



College of Human Medicine  
MICHIGAN STATE UNIVERSITY

# Michigan's Older Adults: Who They Are, What They Do and What They Could Use

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## ➤ Setting the Stage

# Longevity Economics: Leveraging the Advantages of an Aging Society

by

The Gerontological Society of America  
National Academy on an Aging Society  
Bank of America Merrill Lynch

<https://www.geron.org/images/gsa/documents/gsa-longevity-economics-2018.pdf>



# ➤ Longevity Economics: Three Roles

Older adults contribute as:

## Producers

- Employees, volunteers, caregivers for children and adults

## Consumers of Goods and Services

- Travel, down-sizing homes, increased health-related spending, transportation, technologies

## Redistributors of Wealth

- Charitable contributions, gifts to children and grandchildren



## ➤ Myth: It's all downhill when you turn 65

Notice that there are no ages attached to the phases.  
They are **CAPACITY** based.

Phase	Health Status	Activities of Daily Living	Housing Type
Go-Go	Excellent	Few or no limitations	Community
Go-Slow	Very Good	Some self-limiting situations (slow gait, vision, comprehension)	Community or Congregate
Slow-Go	Good	Needs assistance with instrumental activities of daily living	Community or Congregate
Slow-Slow	Fair	Critical limitations in instrumental activities of daily living	Community, Congregate, or Institutional
No-Go	Poor	Many limitations in instrumental and general activities of daily living	Institutional or home-based long- term care

# Meet Our Older Michiganians

According to US Census Bureau in 2017 there were 1,575,233 people age 65 and over in Michigan with a mean age of 72.3

Age Group	Population	In Labor Force	Employed
16 and over	7,985,908	61.2%	56.7%
65 and over	1,575,233	14.2%	13.6%
60-64	652,286	50.0%	48.0%
65-74	909,353	20.7%	19.8%
75+	665,800	5.2%	5.0%

Poverty Level (PL)	Total MI Pop	65 and Over
	9,698,121	1,536,671
Less than 50% of PL	7.0%	2.5%
Less than 100% PL	15.6%	8.2%
Less than 125% PL	20.0%	12.3%

Older adults comprise a stable portion of the labor force

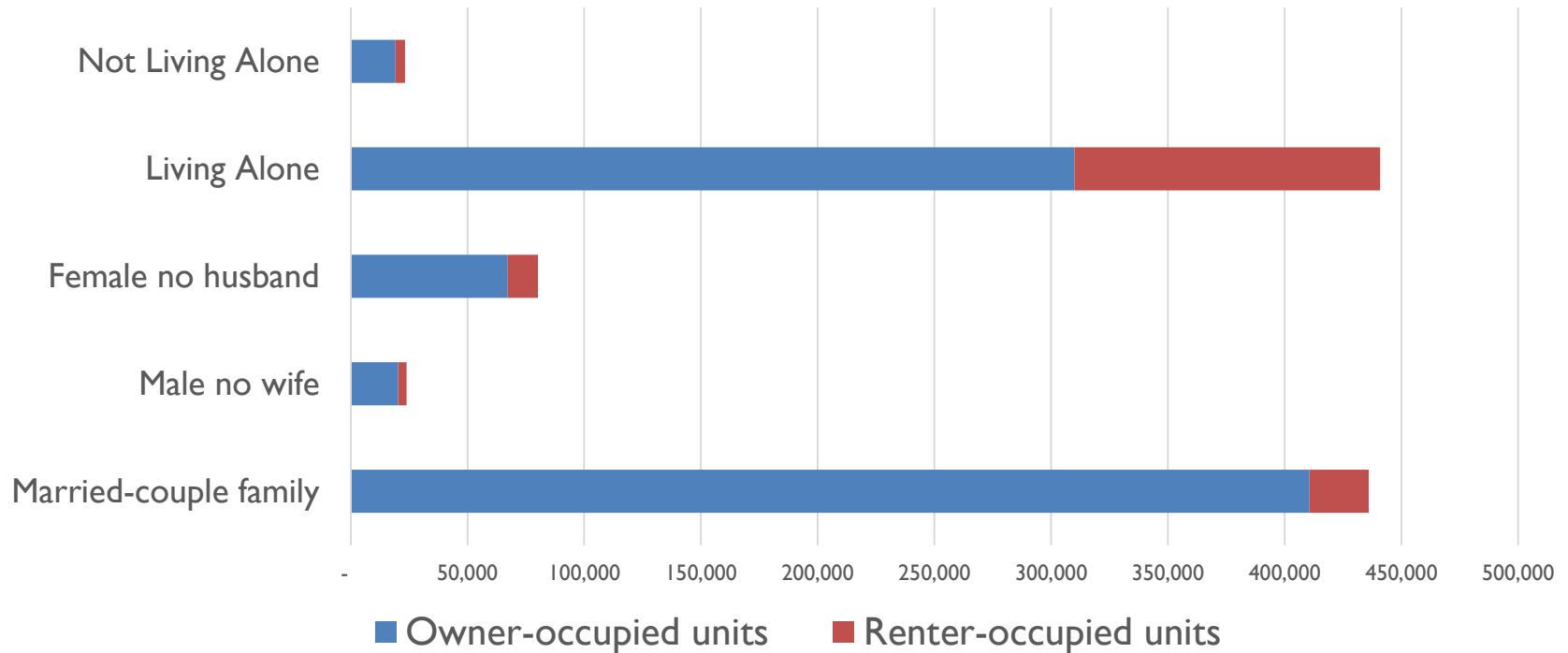
Older adults have lower poverty levels than the population as a whole



# Occupancy by Household Type

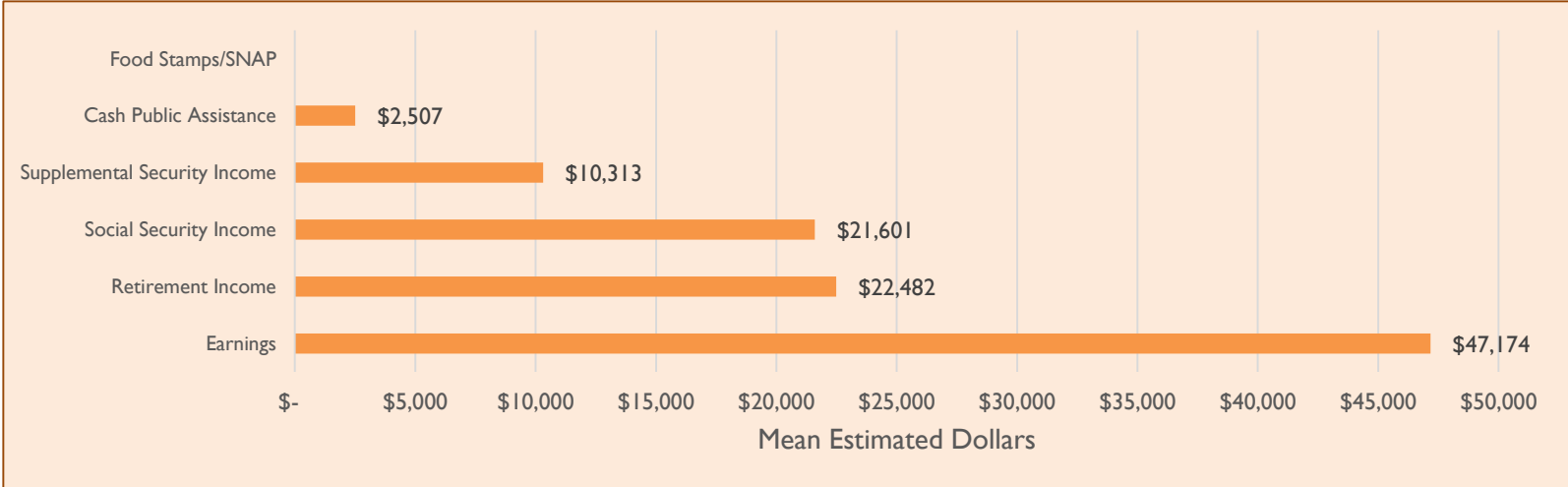
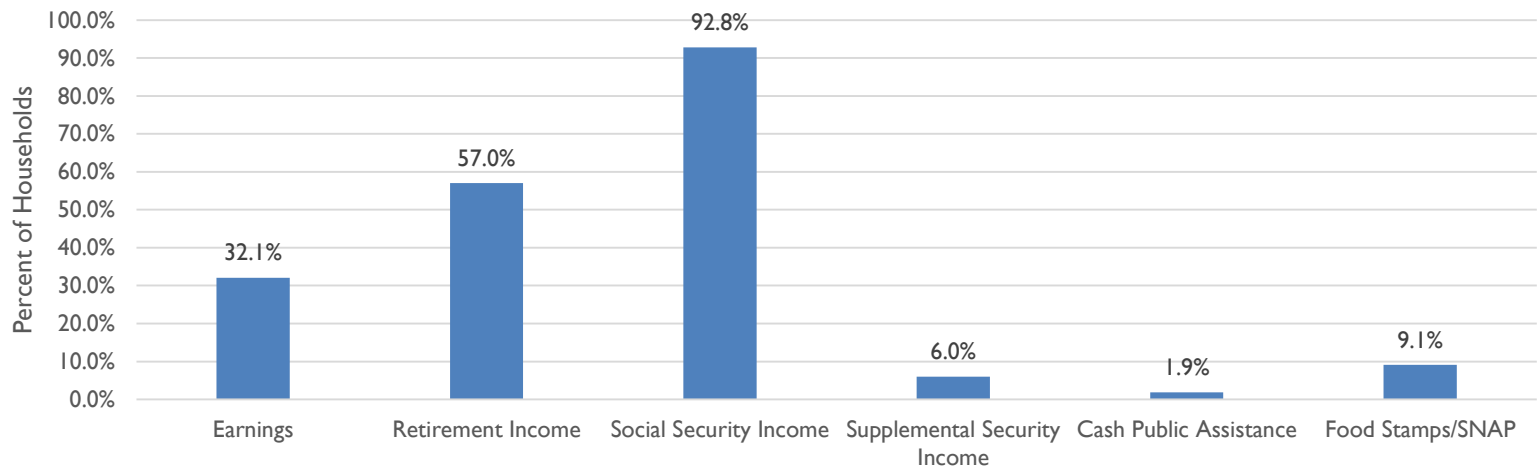
2013-2017 American Community Survey 5-year Estimates

## Occupancy Status Age 65 and Over



Older adults have high levels of owner occupancy (82.4% vs renting 17.6%) so are paying property taxes

# Household Income Past 12 months of People Age 65 and Over



# Economic Value of Family Caregiving in Michigan

Type of Care Recipient	Number of Caregivers	Number of Care Hours in MILLIONS	Economic Value Per Hour	Total Economic Value in MILLIONS
All	1,280,000	1,190	\$12.21	\$14,500
Dementia only	514,000	586		\$7,395

Slow-Slow  
and No-  
Go

What would we do as a society if people with physical and cognitive limitations had to purchase all of the care currently provided by unpaid informal caregivers?

Note the low hourly rate attributed to caregiving



# ➤ Two-prong Approach for Optimal Aging

Healthy Aging – Maximize Go-Go and Go-Slow and eliminate or decrease time spent in Slow-Slow and No-Go Phases

- Promote healthy lifestyle
- Access to quality healthcare
- Stable sources of food, housing, utilities
- Social value – having purpose

Community-based Supports and Services – assistance to stay in the least restrictive settings

- Transportation
- Nutrition programs
- Care coordination
- Caregiver supports such as respite, adult day programs
- Home-based services (chores, meals, medical)



## > Key Legislation

### Older Americans Act

- Established 1965 reauthorized in 2016
- Funds critical services such as meals, caregiver supports, in-home services, care management/coordination, transportation, health promotion, benefits enrollment, job training

### Older Michiganians Act (Act 180 of 1981)

- Created the Commission on Services to the Aging
- Created the Office of Services to the Aging (now Aging and Adults Services Agency)
- Operationalizes Older Americans Act in Michigan



## Commission on Services to the Aging Legislative Priorities

**SUPPORT  
TRANSPORTATION  
POLICIES THAT MITIGATE  
BARRIERS TO MEETING  
THE NEEDS AND  
QUALITY OF LIFE FOR  
OLDER ADULTS**

**SUPPORT POLICES AND  
PROGRAMS DESIGNED TO  
CREATE A STRONG POOL  
OF WELL-QUALIFIED,  
TRAINED, AND  
COMPENSATED DIRECT  
CARE WORKERS**

**SUPPORT POLICIES AND  
PROGRAMS DESIGNED TO  
MINIMIZE ELDER ABUSE  
AND EXPLOITATION**

**SUPPORT POLICIES AND  
PROGRAMS DESIGNED TO  
ELIMINATE THE WAITING  
LIST FOR HOME-  
DELIVERED MEALS AND  
IN-HOME SERVICES**



# Michigan's Research Corridor: Better Together

## Michigan's Research Universities

- Michigan State University
- University of Michigan
- Wayne State University

## Aging Centers and Collaborations

- Michigan Alzheimer's Disease Core Center (NIA P30 Alzheimer's Disease Core Center)
- Michigan Center for Urban African American Research (NIA P30 Resource Center for Minority Aging Research)
- Michigan Institute for Clinical and Health Research (NIH Clinical and Translational Science Award, UM inviting researchers from MSU and WSU to collaborate)

## Expanding Synergies

- Each university brings strengths – faculty, students, facilities, missions
- Allows for statewide reach
- Funders interested in seeing multi-university partnerships



# Michigan Health Endowment Fund

- [Public Act 4 of 2013](#) authorized changes on how Blue Cross Blue Shield of Michigan (BCBSM) operates
- Requires BCBSM to contribute up to \$1.56 billion over 18 years to a health endowment fund that benefits Michigan residents
- Specified that focus on children and seniors with funding in eight areas:
  - Behavioral health
  - **Healthy aging**
  - Access to healthy food
  - Wellness and fitness
  - Infant mortality
  - Technology enhancements
  - Health-related transportation
  - Foodborne illness prevention

“Healthy Aging grants seek to better integrate these services into the broader healthcare landscape and improve their capacity. We support projects that improve access to care, allow Michigan residents to age in place, and help communities build a culture of emotional support for older adults.”



## Examples of Cross-Sector Collaborations: Better Together

“Did you see this funding opportunity? Want to write a joint proposal?”

Michigan  
Dementia  
Coalition

Age-Friendly  
Communities

“How can we solve this problem together?”

Dementia-  
Friendly  
Communities

Michigan Healthy  
Programs  
Collaborative

“Of course you all get along, you’re from Michigan.”

