

OAKLAND COUNTY WHITE PAPER

**BLUEPRINT FOR HEALTHY AGING:
AN ANALYSIS OF OLDER ADULT
UNMET NEEDS, SERVICE GAPS,
OPPORTUNITIES, AND
SOLUTIONS**

PREPARED FOR
OAKLAND COUNTY BOARD OF COMMISSIONERS

*Produced by Area Agency on Aging 1-B
October 2021*

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BACKGROUND

The development of this white paper has been undertaken with the understanding that it will provide a comprehensive, neutral and data driven analysis of aging service gaps, unmet needs and opportunities for contributions to community life that are important to older Oakland County residents. This is a decision document designed to assist the Oakland County Board of Commissioners to assess and prioritize older adult unmet needs, service gaps and opportunities related to the rapid aging of the population. The purpose is to create a Blueprint for Successful Aging strategic plan with recommendations for actions to create systems change and positive measurable outcomes. The paper is informed by the series of past need studies that have been undertaken with the shared goal of enhancing quality of life for older adults and supporting their family caregivers. A summary of previous needs assessment findings is summarized below.

1966

A collaboration of six health and human service organizations, led by the Advisory Council of Family Service of Oakland County, created a report titled Needs of Aged Persons in Oakland County: the Characteristics and Problems of Aged Persons Served by Six Social and Health Agencies. The partner agencies were:

Oakland County Bureau of Social Aid

Oakland County Department of Social Services

Visiting Nurse Association of Detroit

Visiting Nurse Association of Pontiac

Young Men's Christian Association of Pontiac

The report was a survey of the needs of 552 clients from the six agencies. The survey examined financial needs, health needs and problems of social adjustment. The identified needs, ranked in order of severity, were:

- Financial Need: Household help; health and medical care; and special diet.
- Health Needs: In-home housekeeping; special nutrition and nursing home care.
- Social Adjustment: Loneliness; senility; and lack of usefulness.

1995

The Oakland Livingston Human Service Agency (OLHSA) commissioned the University of Michigan – Flint to conduct the **Oakland County Needs Assessment of the 60 and Over Population**. A total of 319 older adults responded to 254 questions and 65 service providers completed a Community Resource Survey. The random telephone survey adopted survey questions from a 1987 statewide survey of need and compared findings in 12 domains. The Community Resource Survey asked providers if they perceived a need for 29 different services. A rank ordering of the top 15 services was:

RANK	SERVICE	AGENCIES DECLARING NEED
1	Adult Day Care	18
2	Transportation	17
3	Home Health Aide	16
4	Chore	15
5	Homemaker	13
6	Prescription Drug Assistance	11
7	Home Delivered Meals	10
8	Home Repair	9
9	Information and Referral	9
10	Dental Health	9
11	Legal Assistance	8
12	Mental Health Counseling	8
13	In-Home Visits	7
14	Energy Assistance	7
15	Crime Prevention	7

2010

The Oakland County Senior Planning Coalition was formed and endorsed by the Board of Commissioners, with leadership provided by an executive committee consisting of the Board of

Commissioners, United Way for Southeastern Michigan and the Area Agency on Aging 1-B. Seventy citizens, professionals and stakeholders formed six committees to examine the changing needs of the county due to the rapid aging of the population. The coalition created the **Preparing for the Silver Tsunami: A Wave of Opportunity** report, a blueprint to address the challenges and take advantage of the opportunities presented by the population change. The committee subjects were:

- Economic Impact
- Social Services
- Housing
- Transportation
- Health
- Active Lifestyles

The committees developed 26 recommendations and transformed into the Oak 65 coalition to implement the recommendations. While there have been many enhancements in the Aging Sector services in the years following the release of the Silver Tsunami report, very few can be directly attributed to the report recommendations. The most noteworthy have been public education presentations, training, and the addition of aging representation on the Oakland County Business Roundtable, which created the Age-Friendly Mainstreet initiative.

2021

The Oakland County Board of Commissioners formed the Healthy Aging Ad Hoc Committee to develop a data driven **Oakland County Blueprint for Healthy Aging**. This Blueprint is meant to serve as a strategic plan to:

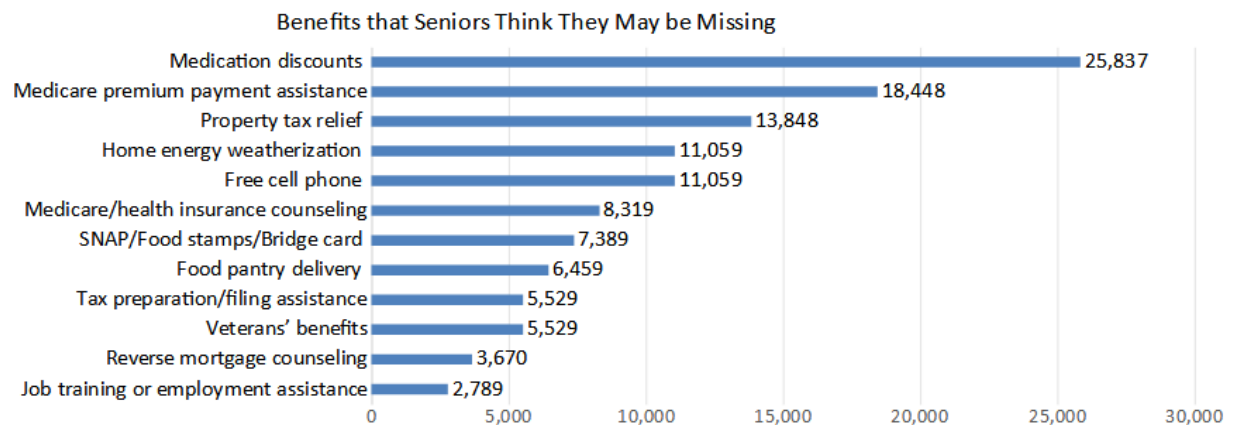
- Create a more age-friendly Oakland County that identifies challenges, concerns and unmet needs of older Oakland County residents;
- Describe opportunities presented by the aging of the population; and
- Present a series of Ad Hoc Committee recommendations for collective action that will be undertaken by a community-level Task Force that will be formed in 2022 to implement the priority recommendations.

The AAA 1-B was engaged to support the Ad Hoc Committee by assisting in determining areas for investigation, researching and presenting data on the nature and extent of priority issues, quantifying the impact on successful aging, and developing a series of action plans that incorporate best practice strategies and other options. The potential actions for change that Commissioners deem most needed will form the basis of the Blueprint and provide a roadmap for task force action in 2022.

BASIC NEEDS: Economic Security

Problem/Opportunity Statement

According to the 2019 AAA 1-B Oakland County Needs and Solutions Survey, there are about 47,600 (15%) seniors who are not confident or not sure if they are receiving all social service, health, and income benefits for which they are eligible. The benefits available to this group vary depending on the individual qualifications but include programs such as Medicare and Medicaid counseling, tax service preparation, food assistance, and prescription drug cost reduction programs.



Two examples of factors that can prevent access to needed benefits are described below:

About 19,377 older adults in Oakland County believe they are missing property tax relief and tax preparation/filing assistance benefits. Michigan offers tax credits for seniors to assist in paying property taxes, but many do not feel they are receiving all available credits. During the COVID-19 pandemic, there was a shortage of tax preparation specialists available to serve older people in Oakland County due to a lack of volunteers as well as the overall number of in-person appointments being limited. The AAA 1-B recorded an increase in calls to the resource center requesting tax preparation services that were not able to be fulfilled. Due to the lack of filing assistance, seniors may indeed not be accessing a range of tax credits such as the financial hardship property tax exemption, homestead property tax credit, and the home heating credit.

Food assistance benefits, also known as SNAP/food stamps/bridge card, was cited by 7,389 older Oakland County residents as a benefit they believe they may be missing. Mathematica Policy Research analyzed the FY2015 state SNAP average monthly participation rates among

individuals 60 and over and found that only about 51% of eligible seniors in Michigan participated in SNAP benefits in 2015ⁱ. This is above the national average of 42% but still significantly lower than the full number of individuals eligible. According to the Michigan Department of Health and Human Services the average assistance allotted to each recipient in Fiscal Year 2021 was \$369 monthlyⁱⁱ. Closing the SNAP participation gap in seniors would ultimately help in improving senior's access to nutrition, health, and economic well-being.

For older adults to receive the full range of available benefits often requires completing a range of digital applications and managing those applications through different departments. The amount of

Approximately 49% of eligible older adults are missing \$369 monthly SNAP support.

self-investigating this requires may not be possible for some older residents. Senior centers are largely viewed as an available resource for the senior population to help navigate available benefits and provide resources. Many senior centers do not have the resources to properly counsel seniors on the correct benefits which could ultimately address their unmet need.

Prior to FY 2020, the AAA 1-B funded OLHSA to provide resource advocates to assist older adults in applying for eligible benefits. This assistance is no longer available. A participant at the September 2021 Oakland County Senior Town Hall recommended that every senior center should have a staff position dedicated to helping older adults access benefits for which they are eligible.

Barriers/Challenges

- There is not one existing countywide program in Oakland County that assists older people with benefits counseling to ensure they are utilizing all available benefits.
- Older adults often feel that the paperwork/computer work, effort, and required level of personal information disclosure to apply for benefits is not worth the benefit offered.
- Oakland County organizations were not able to offer enough tax preparation appointments for older people during the 2019 and 2020 tax season due to restrictions placed in response to the COVID-19 pandemic.
- Senior Centers throughout Oakland County may not have the resources available to provide benefits counseling to all seniors seeking assistance.

Potential Solutions

- Strengthen the county-wide initiative to provide free or low-cost tax preparation services for seniors.
- Work with senior centers to provide community education to older residents about applying for SNAP and other benefits.

- Increase Medicare premium subsidy outreach by targeting senior centers.
- Provide seniors with more entry points for benefit enrollment by training more organizations to provide benefits counseling.
- Connect seniors with the National Council on Aging Benefits Check-Up tool and other resources to assist in finding available benefitsⁱⁱⁱ.

Benchmark Measures

- Decrease the percent of older adults who feel they are missing benefits.
- Increase the number of older adults utilizing the Medicare premium Low-Income subsidy^{iv}.
- Eliminate turn downs for all Oakland County older adults who request a tax preparation assistance appointment.
- Increase the number of eligible 60 and over Oakland County residents who are receiving SNAP benefits to over 65%.

BASIC NEEDS: Elder Abuse

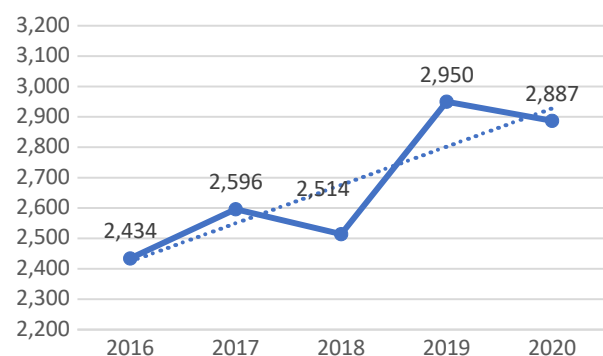
Problem/Opportunity Statement

According to the Michigan Department of Health and Human Services nearly 1 in 10 older adults in Michigan will experience some form of elder abuse, defined by the Administration for Community Living (ACL) as any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. The 2019 AAA 1-B Oakland County Older Adult Needs and Solutions Survey found approximately 1 in 13 (24,000) older county residents experience one or more abusive forms of treatment, excluding financial abuse or exploitation. Unfortunately, previous activities focusing on elder abuse prevention, such as elder justice coalitions and SAVE (Serving Adults who are Vulnerable and/or Elderly) task forces as well as the No Excuse for Elder Abuse movement, have halted their momentum since the COVID-19 pandemic began.

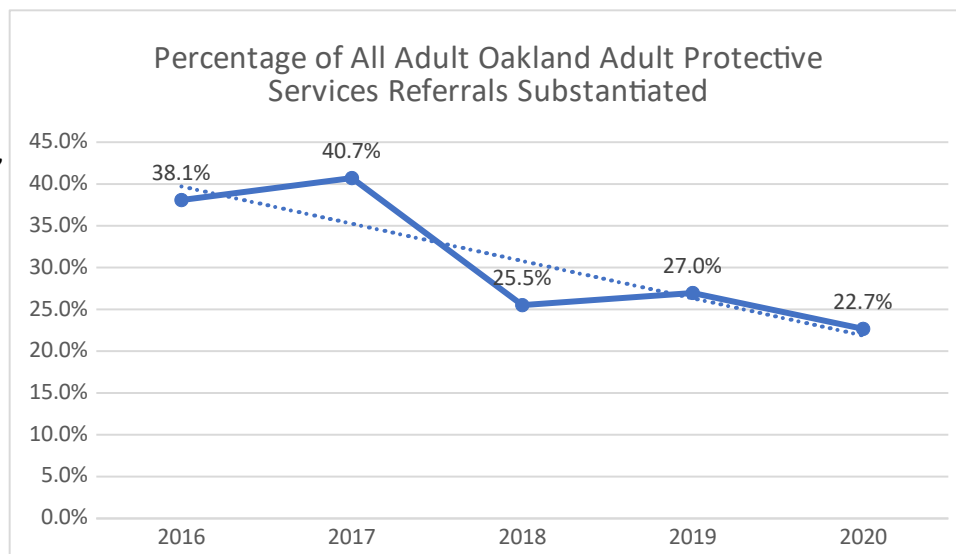
According to Michigan Adult Protective Services (APS) data, Oakland County has an increasing number of suspected elder abuse referrals 60 and over since 2016 as seen by the graph below. The percent of 60 and over persons referred to APS increased from 61% to 67.2%. However, a referral does not always signify abuse. When receiving a referral, APS investigators will decide whether the referral is appropriate for an investigation and if deemed appropriate, will then investigate the referral further to determine whether there was a substantiated case of abuse. A case would be substantiated if abuse was found during the investigation.

While the percentage of referrals assigned for investigation saw a downward trend from 2016 to 2020, with an average drop of 4%, this downward trend is largely driven by a substantial decrease in referrals assigned in 2019 and 2020 with an average annual drop of 13.2%. Note that the percentage of referrals assigned is from all referrals received by APS, both adults over and under age 60, because data for the number of referrals assigned pertaining to older adults only was not available. Although APS does not have direct data suggesting so, a similar trend would be expected among older adults alone.

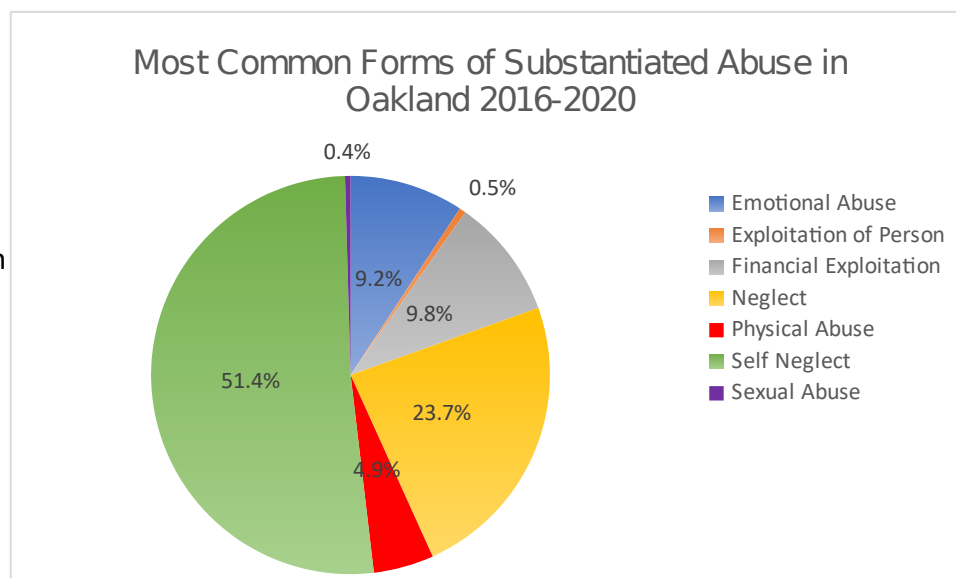
Oakland Adult Protective Services
Referrals Received Pertaining to
Older Adults 2016-2020



Overall, the percentage of substantiated abuse cases shows a downward trend between 2016 and 2020, falling from 950 to 447. The reason for this downward trend is not known. This data represents all adult referrals and does not pertain specifically to older adults. However, the trend is expected to be similar for the older adult population.



According to APS, the most common substantiated referrals reported were self-neglect (51.4%), followed by neglect from others (23.7%). Emotional abuse (9.2%) was more common than physical abuse (4.9%). Exploitation of person (0.5%) was the least common.



Financial exploitation and concerns about the prevalence of scams were raised at several September 2021 Oakland County Senior Town Halls. The Federal Trade Commission reported that although those 60 and older make up only 8% of the total scam reports, they account for 25% of all losses. The SAFE (Successful Aging through Financial Empowerment) program developed by the Wayne State University Institute of Gerontology is working to address this issue by providing older adults and caregivers resources to recover from financial exploitation, provide education, and offer one-on-one support on financial management issues.

While the total number of referrals to Adult Protective Services increased between 2016 and 2020, the percent of referrals substantiated decreased. While the causal factors that contributed to this decline is not known, the trend suggests that there needs to be greater public understanding and education on the types of activities that constitute legitimate instances of abuse and the Adult Protective Services criteria for defining what is elder abuse.

Barriers/Challenges

- Oakland County no longer has an active SAVE (Serving Adults who are Vulnerable and/or Elderly) Task Force specifically focused on elder abuse prevention.
- The cause of some older adult deaths that are attributed to natural causes or accidental are believed to be a result of abuse or neglect.
- Older adults experiencing financial exploitation often have difficulty managing the repercussions such as clearing their credit or making the appropriate reports.
- Older adults experiencing financial exploitation are often embarrassed and unwilling to report for risk of being perceived as vulnerable.

**Aging Network Provider requested training on elder abuse and holding law enforcement accountable for following through on prosecution of family members.
-September 2021 Town Hall**

Potential Solutions

- Revive the Oakland County SAVE Task Force, a multidisciplinary team including health, aging services, mental health, Adult Protective Services, sheriff, police, Circuit Court and county prosecutor representatives focused on elder abuse prevention.
- Establish an Oakland County Death Review team to investigate and substantiate suspected cases of physical abuse and neglect to assure perpetrators of abuse are prosecuted.
- Expand the SAFE (Successful Aging through Financial Empowerment) program to provide older adults and family caregivers with financial education, one-on-one support, and recovery after being victimized from financial scams and exploitation.

Benchmark Measures

- Establish an Oakland County Death Review team to investigate suspicious deaths and prompt action to arrest perpetrators.
- Decrease the reported financial losses by older adults due to financial exploitation.
- Increase the number of older adults able to prevent being victimized by scam and able to successfully recover if victimized by expanding the SAFE program financial coaching model in Oakland County.

BASIC NEEDS: Health Promotion

Problem/Opportunity Statement

Most Oakland County seniors are thriving with 80% of Oakland County seniors stating that their health is good or very good in the 2019 AAA 1-B Oakland County Older Adult Needs and Solutions Survey, however 53,500 seniors rated their health as fair or poor. Maintaining our health as we age involves proactive health management, as well as access to critical long term care services.

Health and Wellness Classes

Evidenced-based health promotion courses connect Oakland County older adults with trained facilitators to provide education on health topics including falls prevention, managing chronic conditions like diabetes, and supporting family caregivers. These 4-to-8-week classes are typically offered in-person at senior centers and other community locations, but courses moved online due to the COVID-19 pandemic. In the AAA 1-B's fiscal year 2019, 750 Oakland County older adults and caregivers participated in the AAA 1-B sponsored wellness classes. Following a shut down due to the COVID-19 pandemic, classes were moved online in fiscal year 2020, with only 433 Oakland County residents participating and eliminating access for almost one in every three older adults.

These virtual courses have reached new groups of older adults and family caregivers who had not previously participated in in-person instruction, including caregivers unable to leave their loved one at home while attending a course as well as individuals uncomfortable in classroom settings due to chronic pain. Oakland County residents also have the opportunity to participate in virtual programs provided by any Area Agency on Aging in the state, increasing the number of available programs and scheduling options. Beyond the pandemic shutdowns, it is expected that there will continue to be virtual courses offered in addition to resuming in-person instruction.

Vaccinations

During the roll out of the COVID-19 vaccine, homebound older adults and people with disabilities were identified as a priority group for vaccination due to their high risk of complications from COVID-19 infection, but

this population faced significant barriers to accessing vaccinations due to their inability to travel to vaccination sites in the community. The Oakland County Health Department developed partnerships with organizations to administer the COVID-19 vaccine in homes. Contracted organizations, along with Oakland County Health Department nurses, reached 536 homebound

**An older adult recommended conducting a covid-19 vaccination fair for delivering booster shots so older adults who cannot navigate the medical system or technology can still receive their shots.
-September 2021 Town Hall**

Oakland residents, providing COVID-19 and seasonal flu (163) vaccines. While there was an acute need for vaccination due to the pandemic, in-home vaccination for homebound older adults and people with disabilities is likely an ongoing need in the community.

Barriers/Challenges

- While offering virtual health promotion classes has increased access for some older adults, others have experienced reduced access because they lack the necessary technology to participate in online classes. Where technology equipment is available for loan, such as local public libraries, loan periods are often too short, making it difficult for individuals to complete a multi-week course.
- Distributing vaccinations to homebound residents presents several challenges including mobile vaccination storage, coordinating routes to private homes, and increased staff costs for appointment scheduling and administering vaccinations. These challenges led to long wait times for homebound older adults in early 2021. During the distribution of the COVID-19 vaccine, the Health Department identified that maintaining partnerships with organizations that can transport and administer in-home vaccinations was necessary to meet demand. Coordinating appointments and travel routes for nurses in the community was an ongoing challenge.

Potential Solutions

- Create a technology loan program for Oakland County seniors and caregivers participating in virtual health and wellness courses. Purchase equipment, including tablets and Wi-Fi hotspots for use by wellness program participants. Consider partnerships with libraries to make extended length loans (6-8 weeks) available for the duration of health and wellness classes.
- Develop a permanent in-home vaccination program to ensure that homebound Oakland County residents can receive vaccinations. Invest in routing software to enable efficient distribution of in-home vaccinations. Prepare for rapid deployment of in-home vaccinations in emergency response planning.

Benchmark Measures

- Establishment of a technology loan program.
- Creation of a permanent in-home vaccination program.
- Restore evidence-based program serving levels to pre-pandemic FY 2019 levels.

BASIC NEEDS: In-Home Care

Problem/Opportunity Statement

Home and Community Based Services

Of those aged 65 and older, 70% will need long term supportive services such as personal care or homemaking assistance during the remainder of their lifetime. Most older adults prefer for this care to be provided in their homes rather than moving to an institutional setting, however many families struggle to afford in-home care services. Genworth Financials' 2020 Cost of Care Survey reports that in the Metro Detroit Area, the median hourly cost of homemaker services was \$25 per hour and home health aide service was \$26 per hour^v.

The Community Living Program (CLP) is a federal, state, and locally funded program administered by the AAA 1-B which provides older adults with access to healthcare professionals who evaluate and monitor an individual's long-term care needs. Supports Coordinators maximize participants' informal supports network, broker community resources, and purchase in-home care which enables participants to remain living in the communities they call home instead of more costly institutionalized settings.

The Oakland County Board of Commissioners made a \$600,000 investment in 2018 to serve the highest need individuals on the waiting list for the Community Living Program. This funding provided 280 Oakland County older adults with essential care, surpassing the initial program goal of serving 163 seniors, before the county funds were exhausted.

Demand for the Community Living Program continues to exceed the available funding to support increased enrollment in the program. In August 2021, there were 768 Oakland County seniors on the CLP wait list, with 86 individuals in the highest priority category targeted by Oakland County funding.

Mrs A is an 86 year old woman who lives alone in a home owned by her son in Milford. She walks with a cane and needs help with bathing, climbing and descending stairs, managing finances, managing medications, housework, and transportation. She has depression, chronic pain from a past neck injury, and macular degeneration.

In addition to Meals on Wheels, she participates in the Community Living Program. CLP provides her an emergency response device and 5 hours per week for help with personal care, homemaking and errands, and mileage for transportation.
-March 2018 Participant Testimony

Older people who have limitations in their ability to perform necessary activities of daily living and go without needed help because they cannot afford to pay for needed services at private market rates often deteriorate faster and end up costing more in health and long-term care

services. A 2014 AAA 1-B study in southeast Michigan found that those who remained on wait lists for in-home services and never got help were five times more likely to enter a nursing home than their counterparts who received services^{vi}. Family caregivers of those who received services were three times more likely to report their caregiving responsibilities no longer interfere with their ability to work.

Direct Care Workforce

Direct Care Workers (DCWs) provide the hands-on care necessary to support older adults and people with disabilities with activities of daily living (ADLs), such as dressing, bathing and eating. There is a shortage of direct care workers throughout the county, leading to unmet needs for in-home care services. As the older adult population increases, this shortage is expected to grow. The Advantage Oakland Labor Market Profile listed home health/personal care aides as the fastest growing occupation in Oakland County from 2020-2022, with an average annual job growth of 744 jobs^{vii}.^{viii}

Direct care workers are predominantly women (89%) and people of color (40%).

The median hourly wage for these essential workers is low, earning \$12.97 per hour. 20% of direct care workers in Michigan live below the poverty line, and more than a third of them rely on food stamps. During the COVID-19 pandemic, Direct Care Workers employed by state funded programs such as Medicaid Nursing Homes, the MI Choice Medicaid Waiver, and Community Living Program have received a \$2-\$2.25 per hour wage increase. While this wage increase provided critical support for this essential workforce, the shortage of direct care workers persists.^{ix}

Barriers/Challenges

- As the senior population grows, the demand for in-home service programs like the AAA 1-B Community Living Program will continue to exceed program capacity unless additional funding is allocated to support program growth.
- There is a shortage of Direct Care Workers in Oakland County. It is difficult to attract and retain direct care workers, who face low wages, few training opportunities, and limited opportunities for career advancement. Many direct care workers leave the workforce due to conflicting childcare responsibilities, lack of transportation, or to find a higher-paying job.

Potential Solutions

- Increase access to in-home care by providing resources to enroll high needs Oakland County older adults into the Community Living Program.
- Support Direct Care Workers by establishing career supports for this high-demand workforce.

- Develop partnerships with community colleges to provide credit and tuition assistance for direct care workers seeking career advancement.
- Provide an unmet needs fund to assist direct care workers by offsetting costs that hinder employment, such as childcare or transportation expenses.
- Provide direct wage assistance to support direct care workers.
- Create training program for Oakland County direct care workers.
- Include Direct Care Worker jobs in Oakland County job fairs such as *MICareerQuest* and employment placement programs. Mobilize Oakland County Home Care Agencies to organize an interactive exhibit.

Benchmark Measures

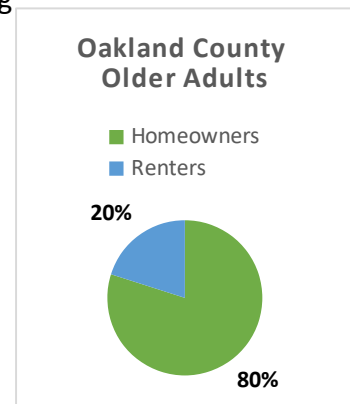
- Increased enrollment of high-need individuals into the Community Living Program. A reduction in priority “O” (greatest needs) individuals on the waiting list for Community Living Program resources.
- Reduction in the number of individuals waiting for a Direct Care Worker to be assigned by AAA 1-B to their case in Oakland County.
- Participation in MICareerQuest career fair in 2022.

BASIC NEEDS: Housing

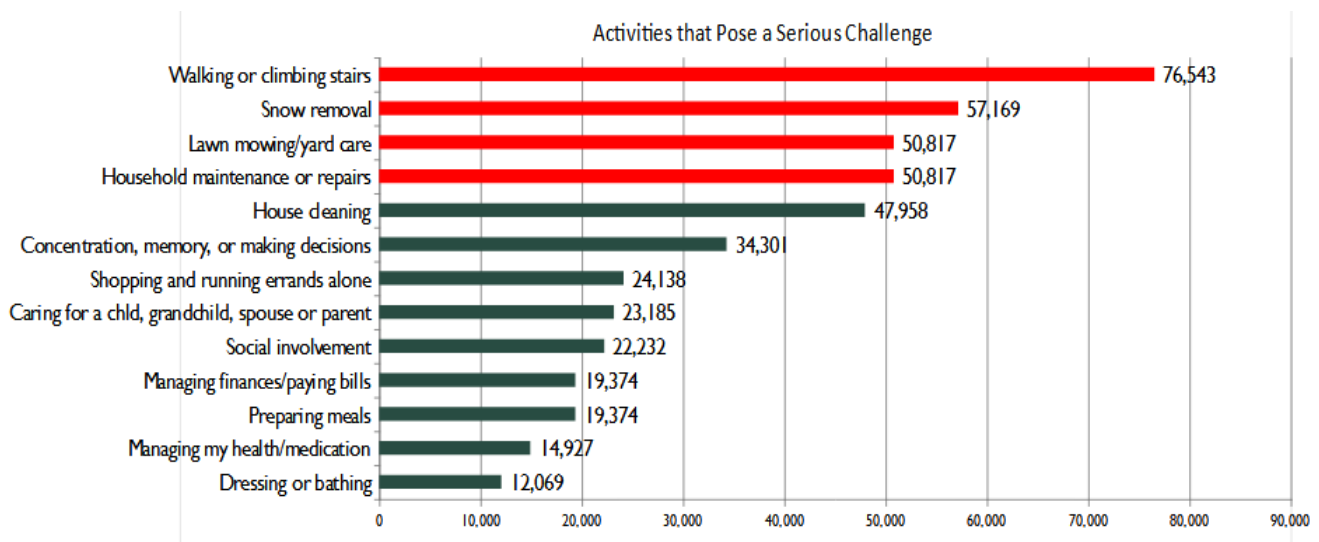
Problem/Opportunity Statement

Preservation and Maintenance of Existing Housing

Access to safe, affordable housing is critical for healthy and fulfilling aging. Indecent housing exposes people to health risks, while improved housing conditions can save lives by preventing disease and increasing quality of life^x. Preservation of current housing is a key solution to support the 80% of adults aged 60 and over who own their homes in Oakland County^{xi}. Housing instability risk is increased when more than 30% of monthly income is spent on housing costs, yet the 2019 American Community Survey (ACS) reports there are approximately 55,000 older adult households in Oakland County paying more than 30% of their monthly income toward housing costs. Older adults need increased support to preserve existing housing, improved accessibility to affordable housing options, and housing stability for older adults who are homeless or at risk of homelessness.



To successfully and independently age at home, older adults often need to have home modifications to make their home safer, such as adding grab bars in bathtubs or installing a wheelchair ramp. The 2019 AAA 1-B Oakland County Older Adult Needs and Solutions Survey found that 23.6%, or approximately 74,800, of county older adults under 200% of the Federal Poverty Level reported household maintenance and/or repairs posed a serious challenge.



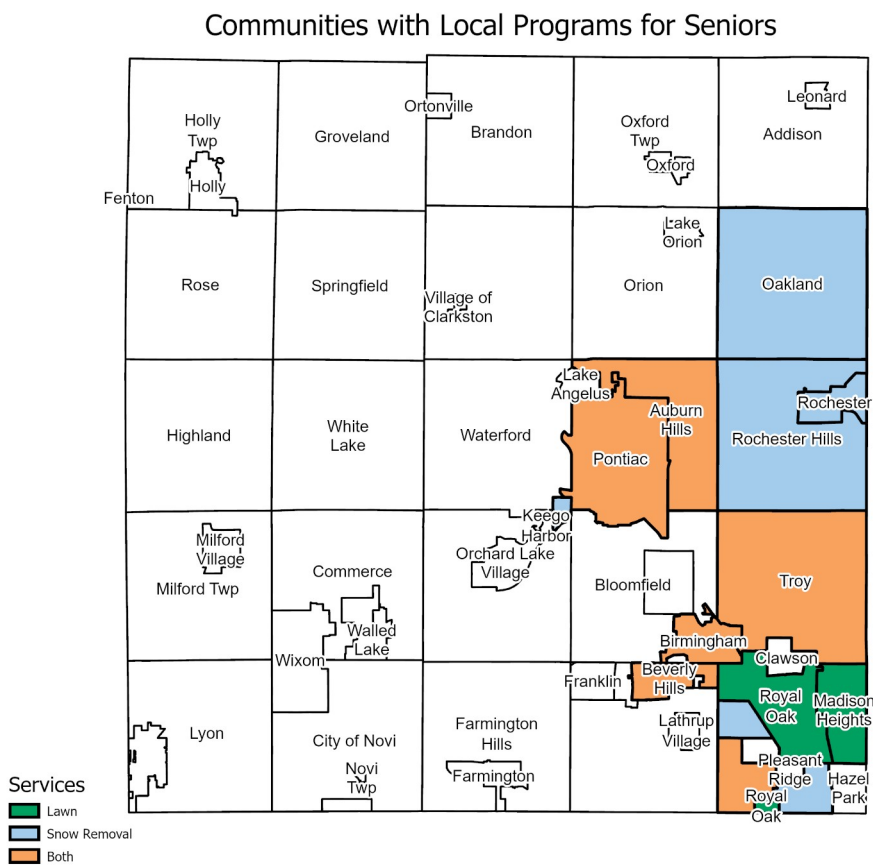
The first and third most cited home condition concerns reported by survey respondents were not enough handrails/grab bars (33,350) and home in need of minor repairs (18,420). Community programs funded with Community Development Block Grant dollars providing low-cost or free home maintenance programs are rare and if available, often have wait lists representing a significant service gap. In addition, these federally funded programs cannot assist mobile home residents.

Lawn maintenance and snow removal are essential for older adults to safely live in their home. Snow removal and lawn mowing/yard care were among the most serious challenges for older adults in the 2019 AAA 1-B Oakland County Senior Needs and Solutions Survey, with 18% of older adults reporting snow removal as a serious challenge and 16% reporting lawn mowing/yard care as a serious challenge. Inability to upkeep lawns or remove snow leads to safety issues, such as increased fall risks^{xii}. Subsidized or affordable lawn maintenance and snow removal services are not available throughout Oakland County. There is no county-wide service provider for lawn or snow maintenance for Oakland County older adults.

Select Oakland County municipalities provide lawn and snow maintenance services, although options are limited and are typically reserved for low-income older adults, may have a prohibitive cost or eligibility requirements, and may have a waiting list.

Approximately 12%, or 36,000, older adults aged 60 and over in Oakland County were at or below 149% of the federal poverty level, according to the 2019 American Community Survey^{xiii}.

Concurrently, approximately 28% of older adult households in Oakland County are paying more than 30% of their monthly income toward housing costs, such as rent and mortgage payments^{xiv}. Spending too much of one's income on housing related costs reduces the amount available for items such as healthy food, healthcare, and or transportation. The risk of adverse



health outcomes is increased when costs are cut related to healthy food options or healthcare expenses, such as prescriptions. Improved access to rental and mortgage assistance in Oakland County, such as legal advice and representation or financial assistance, may increase and maintain the health of older adults.

Older adults are at increased risk of negative health outcomes during extreme weather events. Access to affordable utilities, such as gas and electricity, are essential to the health of older adults. Utility payment assistance resources exist, but are often unable to fully meet the demand, which puts older adults at risk. The Heat and Warmth Fund (THAW) reports that “more than 70% of the households we assist have a child or senior in the home. These populations are especially vulnerable to the cold.” Availability of utility assistance is dependent on funding, geography, and income eligibility.

Barriers/Challenges

- The demand for assistance to help older adults afford essential household utilities, such as gas and electricity, surpasses the availability of financial assistance programs. Utility assistance programs, such as those provided by THAW and OLHSA, serve a crucial role in assisting Oakland households afford utility payments but assistance is dependent on factors such as availability of funding, financial eligibility requirements, and in some cases, geographic location of the household. Older adults who do not meet the criteria are often left with no other options for support. Programs close to new applicants when funds are no longer available.
- Availability of rental and mortgage resources fails to meet the demand of older adult households seeking help paying their bills. The COVID-19 pandemic exacerbated housing instability due to the strain on available resources from many households facing unemployment and underemployment. Several organizations support Oakland County residents with rental and mortgage assistance, such as the Alliance for Housing organizations and Lakeshore Legal Aid. Although there are several organizations offering assistance, funding is limited and often cannot meet the demand.
- It is difficult to secure quality home modification subcontractors that are willing to work on small repair jobs at below market rates.
- The lack of local lawn and snow removal service providers willing to work for below market rates, along with limitations in the Aging and Adult Services Agency (AASA) service definition of chore services, has made these programs unsustainable. There is currently no county-wide service provider in Oakland County for this service. The AAA 1-B historically funded county-wide chore services (lawn and snow care) until September 30, 2019.

Potential Solutions

- Increase capacity of utility assistance programs to help older adults living in the community afford essential utilities, such as gas and electricity. Partner with established programs, such as THAW, to increase accessibility and prioritization for older adults, who are among the most vulnerable to extreme hot and cold temperatures.
- Support existing rental and mortgage assistance efforts, including legal advice, legal representation, and rental/mortgage payment assistance to reduce the number of Oakland County older adults facing landlord eviction and mortgage foreclosure.
- Establish a county-wide program for home modification projects and minor home repair (i.e., wheelchair ramps, bathtub grab bars, etc.) to provide low-income older adults with the modifications needed to safely age in their home.
- Work with Area Agency on Aging 1-B to reestablish a county-wide chore services program to restore lawn care and snow removal services for low-income older adults.

**Aging Network Provider provided testimony of success with intergenerational home repair and maintenance programs and partnering with construction companies offering pro bono service. The volunteers also offered referral and socialization services. Provider expressed interest in expanding the service countywide.
-September 2021**

Benchmark Measures

- Reduce utility shutoffs among older adult households through increased assistance from utility assistance programs.
- Decrease number of older adults experiencing mortgage foreclosure and landlord eviction by increasing assistance from rental and mortgage assistance programs.
- Establish a county-wide program to provide home modifications for older adults.
- Reestablish a county-wide chore services program for low-income older adults.

BASIC NEEDS: Housing

Problem/Opportunity Statement

Affordable Housing and Homelessness

During May 2021 through August 2021, the AAA 1-B resource center reported a 13% increase in calls over the same period in 2020 from Oakland County older adults seeking resources to address homelessness, including those either at risk of homelessness or currently experiencing homelessness. In 2020, Alliance for Housing reported serving 303 adults 55 and older who were currently experiencing homelessness in Oakland County and an additional 71 who were at imminent risk of homelessness in the county. Oakland County housing and homelessness provider organizations expressed concern at the seemingly increasing number of homeless and at-risk older adults as well as the lack of available resources to provide permanent housing stability and support.

19,000 Oakland County seniors have trouble paying bills no matter how careful they are.

The 2019 AAA 1-B Oakland County Senior Needs and Solutions Survey found that 11%, or approximately 34,870, of older adults identified affordable housing as the biggest unmet need facing seniors in their community. The 2019 American Community Survey (ACS) reports there are approximately 55,071 older adult households in Oakland County who are paying more than 30% of their monthly income toward housing costs – this is an affordability problem. The AAA 1-B 2019 survey identified that approximately 19,000, or 6%, of older adults have trouble paying bills no matter how careful they are and an additional 91,900, or 29%, can afford to pay bills if they are careful about spending, further risking their housing payments.

The need for additional permanent affordable housing units for older adults in Oakland County demonstrated by a 2021 the AAA 1-B survey of ten subsidized senior housing facilities, all of which had waiting lists to be admitted to the facility. The length of time older adults spent on waiting lists to move into the facilities ranged from a couple months to several years, with most facilities having at least a six-month wait. One facility with a wait list of approximately three months indicated that their wait is shorter due to applicants being disqualified for being too young or for their income being too high or too low.

Barriers/Challenges

- Permanent supportive and subsidized housing are difficult to attain for older adults, many of whom have fixed incomes and limited earning potential. There are a limited number of permanent supportive and subsidized housing units available, and the majority have wait lists for available units. Older adults on wait lists for subsidized housing have little or no options for assistance while they wait for affordable housing.

- Housing Choice Voucher (HCV) programs, also known as Section 8 housing voucher programs, offer qualifying low-income individuals with rental subsidies for housing in private rental homes and apartments, but have years-long waiting lists that rarely open to new applicants. When waiting lists open, priority is typically granted to homeless individuals and veterans to the detriment to others with urgent needs.
- There has been past resistance in some Oakland County municipalities to approve proposals for subsidized and market rate senior housing developments as market rate housing developments and single-family home developments generally have a higher taxable value. Resident opposition to multi-family housing developments, including senior housing, includes issues such as:
 - Misconception of low-income tenants bringing increased crime,
 - Fear of apartment buildings lowering neighboring property values,
 - Aversion to multi-family housing developments, such as apartments, changing the character of neighborhoods.

Potential Solutions

- Enact recommendations of Oakland County Blueprint to End Homelessness to improve the housing continuum of care for older adults.
- Encourage an aging and homeless/housing sector collaborative to monitor and evaluate long-term, sustainable solutions to older adult homelessness growth in Oakland County.
- Encourage development of new subsidized older adult housing units in Oakland County.

Benchmark Measures

- Decrease the average number of days older adults spend being homeless by decreasing the amount of time between becoming homeless and becoming permanently housed.
- Increased quantity of subsidized senior housing units for older adults.
- Decrease time older adults spend on wait lists to move into subsidized housing.

BASIC NEEDS: Nutrition

Problem/Opportunity Statement

The two Older Americans Act funded senior nutrition programs, Home Delivered Meals (commonly called Meals on Wheels) and Congregate Meals (lunch meals served at senior centers) are two of the Aging Sector's most popular programs. In the AAA 1-B's fiscal year 2020, the county's six senior nutrition providers' Home Delivered Meals programs served 716,419 meals to 3,790 homebound seniors. There were 80,457 Congregate Meals served to 3,729 seniors which included thousands of to-go meals picked up at congregate sites due to the COVID-19 pandemic.

The value of these programs is more than just the food provided. Meals on Wheels are usually delivered daily by volunteers

**796,876 Meals Served in 2020,
Over 2,800 Meals per Day**

who come to the participant's door directly and are often the only person the meal recipient sees that day. Congregate meals draw mostly low-income seniors to senior centers to benefit from not only nutrition but socialization, reducing social isolation. The pandemic caused many volunteers to withdraw, a reduction in daily deliveries and wellness checks, and for deliveries to take place less than daily with the provision of frozen meals for non-delivery days.

Throughout the pandemic, and in normal times, there has been sufficient funding to support these meal programs without creating waitlists. In addition, most of the 25 Oakland County food pantries remained open during the pandemic and generally are able to satisfy the presenting demand for food.

Despite this robust capacity and track record of quality programs, there are nutrition needs not met by this provider network resulting in the following gaps:

- **Medically Tailored Meals/Special Diets:** Oakland County Senior Nutrition providers are at capacity and prepare meals targeted to the tastes of the general population in keeping with dietary standards. Kosher meals are available through arrangement with the National Council of Jewish Women, but no other non-traditional meals are available on a daily basis. Older adults who require special meals such as gluten free, vegetarian, Halal, and medically tailored food as medicine meals are unable to participate in the standard senior nutrition programs, creating unequal access.
- **Supplemental Diets:** Home delivered meal program participants are unable to receive available nutritional supplements such as Ensure if they accept the regular meal. Due to federal/state policy, participants must choose one or the other and cannot receive both from the program, creating a nutritional gap for some.

- **Homebound Eligibility:** The eligibility requirements for Meals on Wheels are that the individual must be age 60 or older and homebound. Some seniors are not homebound but are unable to prepare their own meals due to a variety of factors and are excluded from the program.
- **Additional Meal Coverage:** All home delivered meal providers deliver a hot lunch meal, and most offer a second evening meal for those who need it. However, there are gaps in some areas for those who also need weekend meal delivery and breakfasts.

Barriers/Challenges

- Oakland County Senior Nutrition Program providers produce over 2,800 meals daily in kitchens designed for high volume meal production in the most efficient manner possible and in accordance with strict menu specifications. This model does not accommodate deviations to produce low volume special diet meals that require unique foods and preparation techniques beyond the occasional vegetarian or ethnic meal that is prepared for all participants. Preparation and delivery of low volume special meals would be more costly than current meal preparation. Capacity to add special meals does not exist currently, creating an inequitable access to nutrition programs for older adult populations that need special meals. The exception is Kosher meals which are prepared and distributed by a subcontractor.
- There is limited access to evening and weekend meals in parts of the county due to limited funding. There are also gaps created by policies that restrict access to needed nutritional meal supplements for home delivered meal recipients who also need to have a regular meal as well as regulations that include a narrow definition of eligibility excluding non-homebound individuals.
- There is agreement among Senior Nutrition Program providers that there are older adults who need home delivered meals but do not know that they are eligible. However, there is concern about promoting access to the program when they are already operating at capacity and would be unable to meet increased demand.

Potential Solutions

- Address the need for special meals by replicating the current Kosher meal single vendor subcontractor strategy to prepare and deliver one or more special meals.
- Identify an alternative resource to purchase nutritional supplements when needed for home delivered meal recipients with unique dietary requirements.
- Establish county-wide access to evening and weekend meals for home delivered meals.
- Conduct a public awareness campaign with outreach and community education about home delivered meal eligibility criteria and benefits.

Benchmark Measures

- Reduced denials of requests for home delivered meals among eligible older adults who require special diets and nutritional supplements.
- Equal access to lunch, evening, and weekend meals for all Oakland County older adults.

BASIC NEEDS: Transportation

Problem/Opportunity Statement

The AAA 1-B 2019 Oakland County Older Adult Needs and Solutions Survey found that 5.8% of older residents (18,000) report having difficulty getting to places they need to go. Being unable to drive because of health conditions is the reason cited most often. While only 1.2% of respondents indicated they missed a medical appointment in the past 12 months, that equates to approximately 3,800 older adults missing medical appointments each year.

Public transit in Oakland County is a 2-tiered system. The first tier is comprised of SMART services offered to “Opt-In” communities (those communities that support the SMART millage) and the second tier is made up of transportation services offered to residents in communities where local municipalities and nonprofits work to provide these services. These second tier services exist in both Opt-In and Opt-Out communities.

3,800 older adults missing medical appointments each year.

The SMART services offered on this first tier include:

- Fixed Route service - Utilizes large buses on a fixed route with a fixed schedule along the major arteries. This service is open to the general public.
- Connector service – Utilizes small buses for reservation-based curb to curb service. This service is open to all residents of “opt-In” communities only. A majority of riders who use this service are older adults and those with a disability.
- ADA service – This service is available to Americans with Disabilities Act certified riders. This service is open to the general public.
- SMART FLEX service – This “on demand” service is a 3-year pilot program that began in March 2021 and operates within an established zone in each county as a “first mile/last mile: service to aide riders using the fixed route service in reachin their destinations easier. Oakland County has two established zones, Troy and Pontiac, and is open to the general public.

The SMART FLEX pilot is partnership between SMART and VIA, a company that offers this program across the county. Riders may book their ride directly from their cell phone through an app or by calling the call center at (734) 212-8429. VIA creates quick and efficient trips by matching passengers and vehicles together in real time and directing riders to a nearby “virtual bus stop” for pick up and drop off. Rides are given within the boundaries of each zone and cost

between \$2 and \$8 depending upon the distance. SMART FLEX operates similar to Uber, Lyft or a taxi service however the cost is significantly lower.

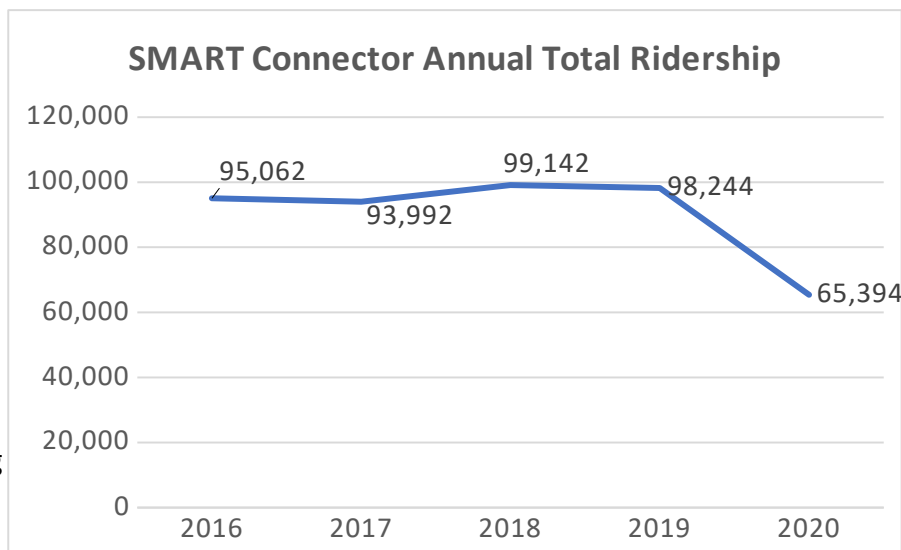
- SMART Quick CONNECT service – This is another SMART operated pilot program that runs within Farmington and Farmington Hills. Using the “[Moovit On-Demand](#)” [mobile app](#) residents can book rides and connect to destinations within either of these communities.

The second tier consists of transportation services operated by local municipalities and/or nonprofits and offered to residents within their respective communities. These services feature both curb-to-curb and/or door-to-door transportation and fall under the SMART Community Partnership Program (CPP).

State funding (Municipal credits and Specialized Services funds) along with local funding (local millages, revenues received from General fund accounts, private/corporate donations) as well as SMART funding (Community credits given to Opt-In communities only) provide the necessary revenue to operate these local programs.

In addition, SMART utilizes its access to federal capital funding to purchase and provide vehicles, small buses and vans, to these local programs at no cost. The CPP’s obligation is to cover the operating costs for their program that includes the maintenance and operation of the vehicles. Most of these CPP’s target service to older adults and residents with disabilities.

SMART services sometimes overlap geographically with the CPP services and efforts to coordinate these services has been accomplished by working together therefore providing transportation to the residents they serve.



SMART Connector ridership was 65,394 in 2020, down about 33% from 2019 due to the pandemic. Approximately 15% of riders are wheelchair users, and the program experiences a cancellation rate of almost 15%. In 2019 the trip denials averaged about 30 per day or about 7% of the number of trips made.

Barriers/Challenges

- The public transit millage provision that allows communities to opt out of the millage creates an inequity of public dollars available to support transit service in opt out communities.
- A 7% turn down rate means one out of every 14 requests for small bus transportation is denied.
- The SMART Flex program cost per ride can be significantly higher than what other SMART services, posing a barrier to low-income riders who need the service the most.

Potential Solutions

- Expand access to SMART FLEX for older adults.
- Reduce the rate of trip request turndowns for older adults and adults with a disability.

Benchmark Measures

- Expanded geographic coverage of the SMART Flex program beyond Troy and Clawson.
- Achieve a SMART Connector service trip turndown rate of less than 7%.
- Encourage and assist communities to evaluate the benefits of opting into the SMART millage as a means to expand transit service.

QUALITY OF LIFE: Aging in Place

Problem/Opportunity Statement

According to a recent AARP study, 90% people aged 50 and older want to stay in their current home and community as they age (AARP, 2018). *Aging in Place* is defined as "the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level" (CDC, 2009). Older adults identified the following community amenities and supports as essential for aging in place: home modifications, companionship, household chores, transportation, nutrition, and services being provided (AARP, 2018). Other sources include a broader list of amenities that are essential.

The philosophy behind Aging in Place is that a community needs to have a robust assortment of amenities that are deemed essential to creating an environment that will foster successful and healthy aging. The adequacy of a community's capacity to support Aging in Place is a measure of the supports and services infrastructure. Communities that have a strong infrastructure of resources such as home and community-based services are considered to be aging-friendly. Several organizations have developed community-level resource assessments that can be used to measure the adequacy of its supports and services and award a recognition certification and/or score to validate a community's level of progress toward supporting successful Aging in Place. The following resources present opportunities for Oakland County, or its individual municipalities, to measure and secure recognition as communities that support Aging in Place.

Caregiver Friendly Communities: <https://www.caregiverfriendlycommunities.org/>

The Caregiver Friendly Communities Assessment was developed by the AAA 1-B to help aging services professionals, advocates, and community leaders measure how well community systems support caregivers. It seeks to assess the available supports offered through the health and social service systems in cities, townships, and counties to help unpaid family members, friends, and neighbors who are providing care for older persons with disabling conditions. The Caregiver Friendly Communities Assessment is an easy to complete online tool that provides communities with an assessment of their community's strengths and weaknesses in caregiver support, as well as individualized recommendations for community-level improvements.

Along with the assessment, communities have access to best practices and recommended programs that communities may implement based on their Assessment results. The Assessment covers eight domains of the types of community supports caregivers have identified as most helpful as they care for their loved ones:

- Care Management Support

- Caregiver Social/Emotional Supports
- Caregiver Training & Education
- Financial & Legal Information
- Healthcare Services
- In-Home Services & Respite
- Safe/Affordable/Accessible Housing
- Transportation

Dementia Friendly America: <https://www.dfamerica.org/>

Dementia Friendly America developed the Dementia Friendly Communities initiative to recognize dementia as is an issue that needs to be addressed at the community level. Dementia Friendly America helps communities become dementia friendly through tools, resources, and technical assistance designed to support individuals living with dementia and their care partners. A key principle of the Dementia Friendly Communities initiative is including and involving people living with dementia in all phases of the effort. The Dementia Friendly Communities process includes four phases:

- Convening community leaders and members to understand dementia and its implications on the community, as well as community readiness.
- Engage key leaders to assess community strengths and gaps in dementia friendliness.
- Analyze the community needs to determine the issues to act upon and then set community goals to attain dementia friendly status.
- Create a community action plan with specific objectives and activities to meet the objectives.

Communities for a Lifetime: https://www.michigan.gov/osa/1,4635,7-234-64083_64552---,00.html

The Communities for a Lifetime program was developed by the Michigan Commission on Services to the Aging in 2007, with input from the State Advisory Council on Aging. The Aging & Adult Services Agency (AASA) Communities for a Lifetime program is an assessment and improvement planning process for Michigan cities/municipalities and counties that helps make Michigan communities more “aging-friendly.” To be recognized by AASA as a Community for a Lifetime, a community must conduct the Communities for a Lifetime assessment, establish

priorities, and then develop a community action plan based on priorities established from the assessment results. The Communities for a Lifetime assessment includes questions across ten domains of community livability that play a significant role in creating aging friendly communities. Domains assessed by Communities for a Lifetime include:

- Walkability
- Supportive community systems
- Access to health care
- Safety and security
- Housing: availability and affordability
- Housing: modification and maintenance
- Public transportation
- Commerce
- Enrichment
- Inclusion

Oakland County communities recognized as Communities for a Lifetime (year of recognition in parentheses):

- Farmington (2010 and 2008)
- Farmington Hills (2010 and 2008)
- Auburn Hills (2013)
- Clawson (2016)
- Ferndale (2019)

AARP Livable Communities: <https://www.aarp.org/livable-communities/network-age-friendly-communities/>

AARP Livable Communities initiative helps communities become livable places for people of all ages. AARP Livable Communities initiative is comparable to Michigan's Communities for a Lifetime initiative. Livable Communities is more widely recognized since it's a national initiative and includes age-friendly designation for states, cities and counties. Livable Communities assesses community age-friendliness based on the following eight domains of livability:

- Housing

- Outdoor spaces and buildings
- Transportation
- Communication and information
- Civic participation and employment
- Respect and social inclusion
- Health services and community supports
- Social participation

Oakland County communities in the AARP network of Age-Friendly Communities:

- Auburn Hills (joined 2013)
- Southfield (joined 2017)
- Royal Oak (joined 2019)
- Novi (joined 2020)

Barriers and Challenges

- Some community assessment processes are very labor intensive and can fatigue the participants, leaving little energy to follow through on implementing recommendations and achieving meaningful change.
- Some community assessment processes can be costly, particularly if the hiring of an individual or organization to lead the process is required.
- Engaging in the community assessment does not assure that meaningful outcomes are achieved because the follow up actions determine whether improvements occur.

Potential Solutions

- Encourage Oakland County to engage in a community assessment process apply for recognition as an aging-friendly county that supports Aging in Place using one of the many platforms that are available. Leadership could be provided by the proposed Oakland County Senior Advocate staff position.

Benchmark Measures

- Earn recognition as a county that supports Aging in Place by engaging in a community assessment process and receiving a certification/score.
- Creating systems change as a result of completing the assessment process and implementing recommendations for change as a result.

QUALITY OF LIFE: Informal Caregiving

Problem/Opportunity Statement

Family Caregiving^{xv}

Unpaid, informal caregivers (usually family members) are often unexpectedly thrust into the role of caring for a loved one. Rarely do informal caregivers have proper training or knowledge of resources available to them or their loved one, and they continuously face new challenges that require care decision making without knowing where to turn for help. The rewards of serving as an unpaid, informal caregiver for a loved one are often overshadowed by multiple challenges. The consequences caregivers face are often increased stress, reduced workplace productivity, compromised health, financial costs and loss of independence. When family caregivers are surveyed, supportive services, such as respite, and access to information about local community services and resources are consistently identified as top caregiving needs^{xvi}. The increased stress of caregiving causes many to face long-term health consequences. The availability of family caregivers decreases every day. In Oakland County, by 2030, it is anticipated that Oakland County residents over age eighty will increase by 79%, while the population of caregiving age (45 to 64 years old) residents will decrease by 19%^{xvii}. This leads to a 48% decrease in the ratio of Oakland County residents of caregiving age for residents over eighty. As the disparity grows, it is becoming more necessary to find creative and effective solutions to support unpaid family and informal caregivers.

The 2019 AAA 1-B Oakland County Senior Needs and Solutions Survey revealed that approximately 29% of older adults age 60 and over in Oakland County are caring for another family member. Family caregivers are diverse, span all demographics, and are an average age of 50^{xviii}. The average age among minority caregivers tends to be at least three to ten years younger than their white counterparts, putting these caregiver's average ages in their 40s. Regardless of ethnic background, many caregivers are still in the workforce and 25% are also providing support to minor children.

More than six in ten family caregivers report they can use more information or help on caregiving topics, particularly information on keeping their loved ones safe at home, managing their care recipient's personal affairs, and about managing their own stress^{xix}. It is difficult to identify resources and supports available to help care for a loved one, especially due to the changing availability of services over time. At a September 2021 Oakland County Senior Town Hall meeting, an attendee requested an updated version of the AAA 1-B's 2019 Connect caregiver resource guide, created in 2019, be produced and distributed more widely.

Increased access to and availability of training and education for family caregivers helps improve confidence and ability to continue caring for loved ones. Caregiver training and

education programs are helpful in providing information to help care for loved ones while also ensuring caregivers are taking care of themselves. Trainings are often difficult to attend due to location or the amount of time away from the care recipient. Caregivers need access to a more diverse offering of trainings to help improve confidence and ability to care for their loved ones. Training can be effective in reducing caregiver stress and helps the caregiver develop a better relationship with their loved one^{xx}.

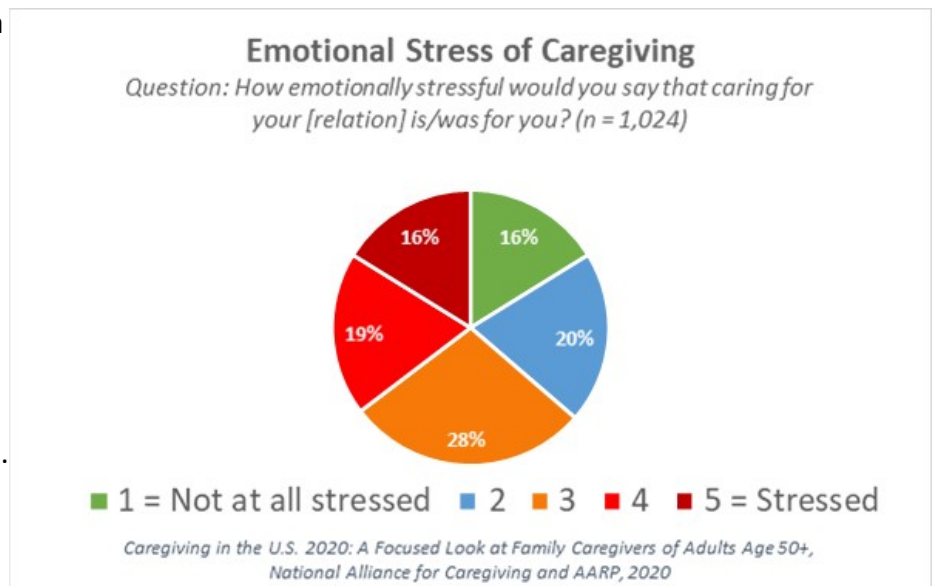
Generally, 64% of family caregivers report their caregiving situation to be moderately to highly emotionally stressful and 21% report they feel alone^{xxi}. Emotional and social support for family caregivers is crucial to their well-being and their continued ability to provide essential care activities to their loved ones. There is not wide-spread access to an intuitive next step in the service delivery network for longer-term, individualized, or ongoing support to refer family caregivers after attending a training or support group.

Support groups, individualized support options, and training sessions provide family caregivers with social support to reduce feelings of loneliness and stress, as well as improved confidence in their ability to care for their loved ones.

Access to support such as respite services, both in-home and extended out-of-

home options are difficult to attain, expensive, and caregivers often do not know they are available. Respite options vary on a continuum from in-home respite to adult day care programs and extended out-of-home respite. Until 2013, the AAA 1-B offered an extended out-of-home respite program that was partially supported on a donation basis based on ability to pay. The program ended in 2013 due to budget cuts caused by sequestration and since then there have only been private pay options, which are typically \$150 to \$300 per day, making the service unaffordable for most families.

Nationally, more than one in six American workers are caregivers^{xxii}. Working family caregivers are at a higher risk of losing their jobs due to care demands and/or they take lower paying jobs, such as part-time work, that better accommodate their caregiving responsibilities. Supporting family caregivers in the workplace helps the employer and the employee. Family caregivers who are better supported in the workplace can better manage and fulfill their caregiving responsibilities^{xxiii}.



Barriers/Challenges

Locating information on caregiving topics and available services pertinent to their unique circumstances can be overwhelming. Family caregivers often do not know what to do or what services and supports may be available to them. Printed resource guides are quickly outdated and need to be updated regularly to remain relevant.

29% of Oakland County older adults are caring for a family member.

- There is not wide-spread access to an intuitive next step in the service delivery network for longer-term, individualized, or ongoing support to refer family caregivers to after attending a training or support group. Caregivers often seek additional on-on-one peer support, which is difficult to find due to availability and ability to locate services.
- In-home and out-of-home respite services are difficult to access due to waiting lists, strict eligibility standards for subsidized programs, high costs, and difficulty securing workers for private pay programs. The AAA 1-B's Community Living Program offers in-home respite services to program participants, but as of August 2021 there were 768 Oakland County residents on the program's waiting list for services.
- Employers are often unaware of resources to further support their employees who are working while taking care of a loved one and the positive impacts of supporting family caregivers in the workplace, such as decreased days absent and increased productivity.
- Caregivers face difficulty attending training and education programs due to the inability to secure care for their loved one while they are away, costs for the programs, and availability in their community. Training and educational programs lack diversity in topics covered, with many programs being repeated or covering information that is not applicable to the caregivers' situation.

Potential Solutions

- Partner with local senior centers and community organizations to improve access to caregiver training and educational opportunities county-wide: more diverse topics; free or low-cost options; and in-person and virtual options throughout the county, available to all county residents.
- Catalog existing caregiver training and educational programs available to county residents and identify ways to ensure they are accessible to all county residents.
- Work with the AAA 1-B to update regularly, and at least bi-annually, its Connect caregiver resource guide with online and printed versions.
- Promote and support the growth of the AAA 1-B's free Caregiver Coaching programming, which matches volunteer Caregiver Coaches with caregivers to provide one-on-one peer support.

- In partnership with long term care facility partner(s), develop a subsidized extended out-of-home respite program that is available to Oakland County residents.
- Encourage private employers to accommodate employees who are family caregivers by adopting specific model human resources policies and benefits that help workers to balance job and caregiving responsibilities.
- Incentivize municipalities to complete the Caregiver Friendly Communities Assessment (www.caregiverfriendlycommunities.org) to identify the community's strengths and weaknesses for caregiver support, and to attain actionable, personalized recommendations for improvements to implement.

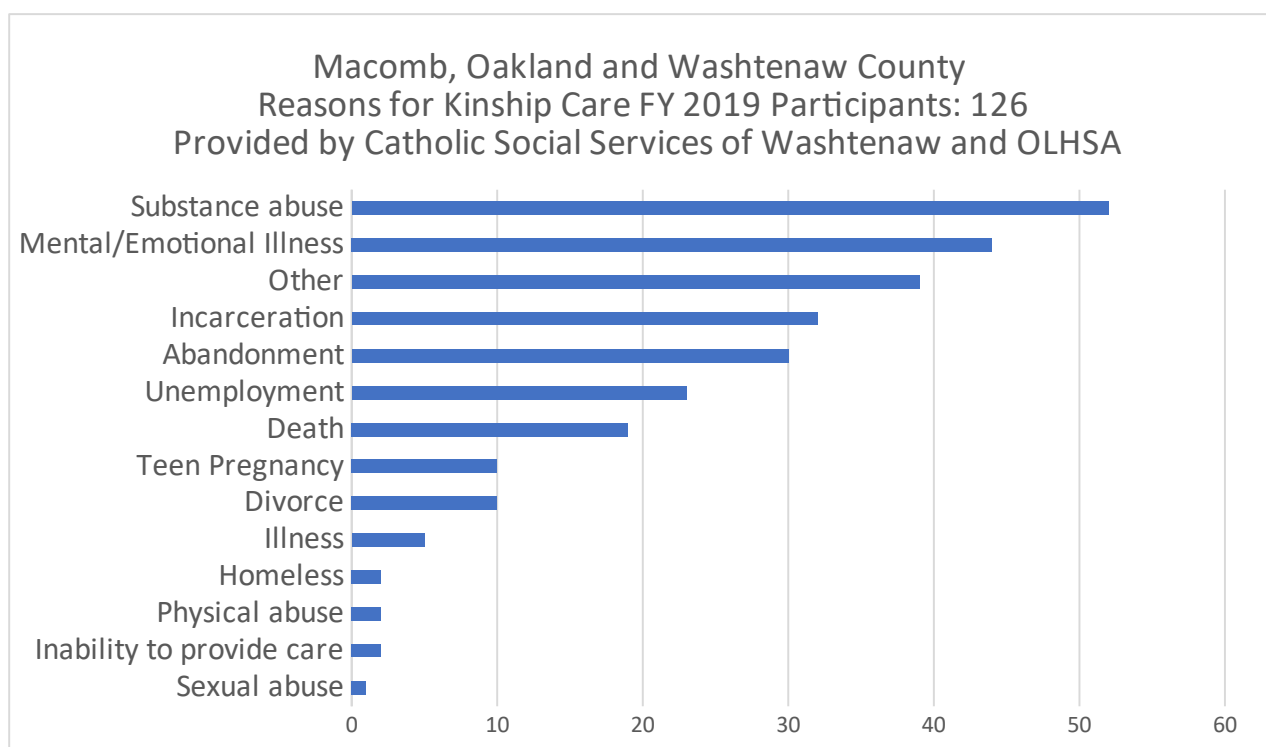
Benchmark Measures

- Creation of a shareable catalog of caregiver training programs available in the county.
- Development of an annually updated caregiver services resource guide that includes a catalog of caregiver training and education programs available to county residents.
- Increase in the number of Oakland County residents (volunteers and caregivers) enrolled in Caregiving Coaching program.
- Development of a subsidized extended out-of-home respite program for Oakland County residents.
- Increase in the number of employers offering paid family leave or other types of caregiver benefits.
- Increase in the number of Oakland County municipalities that have completed the Caregiver Friendly Communities Assessment and enacted improvements to their caregiver support resources.

Problem Statement

Kinship Caregiving

A growing number of grandparents are faced with the responsibility of parenting their grandchildren at a time in their lives when they expected to be planning and enjoying their retirement. Beyond the obvious drain on their leisure time and retirement income, these grandparents must deal with social, emotional, and practical problems inherent in raising grandchildren at their stage of life. These challenges are often compounded by the fact that many of the children have emotional and/or behavioral challenges often related to the trauma experienced when they are unable to remain in their homes with their birth parents—whether because of child abuse or neglect, the death of a parent, parental incarceration, substance abuse, or other reasons.



It is estimated that almost 6,000 Oakland County residents are caring for children who are not their own but are grandchildren or other kin, and over half of these caregivers are aged 60 and over. In 2019, the OLHSA Grandparents Raising Grandchildren program served over 90 kinship caregivers, the majority were low fixed income. The AAA 1-B's 2019 Ad Hoc Study Committee report, *Kinship Caregiving: Challenges and Solutions for Grandparents Raising Grandchildren and Relatives as Parents*, identified five major areas of need for kinship caregivers including:

- Social and emotional supports
- Financial resources
- Education and informational resources
- Coping/parenting skills training
- Respite

The root cause for further care among grandparents raising their grandchildren typically stems from the child's adult parent(s) substance and opioid abuse, mental/emotional illness, incarceration, abandonment, death, and/or other complex family dynamics^{xxiv}. At a September 2021 Oakland County Senior Town Hall meeting, OLHSA testified about grandparents raising grandchildren struggling financially, physically, and emotionally when unexpectedly having to raise their grandchildren. No or low-cost respite options, such as day care, after school programs, and/or summer camps can help relieve the potential burnout grandparent families face, but these programs do not have widespread availability and private pay options are expensive.

Barriers/Challenges

- The dynamics of the grandparent raising grandchildren relationship is at times complex and limiting. Grandchildren are often placed in kinship care when parents are unable to care for them due to adult child substance abuse, incarcerated, abandonment, or mental abuse relationship with their parent (grandparent). Grandparent families usually undergo a financial, mental, and physical health strains when taking in a grandchild. Kinship caregivers have less access to support services to further help their grandchildren with behavioral health challenges after experiencing trauma^{xxv}.
- Many identified needs from kinship caregivers are rooted in systemic issues that are challenging to address at a county level, such as the legal and state systems when granting guardianship or custody of a grandchild. When grandparents are unexpectedly caring for their grandchildren and in the process of securing guardianship or custody, they cannot enroll the children in their local school until the process is completed, which leads to unnecessary absences and burden on the family to ensure attendance at the home school district.
- Day Care and after-school activities are expensive and may not be accessible to grandparents with low or modest incomes.
- Public transportation fares can be expensive when traveling with many grandchildren. This adds another expense for grandparents living on a fixed income^{xxvi}.

- Many kinship caregivers are on fixed-incomes and face financial burdens when taking on children. The State of Michigan has temporarily increased financial assistance to kinship caregivers but many individuals remain unable to qualify despite their need.

Potential Solutions

- Offer subsidies to kinship caregivers while they are working through the various legal systems to secure state of Michigan assistance.
- Ensure kinship caregivers in Oakland County have access to social and emotional support groups and parenting/coping skills courses at least annually and for no or little cost.
- Provide access to traditional counseling as self-care for the grandparent and counseling available for the grandchild at low cost^{xxvii}.
- Partner with afterschool providers, day care providers, and/or summer camps to offer subsidized programs with dedicated spots to provide respite for grandparent families.
- Work with Oakland County Intermediate School District to identify a solution for enrolling children in school while guardianship or custody changes are in process.

Benchmark Measures

- Increase in the number of kinship caregivers receiving county care subsidies and decrease the turnaround time from child intake to cash in hand for caregivers.
- Reduced time it takes children coming into the system to enroll in their local school district.
- Creation of a shareable catalog of kinship caregiver parenting/coping skills courses currently available in Oakland County.
- Increase in the number of social and emotional support groups and parenting/coping skills training available in Oakland County.

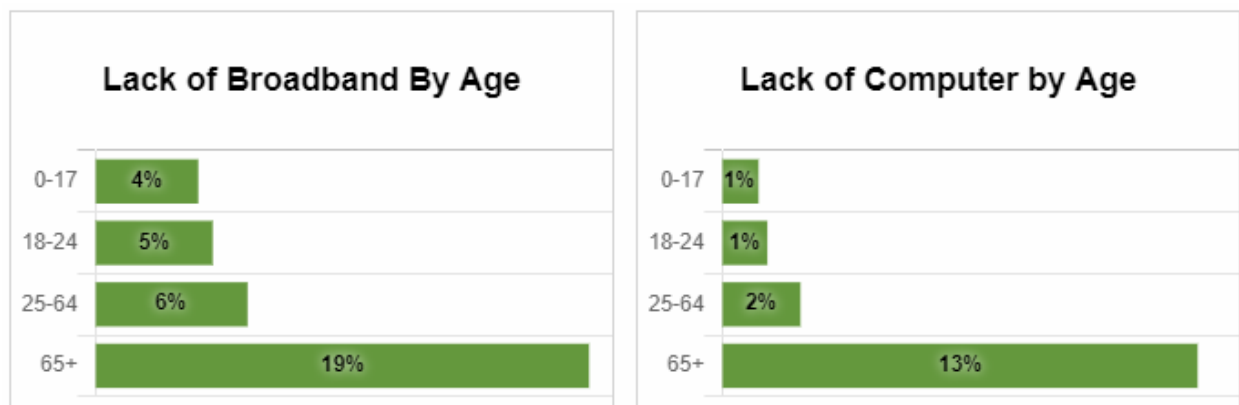
Two grandparents could not enroll their 2nd-grade grandson in school. The child's mother could not be located until 5 (five) weeks into the school year! The child missed over half a marking period of his 2nd grade. The grandparents repeatedly tried to enroll the grandson but could not enroll because they did not have custody or guardianship.

- The experience of a grandparent raising grandchildren

QUALITY OF LIFE: Digital Divide

Problem/Opportunity Statement

An estimated one in three Michigan senior households do not have access to a computer, smartphone, or broadband internet due to either cost, personal choice, or access to a connection. Currently, the SEMCOG chart below shows 19% of older adult households in Oakland County lack broadband, an estimated 39,000 people. The map also shows 13% of older adult households in Oakland County lack a computer, an estimated 26,600 people. Access to broadband is a senior issue.^{xxviii}



Digital illiteracy prevents access to many facets of life including telehealth services, resource information, social connections, and delivered goods. Older adults with lower social economic status as well as aging minority groups have significantly lower odds of using the internet to access health care, and those with both fare even worse.

Access to broadband connection and digital literacy programs can help reduce missed medical appointments. The 2019 AAA 1-B Oakland County Older Adult Needs and Solutions Survey estimates 15,680 older Oakland County residents missed medical appointments in the previous 12 months because they were too sick to go or had no way of getting there. A 2021 study released in PubMed found the no-show rate dropped from 36.1% to 7.5% when telehealth options were leveraged over the pandemic. Sarah King, MD, a fellow at a geriatric clinic affiliated with Boston Medical Center, reported a 33% reduction in telehealth no-shows among older adults with letter reminders^{xxix}.

Access to broadband connection and digital literacy programs can help reduce older adult social isolation. The 2019 AAA 1-B Oakland County Older Adult Needs and Solutions Survey asked Oakland County seniors about social isolation, the survey found approximately 15,500 Oakland County older adults have no one they can tell just about anything to or who they can count on

for advice and that almost one in four would like to do more social activities. In the Lifeline pilot project led by Oakland County Board of Commissioners' Social Isolation Task Force, preliminary findings show a decrease in social isolation by providing an Echo Show Alexa device to older residents of assisted living facilities. Residents reported more weekly interactions with people inside and outside the site.

With increased broadband access and digital literacy programs, more older adults will be able to socialize, work remotely, manage their money, access health care and purchase goods and services. Older residents can request transportation, groceries, house cleaning, search and apply for benefits, access resources, and other supports that help allow them to age in place.

Local public libraries and senior centers have both proven to be an asset in building digital literacy programs and access hubs for older adults. Some public libraries in Oakland County have been able to use their lending system to also lend tablets and wireless hotspots as well as host volunteers who teach technology lessons in their common spaces and existing computer labs. Many older adults have requested to extend their tablet library loan return date only to be denied for existing waitlists and holds.

**Aging Network Provider recommended
partnering with public libraries for
technology classes and lending technology.
-September 2021 Town Hall**

Barriers/Challenges

- Older adults in Oakland County lack the equipment and connection more than any other age group. While more federal resources are being made available to move this infrastructure forward, providing individuals with home connections can be costly and time consuming processes for municipalities.
- Some seniors are reluctant to adopting technology because they are concerned about being exposed to scams and hacks.
- Affordability for the individual is often a concern, especially for low-income older residents, but providers of senior resource information do not track and/or share all of the available discounts on internet access and connecting devices for low-income seniors. With about 54% of senior households reporting they turn to the internet for information on health and senior resources, this creates a significant inequity among the digitally illiterate, and especially for households with annual income below \$25,000, only 40% of which use the internet to find health and aging resource information.

Potential Solutions

- Develop community education resources for older adults on where and how to obtain low-cost technology and internet, particularly for low-income persons, comparable to the Lifeline program for access to discounted telephone service.

- Pilot a digital navigator and technology lending program to improve digital literacy in partnership with universities, libraries, senior centers, community living, and potentially the Oakland County IT Training Center. Provide resources to obtain and loan devices from local public libraries and senior centers. Urban Libraries Council^{xxx} offers digital navigator models to adapt as well as regional initiatives like Eastern Michigan University's Digital Connecting Corps for seniors.
- Adopt digital equity strategies available from the National Digital Inclusion Alliance. They provide templates, tools, and status incentives for counties and localities improving digital literacy and broadband access to underserved residents that can be used in planning broadband expansion.

Benchmark Measures

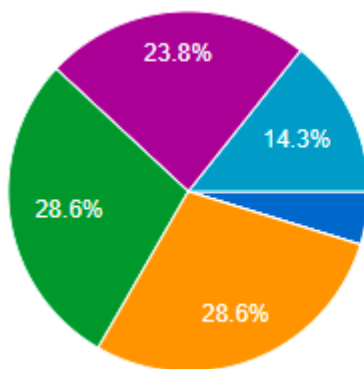
- Increase the number of older adult households that have broadband and computers as measured by the SEMCOG Broadband Availability and Usage Map which will be updated annually.
- Successful launch of a digital navigator program in partnership with a public library and senior center.
- Increase in older adults who become digitally literate.

QUALITY OF LIFE: Senior Centers

Problem/Opportunity Statement

Oakland County boasts thirty seven senior centers and aging recreation programs which are independent non-profits and municipal parks and recreation programs offering socialization, nutrition services, fitness and wellness programs, transportation, and community education to name a few. The spectrum of programming offered at the county's senior centers is vast, ranging from the state's leading center, OPC in Rochester to the part time Pearl Wright center in Royal Oak Township that has no dedicated staffing. This represents a significant inequity in Oakland County for access to the social, recreational, and wellness benefits that senior centers offer.

According to a September 2021 senior center survey conducted by AAA 1-B that included 21 responses (57%), county centers report their current COVID-19 pandemic reopening status as seen below:



- We remain closed
- Up to 10%
- Up to 50%
- Up to 75%
- Up to 99%
- Up to 100%

This survey found that 47.6% of senior centers do not have a strategic plan in place. Of the centers that do, 100% include expanding services either in-person or remote/virtually, including 75% of centers willing to help bridge the digital divide by doing more with computer and internet access training.

However, the centers identified the following barriers to these expansion plans: funds (84.6%), physical space (69.2%), technology (69.2%), limited staff or staff skill sets (61.5%), equipment (61.5%), and software (46.2%).

The 2019 AAA 1-B Oakland County Older Adult Needs and Solutions Survey estimated 43,000 residents would want to participate in senior center programs and 21,900 want to participate in their senior congregate dining programs often offered at their local senior center. Additionally, there are 48,400 older adults interested in volunteering and 38,000 looking to participate in group wellness or fitness classes - opportunities that are found at some but not all senior centers.

The survey also showed older people turn to Oakland County senior centers (36%) and local public libraries (38%) for information around aging, healthcare resources, services, or benefits.

This presents an opportunity for partnership collaboration to offer programs, such as digital inclusion efforts, as well as information dissemination.

At a September 2021 Town Hall, attendees spoke the following accolades and requests for development of their local senior center:

- Senior Center Director comments emphasized the importance of senior centers as wellness hubs and socialization opportunities and requested centers be marketed with positive aging messages.
- An older adult requested information sharing aging service best practices being used across the county so providers can learn from each other.
- An older adult expressed concerns over the inequity of services in different communities throughout the county, particularly senior centers, primarily due to funding differences.
- An older adult testified that Madison Heights Senior Center is leveraging partnerships to provide pro bono legal aid and health services.
- An older adult described a conversation that they had with the Friends of Troy Seniors Community Center indicating senior participants want to socialize at the center again.

From the senior center survey, these were the comments from directors:

- Currently we are losing long standing service programs like our AARP tax program and our in-house Medicare counseling because we do not have the means to provide staff support. We definitely need help to move these ideas forward.
- We do not have the staffing to meet community demand for programs and services.
- We need someone to act in our behalf to be able to use the old high school They won't listen to us. That school has rooms, a gymnasium, kitchen and cafeteria. We are totally ignored. We have no programs for seniors. There is a great need in our community.
- We need funding for staffing so we can be open sometimes in the evening and we can offer more programs.

Senior centers have the opportunity to be accredited nationally by the National Institute of Senior Centers, a branch of the National Council on Aging. Currently, there are no Oakland County senior centers with this status. This accreditation holds senior centers to a set of operating standards to empower sites to best serve their communities. Benefits include best practice sharing, evidence-based programs, staff training opportunities, programmatic discounts, and tools such as the Benefits Check-Up for senior center participants.

Senior center staff also have an opportunity with the Michigan Association of Senior Centers to be certified as a senior center professional. Senior center staff have varied levels of experience or education. This state certification encourages continuing professional growth and

development for those who work with and for older adults in these settings. An estimated 15% of senior center staff in Oakland County hold one of the certifications.

Barriers/Challenges

- Only 47.6% of senior centers do not have a strategic plan, which can indicate a lack of capacity as well as uncertainty in how to sustain their growth.
- Physical space is a challenge for 69.2% of centers planning to expand their programs:
 - 30.8% of those estimate needing 100 - 250 sq ft,
 - 23.1% estimate needing 1000 - 2350 sq ft,
 - 15.4% estimate needing 4,500 - 10,000 sq ft,
 - 15.4% estimate needing 2350 - 4500 sq ft, and
 - One site currently has no dedicated physical space.
- Equipment is a barrier for 61.5% of centers planning to expand their programs:
 - 62.5% of those need exercise equipment,
 - 61.5% need computers and technology,
 - 53.8% need transportation vehicles,
 - 38.5% need kitchen equipment,
 - One site reports having no equipment whatsoever.
- Of the 61.5% of centers that identified staff skill sets as a barrier to expansion the needs are for:
 - Fund and partner development (58.3%),
 - Information and referral capacity (41.7%),
 - Marketing and communications skill sets (41.7%),
 - Program coordination (41.7%),
 - Information technology (IT) (41.7%),
 - Mental health skill sets (33.3%),
 - Management (33.3%),
 - Transportation drivers (8.3%), and

- Maintenance (8.3%).

Potential Solutions

- Coordinate an annual summit inviting senior centers, aging recreation programs, and public libraries to explore opportunities for collaboration on information, resource, and program best practices targeting older adults.
- Equalize access to senior center programs for older Oakland County residents by leveraging resources to enhance the capacity of senior centers to provide a core set of programs.
- Support the efforts of senior centers to engage in national accreditation, obtain state certification, expand their variety of programming, and increase participation.

Benchmark Measures

- Increase in the number of senior centers that:
 - Have national accreditation and/or state certification
 - Engage in physical expansion efforts
 - Secure new equipment to meet program needs
- Establish a core set of programs offered at all senior centers county-wide.

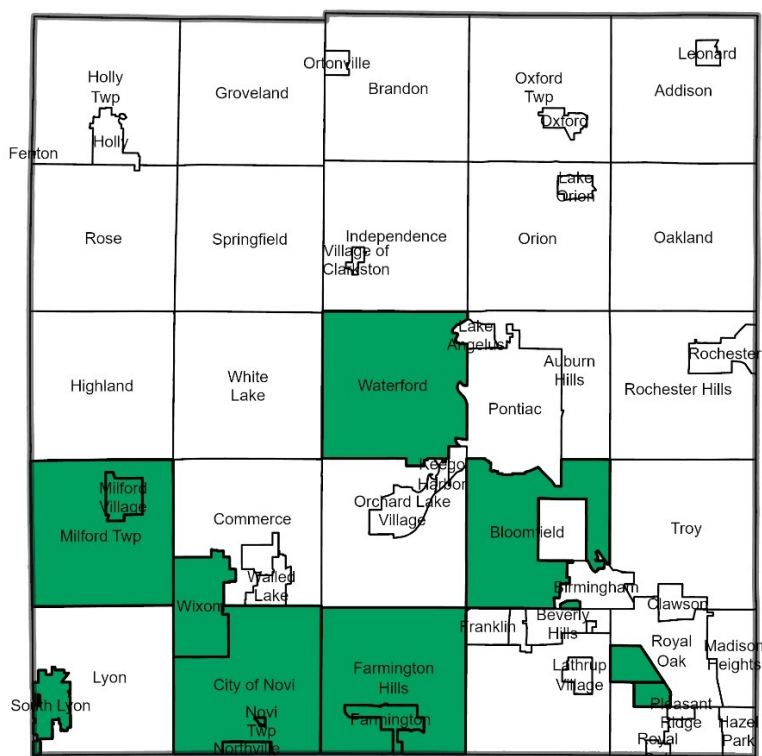
QUALITY OF LIFE: Social Isolation

Problem/Opportunity Statement

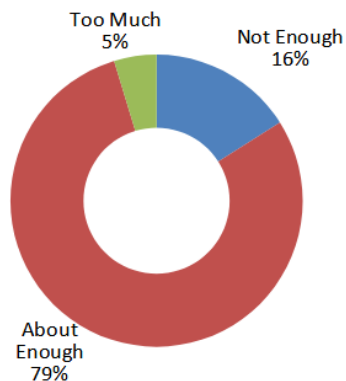
Services like Telephone Reassurance and Friendly Visitors were overwhelmed during the COVID-19 pandemic as additional older adults became physically and socially isolated, requesting participation in socialization programs during quarantine. Most Oakland County social isolation prevention programs are run at the municipal level through senior centers or through nonprofits serving special populations such as those with multiple sclerosis, dementia, physical limitations, Latino speaking older adults, and LGBTQ seniors. There is no county-wide telephone reassurance or friendly visitor program and the local programs do not achieve county-wide coverage as seen in the Oakland County map to the right.

Older adults living in congregate communities were especially isolated during the COVID pandemic, having no in-person social interaction for almost one year and limited virtual social interaction as well. Oakland County piloted a virtual socialization program in congregate facilities called Lifeline, providing residents with an Echo Show Alexa device in their room. At the thirty-day pilot mark, isolation levels and feelings of loneliness were decreased and communication with people inside and outside the village increased. Preliminary results suggest that the outcomes have been sustained after six months.

While the majority of Oakland County older adults feel socially connected (95%), according to the 2019 AAA 1-B Oakland County Older Adult Needs and Solutions Survey, 15,500 seniors do not have someone they can tell just about anything to or



Contact with Friends, Neighbors and Relatives

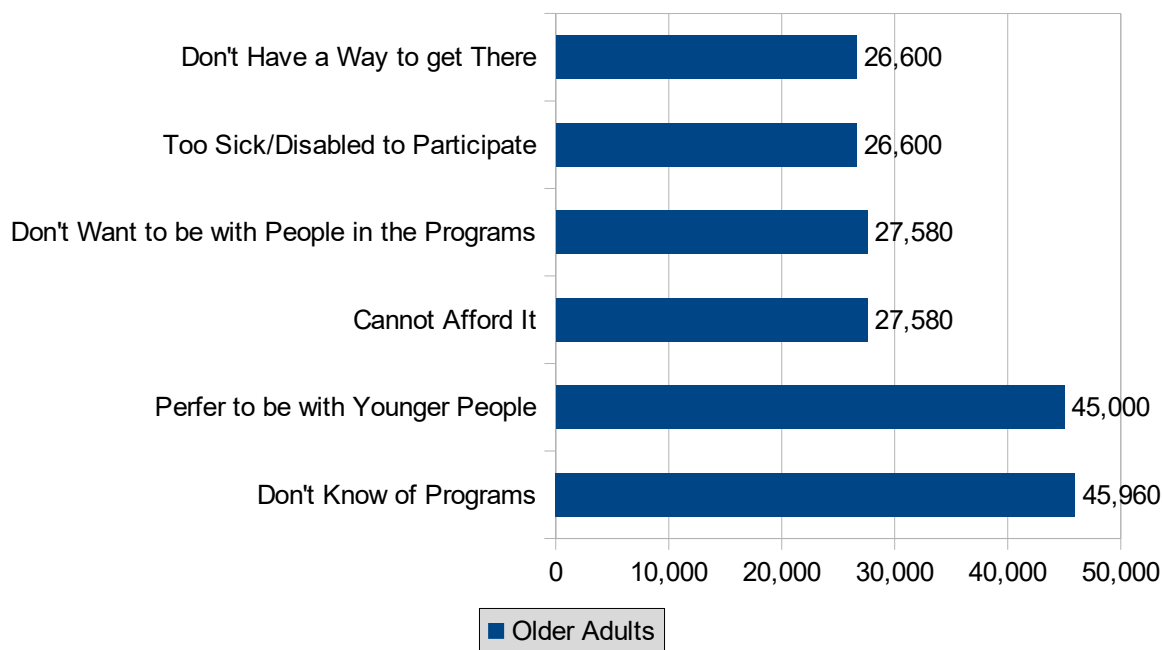


count on for understanding and advice. The pie chart on the right shows the survey revealed 16% (50,720) of county older adults report not having enough contact with friends, neighbors, and relatives.

Additionally, 18,400 (5.8%) older people say social isolation is the cause of their painful feelings with low-income seniors facing this concern at a rate double that of the total senior population (12.5%). Yet, Oakland County older adults do want to be more socially involved - 1 in 4 seniors (73,000 or 23%) report they would like to do more social activities, again with low-income seniors expressing this desire at a rate double that of the total senior population (40%). They want to do more social activities such as volunteering and participating in senior center programs, group wellness or fitness classes, and congregate dining programs.

Barriers/Challenges

Those who would like to do more social activities cite the following barriers to social engagement:



Potential Solutions

- Develop county-wide availability of Telephone Reassurance and Friendly Visitor programs.
- Expand the successful Oakland Lifeline program that reduces social isolation to additional congregate living communities and settings.

- Build the capacity of senior centers to serve as sites that offer volunteer opportunities, group fitness, congregate dining and other socialization programs that are sought by older adults to reduce their social isolation.
- Evaluate the best practices identified in the Michigan State Advisory Council on Aging's 2020 Social Isolation with a Focus on Equity report and consider replicating place based and virtual programs that are deemed a good fit for Oakland County. Potential programs may include:
 - **GetSetUp.** A digital education platform for older adults, supported in part by the Michigan Health Endowment Fund, is a live interactive platform and community where older adults teach their peers new skills by offering 150+ technology and enrichment classes, taught by retired educators and others who are paid employees.
 - **CommunO2 SuperApp.** A Community Partnership Program funded by the Michigan Health Endowment Fund is free to end-users and available for Android and Apple devices. It includes video call functions and robust opportunities for users to easily stay connected with organizations important to them in their communities.
 - **Connecting Seniors.** Low-income seniors are receiving electronic tablets, digital training, and tech-enabled health care services through a collaboration between the city of Detroit, businesses, and nonprofits.
 - **Campaign to End Loneliness.** A national organization in the United Kingdom that shares best practices and findings for mitigating loneliness. The organization, through research and media campaigns, strives to encourage those involved with health care spending decisions to consider loneliness prevention.

Benchmark Measures

- Use the 2019 AAA 1-B Oakland County Older Adult Needs and Solutions Survey and questions as a pre-test and post measure for a decrease in social isolation metrics.
- Achieve unrestricted access to Friendly Visitor/Friendly Caller service for older adults in every Oakland County community.

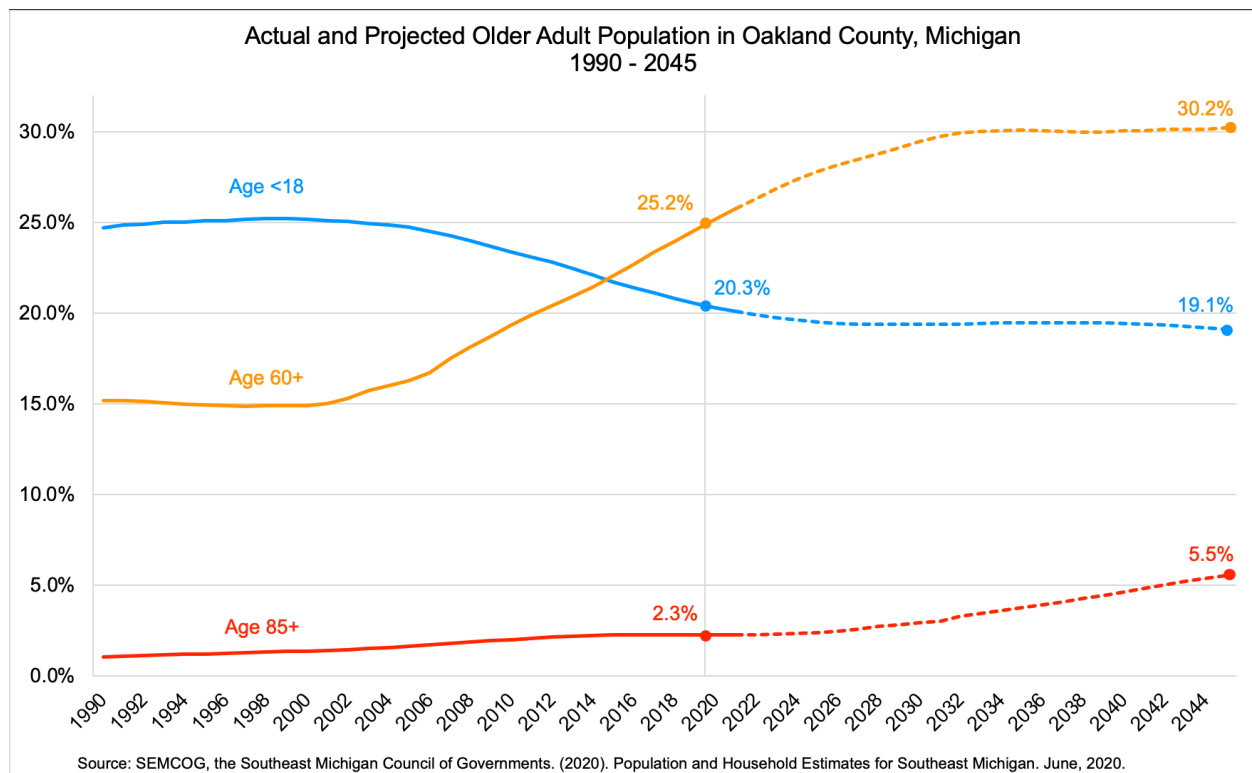
OPPORTUNITIES: Demographics

Accounting for past growth trends, SEMCOG projects the Oakland County 60 and over population to grow by an average of 3,855 annually or 11 people per day between 2020 and 2040. During this time, the 85 and over population is estimated to grow by 1,611 annually or 4-5 people per day.

Year	Total Population	Age 60+ Population	Age 60+ Percentage	Age 85+ Population	Age 85+ Percentage
1970	907,871	91,646	10.1%	3,837	0.4%
1980	1,011,793	131,317	13.0%	7,623	0.8%
1990	1,083,592	164,308	15.2%	11,520	1.1%
2000	1,194,156	177,634	14.9%	16,209	1.4%
2010	1,202,362	230,825	19.2%	23,757	2.0%
2020	1,261,941	317,605	25.2%	28,552	2.3%
2030	1,286,750	378,926	29.4%	37,682	2.9%
2040	1,314,016	394,702	30.0%	60,779	4.6%

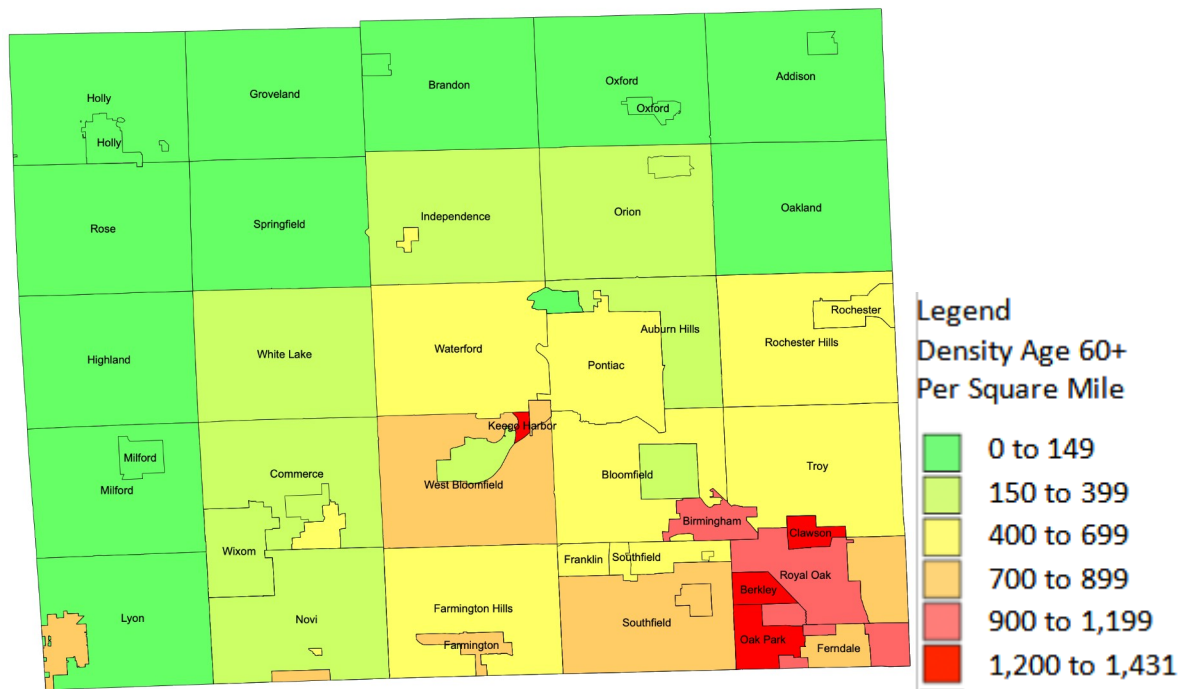
Table 1: 1970-2010: Steven Manson, Jonathan Schroeder, David Van Riper, Tracy Kugler, and Steven Ruggles. IPUMS National Historical Geographic Information System: Version 16.0 [dataset]. Minneapolis, MN: IPUMS. 2021. <http://doi.org/10.18128/D050.V16.0> 2020-2040: SEMCOG, the Southeast Michigan Council of Governments. (2020). Population and Household Estimates for Southeast Michigan. June, 2020.

The graph below shows in 2015 Oakland County officially had more older adults aged 60 and over than children aged <18 and that difference will grow wider for at least the next ten years.



Furthermore, even after the overall 60+ population growth will level off by the early 2030s, the population of people age 85+, who are more likely to need supportive services than their younger counterparts, will continue to grow, doubling between 2020 and 2040.

The communities with the highest concentrations of older adults are generally the inner ring communities bordering the city of Detroit. These also tend to be those with the highest household income and education levels. Population density is lowest in the northern and western most townships.



The five municipalities with the largest percentage of those 60 and older are:

- Lake Angelus City (40.5%)
- Bloomfield Hills City (38.8%)
- Novi Township (33.5%)
- Bloomfield Charter Township (32.1%)
- Orchard Lake Village City (32.1%)

The municipalities with the largest percentage of those 85 and older are:

- Bloomfield Hills City (7.4%)
- Southfield Township (4.1%)
- West Bloomfield Charter Township (3.5%)
- Bloomfield Charter Township (3.3%)
- Southfield City (3.3%)

SEMCOG data estimates 4.6% of Oakland County 65+ residents live alone with the top three communities being

- Bingham Farms (12.6%)
- Royal Oak (9.3%)
- Southfield (7.6%)

They also estimate 28.8% of households include an older adult, with the top three communities being

- Bingham Farms (66.9%)
- Bloomfield Hills (56.2%)
- Orchard Lake (43.8%)

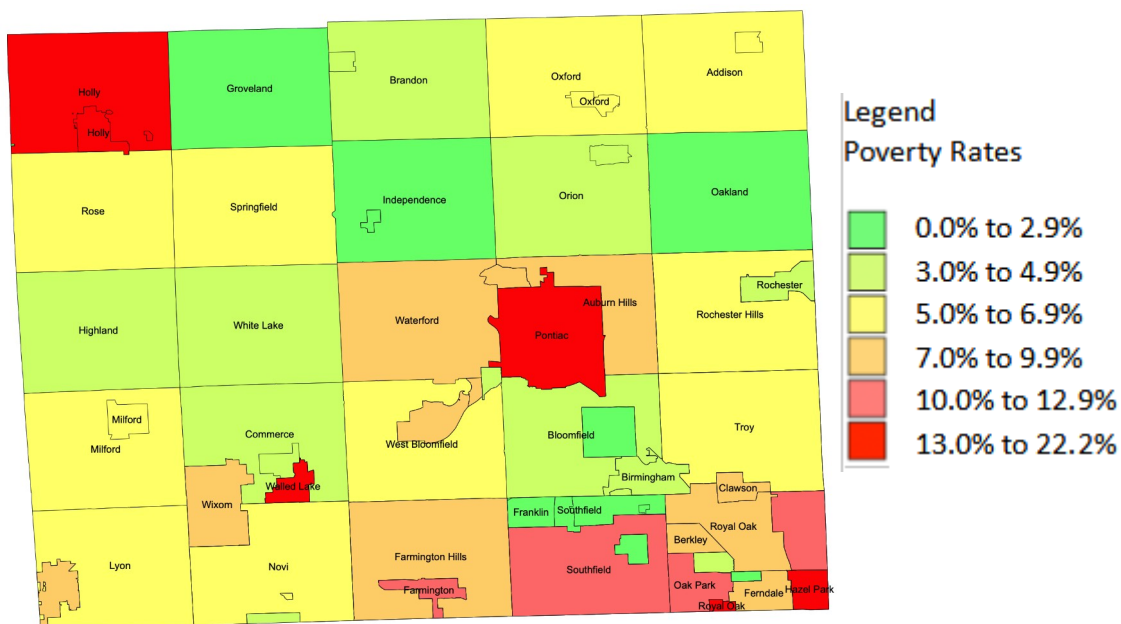
Poverty

From 2010-2019, the number of 65+ persons under the poverty line increased 28%. Below is a distribution of residents 65+ living in poverty with green townships having the lowest rates and red townships having the highest rates under the 200% poverty line:

- Royal Oak (59.4%)
- Hazel Park (45.6%)
- Walled Lake (39.1%)
- Pontiac (37.5%)
- Holly (31.6%)

Year	Age 65+ Poverty Rate	Age 65+ Population	Age 65+ Under Poverty Line
1980	7.4%	85,535	6,359
1990	7.2%	112,821	8,110
2000	6.5%	130,570	8,448
2010	7.3%	155,715	11,409
2011	7.3%	161,392	11,730
2012	5.9%	169,656	9,947
2013	6.8%	176,410	12,076
2014	6.9%	182,600	12,608
2015	5.4%	189,232	10,246
2016	6.9%	194,484	13,349
2017	6.9%	201,731	13,916
2018	7.0%	208,079	14,651
2019	6.9%	213,646	14,646

Table 2: 1980-2000: Steven Manson, Jonathan Schroeder, David Van Riper, Tracy Kurler, and Steven Ruelas. IPIIMS National Historical Geographic

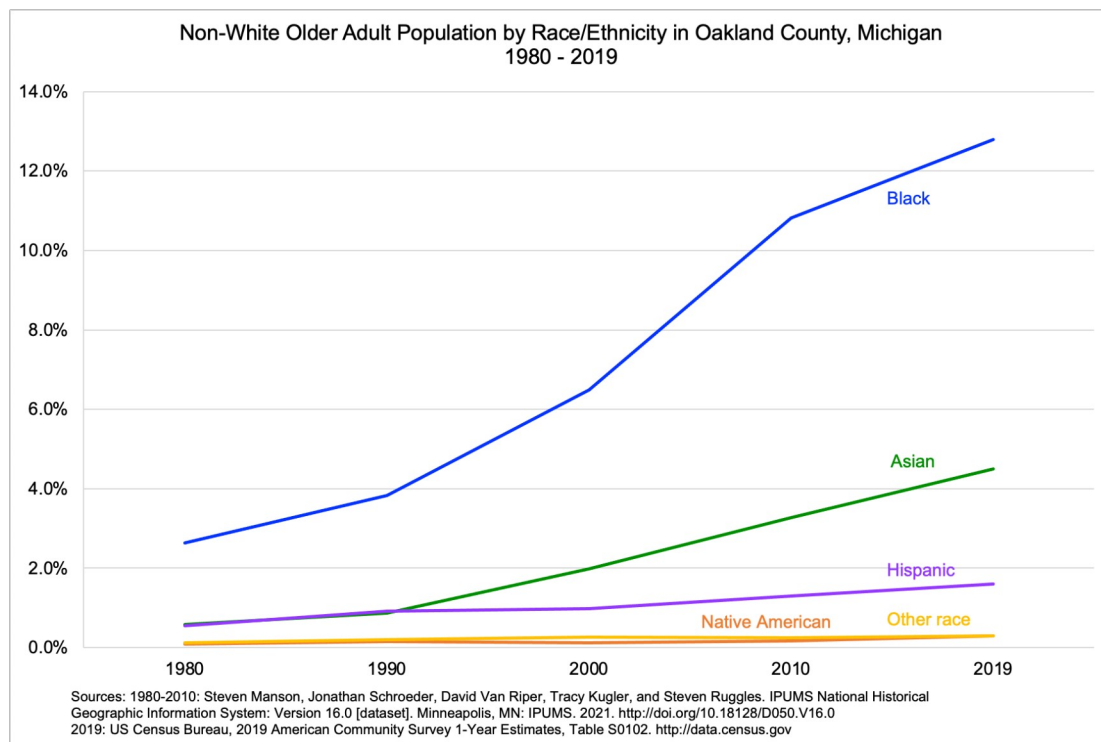


Diversity

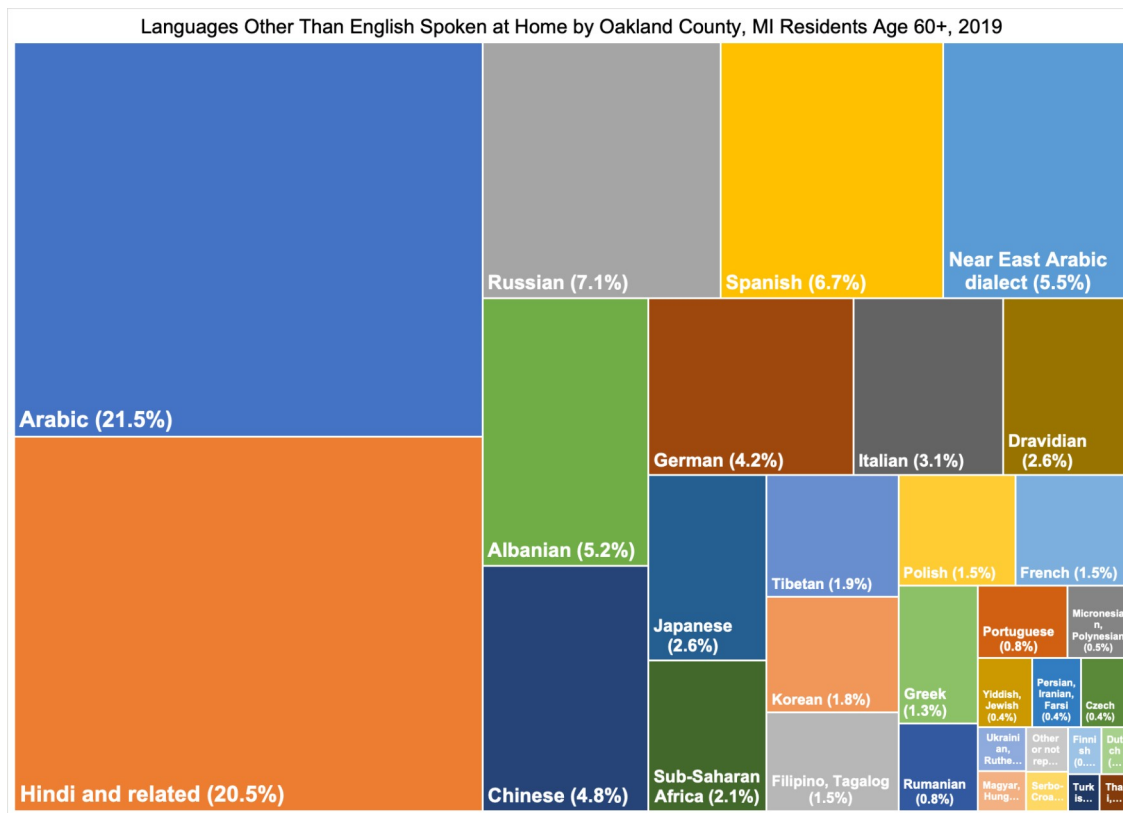
In 2021, three largest ethnic groups in Oakland County older adults are White (Non-Hispanic) (81.5%), Black or African American (Non-Hispanic) (12.1%), and Asian (Non-Hispanic) (4.7%). The table below shows the growth of minorities in the county. Black and African American minority group grew at a significantly faster rate than other minorities.^{xxxi}

Year	Age 60+ Black Pop		Age 60+ Asian Pop		Age 60+ Native Pop		Age 60+ Other Pop		Age 60+ Hispanic Pop	
	n	%	n	%	n	%	n	%	n	%
1980	3,452	2.6%	757	0.6%	110	0.1%	158	0.1%	728	0.6%
1990	6,287	3.8%	1,434	0.9%	243	0.1%	329	0.2%	1,494	0.9%
2000	11,541	6.5%	3,522	2.0%	217	0.1%	458	0.3%	1,747	1.0%
2010	24,972	10.8%	7,554	3.3%	395	0.2%	584	0.3%	2,994	1.3%
2019	38,940	12.8%	13,690	4.5%	913	0.3%	913	0.3%	4,867	1.6%

The chart below depicts the growth of non-white older adults in Oakland County over the last forty years.



English is a second language to approximately 12.3% of Oakland 65 and older residents as of 2019.^{xxxii} While Spanish is the most common non-English first language for younger co-horts, Arabic, Hindi, and Russian, in that order, are the most commonly spoken at home for those 60 and older as seen below:^{xxxiii}



The LGBTQ+ community lacks representation in data demographics. In 2019 the ACS changed the title of Census Table B11009 from “Unmarried-Partner Household by Sex of Partner” to “Coupled Households by Type” to include married and cohabiting by same sex or opposite sex. While this is capturing more accurate information about the LGBTQ+ community, the newness of the measure makes it difficult to observe changes over time within the community. Also, unlike older versions of the table, and because of issues in the implementation of the measure that require correction to the data, the new table is currently only available at the state level and not by county. Even so, age breakdowns are not available in the standard Census table set for these measures, so neither captures specifically older adult LGBTQ+ rates.

Using 2019 ACS data and extrapolation, on average about 1.5% of coupled households in the U.S. are led by a same sex couple. Oakland county contains an estimated 508,464 households, 279,719 of which are coupled households. If the national average holds in Oakland County, we

would expect approximately 4,196 of those households to be headed by a same sex couple. ACS data does not allow the determination of how many of the 4,196 are older adult households.

OPPORTUNITIES: County Roles as an Influencer

County governments play a variety of roles in influencing the structure, capacity and support for its Aging Services Sector. Below are two charts, one displaying efforts at which counties in Southeast Michigan have played a direct role in supportive aging endeavors and the second displaying indirect efforts.

Direct Influence

Direct County Influencer Roles	Description	County	Examples
County General Fund support	Grants to support county department senior services; aging sector programs; matching funds	Oakland, Macomb, Washtenaw, Livingston, Wayne	Grants to the AAA 1-B for Care Management and Community Living Program (CLP); Monroe and Livingston County CLP grants
Senior Millage support	Property tax millage up to 1 mil; 7 Oakland County municipalities have a senior millage	73 counties including Monroe, St. Clair	73 of 83 Michigan counties have a county-wide senior millage
Senior Advisory Council	Advisory to County Executive or Board of Commissioners	Oakland, Macomb, Livingston	Oakland, Macomb, Livingston
Senior Commission on Aging	Appointed by Board of Commissioners; Advisory to Board of Commissioners; make recommendations on senior millage allocations; grant review and monitoring	Monroe, St. Clair, Washtenaw	
Direct Service Provider	County receives grants and/or general funds to provide senior services with county employees	Washtenaw, Monroe, Macomb	Community Action Agencies (Macomb Community Action, Washtenaw Office of Community Economic Development) Macomb Department of Senior

			Services, Monroe Commission on Aging staff
Senior Committee of Board of Commissioners	Full committee that addresses senior issues exclusively	Macomb	Oakland has time limited Aging ad hoc committees; Macomb has standing senior committee
County Senior Department	County departments have programs and services that serve seniors (example Public Health) but some have separate senior citizen departments of county government that provide direct services	Macomb	Macomb County Department of Senior Services
Senior services Single Point of Access/One Stop Shop	A physical or virtual location and/or phone number highly publicized that individuals can call to get information, education and referrals about county and community-based senior resources.	Macomb, Monroe	Monroe County Commission on Aging is part of County government and staff answers calls from general public; Macomb hospital senior help line subcontracted with the AAA 1-B Resource Center

Indirect Influence

Indirect County Influencer Roles	Description	County	Examples
AAA Board appointments	Appoint commissioner and older adult representatives	Almost all counties	Oakland County appoints Commissioner Lueb and Ron Borngesser
Provide senior program matching funds	Administrative (the AAA 1-B) and program matching funds	All counties	Senior millage counties provide grant matching with millage funds; others match with general funds
Space to operate independent agency senior programs	Jail space to operate senior meal programs; County building for St. Clair Council on Aging senior center and administrative offices, space in county service center for senior nutrition program and AAA administrative office	Livingston, St. Clair, Ingham	Discounted rent below market rates or free
Senior Service Advocate position within county government	County support for high level position to coordinate and develop senior programs and advocate on senior issues; provide leadership to Aging Services Sector; and create and maintain a senior service dashboard	St. Clair, Monroe, Washtenaw	St. Clair and Monroe are millage funded; Washtenaw part county funded and part other local funds; Oakland County previously had position filled by Lynn Alexander
Collaboration Partner	County leadership and	Oakland County	Oakland Lifeline,

	departments collaborate with community organizations and coalitions for service coordination, program development and systems change		vaccine outreach for homebound
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OPPORTUNITIES: Philanthropy

Problem/Opportunity Statement

"The Greatest Wealth Transfer in Modern History has Begun" read the front page headline from the July 2, 2021 Wall Street Journal, referring to the massive wealth accumulated by older Americans who are transferring their wealth to heirs and charity. The research and consulting firm Cerulli Associates estimates that between 2018 and 2042 approximately \$9 trillion in wealth will go to philanthropic endeavors.

Americans age 70 and older had a net worth of nearly \$35 trillion as of the first quarter of 2021, according to Federal Reserve data. That amounts to 27% of all U.S. wealth, up from 20% three decades ago. Their wealth is equal to 157% of U.S. gross domestic product, more than double the proportion 30 years ago, federal data show.

This wealth transfer presents a great opportunity for charitable organizations such as nonprofits and foundations to position themselves to capture some of this wealth and further their missions.

The Wealth Transfer in Michigan report commissioned by the Council of Michigan Foundations in 2007 (no more recent data is available) provided estimates on the potential transfer of wealth (TOW) among Michigan adults through 2055 with county-specific estimates. For Oakland County the estimated TOW was \$23.1 trillion from 2005 to 2015, an estimated \$48,000 per household. If a successful effort were made to capture just 5% of that amount by local philanthropic foundations and nonprofits, \$1.15 trillion would potentially be available. With average payouts of 5% of the principal amount, annual grantmaking could approach \$5.7 million.

"Older generations will hand down some \$70 trillion between 2018 and 2042, according to research and consulting firm Cerulli Associates. Roughly \$61 trillion will go to heirs—increasingly millennials and Generation Xers—with the balance going to philanthropy."

Source: July 2021, Wall Street Journal

The Oakland Schools Education Foundation, Oakland County Bar Foundation, Oakland County Children's Village, OCC Foundation, Oakland County Community Club and Oakland Together Community Response and Recovery Foundation are the only county named foundations that could be found, and none target charity for older county residents. The 2016 Michigan Health Philanthropy Scan: Final Report, prepared by Public Sector Consultants for the Michigan Health Endowment Fund, found that grants to programs explicitly targeting seniors represented only three percent of giving. There appears to be under representation of philanthropic giving for older adults and a conflict-free opportunity to establish, promote and develop an endowment for a senior focused foundation to address the needs of Oakland County seniors, either

independently or under the mantle of the Community Foundation for Southeastern Michigan, which administers a wide variety of endowed funds for public and private entities.

Barriers/Challenges

- There is no existing community focal point organization with a single focus on charitable giving exclusively for Oakland County seniors that could play a leadership role in creating, maintaining, and growing a county-wide senior foundation.
- The foundation sector has exhibited little interest in targeting seniors as a focus for grantmaking; less than 3% of Michigan foundations name seniors as a targeted group despite the fact that more than 17% of Michigan residents are age 65 and older.
- There has been resistance in the past to forming a community foundation for Oakland County like other southeast Michigan counties have done, including St. Clair, Lapeer, Genesee, Livingston, Washtenaw and Monroe counties.
- Soliciting charitable contributions for senior services could present unwelcomed competition for aging sector nonprofits and organizations like United Way and the Community Foundation for Southeast Michigan.

Potential Solutions

- Investigate the feasibility of establishing an endowed foundation to raise funds and make grants to address senior services, needs and innovations for Oakland County.
- Encourage a collaborative effort among Oakland County aging sector nonprofit service organizations to raise public awareness about charitable giving opportunities to support enhanced services for older county residents.

"We believe that loyalty to a hometown where wealth was generated may last a generation."

Source: October 2007, Wealth Transfer in Michigan

Best Practices/Examples

- Ann Arbor Area Community Foundation, Vital Seniors Initiative, Glacier Hills Legacy Fund
 - <https://www.aaacf.org/Impact-Initiatives/Vital-Seniors>
- Four County Community Foundation
 - <https://www.4ccf.org/>
- Community Foundation for Southeast Michigan/Ralph C. Wilson Foundation partnership
 - <https://cfsem.org/story/delivering-support-to-older-adults/>

Benchmark Measures

- Establishment of a legal foundation entity structure and mission statement.

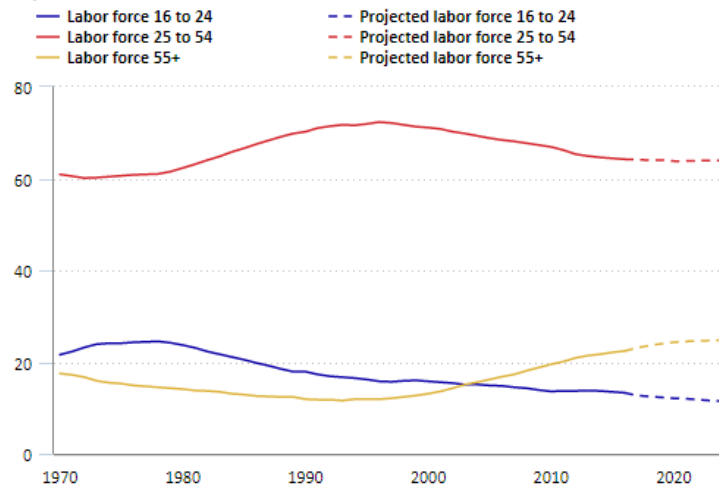
- Recruit blue ribbon panel of foundation trustees.
- Raise over \$1 million in donations in first two years.
- Begin grantmaking by 2023.
- Grow endowment funds at a rate that exceeds the average annual growth rate of Michigan county community foundation endowments.

OPPORTUNITIES: Silver Economy

Problem/Opportunity Statement

According to the U.S. Bureau of Labor Statistics (BLS)^{xxxiv}, older workers – defined as 55 and older – have increasingly become a larger share of the workforce since the 1990s. The BLS estimates that about 40% of the population aged 55 and older were either working or actively looking for work in 2014. This number is expected to increase fastest in this segment of the population and even more notably with people aged 65 to 74 and 75 and older. Over the last 20 years there has been significant growth in the employment of workers aged 65 or older with an increase of 117%^{xxxv}. By 2024, BLS projects that about 13 million people aged 65 and older will be in the workforce and will have a faster rate of growth than any other age group.

Chart 1. U.S. labor force shares by age, 1970 to 2014 and projected 2014–24 (percent)



Source: U.S. Bureau of Labor Statistics

According to the 2018 National Report on Early-Stage Entrepreneurship, adults between the ages of 55 and 64 made up 25.8% of all new entrepreneurs in 2018 which is a significant increase from 14.8% in 1996. BLS data shows workers in older age groups have a higher rate of self-employment than younger groups. The desire for this population to pursue self-employment or entrepreneurship is often credited to a desire to stay active, connect with others, or pursue a hobby. With a large experience base, the older generation will often cite the desire to continue working to not only continue to earn income but for their overall mental well-being. This population is notably educated and has a desire to continue to work, but often in a self-employed capacity.

The Transamerica Center for Retirement Studies (TCRS) released their most recent retirement survey which found that 57% of workers plan to work full-time or part-time in retirement^{xxxvi}. Seniors are working later in life for a variety of reasons such as living healthier longer, being better educated, and overall changes to Social Security and retirement plans which are creating incentives to continue working longer. The COVID-19 pandemic has also opened up the opportunity for more independent contractors, which could potentially be of interest to this growing population.

Barriers/Challenges

- Michigan Works no longer offers a workshop targeted at 55 and older. Previously a workshop was offered to this population that focused on employment and job transitions.
- A growing number of older adults either have the desire to continue working past retirement or have a financial need. This population may not have the resources readily available to continue working, gain full or part-time employment, explore entrepreneurship, or become self-employed.

Potential Solutions

- Reinstate the Michigan Works workshop targeted at adults 55 and over and connect seniors to this resource.
- Foster the interest in late life entrepreneurship by connecting resources like the Michigan Small Business Development Center with senior centers to provide informational training on business development and entrepreneurship.

Benchmark Measures

- Increase the number of older adult securing employment as a result of Michigan Works initiating direct targeting of programming towards seniors in the workforce as an objective.
- Increase the number of seniors in Oakland County who report having resources available to gain employment, become self-employed, or pursue entrepreneurship.

OPPORTUNITIES: Volunteerism

Problem/Opportunity Statement

The AAA 1-B 2019 Oakland County Older Adult Needs and Solutions Survey found that 3 of 4 older adults were seeking to be more active, and about 60% (140,000) expressed interest in volunteering at places like local schools, churches, libraries, charities, or other service organizations. While many of these respondents are likely already volunteering, the large and growing number may warrant a concerted effort to leverage more individuals in sharing their time and skills.

There are three major organizations recruiting volunteers to serve older adults in need, in addition to local programs supported by the county's 37 senior centers. Catholic Charities of Southeast Michigan administers the federally funded Retired Senior Volunteer Program (RSVP), Senior Companion Program, and Foster Grandparent Program. These programs have some restrictions on volunteers and deliver prescribed services based on federal policies.

The county has two other volunteer programs that address senior needs with the flexibility to provide a wide variety of assistance, Mission Possible (formerly Faith in Action) and Volunteer Caregivers (formerly Interfaith Volunteer Caregivers). Both organizations are grassroots but have a long history of service to older adults and support themselves primarily through fundraising and provide valuable resources and assistance that fill gaps in the service delivery system. Neither organization has the capacity to serve the entire county currently, but they have that goal. Mission Possible provides home repair and Volunteer Caregivers specializes in food and transportation, with 32 volunteer drivers in Oakland County.

Most senior centers depend on volunteer support to manage their operations and some key programs but have experienced a severe drop in volunteers commensurate with their pandemic scale back. These centers are beginning to slowly restore selected volunteer programs with precautions.

On average, Volunteer Caregiver programs services cost 56% less to deliver than the private market rates for comparable services.

Barriers/Challenges

- The COVID-19 pandemic has harmed most volunteer programs causing increased program needs yet decreased capacity due to the drop in the number of volunteers, reduced cash donations, and a scaling back of some services.
- Mission Possible and Volunteer Caregivers depend on fundraising and donations to support core operations and this uncertain and varying level of support limits their serving capacity.

- Oakland County grassroots senior service volunteer opportunities and assistance are not available county-wide, resulting in a great inequity in the availability of services.

Potential Solutions

- Increase the capacity of county senior service volunteer assistance organizations to recruit and deploy volunteer assistance to all older Oakland County residents with needs.

The AAA 1-B Volunteer Caregiver programs provide the equivalent of three weeks of respite and caregiving for care recipients and family caregivers.

Benchmark Measures

- Achieving county-wide coverage of county senior service volunteer organizations.
- Delivering assistance to vulnerable older adults using volunteers at a fraction of the market rate for comparable assistance.
- Increasing the number of volunteers engaged with the county's two grassroots senior volunteer service organizations.

- ⁱ Food Research & Action Center - SNAP Participation Rates Among Eligible Seniors (Age 60 and over) in an Average Month in FY 2015; <https://frac.org/maps/seniors/senior-snap-rates.html>
- ⁱⁱ Michigan Department of Health and Human Services – Monthly Trend of Key Statistics; https://www.michigan.gov/mdhhs/0,5885,7-339-73970_61179_10831---,00.html#FAP
- ⁱⁱⁱ National Council on Aging; <https://www.ncoa.org/article/you-gave-now-save-benefits-for-seniors>
- ^{iv} Kaiser Family Foundation – Number of Low-Income Subsidy (LIS) Enrollees; <https://www.kff.org/medicare/state-indicator/number-of-low-income-subsidy-lis-enrollees/?currentTimeframe=0&selectedDistributions=all-lis-enrollees&selectedRows=%7B%22states%22:%7B%22michigan%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- ^v <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>
- ^{vi} http://silverkeycoalition.com/yahoo_site_admin/assets/docs/Silver_Key_Coalition_White_Paper.4874521.pdf
- ^{vii} <https://www.oakgov.com/advantageoakland/business/Pages/Labor-Market-Profile.aspx>
- ^{viii} <https://phinational.org/policy-research/workforce-data-center/#states=26&var=Gender>
- ^{ix} <https://www.bridgemi.com/quality-life/michigan-ages-shortage-health-care-workers-explodes-crisis>
- ^x American Community Survey, 2019.
- ^{xi} American Community Survey, 2019.
- ^{xii} Area Agency on Aging 1-B Senior Needs Survey, Oakland County, 2019.
- ^{xiii} 2019 Federal Poverty Level for a two-person household was \$16,910.
- ^{xiv} American Community Survey, 2019.
- ^{xv} The term family caregiver is used in this report to include any adult who provides unpaid care or support to an older adult family member or friend.
- ^{xvi} Area Agency on Aging 1-B. (2015). *What Family Caregivers Need*.
- ^{xvii} Area Agency on Aging 1-B. (August 2018). *Available Family Caregiver Support for Vulnerable Oakland County Seniors is Plummeting*.
- ^{xviii} National Alliance for Caregiving and AARP. (2020). *Caregiving in the U.S. 2020: A Focused Look at Family Caregivers of Adults Age 50+*.
- ^{xix} National Alliance for Caregiving and AARP. (2020). *Caregiving in the U.S. 2020: A Focused Look at Family Caregivers of Adults Age 50+*.
- ^{xx} Aksoydan, E., Aytara, A., Blazevecieneb, A., Van Bruchem-Visserc, R. L., Vaskelyeb, A., Mattace-Rasoc, F., Acara, S., Altintasa, A., Akgun-Citaka, E., Attepe-Ozdena, S., Baskicia, C., Kava, S., & Kiziltan, G. (2019). *Is training for informal caregivers and their older persons helpful? A systematic review*. Archives of Gerontology and Geriatrics, 83, 66-74.
- ^{xxi} And Chen, Y.M., Derick, S.C., & Young, H. M. (2010). *A pilot evaluation of the Family Caregiver Support Program*. Evaluation and Program Planning, 33(2), 113-119.
- ^{xxii} National Alliance for Caregiving and AARP. (2020). *Caregiving in the U.S. 2020: A Focused Look at Family Caregivers of Adults Age 50+*.
- ^{xxiii} Northeast Business Group on Health. (2017). *The Caregiving Landscape*.
- ^{xxiv} AARP and Northeast Business Group on Health (2017). *Supporting Caregivers in the Workplace: A Practical Guide for Employers*.
- ^{xxv} Area Agency on Aging 1-B. (2019). *Challenges and Solutions for Grandparents Raising Grandchildren and Relatives as Parents*.
- ^{xxvi} Generations United. (2019). *Grand Resource: Help for Grandfamilies Impacted by Opioids and Other Substance Use*.
- ^{xxvii} Area Agency on Aging 1-B. (2019). *Challenges and Solutions for Grandparents Raising Grandchildren and Relatives as Parents*.
- ^{xxviii} Area Agency on Aging 1-B. (2019). *Challenges and Solutions for Grandparents Raising Grandchildren and Relatives as Parents*.
- ^{xxix} Snapshot taken September 21, 2021 (<https://maps.semcog.org/Broadband/>), filtered for County, Oakland County.
- ^{xxx} J Appl Gerontol. 2020 Jan;39(1):105-110. doi: 10.1177/0733464818770772. Epub 2018 Apr 16.
- Older Adults' Internet Use for Health Information: Digital Divide by Race/Ethnicity and Socioeconomic Status

^{xxx}<https://www.urbanlibraries.org/initiatives/digital-navigators>

^{xxxi}1980-2010: Steven Manson, Jonathan Schroeder, David Van Riper, Tracy Kugler, and Steven Ruggles. *IPUMS National Historical Geographic Information System: Version 16.0 [dataset]*. Minneapolis, MN: IPUMS. 2021.
<http://doi.org/10.18128/D050.V16.0>

2019: US Census Bureau, 2019 American Community Survey 1-Year Estimates, Table S0102. <http://data.census.gov>

^{xxxii}Source: US Census Bureau, 2019 American Community Survey 1-Year Estimates, Tables S0102 and S1601. <http://data.census.gov>

^{xxxiii}Source: 2019 1-Year ACS PUM via Steven Ruggles, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler and Matthew Sobek. *IPUMS USA: Version 11.0 [dataset]*. Minneapolis, MN: IPUMS, 2021.
<https://doi.org/10.18128/D010.V11.0>

^{xxxiv}U.S. Bureau of Labor Statistics - Older workers: Labor force trends and career options
<https://www.bls.gov/careeroutlook/2017/article/older-workers.htm>

^{xxxv}CDC Productive Aging and Work
<https://www.cdc.gov/niosh/topics/productiveaging/dataandstatistics.html>

^{xxxvi}Next Avenue – Why Many People Really Start Businesses in Retirement
<https://www.nextavenue.org/why-people-start-businesses-in-retirement/>