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

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.

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

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

<table>
<thead>
<tr>
<th>Poverty Level (PL)</th>
<th>Total MI Pop</th>
<th>65 and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 50% PL</td>
<td>7.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Less than 100% PL</td>
<td>15.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Less than 125% PL</td>
<td>20.0%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

Older adults comprise a stable portion of the labor force

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

- Earnings: 32.1%
- Retirement Income: 57.0%
- Social Security Income: 92.8%
- Supplemental Security Income: 6.0%
- Cash Public Assistance: 1.9%
- Food Stamps/SNAP: 9.1%

Mean Estimated Dollars:

- Retirement Income: $22,482
- Social Security Income: $21,601
- Supplemental Security Income: $10,313
- Cash Public Assistance: $2,507
- Food Stamps/SNAP: $5,000
- Earnings: $47,174
## Economic Value of Family Caregiving in Michigan

<table>
<thead>
<tr>
<th>Type of Care Recipient</th>
<th>Number of Caregivers</th>
<th>Number of Care Hours in MILLIONS</th>
<th>Economic Value Per Hour</th>
<th>Total Economic Value in MILLIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>1,280,000</td>
<td>1,190</td>
<td>$12.21</td>
<td>$14,500</td>
</tr>
<tr>
<td>Dementia only</td>
<td>514,000</td>
<td>586</td>
<td></td>
<td>$7,395</td>
</tr>
</tbody>
</table>

- **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**
  Policies that mitigate barriers to meeting the needs and quality of life for older adults.

- **Support Policies 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?"
- "How can we solve this problem together?"
- "Of course you all get along, you’re from Michigan."

- Michigan Dementia Coalition
- Age-Friendly Communities
- Dementia-Friendly Communities
- Michigan Healthy Programs Collaborative