



**Ann Arbor Area  
Community Foundation**

**WASHTENAW COUNTY SENIORS: CONTEXT & CONVERSATION STARTERS  
FOR MOVING FORWARD**

**OVERVIEW**

The 2010 U.S. census found 53,000 adults age 60+ in Washtenaw County. By 2040, this number will more than double, to 110,000. Those 75 and older will comprise more than half of the senior population and will be the fastest growing segment of our community overall.

By 2040, the number of seniors in poverty in the County is likely to more than double, to about 9,000, and the senior refugee population will continue to increase by 2-3% annually. Life *for everyone* in 2040 will be shaped to a large degree by how we respond *now* to the needs of the aging. With two decades to go, our community is not prepared to fully and justly support its growing senior population.

In this paper we identify some of the challenges our community will face and some of the solutions that may benefit seniors—and perhaps benefit us all. These challenges and solutions fall into four broad categories: stable, safe, and affordable housing; independent living/aging in place/supports and services; health and nutrition; and transportation and mobility.

An underlying issue, affecting all categories, is caregiving. Professional caregivers burn out quickly. Unpaid caregivers, many of whom are themselves seniors, juggle many competing demands. Finally, of course, all of the above challenges interconnect: access to transportation affects access to health care and nutritious food; unsafe housing or absence of an appropriate caregiver decreases the chances of aging in place; and so on.

The Ann Arbor Area Community Foundation (AAACF) seeks not only solutions to individual senior issues. We seek new ways of thinking about life, health, resources, and community in our County overall—so that vulnerable seniors benefit, yes, but we expect in the process to find ideas beneficial to all of us as we all age. We anticipate that, in the near future, aging will be understood in ways entirely different than how we think of “the elderly” now. We invite our Washtenaw County neighbors and partners to join the conversation.

**THE GLACIER HILLS LEGACY FUND AT AAACF**

Why is the Ann Arbor Area Community Foundation (AAACF) intensifying its focus on aging in Washtenaw County?

Through the generosity of Ann Arbor’s Glacier Hills Senior Living Community and Trinity Health Senior Communities of Livonia, MI, AAACF is now housing \$18.5 million in charitable funds to benefit seniors in Washtenaw County—especially low-income and at-risk seniors—in perpetuity.

As permanent steward of the Fund, AAACF will direct \$650,000 of new money annually toward senior initiatives in Washtenaw County starting this year. An AAACF advisory committee will establish funding priorities, review proposals, and recommend grants. (NOTE: The Foundation is *not* accepting proposals for the Legacy Fund at this time.)

AAACF's investment in Washtenaw County seniors builds upon its longstanding focus through the Anna Botsford Bach Fund for Seniors, Phoebe Davis Fund, and the Oscar Reimold Fund. Beyond enhancing our grantmaking through the Glacier Hills Legacy Fund, we seek to be thought leaders and innovators in the field of aging in Washtenaw County. How we conceptualize aging and its challenges will determine how we and our partners conceptualize, create and implement solutions.

## **WHAT IS HAPPENING?**

The 2010 U.S. census found 53,000 adults age 60+ in Washtenaw County. The number is projected to rise to 110,000 by 2040. Those 75 and older will by then comprise more than half of the elderly population, and they will be the fastest growing segment of our community overall.

This is what most papers would call "The Problem." But not this one. Nor will this paper use phrases like "silver tsunami." A tsunami is an aberration and a disaster. Aging is often so conceptualized, creating in words the very thing we are trying to eliminate: the separation of seniors from the rest of society. Seniors are our friends, neighbors, co-workers, family members, and vital caregivers, often to each other. Seniors today are living, dreaming, planning and achieving into their nineties and beyond. So we are responding to good news. We are also responding to reality: everyone ages, and with age—with those dreams, plans and achievements—come challenges. In planning change, we sort those challenges into four categories: 1) stable, safe, and affordable housing; 2) independent living/support and services; 3) health and nutrition; and 4) transportation and mobility.

Though we decline to call aging a "problem," the Glacier Hills Legacy Fund exists—as does this very paper—because we recognize and wish to respond to the fact that Washtenaw County is not prepared to serve our growing population of planners, dreamers, and achievers that we call not a "silver tsunami" but rather, "The Class of 2040."

## **CHECK IN WITH YOURSELF**

If senior issues feel not quite immediate or relevant to you right at the moment, we invite you to consider the following questions:

Are you in the 60+ age bracket, or will you enter it within the next five years? Do you have close relatives or friends in late middle age, for whose care you may be at least partly responsible? In the past year, have you or have any of these friends/relatives experienced physical, mental or emotional traumas? Do any of you live alone? Do any of you have physical or mental limitations and/or require special equipment or accommodations at home? Are you properly insured?

If you or any 60+ friend or relative were to suffer a physical, mental, or emotional trauma today: where would you be treated and by whom? Might you have to move and, if so, where and how? What activities, including work, might you have to modify or give up? What would the source and amount of your income be, and, if your income were reduced, who else would suffer from that? Who would be your caregiver(s) and how available would they be? How would you cope when they were not available?

Finally, whatever your age, consider for a moment how you, your family and friends managed during the two weeks of snow and cold that hit southeast Michigan in late December 2017 and early January 2018. Did you or they experience any accidents or falls, any bouts of depression or anxiety, any shortages of food or supplies, any utility failures, any cancellations of important events, or any days spent entirely indoors?

Answers to the all questions above are critical to seniors, but they also strike a vulnerable place in all of us. Today's inconvenience or disappointment, taken in stride, may be tomorrow's emergency, striking suddenly and faced alone. ***Concern for senior lives is everyone's business, and solutions for the challenges of senior lives often turn out to be solutions for everyone.***

## **THE MOST VULNERABLE**

Viewed from the county seat in Ann Arbor, Washtenaw County seems a safe, navigable, even privileged place with abundant resources. Yet for many of those 60 and older, the opportunities one enjoys on Liberty Street or in Kerrytown are well out of reach. Transportation and mobility may be challenges. So may weather, health, or all of these combined. One may have capable, loyal, and loving caregivers, but they may be seniors themselves (18% of those age 60+ are caregivers to other seniors), with many of the same needs and limitations as those being cared for. Under all of these variables, of course, lies the issue of income.

In 2014, approximately 4,300 of Washtenaw County seniors (over 8%) were living at or below 125% of the Federal Poverty Level—meaning an annual household income of \$14,000 for one person or \$19,000 for two. By 2040, this number will likely more than double, to 9,000.

Household income trends become even more meaningful in the context of the single most important goal of senior life: aging in place—that is, aging independently in the home of one's choice. In 2014, the minimum annual income for one person to maintain independent living in Washtenaw County without assistance was \$23,500. For two, the minimum was \$35,500.

To put these incomes in perspective, place them alongside one of the other critical expenses seniors face: out-of-pocket costs for prescription drugs. For seniors, this averages \$3,200 per person per year, or 14-18% of the income necessary to maintain independent living without assistance.

The most vulnerable seniors of all have been identified as those in ZIP code 48197, centered around Ypsilanti Charter Township, and in the adjoining (to the northeast) 48198 ZIP code, centered around Superior Charter Township. ZIP code 48198 has the lowest life expectancy in Washtenaw County; 48197 has the fourth lowest.

Food and medications, trips to the doctor or pharmacy, rent or mortgage payments, maintenance of a vehicle, public transportation, payments to caregivers, service people, attorneys, accountants, other advisors, care of pets, attendance at films or concerts, online subscriptions and services, and visits to friends or family, especially those at some distance—all these present challenges, often insurmountable ones. Take a moment to go back over that list. Even if an individual could cover every item you might deem necessary for physical survival, how many other items and activities that we nonetheless consider "life-giving" might have to be crossed off the list—perhaps permanently?

## **VISION**

The vision of AAACF through the Glacier Hills Legacy Fund is to ensure that every senior in our community has the opportunity for a long and vibrant life. We seek to help remake Washtenaw County not just as "senior friendly," but as fully supportive to all, by having seniors, especially vulnerable seniors, as our priority.

But remaking the place we live is only half the job. We must also remake the way we see seniors. American society tends to consider aging a problem, to speak of seniors as burdensome, and to label a large senior population a "tsunami." [In a 2013 TED Talk](#), anthropologist Jared Diamond described how,

in many non-Western societies, age groups mix and seniors participate actively and are valued for their wisdom, leadership, and child care skills.

Our community would do well to see and treat seniors in this way, not only out of love and respect, but for practical reasons. The U.S. Census Bureau estimates that, by 2030, for every 100 adults of working age, 37 will not be working. Many unemployed seniors long to work and can provide valuable wisdom and skills in many fields. Many more might be unable to sustain a regular out-of-home work schedule, but should be valued, as in the cases of non-Western societies, for more informal contributions and for what their very presence contributes to a family or community. How do we recognize and talk about that contribution? How do we open ourselves to it? These questions, along with myriad practical questions, must be addressed for us to realize the full transformative power of the Glacier Hills Legacy Fund.

## **CHALLENGES, SOLUTIONS, GAPS & FUNDING PRIORITIES**

### **1) Stable, Safe and Affordable Housing**

Two related housing challenges face our community: low supply and high cost. Today, three out of ten home owners in Washtenaw County pay more than they can afford for their homes. Soon, the fastest growing segment of our population will be the segment most vulnerable to the scarcity and high cost of housing.

Many seniors must reject certain housing options out of hand, as they may be too remote or may present insurmountable challenges to mobility outside the home. Others may find geographically appropriate housing that nonetheless requires special amenities, such as bathroom grab bars and non-slip flooring, or modifications, such as broader doorways and passageways to accommodate wheelchairs. But most housing available to low-income seniors is built inexpensively, without these extra amenities or special floor plans.

Key players in the nonprofit housing landscape identified the following systems and infrastructure gaps as potential opportunities for additional investment to produce significant social returns:

- Chore providers for home maintenance
- Safety and modification in current housing
- Housing located near services and transportation

Appropriate accommodation of seniors in the County requires an increase in single-floor homes located near services and transportation. We will need to:

- Expand permissive land-use policies (examples include accessory dwelling units, micro-units, and congregate/group homes); and
- Expand programs that assist low-income seniors with home modifications (through property tax-credits, grants, or forgivable loans).

## **2) Independent Living/Support and Services**

More than 90% of respondents to the 60+ Survey (2014) wished to remain in their then-current living situations. The critical supports and services needed for independent living range from an average of \$17,000 to \$40,000 per year. As a point of comparison, skilled nursing facilities typically cost between \$80,000 and \$90,000 on an annual basis.

Nationally, 82% of caregivers to seniors are unpaid. At least 18% of those 60+ are caregivers to at least one other senior, and 25% are caregivers to at least one other person. Of those 75+, 7% are caregivers to at least one other senior.

The demands of caregiving may reduce the caregiver's ability to have their own positive ongoing social interactions, it may negatively affect their health, and it may cause them financial strain. Caregivers, including senior caregivers, may also work paying jobs. Few services are available to help caregivers deliver continuous care to older adults that would help maintain those seniors' independent living and aging in place. And yet caregivers can be critical to senior lives. Nationally, only 7% of seniors with family caregivers are in nursing homes. Of those without family caregivers, 50% are in nursing homes.

Many seniors are also working. According to the [17<sup>th</sup> Annual Transamerica Center Retirement Survey](#), two-thirds of Baby Boomers, those currently ages 54-73, will continue to work past age 65. Given the effects of the 2008 recession, many may work past 70. At the same time, disabilities and other health problems about a quarter of our potential workforce out of their jobs in 2016. This is ironic, as many seniors work precisely in order to be able to pay for health care and/or health insurance for themselves or for loved ones in their care.

Many seniors are forced out of jobs unjustly, in spite of recent amendments to the Americans with Disabilities Act (ADA). Fighting back is costly on many fronts, and, according to Prof. Michael Stein of Harvard Law School, more than 97% of ADA claimants in federal trial courts lose their cases.

In addition to challenges for workplace seniors, workers for the aging are facing challenges. According to *The Atlantic*, Certified Nursing Assistants (CNAs) "are as important as our engineers." But the burnout rate for CNAs can be up to 36%. CNA programs in Washtenaw County do not produce enough graduates to meet the needs of the local senior service providers that hire them. CNA certification is required to work at an accredited assisted living or long-term care facility in the state of Michigan, but the field has a high turnover rate due to job stress and to attrition as CNAs move on to pursue RN degrees. One emerging solution may be training that is not as intensive as the CNA qualification, but could provide practical skills for relatives of older adults or other individuals who are acting as "home aides" in some capacity.

## **3) Health/Nutrition**

We identify five social determinants of health for older adults. Many of these are threaded throughout this paper, also showing up in our analyses of housing, independent living and support, and transportation/mobility challenges for seniors. These five social determinants of health are:

1. Access to Care (also a housing, support, and transportation/mobility issue)
2. Housing Affordability (also a housing issue)
3. Poverty Status (also a housing, independent living/support and transportation issue)
4. Community Safety (also a housing and independent living/support issue)
5. Education Level

According to the 60+ Survey, 14% of seniors in the County report fair or poor health. For the burgeoning 75+ population, the figure is 24%. The most significant issues are: chronic health conditions (including chronic hypertension); depression (20% of those 65-74 have been diagnosed with depressive disorders); obesity (16% of those 75+); and access to prescription drugs (the out-of-pocket for which averages \$3,200 per person, per year for seniors nationally).

Furthermore, many seniors live in circumstances that aggravate existing health issues. Social and geographical isolation can contribute to depression. Very low food security (see below) can lead to weakness, low blood pressure, liver problems, anemia, and other conditions. Anxieties over family, income, health, or combinations of these issues can disturb sleep, interfere with daily activities, or even lead to self-injury or suicidal thoughts. Housing concerns may lead to health problems if one cannot afford heat, cannot afford repairs or installation of equipment such as grab bars, or must go over stairs many times a day.

Additionally, 17% of the country's 55+ population is food insecure. The USDA defines "low food security" as "reduced quality, variety, or desirability of diet." They define "very low food security" as "multiple indications of disrupted eating patterns *and reduced food intake.*" (Emphasis ours.) In Washtenaw County, only 25% of seniors eligible for the USDA's Supplemental Nutrition Assistance Program (SNAP) access those important benefits. The Michigan Dept. of Health and Human Services application, covering food and other types of assistance, is supposed to take half an hour to complete, though in reality takes much longer due to the information that must be gathered in advance. Waiting periods for food assistance run from 10 to 90 days. Even when assistance is secured, seniors may be unable to access or afford healthy food. They may lack the ability to cook food once bought, or to consume it raw, and even the nutritional quality of prepared, delivered meals is not always ideal.

Local health experts repeatedly emphasize the need for more interconnected and coordinated health services delivery for the older adult population in the County. Key areas that have been identified for greater coordination in order to expand access and impact include:

- Prevention and wellness programming at senior centers, online, and at venues accessible to younger family caregivers
- Improved access to mental health and oral/dental health services
- Medication management, including scheduling and tracking, proper dosing, notation of side effects, reordering, special reminders when new medications are prescribed, and coordination when prescriptions come from two or more physicians
- Workforce development (e.g., doctors, nurses, CNAs, social workers, and other medical professionals specializing in geriatrics)
- Introducing certain technologies—Medical Alert/Medical Guardian products, Amazon's Echo and Alexa, Canary products, etc.—into senior homes to help occupants accomplish tasks, monitor occupants' health, deliver news and entertainment, and create closer connections between older adults and their care providers (who themselves are often older adults)
- Emphasize to older adults and their families and caregivers that prevention is the best practice of all for improving older adult health
- Wrap-around services that move seniors out of crisis situations in order to maintain independent living. System navigation services that enhance a senior's resiliency factors such as coping with transitions and bridging access
- Reduce isolation and increase social integration through adult day care programs and senior centers

#### **4) Transportation/Mobility**

Nationally, 19% of Medicare beneficiaries have given up driving. Over 20% of older adults report not having walking areas available in their neighborhoods and communities, and nearly 60% report not being able to walk to stores or restaurants from their home.

Where within Washtenaw County an older adult resides greatly affects their ability to access transportation and therefore services needed to ensure their health and quality of life.

If you live, for example, south of Pontiac Trail in Ann Arbor Township and do not own a car, it is a minimum 30-minute trip (not counting wait time) to the center of town via The Ride, the Ann Arbor-Ypsilanti bus service. In more rural areas, transportation is trickier. The southern portion of ZIP code 48197 lies beyond the range of The Ride, as does the northern half of ZIP code 48198. Express buses and vans cover more remote locales, but routes and hours are limited. A door-to-door bus in Chelsea runs weekdays only. The Interurban Express Route, linking Chelsea, Dexter and Ann Arbor, runs buses every two hours, through 6:00 p.m. A “Lifeline Van” to hospitals and other services runs weekdays through 4:30 p.m., costing \$10 for those 65+ and \$20 for those under 65 (caregivers ride free). Advance reservations are often needed.

All these forms of transportation must meet the needs and allow for the reduced capabilities of their most vulnerable riders. This is a considerable challenge for publicly funded transit, especially after southeast Michigan voters rejected a \$4.6 billion regional transit plan in 2016. Among the plan’s benefits, according to Citizens for Connecting our Communities, a coalition of transit advocates: “increasing independence for seniors.”

Private transportation services should engage with seniors so that they understand how and when the service works, what it costs, where it goes, and how and where to find it for a return trip. All transportation providers must learn senior cultural competency and ensure that their vehicles accommodate the physical needs of the seniors they carry.

Notable transportation gaps include:

- Need to expand the current Washtenaw County public transportation systems, especially outside of Ann Arbor/Ypsilanti and within the poorest ZIP codes County-wide
- Need to bridge the technology gap to connect older adults with market-based services
- Need to develop senior housing within walking distance of services and/or public transportation routes
- Need to develop housing with installed amenities such as ramps and shower grab bars and widened hallways, elevators, etc. to allow for use of wheelchairs, crutches, and scooters

#### **CONTINUING THE CONVERSATION**

Concern for senior lives is everyone’s business, and solutions for enhancing senior lives often turn out to be solutions for everyone. As you can see from the snapshot of data presented in this paper alone, the opportunities are many, and all of us have a stake in addressing these issues and seeking creative solutions.

We invite you to continue to be a more informed and thoughtful citizen. Check for continued updates in the months to come [on our website](#) and through our other communication channels for news of our grants, partnerships, activities, and progress. Join in the conversation!