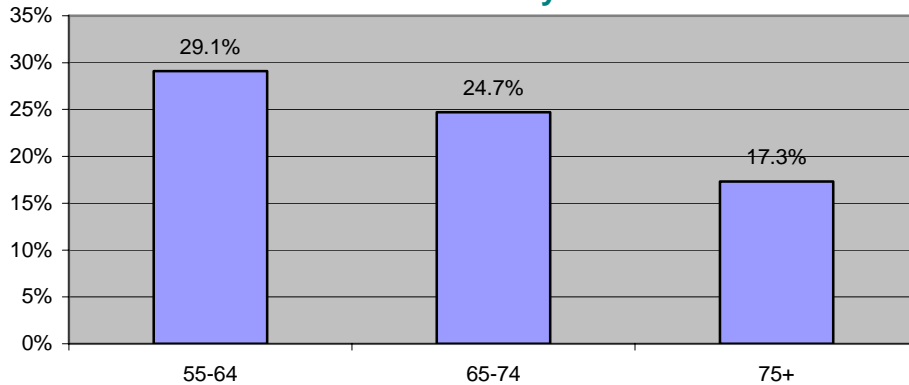


Source: Center for Disease Control and Prevention

*Obesity Computed as Person with Body Mass Index > 30.0

- Using Body Mass Index (BMI) measurements as a determinant of obesity, Kent County's BRFSS survey indicated that nearly a quarter of 65-74 year olds in Kent County were obese in 2002 (Exhibit 19).⁸

**Exhibit 19- Prevalence of Obesity* by Age
Kent County 2002**



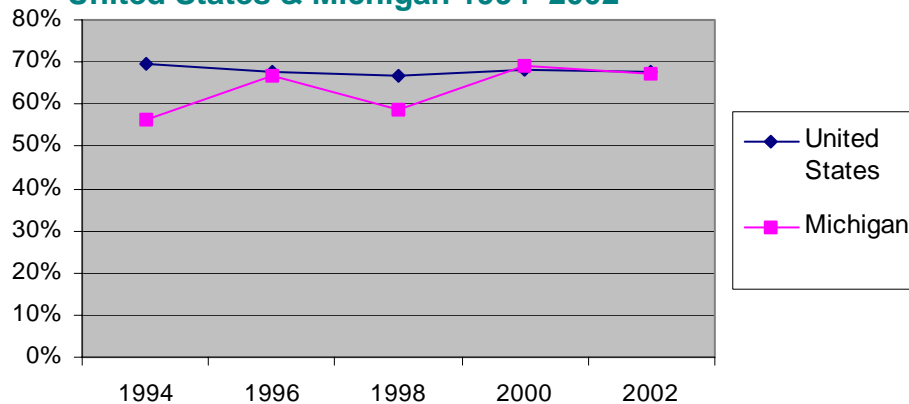
Source: Kent County Health Department

*Obesity Computed as Person with Body Mass Index > 30.0

Nutrition

- In older adults proper nutrition is credited with preventing heart disease and diabetes, as well as, protecting cells from damaging cancers, aging symptoms, and other diseases.⁸
- The national BRFSS survey, administered by the Center for Disease Control (CDC), asks respondents about their fruit and vegetable consumption habits. All respondents who report they were not consuming five or more servings of fruits and vegetables per day were considered by the CDC to not be consuming enough fruits and vegetables. In 2002, nearly 7 out of 10 older adults (65+) in the United States and Michigan were not consuming enough fruits and vegetables (Exhibit 20).⁹

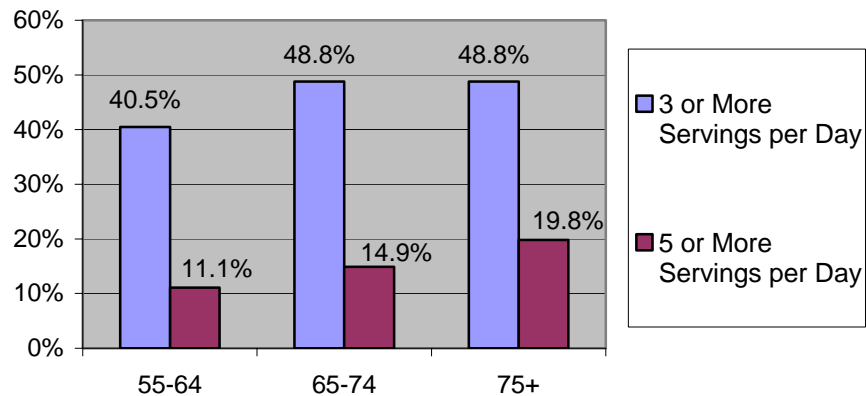
**Exhibit 20- Percent of Adults (Age 65+)
Who did not Consume Enough Fruits/Vegetables
United States & Michigan 1994–2002**



Source: Centers For Disease Control and Prevention

- The 2002 Kent County BRFSS, also asked about levels of fruit and vegetable consumption. Between 11 – 20% of Kent County’s older adults were considered to be eating enough fruits and vegetables (Exhibit 21).⁸

**Exhibit 21 – Level of Fruit and Vegetable Consumption by Age
Kent County 2002**

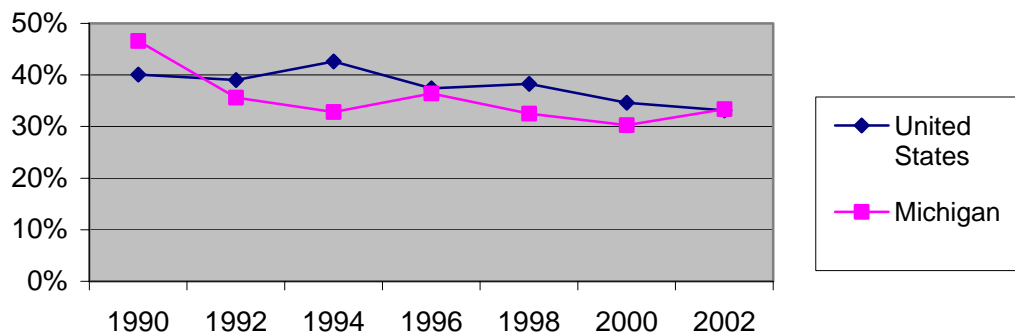


Source: Kent County Health Department

Physical Activity

- Regular physical activity is associated with lower death rates in adults of all ages because it decreases the risk of heart disease, diabetes and colon cancer and even symptoms of depression while increasing bone and muscle strength. This is important especially for older adults as it reduces that chance of falling hence helping them maintain their independent living status.⁸
- The state and national BRFSS surveys asked, “During the past month, did you participate in any physical activities?” Results, for both the US and Michigan, indicate that the majority of the soon-to-be-seniors and older adults participated in physical activities. In 2002, 73.6 % of the 55-64 age group and 66.8% of the 65+ age group nationwide responded positively to the survey question. While this is encouraging, it should be noted that a significant portion of older adults are still no taking part in any leisure time physical activity (Exhibit 22).⁹

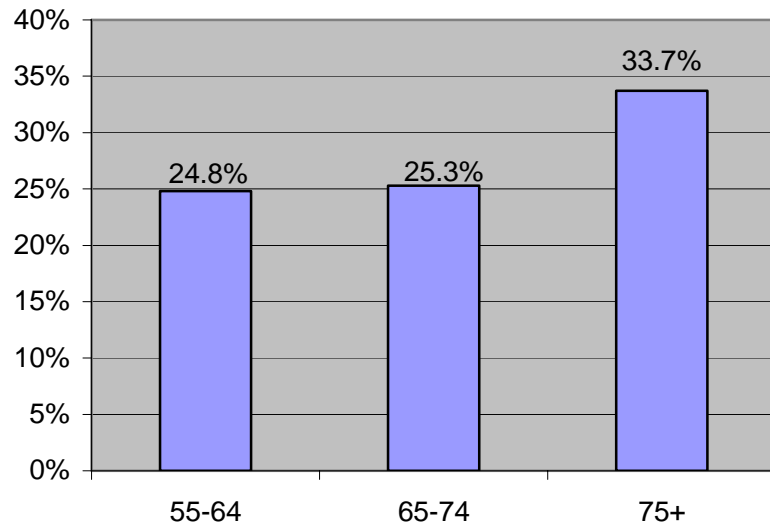
**Exhibit 22–Percent of Adults (65+) Reporting No Leisure Time Physical Activity
United States & Michigan 1990 – 2002**



Source: Centers for Disease Control and Prevention

- The Kent County Health Department survey results show that 24% of the 55-64 age group, 25.3% of the 65-74 age group and 33.7% of older adults aged 75+ did not participate in leisure time physical activity (Exhibit 23).⁸

**Exhibit 23 – Older Adults Reporting No Leisure Time Physical Activity
Kent County 2002**



Source: Kent County Health Department

Morbidity & Mortality

Variable 7: Leading Causes of Preventable Hospitalizations

- According to the Michigan Department of Community Health, “Preventable Hospitalizations are those for which timely and effective ambulatory care can help reduce the risks for common problems such as asthma, diabetes or dehydration. High rates of preventable hospitalizations in a community may be an indicator of a lack of or failure of prevention efforts, a primary care resource shortage, poor performance or primary health care delivery systems or other factors that create barriers to obtaining timely and effective care.”¹¹
- In 2002, the rate of preventable hospitalizations for Kent County was 735.9 per 10,000 aged 65+ compared to 1079.5 for the State of Michigan. Congestive heart failure was the leading cause of preventable hospitalizations in the county for the people aged 65+ with a rate of 162.8 per 10,000 residents (Exhibit 24).¹¹

Exhibit 24 – Leading Causes of Preventable Hospitalizations, Patients 65+ Kent County and Michigan 2002

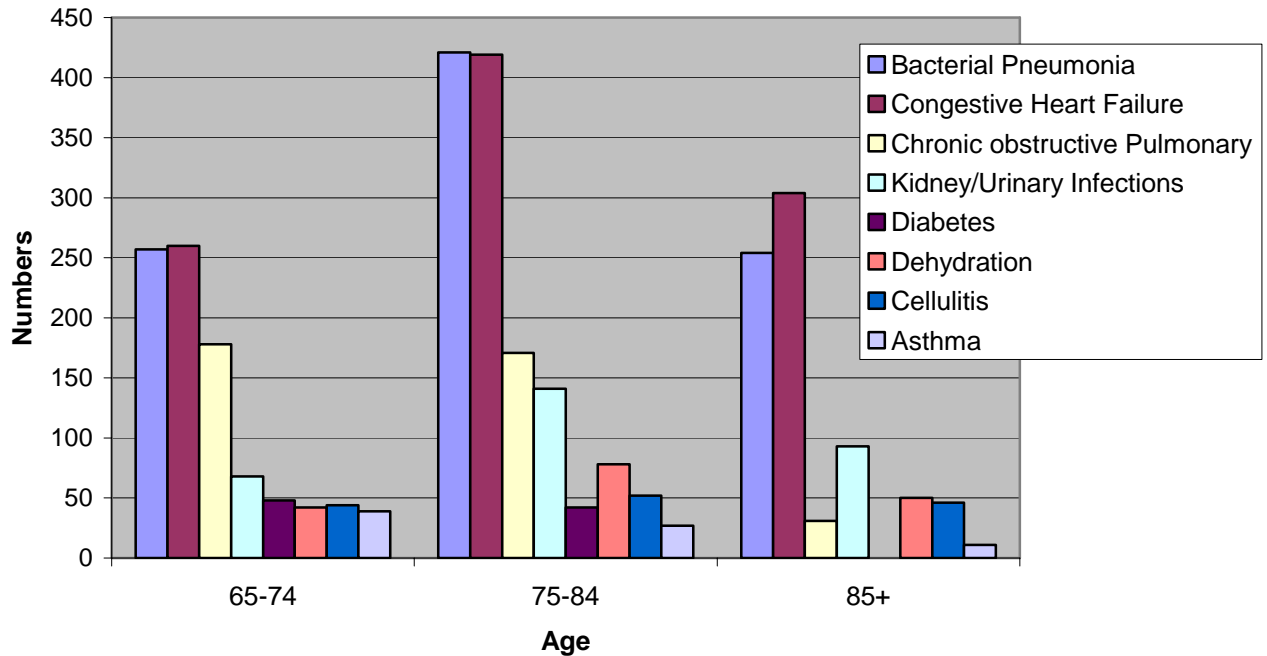
	Number of Preventable Hospitalizations		Rank		Rate per 10,000 Aged 65+	
	Kent County Avg 1997-2001	Kent County 2002	Kent County 2002	Michigan 2002	Kent County 2002*	Michigan 2002**
All preventable Hospitalizations	4,334	4,443			735.9 ±21.6	1079.5 ±5.8
Congestive Heart Failure	945	983	1	1	162.8	239.6
Bacterial Pneumonia	856	932	2	2	154.4	177.3
Chronic Obstructive Pulmonary	386	380	3	3	62.9	114.2
Kidney/Urinary Infections	285	302	4	5	50.0	61.2
Dehydration	206	170	5	4	28.2	61.6
Cellulitis	117	142	6	6	23.5	31.9
Diabetes	91	97	7	7	16.1	26.0
Asthma	67	77	8	9	12.8	17.9
Convulsions	58	40	9	10	6.6	15.3
Angina	80	39	10	8	6.5	19.1
All other Preventable Hospitalization Conditions	1,244	1,281			212.2	315.4

Source: Michigan Department of Community Health

*Confidence interval range ±2.0 to ±11.6 for individual preventable hospitalization causes
**Confidence interval ranging from ±.8 to ±3.1 for individual preventable hospitalization causes

- Examining preventable hospitalization causes by age group, we see that congestive heart failure and bacterial pneumonia are the leading causes of preventable hospitalizations in all categories. Data suggests that 75-84 year olds are the most susceptible to preventable hospitalizations (Exhibit 25).¹¹

**Exhibit 25 - Number of Preventable Hospitalizations by Age
Kent County 2002****



Source: Michigan Department of Community Health

**The chart shows no diabetes hospitalizations for those 85 and older. There may in fact be fewer than 11 hospitalizations due to diabetes, but these are grouped with the “all other preventable hospitalizations” category because they are not one of the 10 leading causes for preventable hospitalization in this age group.

Morbidity and Mortality

Variable 8: Leading Causes of Death

- In 2002, there were 4,035 deaths in Kent County (782.3 per 100,000 population). In the city of Grand Rapids there were 1,780 deaths. In both localities, 75% of the deceased were age 65 and older.¹²
- According to the Michigan Department of Community Health, causes of death are defined as, “the condition giving rise to the chain of events leading to death.” Comparing 2001 data to 2002 data, the leading cause of death for residents of Kent County ages 45-74 did not change. For both years, cancer was the leading cause of death, followed by heart disease and chronic lower respiratory diseases. For Kent County residents age 75 and older, heart disease remained the leading cause of death, followed by cancer and stroke (Exhibit 26).¹²

**Exhibit 26-Rank of Leading Causes of Death by Age
Grand Rapids, Kent County, Michigan, 2002**

Ages 45-74	Grand Rapids	Kent	Michigan	Ages 75 and older	Grand Rapids	Kent	Michigan
Cancer	1	1	1	Heart Disease	1	1	1
Heart Disease	2	2	2	Cancer	2	2	2
Chronic Lower Respiratory Diseases	3	3	3	Stroke	3	3	3
Diabetes Mellitus	4	5	5	Alzheimer's Disease	4	4	5
Stroke	5	4	4	Pneumonia/Influenza	5	6	6
Unintentional Injuries	6	6	6	Chronic Lower Respiratory Diseases	6	5	4
Pneumonia/Influenza	7	7	8	Diabetes Mellitus	7	7	7
Intentional Self-harm (Suicide)	8	8	9	Kidney Disease	8	8	8
Kidney Disease	9	9	7	Unintentional Injuries	9	7	9
Alzheimer's Disease	10	10	10	Intentional Self-harm (Suicide)	10	9	10

Source: Michigan Department of Community Health

- In 2002 in the City of Grand Rapids and Kent County, cancer and heart disease combined accounted for approximately 60% of deaths within the population age 45 to 64. Cancer and heart disease were responsible for the deaths of approximately 45% of the residents age 75 and older (Exhibit 27).¹²

**Exhibit 27 - Number of Deaths by Age and Cause
Grand Rapids, Kent County, Michigan, 2002**

	Grand Rapids			Kent County			Michigan		
	Ages 45-64	Ages 75+	All Ages	Ages 45-64	Ages 75+	All Ages	Ages 45-64	Ages 75+	All Ages
All Causes of Death	490	1,111	1,780	1,246	2,405	4,035	30,801	49,554	87,534
Heart Disease	137	308	471	310	717	1,064	8,158	17,590	26,447
Cancer	155	185	363	457	442	949	10,464	8,560	19,831
Stroke	21	114	137	49	216	271	1,298	4,305	5,740
Chronic Lower Respiratory Diseases	27	56	84	68	119	189	1,563	2,747	4,389
Unintentional Injuries	14	28	68	39	65	185	932	863	3,242
Diabetes Mellitus	22	33	59	40	65	115	1,160	1,476	2,753
Pneumonia/Influenza	12	58	72	30	105	139	414	1,515	2,007
Alzheimer's Disease	1	62	63	7	126	133	142	1,804	1,946
Kidney Disease	5	32	37	8	59	67	466	1,101	1,606
Intentional Self-harm (Suicide)	10	1	25	20	4	54	409	100	1,095
All Other Causes	86	234	401	218	487	869	5,795	9,493	18,478

Source: Michigan Department of Community Health

Morbidity and Mortality

Variable 9: Trends in Mortality

- Since we began tracking mortality trends in 1997, heart disease has been the leading cause of death for seniors age 75 and older in Kent County. It remained the leading cause of death in 2002, accounting for 29.8% of the fatalities in that age bracket. This figure represents a slight decrease from 2001 when heart disease accounted for 33% of senior (75+) deaths. ¹²
- The four remaining leading causes of death for residents of Kent County age 75 and older include cancer, diabetes related, stroke, and chronic lower respiratory diseases. Those diseases combined accounted for 42.5% of deaths within that senior population. ¹²

**Exhibit 28 - Average Number of Deaths and Death Rates per 100,000
Kent County, 1997-2002**

Heart Disease

	All Ages		Ages 50-74		Ages 75 and Older	
	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000
2002	1,064	208.9 ±12.6	291	263.1 ±30.2	717	2,337.6 ±171.1
2001	1,144	229.0 ±13.3	304	284.0 ±31.9	796	2,640.0 ±183.4
2000	1,183	240.6 ±13.7	330	318.1 ±34.3	805	2,721.7 ±188.0
1999	1,205	238.3 ±13.5	353	344.5 ±35.9	798	2,571.6 ±178.4
1998	1,227	248.2 ±13.9	322	322.8 ±35.3	854	2,833.7 ±190.1
1997	1,236	256.1 ±14.3	328	336.8 ±36.5	841	2,865.2 ±193.6

Cancer

	All Ages		Ages 50-74		Ages 75 and Older	
	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000
2002	949	187.8 ±12.0	420	379.7 ±36.3	442	1,441.1 ±134.3
2001	888	179.4 ±11.8	389	363.4 ±36.1	426	1,412.8 ±134.2
2000	906	186.3 ±12.2	432	416.4 ±39.3	403	1,362.5 ±133.0
1999	883	177.7 ±11.7	438	427.5 ±40.0	375	1,208.5 ±122.3
1998	884	180.8 ±11.9	414	415.0 ±40.0	379	1,257.6 ±126.6
1997	896	187.2 ±12.3	409	420.0 ±40.7	414	1,410.5 ±135.9

Diabetes (diabetes mellitus & other diabetes related deaths)

	All Ages		Ages 50-74		Ages 75 and Older	
	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000
2002	406	80.2 ±7.8	141	127.5 ±21.0	246	802.0 ±100.2
2001	401	81.4 ±8.0	144	134.5 ±22.0	239	792.7 ±100.5
2000	415	85.1 ±8.2	169	162.9 ±24.6	226	764.1 ±99.6
1999	416	83.1 ±8.0	170	165.9 ±24.9	233	750.9 ±96.4
1998	369	75.0 ±7.7	136	136.3 ±22.9	222	736.6 ±96.9
1997	345	71.7 ±7.6	133	136.6 ±23.2	194	660.9 ±93.0

Stroke

	All Ages		Ages 50-74		Ages 75 and Older	
	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000
2002	271	53.0 ±6.3	44	39.8 ±11.8	216	704.2 ±93.9
2001	268	53.3 ±6.4	50	46.7 ±12.9	208	689.8 ±93.8
2000	270	54.9 ±6.6	55	53.0 ±14.0	202	683.0 ±94.2
1999	264	51.7 ±6.2	51	49.8 ±13.7	203	654.2 ±90.0
1998	270	54.4 ±6.5	48	48.1 ±13.6	214	710.1 ±95.1
1997	288	59.2 ±6.8	54	55.5 ±14.8	218	742.7 ±98.6

Chronic Lower Respiratory Disease

	All Ages		Ages 50-70		Ages 75 and Older	
	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000	Avg # of Deaths	Rate per 100,000
2002	189	38.0 ±5.4	67	60.6 ±14.5	119	388.0 ±69.7
2001	192	39.2 ±5.6	61	57.0 ±14.3	129	427.8 ±73.8
2000	232	47.9 ±6.2	87	83.8 ±17.6	141	476.7 ±78.7
1999	221	43.9 ±5.8	70	68.3 ±16.0	146	470.5 ±76.3
1998	156	31.7 ±5.0	59	59.1 ±15.1	93	308.6 ±62.7
1997	178	36.8 ±5.4	59	60.6 ±15.5	115	391.8 ±71.6

Source: Michigan Department of Community Health

*The manner in which underlying cause of death is coded and classified was revised in 1999 to reflect changing medical opinion and practice. The comparability between classification schemes for this particular cause of death is high (1.01), meaning that the change should have little or no impact on the comparisons of mortality statistics over time.

Care & Assistance

Variable 10: Nursing Home Utilization

- In 2003, Kent County had 24 licensed and regulated nursing homes with 2,412 beds (39.95 beds per 1,000 elderly people age 65 and above). Bed days are defined as the number of days on which a resident is occupying a bed. The day that the resident enters a nursing home and the day they leave are counted as one day. In Kent County, the number of bed days has decreased by 7.1% between 2003 and 1998 (Exhibit 29).¹³

**Exhibit 29 - Nursing Home Facilities
Kent County 1998 – 2003**

	Number of Facilities	Total Number of Beds	Bed Days	Occupancy Rate
2002 - 2003	24	2,412	854,891	84.13%
2001 - 2002	23	2,405	859,575	88.12%
2000 - 2001	23	2,449	865,279	87.50%
1999 - 2000	23	2,401	841,499	87.68%
1998 - 1999	24	2,658	920,592	87.96%

**Source: Michigan Department of Community Health
Data Analysis Reimbursement and Settlement Division**

- During 2003 in Michigan, it cost \$62,000 on average to spend a year in a nursing home. This is significantly higher than the national average (\$57,700). This cost has risen by 7.31% since 2001 using inflation adjusted calculations. This compares to a 1.15% increase in the national average for nursing home costs.¹⁴
- The ratio of nursing home Medicaid, Medicare and other payment activity remained steady between 1998 and 2003 (Exhibit 30).¹³

**Exhibit 30 - Nursing Home Activity by Payment Type
Kent County 1998 – 2003**

	Medicare	Medicaid	Other Activity
2002-2003	11.80%	61.58%	26.62%
2001-2002	10.58%	62.27%	27.14%
2000-2001	9.17%	63.84%	27.00%
1999-2000	9.61%	62.32%	28.07%
1998-1999	11.00%	61.70%	27.30%

**Source: Michigan Department of Community Health
Data Analysis Reimbursement and Settlement Division**

Care & Assistance

Variable 11: Assistance

- Communities play an important role in the quality of life of elderly residents. The availability of assistance to older adults is a key part of that role. The 2003 Greater Grand Rapids Community Survey showed that nearly 37% of Kent County residents provide help for an elderly relative or friend. In 2003 23% reported missing work occasionally in order to provide that help. This compares with 28.9% in 2001 and 10.3% in 2002. (Exhibit 31).¹⁵

**Exhibit 31 - Percent Providing Elder Assistance by Age
Greater Grand Rapids 2001-2003**

	18-24	25-34	35-44	45-59	60-69	70-79	80+
2001	36.80%	25.90%	44.30%	49.70%	46.30%	35.90%	21.60%
2002	46.70%	37.80%		44.40%	42.00%	24.90%	34.60%
2003	35.19%	32.26%		43.70%	43.48%	31.25%	34.62%

Source: 2003 Community Survey, Community Research Institute

- Community survey respondents reported that they provide many forms of assistance, such as running errands, transportation for doctor visits, yard work, and companionship (Exhibit 32).¹⁵

**Exhibit 32 - Types of Assistance Provided to Elderly Relatives or Friends
Greater Grand Rapids 2001-2002**

	2001	2002	2003
Errands	67.6%	41.2%	60.5%
Yard Work	38.8%	34.3%	34.6%
Bathing or Personal Care	11.2%	29.6%	22.2%
Housework	34.1%	28.3%	37.8%
Handling Financial Matters	31.3%	23.6%	29.7%
Meal Preparation	23.3%	17.6%	27.6%
Other: Companionship, Home Repair, Etc.	11.4%	6.9%	10.3%

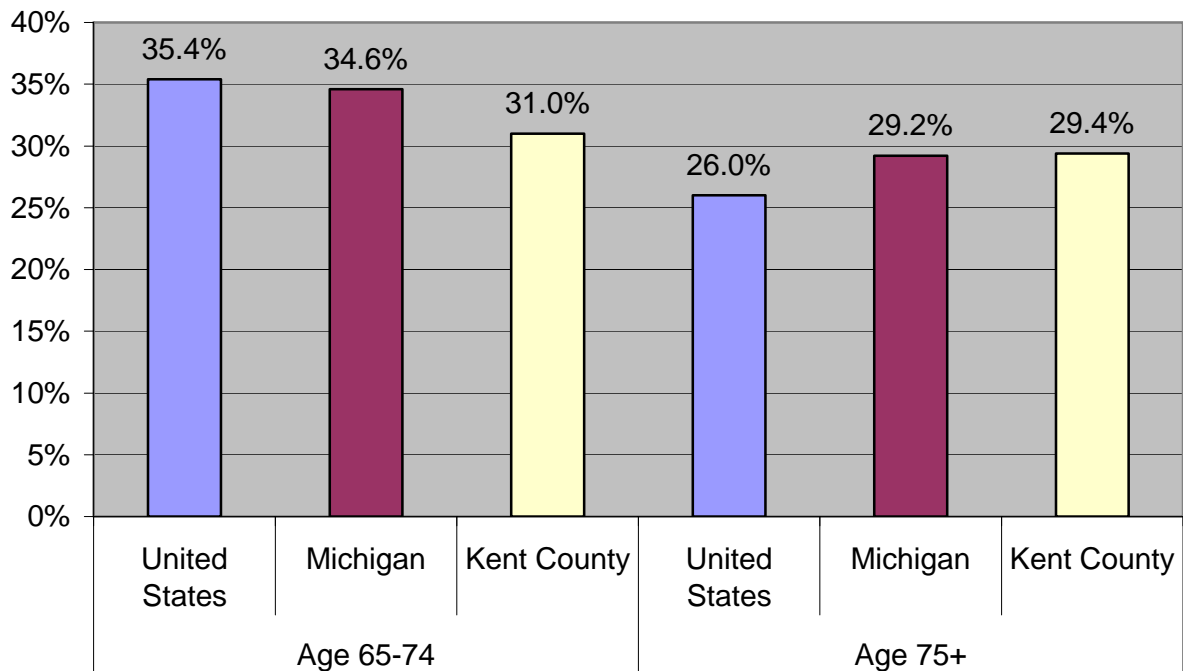
Source: 2003 Community Survey, Community Research Institute

Care & Assistance

Variable 12: Immunization

- Respiratory infections caused by influenza and pneumococcal bacteria pose a great risk to older adults. These infections cause more deaths in the United States than all other vaccine-preventable diseases combined.⁸
- The Kent County Health Department reports that flu shots are effective measures in controlling the spread and reducing the severity and mortality rate of pneumonia and flu. During the last decade, there was a nearly two-fold increase in the percentage of persons over 65 years receiving an annual influenza vaccination.⁸

**Exhibit 33 – Percent of Older Adults Reporting No Flu Shot Within Last 12 Months
United States, Michigan & Kent County 2002**



Source: Kent County Health Department

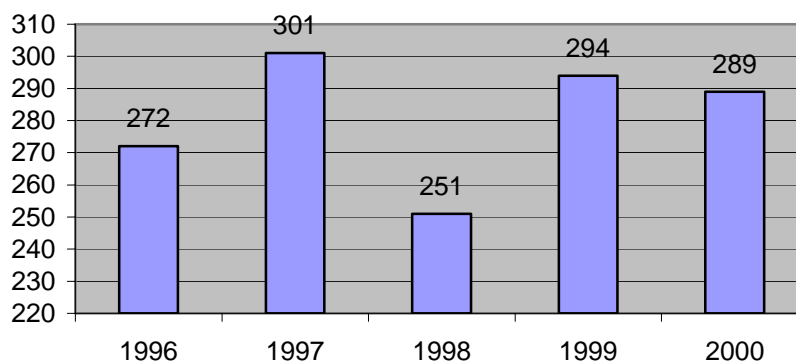
- Detailed Kent County statistics show that older adults that are male are more likely to be immunized than females (72.5% vs. 68.3%). In addition, older adults with higher levels of educational attainment are more likely to get immunizations (75% college graduate vs. 67.6% high school graduate).⁸

Care & Assistance

Variable 13: Elder Abuse

- According to the National Center on Elder Abuse (NCEA), elder abuse in domestic settings – in a person’s own home, apartment or non-institutional living arrangement – is a serious problem affecting hundreds of thousands of elderly people across the country. ¹⁶
- The NCEA defines seven different types of elder abuse: physical abuse, sexual abuse, emotional abuse, financial exploitation, neglect, abandonment and self-neglect. Since 1986, the data collected by NCEA has indicated a steady increase in the reporting of elder abuse nationwide. Despite this, elder abuse incidents are still thought to be grossly under-reported. Estimates indicate that only 1 out of 14 domestic elder abuse incidents comes to the attention of authorities at State adult protective services or aging agencies. ¹⁶
- Looking away from national data, the Michigan State Police report that 75% of elder abuse victims are female and the average age of abused elders is 75. ¹⁷
- According to Michigan Adult Protective Services, 69% of adult mistreatment victims are over age 60. ¹⁸

Exhibit 34 - Reports of Elder Abuse in Kent County 1996-2000



Source: The Delta Strategy Report Card, 2002-2003¹⁹

Care & Assistance

Variable 14: Home Delivered Meals

- Nutrition programs provide an important opportunity to check up on the welfare of the homebound elderly.¹⁰ In 2003, the Administration of Aging (AOA) stated that 73% of those who received home delivered meal services were at high nutritional risk, while 25% were at moderate nutritional risk.¹⁰
- The Michigan Department of Community Health lists three home delivered meal programs in Kent County including Senior Meals on Wheels of Kent County, North Kent Community Center, and Latin American Services of Grand Rapids.²⁰ These programs all provide homebound residents with at least a meal containing 1/3 of the recommended daily allowance for the appropriate age group.
- Senior Meals on Wheels of Kent County provides meals to individual clients, as well as the two other meal programs operating in Kent County. This valuable service has grown over the last five years, but was forced to scale back in 2003 due to flat and reduced funding. For the first time a waiting list was used for meal requests.²¹

Exhibit 35 – Number Served by Senior Meals on Wheels of Kent County*

	1999	2000	2001	2002	2003
Number Served	1070	1681	1845	2034	1758

Source: Senior Meals on Wheels, Program Inc

- Those served by Senior Meals on Wheels are primarily those who have few other ways to provide nutritional meals for themselves. Although the AOA does not allow a means test to be used to determine participation in nutrition programs, the stated goal of the Elderly Nutrition Program is to target older people with the greatest economic or social need.¹⁰ In Kent County 84% of Senior Meals participants have an annual income of \$15,000 or less (Exhibit 36).

Exhibit 36 – Percent of Senior Meals Clients by Income*

	1999	2000	2001	2002	2003
Income \$0 or unknown	32.4%	37.6%	47.4%	40.3%	38.7%
Less than \$10,000	35.4%	30.7%	24.8%	27.8%	27.9%
\$10-15,000	19.8%	19.4%	14.7%	16.4%	17.5%
\$15-20,000	7.6%	6.9%	6.7%	8.4%	8.4%
\$20-25,000	3.3%	3.1%	3.5%	4.1%	4.7%
More than \$25,000	1.5%	2.3%	2.8%	3.0%	2.8%

Source: Senior Meals on Wheels, Program Inc.

- Another goal of the Elderly Nutrition Program of the AOA is to assist low-income minorities.¹⁰ If we use estimates by the US Census Bureau for Kent County in 2002 and compare them to the numbers served by race during that same year we notice that this emphasis is evident here in Kent County. The make up of the general population over 65 was 93% White, 5.1% African-American, and 1.7% Hispanic. In 2002 clients served by Senior Meals (not all of the clients are over 65) were 19% White, 95% African-American, and 6% Hispanic.¹

Exhibit 37 – Percent of Senior Meals Clients by Race*

	1999	2000	2001	2002	2003
White	17.2%	16.2%	15.6%	15.7%	17.2%
African-American	77.9%	78.7%	80.2%	78.4%	76.8%
Hispanic*	3.8%	3.5%	3.0%	4.7%	4.8%
Asian/Pacific Islander	0.1%	0.3%	0.2%	0.3%	0.3%
Native American	0.4%	0.6%	0.4%	0.4%	0.3%
Other	0.0%	0.0%	0.0%	0.1%	0.3%
Multi-racial	0.0%	0.0%	0.1%	0.0%	0.1%
Unknown	0.6%	0.7%	0.6%	0.4%	0.3%

Source: Senior Meals on Wheels, Program Inc.

* All Hispanics are White-Hispanics (as opposed to Black-Hispanics)

- As seniors get older they are more likely to depend on home delivered meal services. Even though there are fewer seniors in the 81 – 90 category, compared to 60 – 70 category, as reported by the US Census, more people in this age group receive home delivered meals. Evidently, as seniors become older they become more vulnerable to nutritional issues, and turn to home delivered meal services.²¹

Exhibit 38 – Percent of Senior Meals Clients by Age*

	1999	2000	2001	2002	2003
Less than 60	3.9%	3.7%	3.1%	4.5%	3.2%
60 - 70	17.3%	16.8%	16.5%	18.1%	18.3%
71 - 80	35.7%	34.4%	34.0%	32.7%	31.9%
81 - 90	37.6%	39.7%	40.3%	37.3%	38.3%
91 and older	5.5%	5.4%	6.0%	7.4%	8.2%

Source: Senior Meals on Wheels, Program Inc

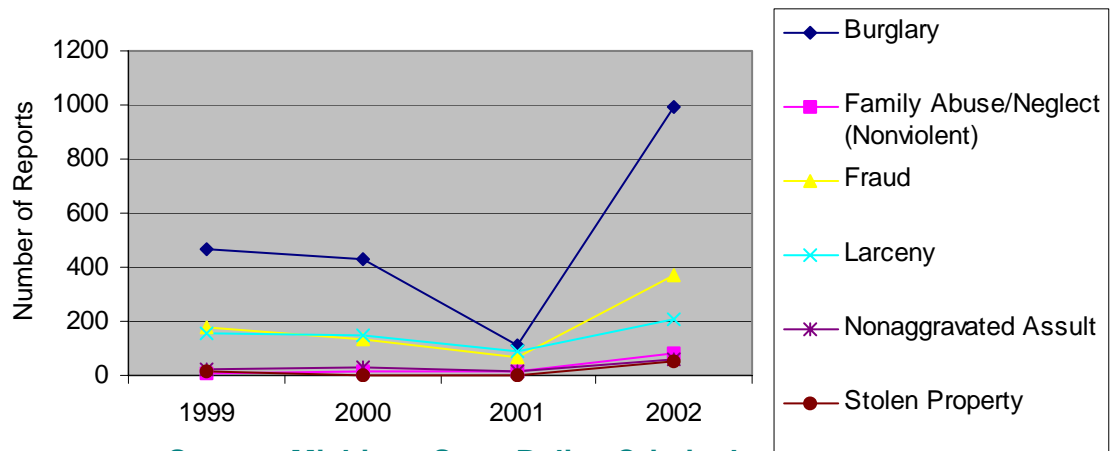
*When looking at service data for home delivered meals in Kent County, CRI chose to only examine Senior Meals on Wheels data in order to avoid double counting. CRI believes double counting would occur if all programs were examined because Senior Meals provides meals to the 2 other Kent County service providers.

Quality of Life

Variable 15: Community Safety

- Although national crime statistics show that the younger the person the more likely they are to experience a violent crime, safety is frequently a concern of seniors who often feel more vulnerable.
- In 1999, 847 crimes against people age 65 or older were reported to the Michigan State Police by Kent County police & sheriff offices. In 2002, that number increased to 1,765. During 2002, fraud accounted for 21% of the crimes against adults age 65 or older.

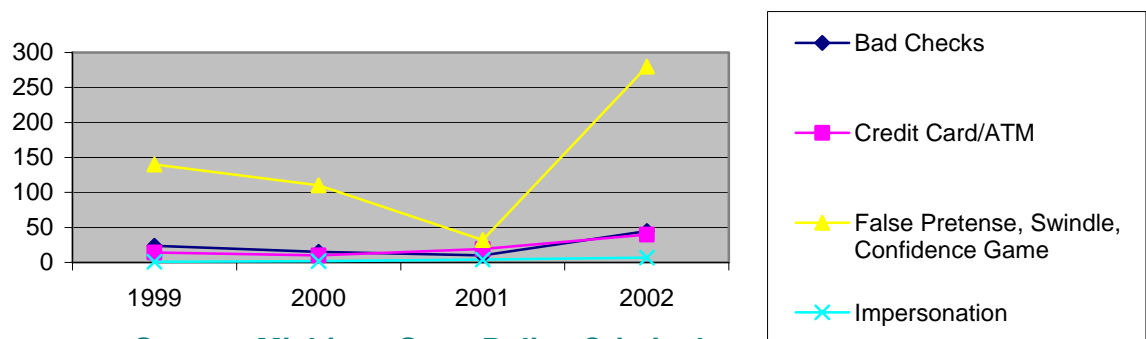
**Exhibit 39A – Crimes Against Residents Age 65+ by Type
Kent County 1999-2002**



**Source: Michigan State Police Criminal
Justice Information Center 2003**

* Differences in report numbers, particularly in 2001, can be partially attributed to differences in reporting by individual police departments within Kent County.

**Exhibit 39B – Fraud Against Residents Age 65+ by Type
Kent County 1999-2002**



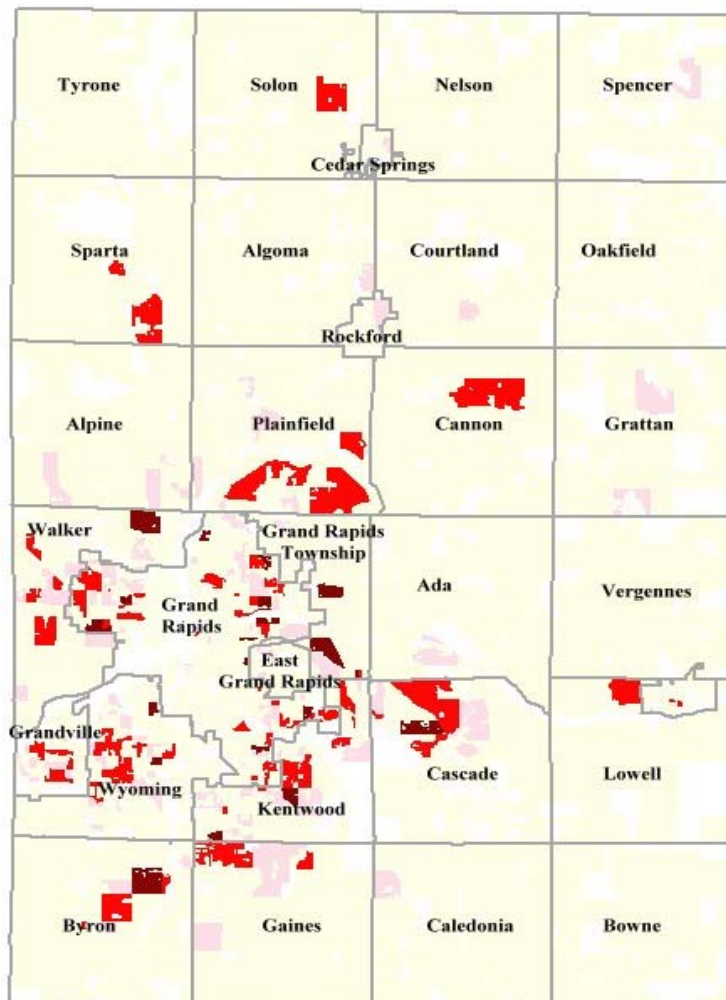
**Source: Michigan State Police Criminal
Justice Information Center 2003**

* Differences in report numbers, particularly in 2001, can be partially attributed to differences in reporting by individual police departments within Kent County.

Quality of Life

Variable 16: Senior Services & Transportation

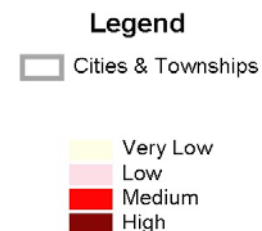
- A recent Congressional report outlined some of the challenges the growing population of older adults could expect to experience in upcoming years. Challenges included losing the ability to care for themselves, being isolated from services they need, being unable to drive and being confined to their home due to disabilities.²⁵
- In 2000, older adults comprised at least 10% of the population in a third of the communities in Kent County. This includes the communities of Sand Lake (15.4), Lowell (13.8%), Grandville (12.8%), Byron Center (11.5%), and Sparta (13.0%). Some of the other areas with more than 10% seniors in Kent County include Grand Rapids Charter Township (15.4%) and Cascade Township (11.4%) (Exhibit 40).⁴
- The majority of Kent County adults who are aged 65 and over, live in the City of Grand Rapids. A third (38%) of all Kent County seniors lives in the City of Grand Rapids.⁴



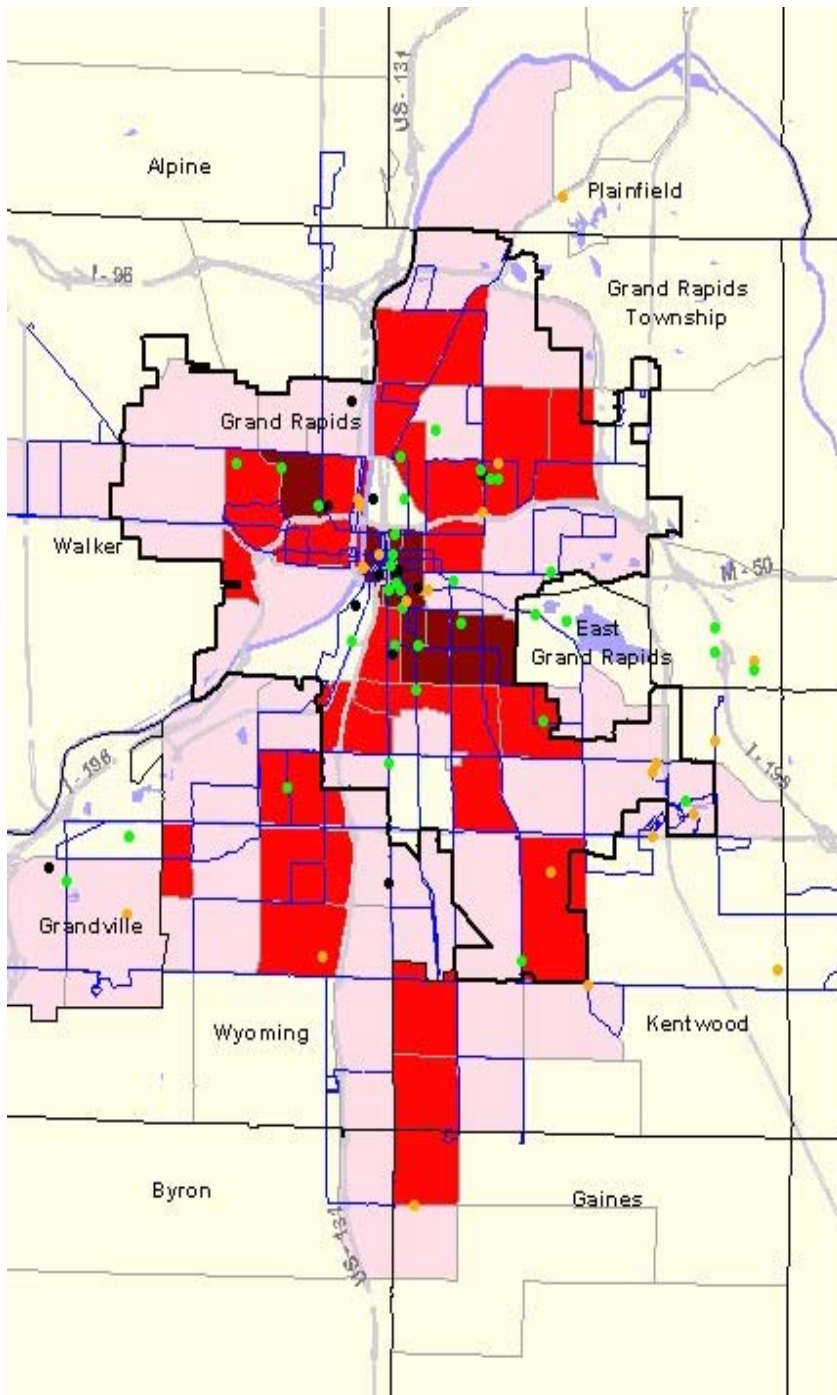
**Exhibit 40 –
Density of People Age 65+
Kent County 2000**

**Source:
U.S. Census Bureau 2000**

**Mapped by:
Community Research Institute**



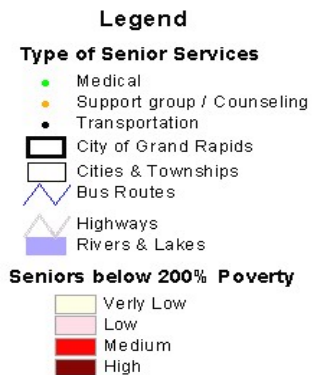
- Timely access to quality health care is a key service needed by seniors. A study by Wayne State University found that between 1999 and 2001, Michigan residents aged 65-74, living in 10 urban areas including Grand Rapids, died at a rate 25% higher than in the rest of the state.³⁰
- An increased need for services, combined with senior citizen's more limited mobility, makes transportation services vital for seniors. This map shows the location of medical services in the Grand Rapids area. Medical services are concentrated in the central part of Grand Rapids where the greatest number of seniors who are living in poverty reside (Exhibit 41).



**Exhibit 41 –
Location of Medical and
Transportation Services
for Older Adults
Greater Grand Rapids 2000**

**Source:
U.S. Census Bureau 2000**

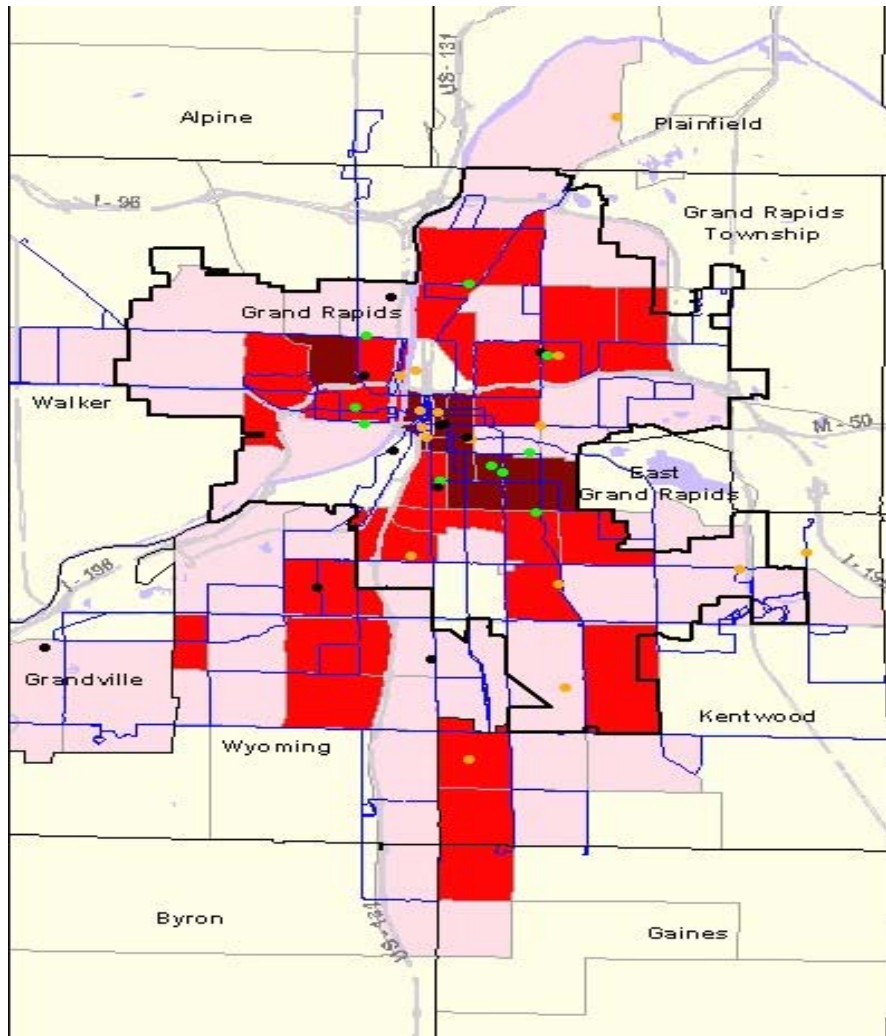
**Mapped by:
Community Research Institute**



- The Greater Grand

Rapids area is served by ITP bus routes focused within the Grand Rapids city limits. However, residents in outlying areas are connected to services via the GO! Bus. The bus system, along with other transportation providers, offers free or reduced rates to seniors throughout Kent County.

Exhibit 42 – Location of Senior Food, Social and Transportation Services, Greater Grand Rapids 2000



Source:
U.S. Census Bureau 2000

Mapped by:
Community Research Institute

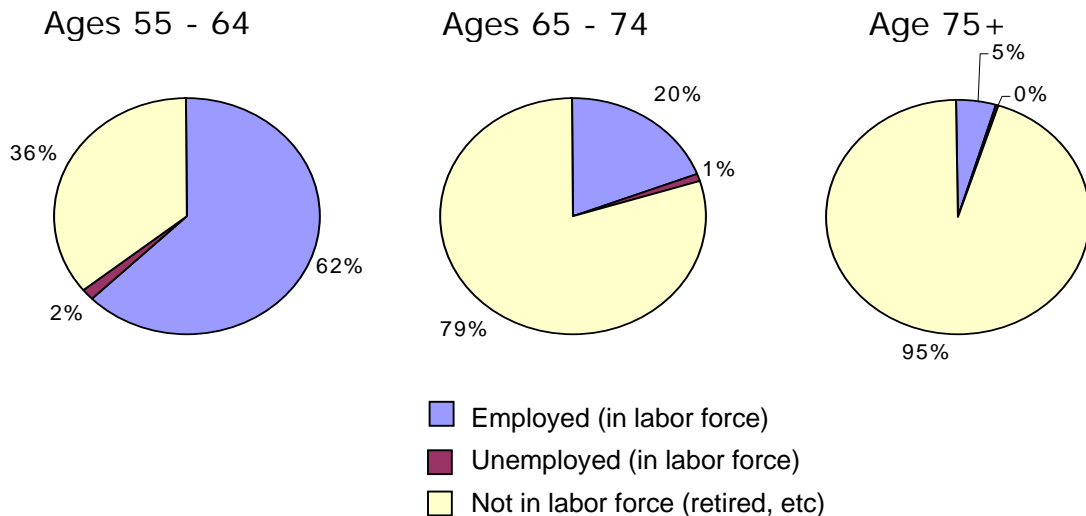
- Legend**
- Type of Senior Services**
- Meals
 - Social
 - Transportation
 - ▭ City of Grand Rapids
 - ▭ Cities & Townships
 - Bus Routes
 - Highways
 - Rivers & Lakes
- Seniors below 200% Poverty**
- Very Low
 - Low
 - Medium
 - High

Quality of Life

Variable 17: Employment

- According to the Federal Interagency Forum on Aging-Related Statistics, some older Americans work out of economic necessity. Others seek employment because they desire the social contact, intellectual challenges, or sense of value to the community that work often provides.⁵
- In 2000, 13% of Kent County's older adults (65+) were in the workforce. The work force is composed of two groups of people, working (employed) and actively looking for work (unemployed). Among Kent County residents, 95.8% of older adults (65+) in the work force were employed, while 4.2% were unemployed (Exhibit 43).⁴
- From 1990 to 2000, there was a 33.7% increase in Kent County seniors aged 70 or older that were employed. During the same time period, the change in the seniors who were employed for the 65 - 69 and 55 - 64 age groups only increased 15.5% and 9.7% respectively.^{4, 2}

**Exhibit 43 - Employment Status of Kent County Residents By Age
Kent County 2000**



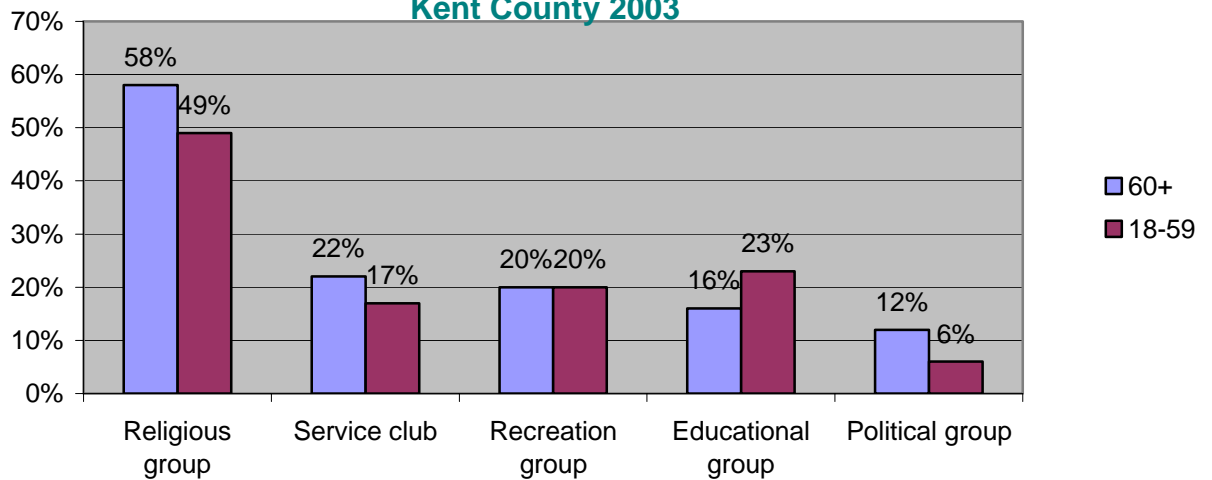
Source: U.S. Census Bureau 2000

Quality of Life

Variable 18: Participation

- Participation builds community by generating social trust and reciprocity among its members. Social interaction can benefit individuals, especially seniors, by decreasing social isolation, increasing support networks, and providing enriching and satisfying life experiences.
- The 2003 Community Survey by the Community Research Institute sought to explore various aspects of civic engagement in the Greater Grand Rapids area. It found that the number of residents aged 60 and over who remained active in the community was fairly equivalent to younger residents in the area. Individuals aged 60 and over, however, were more likely to participate in their church or other religious group, a service club or political groups than younger residents.¹⁵

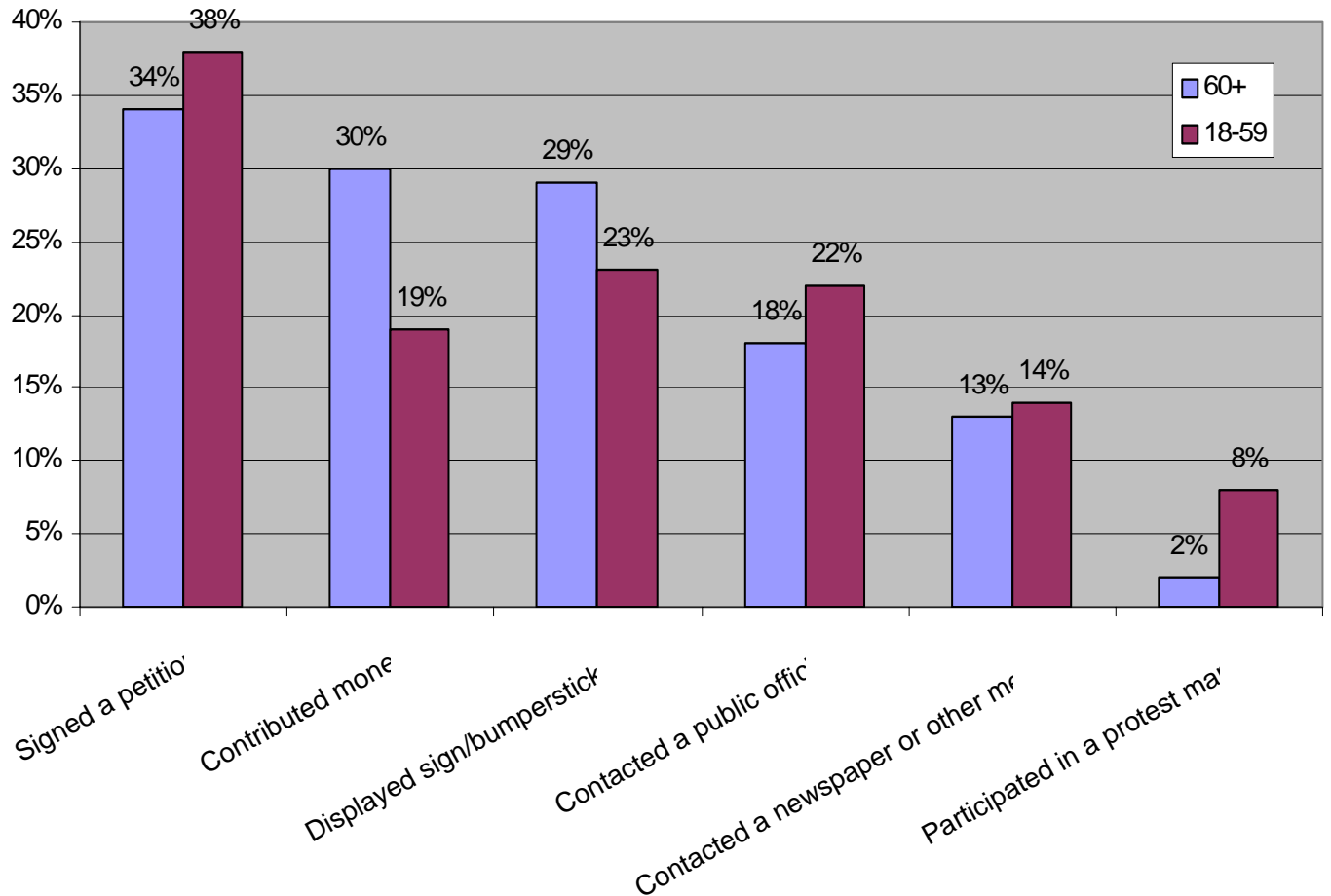
**Exhibit 44 - Civic Participation by Age
Kent County 2003**



**Source: 2003 Community Survey,
Johnson Center for Philanthropy and Nonprofit Leadership**

- Involvement in and expression of political views was also measured in the community survey. It found that area residents ages 60 and over were almost twice as likely to have contributed money to a political candidate than individuals ages 18-59. Older residents were also more likely to have displayed a political sign or bumper sticker. However, younger residents between the ages of 18 and 59 were four times as likely to have participated in a protest march (Exhibit 45).¹⁵

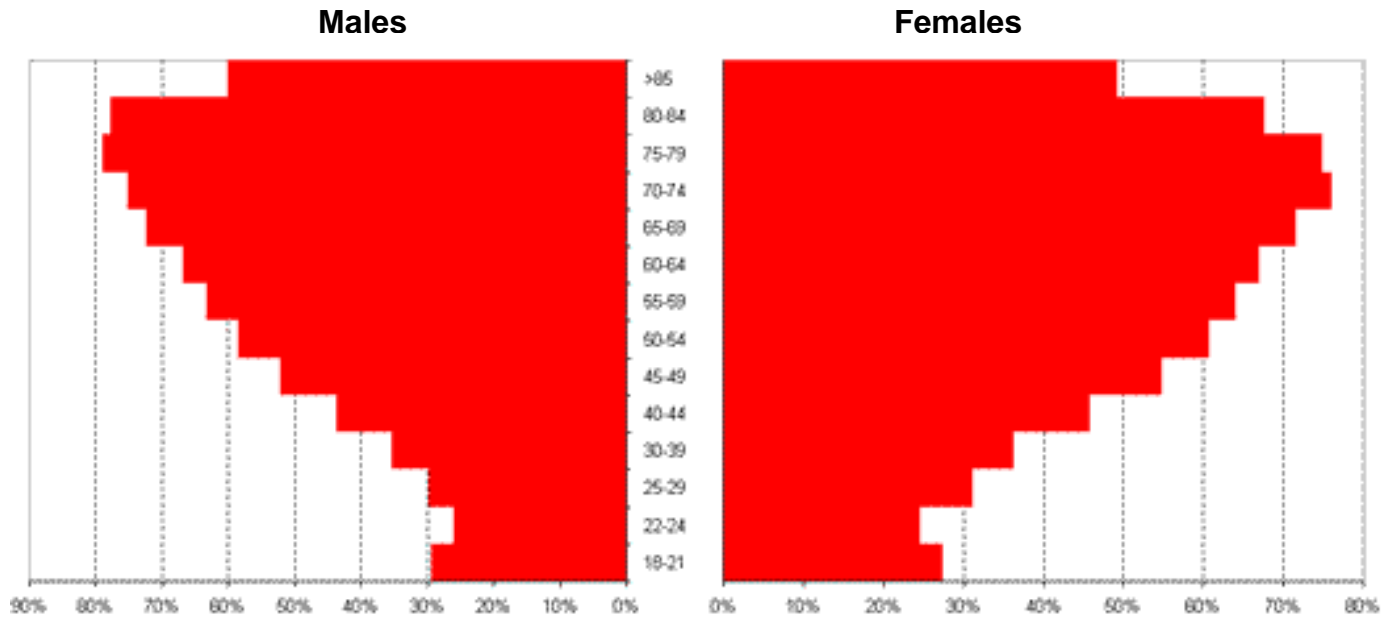
**Exhibit 45 - Political Participation by Age
Kent County 2003**



**Source: 2003 Community Survey,
Johnson Center for Philanthropy and Nonprofit Leadership**

- Voting trends in the Grand Rapids area indicate that older adults are more likely to vote compared to younger age groups. Based on the Grand Rapids 2002 November elections, soon-to-be-seniors and senior adults were the leading majority that voted. Males aged 75-79 and females aged 70-74 formed the largest voting block compared to the 22-24 age group that least participated (Exhibit 46).²⁶

Exhibit 46 - Voting Participation by Age and Gender in November General Elections, Grand Rapids, 2002



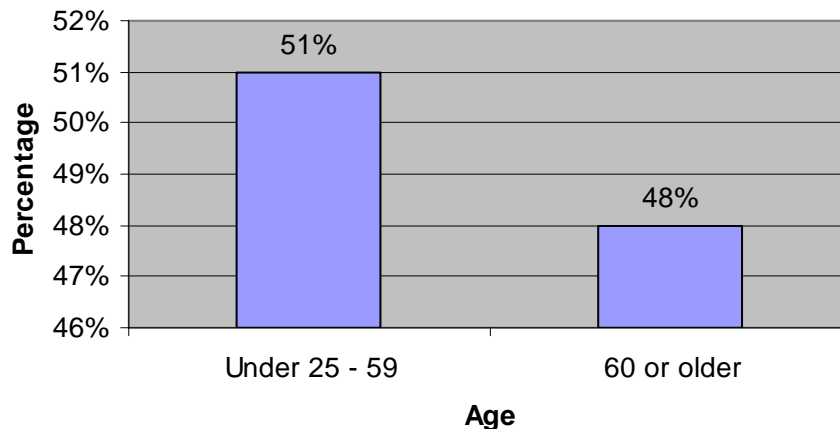
Source: City Clerk, City of Grand Rapids

Quality of Life

Variable 19: Volunteerism

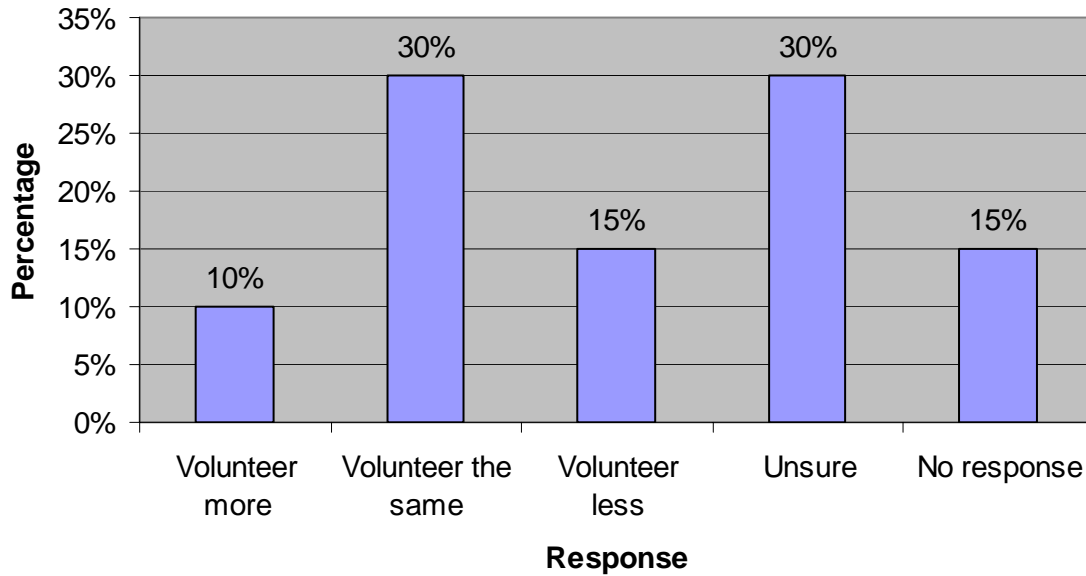
- According to a 2002 survey conducted for Civic Ventures, a nonprofit organization, seniors who volunteer were more likely to have a happy, healthy outlook on life. Senior volunteers who were surveyed were more likely to report that they felt optimistic about the future than seniors who did not volunteer. Benefits of volunteering included feeling more productive and gaining personal satisfaction.²⁷
- A 2001 Giving & Volunteering survey conducted by Michigan State University's Institute for Public Policy & Social Research found that 50.2% of Michigan residents reported that they had volunteered in the last 12 months. Michigan residents aged 65 and above reported volunteering at a slightly lower rate of 44.2%.²⁸
- A 2003 community survey conducted by the Johnson Center of Philanthropy found that 51% of Kent County residents under the age of 25 to age 59 and 48% of older adults age 6+ reported that they had volunteered within the last year. (Exhibit 47) The majority of the older volunteers indicated that they expected to volunteer about the same number of hours next year.²⁹ (Exhibit 48)

Exhibit 47 – Percentage of Area Residents Who Indicated They Volunteered in the Last 12 Months



Source: Johnson Center for Philanthropy

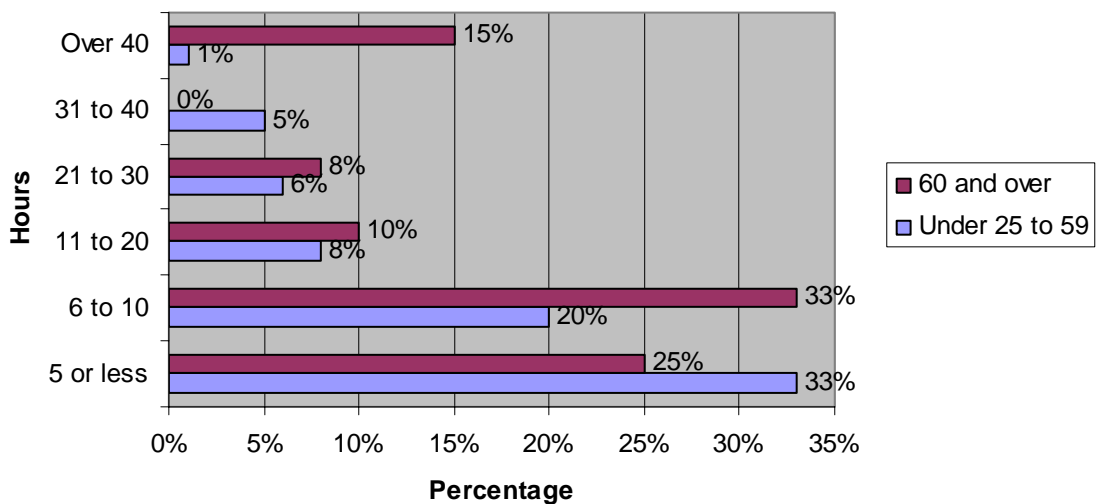
**Exhibit 48– Percentage of Older Adults (60+) that Anticipated Volunteering in 2004
Kent County, 2003**



Source: Johnson Center for Philanthropy

- According to the 2002 survey for Civic Ventures on volunteerism among older Americans, 25% of older Americans volunteer at least five hours a week.²⁷ The JCP Community Survey delineates the number of hours given weekly by volunteers in Kent County. It shows that although the percentage of seniors who volunteer may be slightly lower than of younger residents, the number of hours seniors volunteer per week tends to be higher.²⁸ (Exhibit 49)

**Exhibit 49 – Number of Hours Spent Volunteering by Age
Kent County, 2003**



Source: Johnson Center for Philanthropy

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