The Aging of Macomb County
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Mission

The Aging of Macomb County is a multi-phased countywide initiative developed to cultivate and support livable communities for all generations. Under the charge of the Macomb County Department of Planning and Economic Development (MCPED) this initiative seeks to establish collaborative efforts with key stakeholders throughout the County, Region, and State in order to address the evolving needs of Macomb County’s growing elderly population.

Vision

MCPED understands that there are numerous ways in which communities, organizations, and individuals can benefit from an increasingly aging population. For the purpose of the initial stage of the Aging of Macomb County MCPED’s vision is focused on two core community level undertakings:

• Developing livable multi-generational communities – As the population aged 65 and over grows in Macomb County, each community should ensure that they are prepared to accommodate this generational tidal wave. While there is no single answer for aging because every community and older adult faces unique challenges, there are several areas to highlight collectively. Communities need a system of services that integrates daily living needs, transportation, housing, health care, recreation, social services, and educational, social and cultural opportunities to allow older adults to remain active and engaged in society (n4a).

• Cultivating aging in place – Aging in place is the ability for an individual to continue to live in a familiar, safe, comfortable, and independent environment regardless of age, income, or ability level. Each community must ensure that a sound physical and social environment is in place which allows individuals, as they age, the ability to participate in family and community activities without barriers (National Aging in Place Council: http://www.naipc.org/Default.aspx?tabid=103).

Next Steps

This document is to be utilized as the foundation for discussions between community leaders, the general public, and public and private organizations regarding the impact of aging on Macomb County. Highlighting best practices locally and nationally Phase 1 of the Aging of Macomb County focuses on the importance of collaboration and partnerships. By increasing the network of potential partners who are interested and addressing the aging of our communities MCPED will work to develop and support a team of appropriate stakeholders who can better understand aging as it relates to Macomb County.
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Due to a combination of longer life expectancies, declining birth rates, and the movement of the baby boomer generation into older adulthood, the County’s elderly population is growing at a remarkable rate. This generational tidal wave is inevitable and the implications will be significant and complex. How the County, each community, organizations, and residents view and approach the aging of our population will determine how prepared we will be to take advantage of the positive opportunities and minimize the negative consequences of this phenomenon. The following document is Phase I of The Aging of Macomb County, a multi-phased initiative established to engender and support livable communities with the physical, economic, and social resources needed to care for an aging population. Phase I has been developed as an awareness piece to provide all vested stakeholders and the general public with an important analysis of the evolving needs of our County’s dynamic and growing elderly population.

With their increasing discretionary income and available time, older adults can be substantial economic generators for communities. The American Association of Retired Communities estimates that one relocated retiree can have as great an economic impact in a community as three to four factory workers and economists promote attracting retirees as one of the strongest ways to improve a city’s economic development (n4a, p.12).

To keep these older citizens from leaving, however, communities must provide good housing options, safe and walkable streets, viable transportation choices and access to healthcare, recreation and a range of other services. The easier it is for older adults to be active in their community, the more economic and social contributions they will generate (n4a, p.12).
Report Content and Format

This report discusses the following civic issues with respect to the quality of life for the elderly:

• The Demographic Shift
• Existing County Resources
• Land Use & Housing
• Mobility and the Transportation Network
• Service, Advocacy, Development and Engagement
• Health Care, Personal Care and Wellness
• Older Residents as Economic Generators
• Closing Thoughts and Next Steps

The first section of this report discusses the current demographic shift impacting Macomb County. Next the document provides a list of existing State, Regional, County, and community resources that are available to assist Macomb County’s growing population of older adults. The following sections begin with a description of the existing national situations and challenges associated with the issue of aging; followed by the projected future - examples of successful tools and proven programs and techniques that other communities and organizations have implemented to aid in planning for a growing senior population. In general, the examples presented address the issues of this demographic shift through implementation of planning and development principles that invest time, attention, and resources to restoring community. Many explore developments that are often town-centered, provide safe public transit, good pedestrian accessibility, have a greater mix of housing, commercial and retail uses, and preserve open space and other environmental amenities. The final section discusses next steps for the Aging of Macomb County Initiative.
The County of Macomb is located in southeastern Michigan and comprises the northeast portion of the Metro Detroit Area. Established in 1818, the County covers 482 square miles, stretching from the older suburbs just north of Detroit, to the waterfront along Lake St. Clair and further north into farming communities such as Richmond and Armada. The City of Mount Clemens is the County Seat. Between 1920 and 1930, Macomb County doubled in population, rising from 38,103 to 77,146 persons. Two significant developments spurred this growth - the establishment of Selfridge Field in 1917; and the beginning of the urbanization movement northward from Detroit to the suburbs in the 1940s and 1950s. The largest growth occurred between 1950 and 1970, when over 440,000 people were added to Macomb County’s population.

Today, Macomb has about 825,000 residents. Three of the county’s 27 municipalities are part of the ten largest communities in Michigan: Warren (3rd), Sterling Heights (6th), and Clinton Township (10th). The County’s key industries include manufacturers, large and small, automotive and non-automotive; cutting-edge design and engineering firms; services; and transportation. The northern portion of the county is largely agricultural, with approximately 30% of the land actively being used for farming.

Macomb County Demographic Shift

To better understand the generational shift Macomb County will face, it is necessary...
to rely on forecasted demographic figures. For the purpose of analyzing Macomb County’s current and future population trends, the Southeast Michigan Council of Governments’ (SEMCOG) 2030 Regional Development Forecast (RDF) was utilized to illustrate the generational shift.

By the year 2030, Macomb County’s population is forecasted to grow to 930,420, which represents an 18 percent increase from 2000 (Table 1). The astonishing projection is that 88 percent of this population growth will occur in the 65 and over age cohort – 124,883 individuals – in comparison to only 17,388 individuals, or 12 percent, under age 65 (Table 1). Stated differently, for every one resident Macomb County gains under the age of 65, another seven residents age 65 and over will be added. The largest increase in the elderly will occur between 2015 and 2030, as the first baby boomers will begin to reach age 65 in 2011.

Table 1: Population Change by Age Cohort
Macomb County, 2000-2030

<table>
<thead>
<tr>
<th>Age</th>
<th>2000</th>
<th>2030</th>
<th># Change</th>
<th>% Change</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>51,062 (6%)</td>
<td>56,051 (6%)</td>
<td>4,989</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>5-17</td>
<td>138,722 (18%)</td>
<td>139,578 (15%)</td>
<td>856</td>
<td>1%</td>
<td>-3%</td>
</tr>
<tr>
<td>18-34</td>
<td>178,439 (23%)</td>
<td>185,392 (20%)</td>
<td>6,953</td>
<td>4%</td>
<td>-3%</td>
</tr>
<tr>
<td>35-64</td>
<td>312,275 (40%)</td>
<td>316,865 (34%)</td>
<td>4,590</td>
<td>1%</td>
<td>-6%</td>
</tr>
<tr>
<td>65+</td>
<td>107,651 (14%)</td>
<td>232,534 (25%)</td>
<td>124,883</td>
<td>116%</td>
<td>11%</td>
</tr>
<tr>
<td>Total</td>
<td>788,149</td>
<td>930,420</td>
<td>142,271</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>

By 2030, 1 in 4 of Macomb County residents will be 65 years of age and older. In contrast, as the number of elderly continue to grow, the number of residents age 0-64 will decrease from 86% in 2005 to 75% in 2030 (Table 2). These population figures indicate that Macomb County will age faster than the nation, state, and surrounding regions (Figure 1).

Table 2: Population Growth of Residents Age 65+
Macomb County, 2000-2030

<table>
<thead>
<tr>
<th>Age</th>
<th>2000</th>
<th>2030</th>
<th># Change</th>
<th>% Change</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 65</td>
<td>680,498 (86%)</td>
<td>697,886 (75%)</td>
<td>17,388</td>
<td>3%</td>
<td>-11%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>107,651 (14%)</td>
<td>232,534 (25%)</td>
<td>124,883</td>
<td>116%</td>
<td>-11%</td>
</tr>
<tr>
<td>Total Population</td>
<td>788,149</td>
<td>930,420</td>
<td>142,271</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>
The aging forecasted to take place throughout Macomb County will undoubtedly impact the populations of each of its municipalities. As this demographic shift has begun, municipalities throughout the County have experienced, and will continue to experience, dramatic population fluctuations. For the purpose of analysis, M-59 serves as a dividing line between the southern and northern municipalities in Macomb County.

Communities south of M-59, characterized as the more established urban suburbs that are highly developed, will be experiencing very minimal population growth or a loss of population. From 2000 to 2030 it is projected that the population south of M-59 will decrease approximately by 14,900 (Table 4). This seemingly miniscule number masks the massive population loss that is forecasted in the 0-64 age cohort, which is projected to decrease by 85,550 people in that same time period (Table 4). In contrast, the number of residents over the age of 65 years will increase by 70,633 (Table 4). In the southern Macomb County municipalities, more existing residents are choosing to age in place, younger middle class families are continuing
to move north as they become more financially stable, and the birth rates in many of these communities are low and in-migration is not significant enough to make up this difference. By 2030, it is forecasted that 29 percent of residents south of M-59 will be age 65 or older, a dramatic increase from the 15 percent in 2000 (Table 3).

By 2030, it is forecasted that 29 percent of residents south of M-59 will be age 65 or older, a dramatic increase from 15 percent in 2000.

Table 3: Percentage Breakdown of Residents  
Age 65 and Over by Location

<table>
<thead>
<tr>
<th>Location</th>
<th>1970</th>
<th>2000</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macomb County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 65</td>
<td>595,437 (95%)</td>
<td>680,498 (86%)</td>
<td>697,886 (75%)</td>
</tr>
<tr>
<td>65 and Over</td>
<td>29,872 (5%)</td>
<td>107,651 (14%)</td>
<td>232,534 (25%)</td>
</tr>
<tr>
<td>South of M-59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 65</td>
<td>520,326 (95%)</td>
<td>481,141 (85%)</td>
<td>395,591 (71%)</td>
</tr>
<tr>
<td>65 and Over</td>
<td>25,319 (5%)</td>
<td>88,208 (15%)</td>
<td>158,841 (29%)</td>
</tr>
<tr>
<td>North of M-59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 65</td>
<td>75,111 (94%)</td>
<td>199,357 (91%)</td>
<td>302,925 (80%)</td>
</tr>
<tr>
<td>65 and Over</td>
<td>4,553 (6%)</td>
<td>19,443 (9%)</td>
<td>73,693 (20%)</td>
</tr>
</tbody>
</table>

Table 4: Population Change by Age Cohort  
Communities South of M-59, 2000-2030

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2000</th>
<th>2030</th>
<th># Change</th>
<th>% Change</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-4</td>
<td>34,820 (6%)</td>
<td>32,608 (6%)</td>
<td>-2,212</td>
<td>-6%</td>
<td>0%</td>
</tr>
<tr>
<td>Age 5-17</td>
<td>95,115 (17%)</td>
<td>77,276 (14%)</td>
<td>-17,839</td>
<td>-19%</td>
<td>-3%</td>
</tr>
<tr>
<td>Age 18-34</td>
<td>129,074 (23%)</td>
<td>110,137 (20%)</td>
<td>-18,937</td>
<td>-15%</td>
<td>-3%</td>
</tr>
<tr>
<td>Age 35-64</td>
<td>222,132 (39%)</td>
<td>175,570 (32%)</td>
<td>-46,562</td>
<td>-21%</td>
<td>-7%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>88,208 (15%)</td>
<td>158,841 (29%)</td>
<td>70,633</td>
<td>80%</td>
<td>13%</td>
</tr>
<tr>
<td>Total Population</td>
<td>569,349</td>
<td>554,432</td>
<td>-14,917</td>
<td>-3%</td>
<td></td>
</tr>
</tbody>
</table>

The municipalities north of M-59 are characterized as more rural and growing communities that are today experiencing significant population increases and will continue to grow until they reach development capacity. According to SEMCOG, Macomb County’s northern municipalities will experience 91 percent of the total population growth in the County between 2000 and 2030. It is forecasted that approximately 157,000 residents will be added within the northern communities (Table
5). Of that addition, 102,938 residents will be added under the age of 65 and 54,250 residents will be in the 65 and over age cohort (Table 5). By 2030, 20 percent of all Macomb County residents north of M-59 will be 65 and over, an 11 percent increase from 2000 (Table 5).

### Table 5: Population Change by Age Cohort

<table>
<thead>
<tr>
<th>Communities North of M-59, 2000-2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-4</td>
</tr>
<tr>
<td>Age 5-17</td>
</tr>
<tr>
<td>Age 18-34</td>
</tr>
<tr>
<td>Age 35-64</td>
</tr>
<tr>
<td>Age 65+</td>
</tr>
<tr>
<td>Total Population</td>
</tr>
</tbody>
</table>

What Macomb County is experiencing is a transition in population size and concentration. As the northern communities experience drastic population increases, the proportion of residents living in the northern half of the County is catching up with the number of residents living south of M-59. Presented with this alteration of population growth, one element that is true of every community, whether north or south of M-59, is the fact that the percentage of older residents to younger residents is on the rise. By 2030 Macomb County’s 65 and over age cohort will increase by 124,883 individuals. The question that remains is: Does Macomb County have the proper physical, economic, and social infrastructure needed to care for this growing generational cohort? As the number of elderly continue to reach unprecedented numbers throughout our communities, our perceptions on aging will be revolutionized. This influx of elderly into Macomb County will be more diverse than ever and present Macomb County and each of its municipalities with unbelievable opportunities and unimaginable challenges.

### Addressing the Diverse Needs of an Aging Population

As the baby boomer generation enters into older adulthood they will be joining an elderly generational cohort that is living longer and expecting more out of the communities they call home. Due to the following unique characteristics of “Boomers”, their planning needs will be significantly different than previous generations of older adults:

According to SEMCOG, Macomb County’s northern municipalities will experience 91 percent of the total population growth in the County between 2000 and 2030. By 2030, 20 percent of all Macomb County residents north of M-59 will be 65 and over, an 11 percent increase from 2000.
Highly educated: These senior citizens will have higher levels of formal education than the previous generation of older adults. The 2002 Current Population Survey (CPS) of the U.S. Census reports that one in three baby boomers has at least an undergraduate college degree, compared to one in five members of the pre-boom cohort (Enhancing Volunteerism among Aging Baby Boomers, 2003).

Diverse: This group is comprised of several unique generations. Compared to Americans who came of age in the 1940s and 1950s, the baby boomers are far more culturally, economically, and socially diverse. Based on U.S. Census data, they are also more racially and ethnically diverse than the previous generation of older adults.

More single-person living arrangements: The divorce rate is higher among baby boomers than previous generations and boomers are more likely to be unmarried. This phenomenon has also called greater attention to non-traditional households, such as same-sex partnerships (Segal Report, 2001).

Staying close to home: For most Americans - and in particular aging baby boomers, who have the highest generational rates of home ownership - home ownership signifies the American dream and is critical to economic and social success. According to a recent AARP survey, Americans overwhelmingly want to stay in their own homes and communities as they age. Over 80 percent of Americans age 45 and above indicate that they would like to remain in their current residence as long as possible, even if they need assistance caring for themselves (Matthew Greenwald & Associates, Inc., 2003).

Fewer children, more living parents: Baby boomers are expected to have an average of 1.9 children by the end of their childbearing years, compared to their mothers who had an average of 3.1 children (Segal Report, 2001). Due to increases in life expectancy, aging baby boomers also have more living parents than the previous generation of older adults did.

Wealthier but with debt: Baby boomers have accumulated more wealth than the previous generation of elders; however, they also have incurred greater debt. The future is uncertain due to unresolved issues related to Social Security and shifts toward defined contribution pension plans from defined benefit plans.

More physically active: Although baby boomers are more likely to be overweight than previous generations, statistics show they are less likely to smoke and slightly more likely to exercise than their elders. Using exercise equipment (19 percent vs. 13 percent), jogging or running (11 percent vs. 4 percent), and aerobic dance (11 percent vs. 6 percent) are activities more prevalent among baby boomers than the previous generation of elders (Enhancing Volunteerism among Aging Baby Boomers, 2003 from Yankelovich, 2000).

Working Longer: Baby boomers are more likely to work longer, beyond their 50’s or 60’s, moving gradually toward retirement. The long-term trend toward earlier retirement has been reversed since the closing decades of the 20th century. Since the
mid-1980s, workforce participation for older women has increased dramatically and slightly for men, while the average age of retirement has risen. The strong economy of the late 1980s and 1990s may have influenced this change in workforce participation and retirement age. Research has also identified “underlying structural changes” that will likely have long-term effects, including the end of mandatory retirement, the decline in defined benefit retirement plans, changes to Social Security that eliminate disincentives to remain in the labor force, changes in the occupational mix, technological advancements, and improvements in the health and longevity of older Americans (Reinventing Aging, 2004).

**Keep up to date with technology**: The U.S. has become an information-dependent society and technology has become a common fixture in the workplace. More occupations are becoming information-based, and more frequently employ newer technology (The Convergence of the Aging Workforce and Accessible Technology, 2003). A 2001 study by the U.S. Department of Commerce reported that 68 percent of U.S. workers use some type of computing or Internet device in their jobs. (The Convergence of the Aging Workforce and Accessible Technology, 2003). With baby boomers currently making up a significant percentage of the workforce, their use of information technology far exceeds previous generations of older adults. Advances in accessibility features in the next decades will enable this generation to continue using technology products and increase productivity, efficiency, and comfort of use as they age.

Baby boomers are a diverse generation, ranging in age today (2007) from 43 to 61. AARP’s Public Policy Institute’s September 2006 edition of their Data Digest Report states that because of the sheer size of this group (approximately 76 million Americans), they can be separated into the younger boomers (born 1956-1964) and older boomers (born 1946-1955). Many of the youngest boomers may be just starting to save for retirement, while the older boomers may be thinking seriously about retiring soon and diversifying their investment portfolios. The younger groups may be parents; the older group may be grandparents. Spending preferences on types of consumer goods and services can vary greatly among the elderly, given the variety of lifestyles and life experiences they have had and wish to have. Clearly our communities must begin to understand the consequences of this demographic shift in order to ensure that all generations have an equal opportunity to enjoy and enhance their quality of community and life.
Challenges

Communities can prepare for this demographic change by first comprehensively examining their physical, economic, and social planning/development initiatives. Housing stock, transportation infrastructure and services, land use patterns, availability and proximity of homes to commercial uses, and quality of life assets (i.e., parks, recreational and cultural groups and programs) need to be examined in order to determine if current and future elderly residents can live comfortably and age in place in Macomb County. This assessment is the first step in determining how “elder-friendly” the current layout of our communities are. Such preliminary examinations must be undertaken in order to understand how our communities and local units of government can improve upon supporting the County’s growing elderly population (n4a, p.16). Also, by listening to senior citizens’ voice their concerns and needs, and involving them in the community planning and decision-making processes we can ensure their needs are met.

Furthermore, at a time of lean government budgets, local leaders must be creative and willing to collaborate. Public-private partnerships, incentives and grants must be incorporated into each focus area. This allows for networks to expand and results in further promotion of the aging in place issue (n4a, p.16). Also, aging-in-place advocates predict that the majority of the baby boomers will express themselves through retirement groups and use their influence to change political agendas to their advantage (Moos, B., 2004). If local governments are prepared for this demographic shift – having a system of services that integrates health care, daily living needs, transportation, housing, recreation, social services, and educational, social and cultural opportunities to allow seniors to age in place – their communities will already have the knowledge and instruments to meet elderly needs (n4a, p.17). Examining and improving the design and policies of transportation systems, street design, lighting, public parks, community and cultural centers/activities, and housing stock can foster connectivity and ease of use, which has a dual value of benefiting all citizens, not just seniors (n4a, p.17).
The following section highlights a number of state, regional, county, and community resources currently assisting Macomb County’s elderly population. Ranging from Countywide community service programs to regional transportation networks, these existing resources highlight the network of elderly service providers already in place engendering and supporting livable communities for all generations. This list is not intended to be exhaustive, but is a cross-section of the opportunities available for collaboration and partnerships to better serve the current and future elderly population of Macomb County.

**Michigan Office of Services to the Aging:**

The Michigan Office of Services to the Aging provides leadership, innovation, advocacy and supportive services on behalf of Michigan’s older adults and their caregivers. Through the promotion of independence and enhancement of dignity of Michigan’s older adults and their families, the Office of Services to the Aging works to: improve the health and nutrition of older adults; ensure choice of where older adults live through increased access to information and services; protect older adults from abuse and exploitation; and improve the effectiveness, efficiency, and quality of services provided through Michigan’s aging network and its partners.

http://www.michigan.gov/miseniors/

**Macomb County Senior Citizen Services:**

The Macomb County Senior Citizen Services (MCSCS) Department provides quality and cost efficient services designed to improve lives, increase independence, and enhance dignity of Macomb County senior citizens. Providing courteous and compassionate assistance to the County’s senior population the MCSCS prides itself on being knowledgeable and current in any subject that impacts senior citizens. Assisting
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thousands of residents each year, the Department administers many social, cultural, educational, health care, and wellness related programs that aim to enhance the quality of life of the County's elders. Some of the Department’s programs include the Annual Older American Festival, Grandparents Raising Grandchildren Initiative, counseling, victim liaison services, legal and prescription drug assistance, information on housing options, and many other support networks and opportunities for Macomb County residents.

http://www.macombcountymi.gov/seniorservices/

Macomb County Council on Aging:

The Macomb County Council on Aging is a nonprofit, nonsectarian, nonpartisan organization providing leadership and assistance to maximize independence and enhance the quality of life and community for all seniors. Overseen by 16 board members, the Council reaches out to the County’s elderly population by focusing on civic engagement through advocacy initiatives, volunteer opportunities, and fundraising efforts. Educational programs sponsored by the Council offer speakers and forums focusing on addressing the specific interests and needs of seniors throughout Macomb County. The Council works in collaboration with the Macomb County Department of Senior Citizen Services and is represented and active in many state, county, and local boards and initiatives.

http://www.macombcountymi.gov/mccsa/index.htm

Macomb County Community Service Agency:

Macomb County Community Services Agency is a community action agency dedicated to providing quality services, with respect and confidentiality, in a manner that supports families and individuals seeking to improve their quality of life. The agency offers a number of elderly care services including a senior citizen chore services program for County residents 60+, the senior citizen home injury control program, a senior nutrition program including meals on wheels and the Dining Senior Style initiative, and a number of other educational, economic, and social services catering to the needs of all Macomb County residents.

http://www.macombcountymi.gov/mccsa/index.htm

Martha T. Berry Medical Care Facility:

The Martha T. Berry Medical Care Facility is a 217-bed long-term care facility which is owned, operated, and financially supported by Macomb County. Martha T. Berry (MTB) is a unique facility, serving those Macomb County residents who require skilled nursing care, short and long-term rehabilitation therapy, and hospice care. The
facility provides Macomb County residents with the compassionate care they deserve and family members want, in a safe and secure environment near their homes. This facility is dedicated to fostering an environment in which medical and nursing care is compassionately provided to County residents.

http://www.macombcountymi.gov/marthatberry/Index.htm

**Macomb County Parks and Recreation:**

Macomb County is filled with beautiful open spaces, spacious parks, and many recreational opportunities for both the young and old. Many municipalities throughout Macomb County operate their own parks and recreation department with recreational programs for all generations. The Macomb County Parks and Recreation Department is located at Freedom Hill County Park and governed by the Parks and Recreation Commission featuring two county parks including Freedom Hill County Park and the Macomb Orchard Trail.

http://www.freedomhillcountypark.com/index.htm

**Macomb Community College:**

Macomb Community College (MCC) provides a number of professional and educational development opportunities for all generations. As part of their Continuing and Professional Educational Initiatives MCC offers a number of programs, classes, and seminars to provide seniors with lifelong learning and professional development. Programs such as “Focus on Aging” and “Support Services for Workers Over 50” provide an opportunity to learn new skills, obtain training, and receive guidance in order to remain educated, active, and engaged.

http://www.macomb.edu/

**Southeast Michigan Council of Governments (SEMCOG):**

The Southeast Michigan Council of Governments (SEMCOG) provides a number of planning tools for local communities with regards to elderly issues. These tools include age forecast data and traffic safety planning data, including detailed traffic crash data. SEMCOG also provides a Land Use Tools and Techniques Handbook, an Older Driver Toolkit, a Regional Transit Plan and an Elderly Mobility & Safety Final Plan of Action (1999).

Suburban Mobility Authority for Regional Transportation (SMART):

The Suburban Mobility Authority for Regional Transportation (SMART) is responsible for public transportation services and facilities for the Southeastern Michigan region. Providing fixed route, connector, and community transit services SMART assists thousands of residents daily with their mobility needs.

http://www.smartbus.org/smart/Home

Community Senior Centers:

Many municipalities throughout Macomb County have senior centers, which act as community hubs linking the elderly population to numerous social, cultural, and educational experiences. Senior centers are seen as a place where “older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage involvement in and with the center and the community” (NISC Definition, 2007). Operated through the individual communities, these centers normally offer opportunities for seniors to partake in the arts and crafts, choir, dancing, bingo, card tournaments, movies, intergenerational programs, community action, social networking, volunteer services, educational services, leisure travel, and special events dinners and banquets. These centers are a vital asset to our County because they instill a sense of community and togetherness amongst seniors and they serve as a social resource for the entire community.

Framing the Issue

A growing number older Americans, almost 89 percent, prefer to reside in their own homes and communities for as long as possible (n4a, p.3). This is part of a phenomenon referred to as ‘aging in place’, or not having to move from one’s present residence in order to secure necessary support services in response to changing need (http://www.seniorresource.com). Because people’s activities, family composition, health and financial resources alter as they age, city planning and design experts will need to consider how to make their communities more hospitable, or livable, for older residents. This includes providing a variety of housing options to meet seniors’ different needs and levels of independence. Governments will face the complexities of retrofitting and redesigning residential stock in coordination with healthcare delivery and public transportation agencies to accommodate the aging population (Ball, S.M., 2004, p.2). These healthcare and service issues are discussed in later sections of this report.

Our current housing stock and residential neighborhood fabric do not adequately support senior residents as they age. There is a lack of home care and independent living services for low-income, elderly households. Also, many seniors are and will become “over-housed” in large family-sized homes (especially in the newer residential communities near and north of M-59) without more appropriate alternatives available. (Ball, S.M., 2004, p.2). Substantial numbers of older residents may soon face the choice of staying in homes ill suited to their needs or moving out of the County or State.

Providing affordable home and community services that enable older adults to age in place has been shown to be the most cost-effective model for aging (n4a, p. 4). Medicare and Medicaid systems incorporate an institutional bias that direct federal reimbursement for long-term care services primarily to those services that are given in nursing home settings (n4a, p.4). According to
a 2003 report on home and community-based services by the National Association of Area Aging Agencies, the typical cost of nursing home services for a person is about $52,000 a year, compared to slightly over $12,000 per year for home and community based services. This is an expensive way of providing senior health care and it also tends to propel people into that system, regardless of whether or not they need such intensive care (n4a, p.4).

Other reasons to retain older persons in their communities and current homes are to promote neighborhood safety and the social benefits of a multi-generational community. Seniors can provide “eyes on the street”, as renowned urbanist Jane Jacobs observed, to deter crime. They can also serve as role models and mentors for younger people, and also contribute their experience and skills in the labor force or as volunteers. Additionally, helping the population age in place can in turn foster a greater sense of self-esteem and overall well being in older adults, as well as support the elderly who have a range of income levels.

This methods described in this section, as they relate to housing, include:

- Encouraging proximity between residential and other community uses such as shopping areas, medical facilities, neighborhood activity centers, places of worship, and public transportation.
- Providing a range of housing types allowing older adults with varying needs and different levels of independence to remain in the community.

### Proximity of Land Uses

The changing demographics, lifestyles, and preferences of older adults make it critical for communities to think about locating senior housing in close proximity to community resources. The next generation of older adults is more independent and active and their preference is to age in place in their communities. At the same time, due to the natural process of aging, mobility options decrease. The mobility of older adults can be limited and often times they require canes, walkers, or wheelchairs for assistance. As a result, the level of accessibility to public buildings, homes, and outside spaces becomes a major concern.

Although older adults may have limited mobility, they still visit shopping areas, medical facilities, neighborhood activity centers, places of worship, and use public transportation. To improve accessibility for older adults, consideration should be given to the proximity of these uses to one another. This issue is not only important in urban locations, but in suburban and rural areas as well. With “sprawling” development patterns in recent years, the adults who moved to the suburbs are now aging and desire to stay in their communities. However, conventional suburban development often obstructs non-
motorized transportation. On the contrary, principles of the “smart growth” movement are applicable to improving the mobility and accessibility of older adults and are described below.

**Practical Applications**

In order for communities to be successful at integrating older adult housing with community services, revisions to master plans and zoning ordinances, as well as more stringent review during the site plan process, may be necessary. The following strategies, which are adapted from principles of “smart growth” may help communities achieve better proximity of land uses.

- **Mix Land Uses**—Incorporating housing for older adults in a mixed-use development is a form of good design because it places those with limited mobility closer to a variety of commercial, public, and entertainment destinations;

- **Take Advantage of Compact Building Design**—Compact building design permits more open space preservation. Compact building design is also critical to support wider transportation choices. As an example, building vertically would enable a senior to have structured parking within his or her building rather than surface parking, which requires greater walking distances;

- **Create a Range of Housing Opportunities and Choices**—Housing choices allow communities to support diverse populations and different income levels, and are also important in determining access to community resources.

- **Create Walkable Neighborhoods**—Walkable communities foster a sense of independence and are also desirable places to live, work, learn, worship, and play.

- **Preserve Open Space, Farmland, Natural Beauty and Critical Environmental Areas**—This not only helps preserve critical environmental areas but helps improve quality of life and guides new growth into existing communities.

- **Strengthen and Direct Development Towards Existing Communities**—Rather than encouraging decentralized greenfield development, communities can help improve proximity of land uses by directing development towards existing communities already served by infrastructure, and utilizing existing neighborhood resources.

- **Provide a Variety of Transportation Choices**—Providing people with more transportation choices, in addition to housing and shopping, will help create a more accessible and senior-friendly environment.
• Make Development Decisions Predictable, Fair and Cost Effective—Private sector support is critical for communities to be successful in development and redevelopment.

• Encourage Community and Stakeholder Collaboration – As in most planning efforts, community and stakeholder support is critical for success and is also instrumental in determining what is desired by older adults.

(Source: http://www.smartgrowth.org/about/principles/default.asp)

Offering a Variety of Housing Options

Older adults, like other consumers, require a variety of housing options to meet their needs. In recent years, the field of housing has reversed a long-standing assumption that older adults need to move along a housing continuum, from one setting to another, as they require greater assistance. The traditional continuum incorporated a range of options including age-restricted housing, congregate housing, continuing care, assisted living, and nursing homes (Gordon, 1998). While a range of housing types to meet the needs of older adults is necessary in a community, emerging trends in the housing field support the notion that older adults do not necessarily need to move along a housing continuum when they require assistance. Instead, a greater emphasis on physical design characteristics has gained momentum that allow residents to remain in their residential settings as well as bringing services to residents. This trend is popularly known as “aging in place.”

For most Americans—and in particular aging baby boomers, who have the highest generational rates of home ownership—home ownership signifies the American dream and is critical to economic and social success. According to a recent AARP survey, Americans overwhelmingly want to stay in their own homes and communities as they age. Over 80 percent of Americans age 45 and above indicate that they would like to remain in their current residence as long as possible, even if they need assistance caring for themselves (Matthew Greenwald & Associates, Inc., 2003).

Encouraging programs and services that allow older adults to remain in their own homes as they age, allow communities to:

• Reduce the number of older adults moved prematurely to institutional facilities (Livable Communities and Ageing in Place);

• Encourage a more cost-effective model for aging (Livable Communities and Aging in Place); and,

• Foster greater self-esteem and overall well-being among older adults.
In addition to encouraging programs and services for older adults that allow them to age in place, communities should look to expand their housing alternatives. Some alternatives that communities have used successfully include accessory dwelling units, elder cottage housing, home sharing and home occupations. Also, a recent trend in the homebuilding industry is the “Not-So-Big” house, or NSB.

**Accessory Dwelling Units (ADU)**

An ADU, also known as a “granny flat”, is an extra living unit on a property, complete with kitchen, bathroom and sleeping facilities. An ADU may be located inside, attached to, or detached from a primary home. Benefits of an ADU include extra housing for extended families, companionship, security, home help, and earning extra money from renting out the unit (http://www.archhousing.org/adu2/). “Allowing single family-homes to contain [ADUs] for aging family members makes sense from a health perspective and from an economic perspective” (CCQ, April 2007). Advocates emphasize that it can reduce affordable housing shortages, allow wealthy communities to still prosper, and generate more property tax revenue with more units (Aging in Place Work Program, p. 5).

**ECHO Housing (Elder Cottage Housing Opportunity)**

Similar to an ADU, ECHO refers to a housing opportunity for seniors to share either a single family home, or a separate apartment or rental unit, on a single family lot, with another person or family. The owner of the home and lot may be the senior, or the sharing, or renting party. Generally if ECHO housing is permitted by the jurisdiction, it is used to foster affordable housing or aid families with elderly parents unable to live completely alone (http://www.seniorresource.com/house.htm). An ECHO house may provide cost savings since it is typically factory-built and there is no land cost. ECHO ordinances typically define standards for design and construction, parking,
location, utilities, and occupancy.

**Home Sharing**

This involves an arrangement in which two or more unrelated individuals live together. Each has his or her private room and shares the common living areas. However, local zoning regulations may limit the number of unrelated people living together. Some communities have match-up programs which help home providers find compatible home seekers to pay rent or possibly provide services in exchange for a reduction in rent. Advantages of home sharing include reduced living costs, independence, and companionship with increased safety for both home provider and home seeker.

**Home Occupations**

This involves an occupation conducted totally or partially within a structure that serves as the residence for the person providing the product or service. Zoning ordinances must address issues such as signage, parking, environmental impacts and compatibility with neighborhoods. Many communities have home occupation ordinances or permit home occupations as a permitted or conditional land use in most residential zoning districts. Home-based businesses are viable alternatives for older adults. They can allow older adults to remain in their single-family homes and offer an additional source of income. They also can serve the aging adult population by providing in-home activities or care outside of an institutional setting.

**Not-So-Big Houses**

The homebuilding industry has informally adopted the term “NSB,” or the not-so-big house, for active adult buyers. The NSB is a smaller home, between approximately 1,500 and 2,000 square feet, which provides a lower-maintenance alternative to the conventional 3,000 square foot subdivision homes prevalent today. The NSB is ideally 40 feet wide, which provides for adequate circulation and room options, while remaining under a larger-home threshold (50 feet wide and up). The NSB incorporates many luxury amenities and upscale options, but a smaller yard and fewer rooms for more efficient maintenance, operating costs, and flexibility. If designed with a flexible layout within a standard footprint, NSBs can be custom ordered to tailor-made buyer demands. For instance, a bedroom envelope can be sized to allow for two small bedrooms on the first floor or a second master suite on the ground floor; the common space envelope can be situated to allow for a more traditional formal living room and a contemporary open floor plan.
The Aging of Macomb County

Affordable Housing Case Study

Lapham Park Venture, Milwaukee

Lapham Park is a nine-story public housing facility that was built in 1964 in Milwaukee, Wisconsin. Most of the residents are elderly, with 74 percent of the 200 residents having a median annual income below $8,000. Ninety-six percent of its residents are African American and 56 percent are women.

The Lapham Park Venture program was created in 1993 as a synergy of public, private, and nonprofit investment, utilizing the contributions of experts and practitioners in housing, medicine, social service, gerontology, and architecture and design. It’s program, which received the 2004 National Social Advocacy Award by the American Planning Association, has allowed some of the city’s most vulnerable residents to now age in place with access to a full range of on-site health care and other services in a socially and aesthetically stimulating environment. The facility’s large basement has been converted into a community space with amenities such as a beauty parlor, barber shop, movie theater, billiard room, craft room, ‘town square’, non-glare lighting and park benches. Implementation of the program has resulted in a reduction of nursing home placements from five to less than two percent a year. The number of evictions due to behavioral problems and inability to pay rent has dropped. Public tax money is also saved through increased efficiency and a smarter use of resources. Medicaid nursing home costs have reportedly been reduced for the city by an estimated $1 million a year. The city’s housing authority raised $1.3 million from corporations and foundations to renovate the basement, and $600,000 for services. Lapham Park operates through funds from the county’s aging department, which pays for most of the staff; the city’s housing authority covers the remaining costs.


Retrofitting Suburban and City Housing for Seniors

Infill Development and Revitalization

Macomb County’s post-World War II bedroom suburbs, particularly those in the southern with a great room and kitchen. Certain areas of the NSB should be left unprogrammed; for instance, space upstairs should be reserved for a flexible room which could be designed for a home office, an extra bedroom, or even a large walk in closet if incorporated with the upstairs master suite.

The NSB provides an alternative to developers looking to provide a variety of products within a single development to maximize marketability of the project and utilize smaller lots. The NSB does not look any different that many other new homes and could be easily integrated within a new development or incorporated into an infill project. When designed for visitability, and with the most important elements of the marketable, adaptable NSB: premium options (fixtures, appliances, etc.), flexible building envelopes, and reduced square footage, these emerging housing types can great improve the utility of new residential construction.

Affordable Housing

The growth in the elderly population in Macomb County may strain communities’ financial abilities to assure the availability of affordable, quality housing to serve the needs of aging populations. While the development community may be able to address housing and healthcare needs for higher income older adults, addressing the needs of less affluent residents will be more difficult due to reductions in federal support for housing programs since the 1990s.
municipalities of the County, are faced with not only an increase in an aging population, but an aging housing stock and deteriorating infrastructure. These homes, generally built between 1945 and 1970, are threatened by suburban decline and thus pose a predicament for communities when considering the feasibility of rehabilitation (i.e., to assist those aging in place), re-use, or demolition. Suburban decline occurs where there are large numbers of small houses with little aesthetic charm, located in inconvenient settings with few public amenities (Lucy, W.H. & Phillips, D.L., Fall 2000). The vitality of these neighborhoods is vulnerable to changing fashion and to the next, more geographically dispersed, round of housing opportunities (ibid.). Middle-aged housing that is now considered small, outdated and in need of repair is a poor prospect for substantial reinvestment.

Infill development for senior housing is an approach that can allow communities to keep seniors close to the neighborhoods where they have lived most of their life, while redeveloping an area and reducing the effects of urban sprawl. Infill developments can include building conversions much like those in Wallace, Idaho and Ypsilanti, Michigan where municipal buildings or abandoned schools were turned into senior living communities (Funders’ Network, 2001). This allows the community to use existing infrastructure, while keeping a high accessibility to resources, and providing residents with the opportunity for the community to experience a mixed-use development with retail and services. Most importantly, infill development will help to curb the problems associated with sprawl, and will allow communities to conserve greenspace.

The Convenience of City Living

Many active older adults find that city living suits their lifestyles, as they want to live in a city environment close to shopping, events, and transportation. Smaller sizes and little or no maintenance are also appealing aspects of urban homes. According to AARP, the cities of Atlanta, Georgia; Portland, Oregon; Chandler,
Arizona; Boston, Massachusetts; and Milwaukee, Wisconsin are examples of communities that have provided services not just for young families but for empty nesters, active retirees, and those in between, so that older residents are an asset to the community’s resources. While these are big cities that tend to have higher housing costs and taxes, they have the resources to invest in the programs and services that make a place livable, such as mass transit, better healthcare and a wide range of mixed use housing. (http://www.aarpmagazine.org/lifestyle/best_places_2007.html?print=yes). In certain cities, developers may also be allowed through city planning code to receive a density bonus for doubling the density of their residential building if it is for seniors.

**Retiring in the Suburbs**

With “sprawling” development patterns in recent years, the adults who moved to the suburbs are now aging and desire to stay in their communities. Aging-in-place models have been applied successfully in a number of suburban communities.

**Practical Applications**

Promoting a variety of housing options can be encouraged through the following measures:

- Amending local zoning ordinances to allow for a range of single-family housing alternatives, including accessory apartments, home sharing, ECHO (Elder Cottage Housing Opportunity) Housing, NSBs, and home occupations;

- Amending zoning ordinances to allow for the unique features of innovative older adult housing (for example, allowing for density bonuses for meeting certain criteria or

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**Suburban Living Case Study**

**Mountain Meadows Community in Ashland, OR**

An aging-in-place model was applied to the Mountain Meadows senior community, where as younger seniors age, they are met with a gradually more supportive network of in-home meals, visiting nurses, town vans and a fitness center and pool designed for any level of ability. The community doesn’t look like a senior community. It blends in with the rest of Ashland’s buildings and community life. The residents hold the power of their community; they essentially run the place, buy or sell their homes, keep their equity and are free to come and go as they please. Residents are drawn to the concept of being able to live in their own home, be independent, and have a lot of community around them for support. Residents draw a certain peace of mind from knowing they won’t be “shipped off” away from the community if they need living assistance, because there is an on-campus assisted living center. They are also drawn to the supportive and social network of the community and the option of serving or not serving on neighborhood committees. The homes and community buildings have implemented principles of Universal Design, as there are no steps, all building levels are accessible, and doorknobs, buttons and faucets are built near waist level and easy to turn with the hand or elbow. (http://archive.mailtribune.com/archive/2003/0114/life/stories/01life.htm)
awarding points for locating older adult housing close to other services);

- Focusing on elderly housing variety during the master planning process;

- Offering residents a sufficient supply and range of affordable housing options;

- Incorporating universal design and visitability standards in existing housing and new construction;

- Supporting home repair programs within the community that address the maintenance needs of older adults; and,

- Supporting financial programs that enable older adults to remain in their homes and communities.
Elder-Friendly Design

Framing the Issue

This report has thus far established that the next generation of older adults will be more independent, active, and involved in the community than any before it. The next generation or older adults is one with a new perspective on retirement; one that includes staying close to family and friends, moving into a new and deserved second career, pursuing education, or accomplishing a life-long dream. This thinking represents a significant shift in the American convention.

Where the previous generation may have aspired to a temperate climate and a programmed, resort-style destination community, today’s active seniors are staying very active longer than ever before. According to Del Webb, one of America’s foremost developers of age-restricted, “active-adult” lifestyle communities, as long as 8 years ago, more than 85 percent of nearly retired respondents to a company study preferred to remain in close proximity to their existing neighborhoods (Riddle, Lyn (1998), “The Formula for Sun City Moves East and North”, The New York Times, 4 January). This trend is continuing today.

To this end, the development community must address a number of outstanding concerns with regard to the safety and security of older adults to empower them to age in place. In addition to diversifying the housing stock, communities must ensure that new housing opportunities for older adults are designed from the ground up to ensure that the homes being built can evolve with the owner’s stage in life. Given the complications, limitations, and expense in retrofitting existing homes to meet the needs of an aging tenant, many homes no longer remain practical as the homeowner ages.

If considered at the conceptual phase, a new home can not only appeal to both the younger and older populations, it can easily be converted to a structure which provides for the safety and security of an elderly tenant, allowing that tenant to remain in place.
much longer than could have otherwise been possible.

A properly designed, well-located age-targeted home or development may be the ideal older adult housing solution. This section will explore the features and intentions of age-targeted design for safety and security, and provide specific elements developers should consider for any product, thereby reducing the community’s dependence on age-restricted housing or conventional retirement communities and assisted living developments. Both interior and exterior design features are described below.

**Access and Visitability**

Visitability is a first step towards making homes more inclusive, and one which can empower a homeowner to age in place. Coined in the 1980s, the term “visitability” is used to describe a few basic, affordable design options which broaden the equity in housing accessibility without necessarily stressing full accessibility for persons with disabilities, or older adults. Unlike full accessibility, which may require significant home modification or purpose-built structures designed for the most severe of accessibility demands, visitability is a focused effort to encourage three design features in new home construction which address home access inequities:

- Each unit must have at least one no-step entrance;
- All doors and hallways wide enough to navigate through with a walker or wheelchair; and,
- There must be a bathroom on the first floor big enough to get into in a wheelchair, and close the door.

The three design elements listed above are far more important to the functionality and safety of a home than many traditional full-accessibility standards, such as lower mirrors and sinks, etc. These features are critical to even permit the entry of a disabled or aging person into the structure.

In any new development or redevelopment, designers can easily gain a wider market by thinking about access and visitability at the concept phase. The visitability movement argues all new homes should be made visitable, which allows for them to be more easily converted to full-accessibility for an aging resident, and to provide for increased mobility for all persons, and therefore increased social equity. The proponents of visitability argue that if only those homes occupied by disabled or older adults are designed for visitability or full accessibility, that housing suitable for aging in place of older adults will be effectively cut-off from the mainstream public.

Visitability in all new homes is an achievable goal, and many communities are adopting
new ordinances encouraging visitability standards. While full accessibility in all homes may be an unreasonable goal financially and aesthetically, visitability is an affordable, nearly invisible, responsible expectation. Visitability will broaden the appeal of all new housing to include older adults, and allow residents to remain in their homes once they begin to demand assistance.

To retrofit an existing home with accessibility features may be cost prohibitive, aesthetically unpleasing, or physically impossible. By incorporating the three elements listed above, all new housing units would be visitable and better prepared to allow for older adults without significant added costs.

The following are a few steps developers can take to increase the visitability of not only age-restricted or age-targeted developments, but of any project:

**Practical Applications**

- Substitute one stairway to a rear yard deck with a ramp to provide a no-step entrance;
- Slope driveways up to meet a ramp or low deck;
- Grade a site up and lower a basement deeper to reduce the distance between the finished first floor and outside grade to provide a step-free entrance;
- Provide 42-inch hallways rather than conventional 36-inch hallways to allow for easier maneuverability;
- Create a larger bathroom by reducing a larger room, like the living room or a formal dining room, by approximately ten square feet. This small shift in space will have little effect on the large room, but a profound effect on the first floor bathroom; and,
- Gently grade sidewalks up to a terrace landing outside the main door for a level entrance combined with a porch-like social area.

**Adaptability and Universal Design Standards**

The Center of Universal Design describes this important concept as follows:

“Universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. The intent of universal design is to simplify life for everyone by making products,
The Aging of Macomb County

communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities.”

Universal design goes beyond any one population and means to create a more livable world for all people, including, but not limited to, children, physically and mentally disabled persons, injured persons, pregnant women, the elderly, right and left-handed people, and the blind or deaf. The concept of universal design applies to structures and housing, but also applies to everyday goods and practices.

The Center for Universal Design at North Carolina State University developed a set of seven principles one should consider for universal design. These principles are written to apply when designing things as diverse as housing to automobiles to kitchen tools.

In a residential setting, universal design can be applied nearly everywhere. The daily tasks many people take for granted, such as opening a door, reading the newspaper, or doing the laundry can become extraordinary tasks if the resident is severely arthritic, has poor vision, or can not easily walk up and down stairs. In these instances, lever-style door latches rather than knobs, sufficient balanced light sources, and a first floor laundry room, respectively, could offer a safer, more secure, more functional, and higher quality lifestyle for the occupant.

### Principles of Universal Design

**PRINCIPLE ONE: Equitable Use**
The design is useful and marketable to people with diverse abilities.

**PRINCIPLE TWO: Flexibility in Use**
The design accommodates a wide range of individual preferences and abilities.

**PRINCIPLE THREE: Simple and Intuitive Use**
Use of the design is easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level.

**PRINCIPLE FOUR: Perceptible Information**
The design communicates necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities.

**PRINCIPLE FIVE: Tolerance for Error**
The design minimizes hazards and the adverse consequences of accidental or unintended actions.

**PRINCIPLE SIX: Low Physical Effort**
The design can be used efficiently and comfortably and with a minimum of fatigue.

**PRINCIPLE SEVEN: Size and Space for Approach and Use**
Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user’s body size, posture, or mobility.
Practical Applications

The following are examples of how universal design can be applied to conventional domestic elements to make a setting more amendable to aging in place:

• Specify low-pile carpeting to allow for smooth operation of a wheelchair or walker;

• Use levers instead of knobs on all doors;

• Use buzzers rather than chimes for doorbells, as a buzzer is lower frequency and easier to hear for occupants with reduced hearing;

• Use shower designs that incorporate a built-in seat;

• Provide lower bathroom counter space which can be used while seated;

• Incorporate task lighting to illuminate specific areas of frequent use;

• Use roll-out shelving in cabinets to reduce the need for bending over or stretching deep into an overhead cabinet;

• Use a galley-shaped countertop with a level surface all around so that heavy materials in the kitchen can be slid along rather than requiring lifting;

• Incorporate seating into the kitchen area;

• Locate the master suite on the main floor, with smaller bedrooms upstairs, or have a master suite on both the main floor and second floor. Two suites allow for a younger resident to accommodate an elderly, live-in parent in their own suite, and also allows for that younger resident to age in place and occupy the ground floor master suite later in life;

• Consider a patio rather than a deck for ease of maintenance, a level surface, and durability; and,

• Provide a riser platform in the laundry area for front-loaded washer

ADA Accessibility Guidelines

“The Americans with Disabilities Act (ADA), signed by President Bush on July 26, 1990, is landmark legislation to extend civil rights protection to people with disabilities. The ADA prohibits discrimination on the basis of disability in employment, State and local government services, public transportation, public accommodations, commercial facilities, and telecommunications. The ADA required the U.S. Architectural and Transportation Barriers Compliance Board (Access Board) to supplement its Minimum Guidelines and Requirements for Accessible Design to serve as the basis for regulations to be issued by the Department of Justice and the Department of Transportation under Title II and Title III of the Act. On July 26, 1991, the Access Board published its ADA Accessibility Guidelines for Buildings and Facilities (ADAAG)” (Americans with Disabilities Act Accessibility Guidelines Checklist for Buildings and Facilities, United States Access Board).

The ADAAG do not apply to single family and town house residential development. While the ADAAG do an excellent job of mandating accessible design in new commercial construction, communities must take the lead on promoting visitability, accessibility, and universal design in housing development.
and dryer units to be located for easy access without bending over.


It is important to note that not all of the elements listed above must be incorporated into every home initially, but the design process should consider these universal design standard techniques and others to ensure that a home can be easily adapted later in its life to extend its utility for an older adult wishing to age in place.

**Lighting and Acoustics**

Appropriate lighting is a critical element of a safe and secure home for an older adult. Properly designed lighting can protect a home from intrusion and accident, and prevent ill psychological effects. In fact, older adults can require as much as three times the light a younger person needs to function normally (“Lighting an Important Consideration for Senior Citizen’s Homes,” Senior Journal, 5 May, 2006, www.seniorjournal.com).

In many cases, the lighting solutions most suitable for an aging resident cost no more than the conventional lighting systems developers use in most modern settings. Making color choices which increase contrast, situating the building to accept more natural light, and positioning fixtures in concentrated areas are all examples of cost effective measures to increase visibility in an interior space with no increase in initial cost.

Acoustics also play an important role in functionality, safety, and comfort for older adults. Techniques which limit ambient noise and reduce competing secondary noise can drastically improve an older adult’s ability to communicate and discriminate between auditory signals, both for safety and everyday functionality (National Health Care Corporation).

**Practical Applications**

Lighting and acoustic features that developers may wish to consider when designing a home to allow an owner to age-in-place follow:

**Lighting for Functionality**

- Choose chair seats which contrast with the floor, sink basins that contrast with surrounding countertop, and wall which contrast
with the abutting floor to highlight edges and spaces;

- Choose light colored flooring to encourage depth perception;
- Choose different wall colors in each room to assist in wayfinding and orientation; and,
- Install supplemental lights under kitchen cabinets to provide secondary illumination to countertops without adding glare at eye level.

**Lighting for Safety and Security**

- Install “911” lights, a single centrally-located switch near the center of the home’s first floor which activates all exterior light simultaneously to assist emergency crews in a variety of ways when called to the home;
- Provide lighting switches for stairwell areas at both the top and bottom of the stairs to eliminate additional trips up and down stairways;
- Provide for increased lighting in exterior walkways and interior hallways, traditionally dark areas through which older adults are walking, thereby decreasing the likelihood of slip-and-fall accidents; and,
- Install pressure pads, passive photoelectric sensors, or switch sensors in important areas beneath mats and carpeting to activate lights automatically, as motion detectors have been known to interfere with some hearing aids.

**Lighting for Health**

- Approximately 80 percent of the vitamin D necessary for good bone health is produced in the skin when exposed to natural light (Senior Journal, 5 May, 2006), therefore, incorporate not only sufficient windows, but skylights. Skylights offer sunlight but also protect privacy and reduce energy costs by using sunlight to supplement artificial heat;
- Provide as much natural sunlight as possible in common areas of the house to prevent Seasonal Affective Disorder, common in older adults who spend significant durations indoors; and,
- Use skylights to provide architectural interest and a premium feel to new homes with only minor additional initial investment.

**Acoustics**

- Use dense, low pile carpeting instead of hardwood or other hard-
surface flooring, to reduce ambient noise by up to 70 percent;

• Utilize a wall of drapery, which can also reduce ambient noise significantly (National Health Care Corporation); and,

• If carpeting is not practical, consider soft surface vinyl flooring.

**Wayfinding and Orientation**

As a result of some of the physiological and psychological changes that take place as we age, many older adults find it difficult to orient themselves and find their way in a less familiar environment. Properly designed wayfinding will enable older adults to navigate the community and find destinations. Wayfinding is defined as a succession of clues comprising visual, audible and tactile elements.

The components of any visual wayfinding system exceed signs to encompass architecture, lighting, landscape, and landmarks. Good wayfinding helps users experience an environment in a positive way and facilitates getting from point A to point B. When executed successfully, the system can reassure users and create a welcoming environment, as well as answer questions before users even ask them” (Definition from Patrick Gallagher, principal of Gallagher and Associates (Washington, D.C.), and president of the Society for Environmental Graphic http://www.signweb.com/ada/cont/wayfinding.html).

There are a number of resources on wayfinding that range from discussion of cognitive processes to how wayfinding features in design can influence the navigability of spaces. The recommendations provided here focus on the principles of architectural clues, lighting, sight lines, and signage.

**Practical Applications**

Some of the basic design strategies communities can use to improve orientation and wayfinding for older adults include:

• Outside spaces should be easily recognized and identifiable with landscaping that supports orientation;

• Use community landmarks to help to provide memorable locations and orientation clues. Visibility and memorability are important features of landmarks that can assist in wayfinding;

• Provide signs and maps, use color coding, institute landmarks, form points along
paths, achieve spatial hierarchies, and give sensory clues for orientation and wayfinding;

- Paths should be well-structured and not meandering or confusing;
- Use sight lines to give an indication of what is ahead;
- Observe legibility standards. Typeface, font, size and spacing between letters and words are important elements in wayfinding. For example, a combination of uppercase and lowercase letters is easier to read than only uppercase. Color contrast is also important to improve readability of signs. There also must be attention to the speed, visual environment and distance from which the information is viewed on a sign to avoid too much or too little information. (http://www.signweb.com/ada/cont/wayfinding.html); and,
- Do not provide too many choices to the user.

Parking

For most people, parking is ideally located within a few steps of their home, office, or activity. Parking for older adults may be provided through on-street or off-street facilities. Off-street parking facilities can take many forms, including stand-alone garages, a component of a mixed-use structure, self-park or valet, and can be automated in urban and rural settings. The recommendations discussed below are applicable to any user-group, but are particularly important for making parking older adult friendly.

Practical Applications

Some basic design considerations communities should consider when providing parking

Parking Spaces and Electric Cars

According to an American Planning Association article from the May 2007 issue of Planning, a parking permit is a valued possession for a disabled person. The shortage of accessible parking spaces is most acute for people who use mobility aids and who drive or ride in lift-equipped vans. The article suggests improvements such as issuing special permits to people who need van-accessible parking, and limiting the use of van-accessible parking to just those vehicles. Educating other disabled parking permit holders about the special parking needs of van users could also help ease the parking shortage. Additionally, the enforcement of disabled parking is indicated as an essential part of any parking management system.

The APA also reports that the Neighborhood Electric Vehicle, or NEV, is a new class of vehicle emerging on the neighborhood streets and bike lanes of Western Europe, North America, and Japan. They are popular at resorts, senior communities, and among people with mobility problems. Most of these cars are electric powered and can travel up to 25 miles per hour. In most states it can be operated on roads where the posted speed limit is 35 mph or less. They are generally banned on sidewalks and walking paths. In some parts of the country, NEVs are common in communities where there is a network of multi-use paths or bike paths, as a safety precaution to avoid use on mixed roadways. Communities that cater to seniors and focus on recreation, such as Playa Vista, California, have planned a network of paths specially designed for these vehicles. (http://www.planning.org/planning/member/2007may/gettingaround.htm?project Accessed 6/27/2007 )
include:

**Orientation**

- How a parking lot is oriented is important to its overall safety. Early in the siting process, communities should make sure the orientation and configuration of the parking area promote safety.

- Rows of parking spaces should be aligned perpendicular to the facility to minimize the number of pedestrian aisle crossings (USAF Landscape Design Guide, 1998)

- Access points and crosswalks from parking areas to facility entries should be provided (USAF Landscape Design Guide, 1998)

**General planning and design**

- Locate parking spaces as close to facility entrances as possible;

- Locate parking lot entrances and exits away from busy intersections;

- Ensure entrances and exits are properly marked and visible to older adults;

- The size, height, and turning radius of current automobiles as well as future trends of automobile size must be taken into account so entrances, exits, and aisle widths are adequate;

- Angling spaces to achieve best use of space and safety. In the case of on-street parking, length should be sufficient to enable older adults to easily maneuver into or out of the space;

- In facilities with ramps, those ramps should be easily navigable for the older adult;

- Locate aisles and rows of parking parallel to the long dimension of the site with parking on each side of an aisle;

- Use rectangular parking areas to minimize land area requirements. Where possible, consider a shared parking arrangement among buildings;

- Create multiple smaller parking areas rather than one large mass to improve accessibility; and,

- In self-pay facilities, the machines should be designed to be used by older adults.
Safety and Security

- Separate walking and bicycle paths from vehicular traffic where possible;
- Link open spaces so they provide a continuous network of vehicle-free space;
- Use curbed islands to control circulation;
- Use landscaping to shield and enhance parking lot design, but make sure that it does not create a safety issue;
- In garages, use open, glass stairwells and glass-backed elevators;
- In certain locations, security devices such as video, audio and emergency buttons that call into the booth or local police station may be necessary;
- Public telephones should be easily accessible;
- Potential hiding places, such as the area under an open staircase, should be eliminated;
- Handicap-accessible spots must be close to stairs and elevators to enable easy egress;
- Non-slip floor surface should be used; and,
- Provide adequate light that is vandal resistant and easy to maintain.

(Some of the safety and security methods are described in Parking Facilities by Shannon Sanders McDonald, AIA http://www.wbdg.org/design/parking.php)
Framing the Issue

According to survey results released in December 2005 by the American Public Transportation Association (APTA), 82 percent, or more than four in five Americans, age 65 and older worry about isolation and loss of freedom when they can no longer drive. Ninety-eight percent of respondents to this survey said that maintaining their independence is extremely important. “These findings are dramatic proof that America’s older citizens believe staying mobile is essential and that ‘mobility security’, just like ‘financial security’ and ‘medical security’, needs to be planned for” (Planning and Zoning News, 2006).

Aging in place is more than the ability to remain in one’s home; it is also the ability to function and thrive in one’s community (n4a, p.6). The same generation that spurred suburban development is now dealing with the negative consequences of traffic congestion, segregated land uses, and auto dependence. As boomers age in place, these inconveniences may well become barriers to community interaction and to the ability to meet the needs of daily life in the future. This will be most apparent for people with low incomes and frail health (n4a, p.6).

If our communities want to retain a vital senior citizen population, local planners and developers should focus their attention to urban design - the physical details of place - and the restoration of accessibility in the public realm to meet the mobility needs of the elderly. One of the most effective ways to provide affordable and convenient transportation is to combine a walkable community (well-lit streets, wider and contiguous sidewalks) with a concentration of mixed-use development, where public agencies, health care and social service providers, commercial establishments, churches and residential areas are clustered on interconnected and well-designed streets (n4a, p.7). With services and amenities close by, pedestrian and public transit use can be encouraged. Also, adding more pedestrians makes neighborhoods safer, more sociable.
and promotes healthy walking habits.

The challenge for implementing these changes is to find ways private and public transportation can be used a resource, instead of an obstacle, to help older adults to live independently and age in place (SEMCOG, March 2003). This section of the report provides a discussion of ways to meet the mobility needs of the growing population of older adults. Walkability and Ensuring safe and adequate transportation options are explored as part of this section. Wayfinding/Orientation and Parking, discussed in the previous section, are also important elements in improving elderly mobility and accessibility.

## Attributes of Good Sidewalk Corridors

**Accessibility** — The Sidewalk corridor should be easily accessible to all users, whatever their level of ability.

**Adequate Travel Width** — In most areas, two people walking together should be able to pass a third person comfortably, and different walking speeds should be possible. In areas of intense pedestrian use, sidewalks should be wider to accommodate the greater volume of walkers.

**Safety** — Sidewalk corridors should allow pedestrians to feel a sense of safety and predictability. Sidewalk users should not feel threatened by adjacent traffic.

**Continuity** — The walking route along a sidewalk corridor should be obvious and should not require pedestrians to travel out of their way unnecessarily.

**Landscaping** — Plantings and street trees in the sidewalk corridor should create desirable microclimates and should contribute to the psychological and visual comfort of sidewalk users.

**Social Space** — Sidewalk corridors should provide places for people to interact. There should be places for standing, visiting, and sitting.

**Quality of Place** — sidewalk corridors should contribute to the character of neighborhoods and business districts, and strengthen their identity.

(Adapted from Portland Pedestrian Design Guide • June, 1998)

## Sidewalks and Walkability

Although adults 65 and older predominantly rely on the private automobile for travel, nearly a quarter of older adults do not drive, and many walk, bicycle, or take public transportation to get around (NHTS, 2001). Currently, over half of older Americans make walking a regular activity (Bailey, 2004). In many locations throughout the United States, however, unsafe pedestrian conditions limit opportunities for walking (Bailey, 2004). International research has shown that in other wealthy countries, walking plays a more significant role as a mode of travel. A survey conducted in 2000 found that walking constituted 19 percent of Dutch older adult trips, compared to 39 percent of German and 6 percent of American (Bailey, 2004 from Pucher & Dijkstra, 2000).

Since walking is heavily influenced by the built environment, attention to pedestrian facility design can foster the mobility of older people and their participation in the community. Furthermore, exercise helps older adults maintain healthy lifestyles, which is essential for preventative health.

Sidewalks and street furniture are not enough to create walkable communities. Communities most successful at encouraging walking include land use patterns that are human-scaled and destinations near one another. Research shows that people who live in neighborhoods where stores, schools, and homes are located within
walking or cycling distance from each other make almost twice as many weekly trips on foot (http://www.lgc.org/transportation/bike.html, Research by the Cincinnati Children's Hospital Medical Center published in the Annals of Behavioral Medicine. United Press International). When destinations and a mix of uses are located in proximity to one another, more people choose alternate modes of travel — this means less congestion in our communities and a more active populace (http://www.lgc.org/transportation/bike.html).

**Practical Applications**

In designing a pedestrian environment, some of the elements that have the greatest impact on elderly walkability include:

- Sidewalks and walkways;
- Curb ramps;
- Marked crosswalks and enhancements;
- Transit stop treatments;
- Roadway lighting improvements;
- Pedestrian overpasses and underpasses;
- Street furniture and walking environment;
- Roadway design;
- Intersection design;
- Traffic calming;
- Traffic management; and,
- Signals.

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**Michigan Walkability Resources**

**SEMCOG - Land Use Tools and Techniques**

Page 139 of this guidebook features a table describing recommended pedestrian environment tools for elderly mobility and each tool’s intended effect. A case study is listed on page 140, briefly describing the City of Dearborn’s Senior Pedestrian Safety Study. (http://www.semcog.org/Products/pdfs/LandUseToolAndTechniques.pdf)

**Michigan Certified Elder Friendly Community Survey, 2006 Application, Otsego County, MI**

This survey, created by the Michigan Vital Aging Think Tank (supported by MSU Extension) and the Michigan Commission on Services to the Aging analyzes 10 asset categories, including walkability. Otsego County realizes that providing a safe and accessible walking environment is an essential investment and that providing quality-built and maintained sidewalks can improve accessibility for everyone. Increased pedestrian activity in communities can also help to boost retail and property values. (Michigan Certified Elder Friendly Communities, 2006).

**National Walkability Case Study**

**Seattle Area Promotes Walkability**

The City Council of Bainbridge Island (Puget Sound area) is starting to write standards that look at everything from the width of sidewalks and streets to how close buildings can be to curbs. Priority will be placed on connecting streets to each other so people can walk, instead of drive, to destinations such as the grocery store. The city has installed new highway signs that read “Bainbridge Shares the Road” with illustrations that encourage drivers to be aware of pedestrians, cyclists, equestrians and people in wheelchairs. In Seattle, a new, 141-unit senior residence will be connected by pathways to retail shops and a transit center.

Ensuring adequate and safe transportation options

Adequate transportation limits isolation, enables older adults to lead more independent and active lifestyles, and helps reduce the need for long-term care facilities. Data from the 2001 Nationwide Household Transportation Survey (NHTS), released in 2003, confirms the reliance of older adults on the private automobile. With increased numbers of older adults living in suburban and rural locations in recent years, this trend is expected to continue.

Although driving is the primary form of mobility among older adults, more than one in five American age 65 and older do not drive (Bailey, 2004) due to declining health or physical abilities, concern over safety, no vehicle or access to a vehicle, or personal preference. For those who do not drive, more than half stay at home on a given day due to lack of other options (Bailey, 2004).

Transportation Infrastructure Improvements

For seniors who want to remain independent, driving may be the best way for them to travel where walking or public transit is not an option. Resources such as The Southeastern Michigan Council of Governments (SEMCOG) Elderly Mobility and Safety Planning Website and AARP – Livable Communities: An Evaluation Guide can help planners provide appropriately designed transportation infrastructure to facilitate and promote easier and safer driving to meet the needs of aging population. The 2001 Highway Design Handbook for Older Drivers and Pedestrians, and the Guidelines and Recommendations to Accommodate Older Drivers and Pedestrians (FHWA) describe a number of engineering techniques to improve driver safety for older adults. Communities should also consider supporting technological improvements that assist older adults, such as the use of Intelligent Transportation Systems (ITS) Technology to assist with roadway navigation and lane keeping, and implementing access management techniques to improve traffic flow and limit crashes.

AARP – Livable Communities: An Evaluation Guide

In 2005 AARP created this guide to help residents identify areas where they can direct their energies toward shaping the physical condition of many aspects of communities and how they relate to seniors. Page 41 of the guide includes a section on drivability, which attempts to assess the safety and efficiency of transportation features as street signs, signaling, and traffic patterns. Although the guide is written from the perspective of older persons, the features and services discussed promote livability for persons of all ages and abilities. AARP defines a livable community as “one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life” (p. 2). http://assets.aarp.org/rgcenter/il/d18311_communities.pdf

Helping Seniors Assess and Improve Their Driving Abilities and Skills

In addition to improving the transportation infrastructure, there are a number of programs that
help seniors assess and improve their driving abilities and skills. Some programs are described below:

**Mature Driver Retraining Workshop**

The Traffic Improvement Association of Oakland County (TIA) developed a Mature Driver Retraining Workshop (http://www.tiami.org/site/news.aspx?id=5) that can be hosted by local communities. The unique curriculum - classroom training, skill evaluation, and an optional road test conducted by peer instructors - teaches older drivers to routinely assess their driving skills and self-regulate as necessary. Pilot program workshop dates at the William Beaumont Hospital in Macomb County occurred in 2007. Additional sessions can also be arranged through TIA.

**AAA CarFit Program**

In partnership with AARP and the American Occupational Therapy Association (AOTA), events for the car-fit program are held across the country. Appointments are pre-arranged with volunteer and health professionals to work with senior drivers to see how well their car “fits” them. It is a low-risk opportunity to open a dialogue with a senior motorist about safety issues for aging drivers. The program offers materials and information for resources to keep drivers driving safe longer. http://www.autoclubgroup.com/michigan/about_us/SeniorMobility.asp?keyword=CarFit

**AAA RoadWise Review Test**

An online self-test for AAA members to assess their driving abilities. If the test identifies you as at risk for having measurable losses in safe driving ability, recommendations are provided. http://www.aaapublicaffairs.com/Main/Default.asp?CategoryID=3&SubCategoryID=38&ContentID=315

**University of Michigan Transportation Research Institute (UMTRI)**

UMTRI gave a presentation to SEMCOG in March 2007 about elderly driving assessments (completed and in progress) for people with early-stage dementia; a driving decision workbook; and “SAFER Driving: The Enhanced Driving Decisions Workbook” produced by The University of Michigan Transportation Research Institute and The UM Drive-Ability Program (http://um-saferdriving.org/firstPage.php ).

http://www.sem cog.org/TranPlan/SEM_U_Transportation/Assets/Elderly_Mobility07/ElderlyMobilityUMTRIPresentation.pdf

**Public Transportation**

Nearly 7 million Americans aged 65 and older are unable to drive, according to the AARP (n4a, p. 6). It is also reported by the Nationwide Personal Transportation Survey that nearly one-fifth of all daily trips made by non-drivers age 70 and older are made on foot (n4a, p.6). The options of walking and public transportation need to be more
accessible and appealing those who are not able to drive. Issues of fear for personal safety, inconvenience, difficulties in negotiating the system, and accommodations for disabilities are factors that deter the elderly from using public transportation, if it is even available in some suburban areas (n4a, p.7). In Macomb County, the Suburban Mobility Authority for Regional Transportation (SMART) offers a variety of bus services. Other local resources include the Macomb County Community Services Agency (MCCSA) and SEMCOG (refer to “Existing County Resources” for further details).

Practical Applications

Communities can help enhance mobility among older adults by ensuring adequate and safe options within their communities. Some areas that communities should address include:

• Implementing traffic engineering standards that help improve elder mobility. The 2001 Highway Design Handbook for Older Drivers and Pedestrians, and the Guidelines and Recommendations to Accommodate Older Drivers and Pedestrians (FHWA) describe a number of techniques to improve driver safety for older adults;

• Supporting technological improvements that assist older adults, such as the use of Intelligent Transportation Systems (ITS) Technology to assist with roadway navigation and lane keeping;

• Implementing access management techniques to improve traffic flow and limit crashes;

• Notifying older adults about available driver education and training courses available in their community or starting programs such as a driver refresher courses or on-the-road training;

• Encourage alternative transportation options. In cases where new options are being considered, significant education of the population may be required to increase awareness of programs. Where current programs are under-utilized, education is also necessary. Communities pursuing transit may be required to retrofit older development or encourage new development that better supports the envisioned transportation system. Alternative transportation options used in many communities include:

• Walking/Bicycling;
• Carpooling with family and friends;
• Taxi cab;
• Personalized driver service;
• Bus;
• Train;
• Subway;
• Shuttle buses or vans;
• Special services like those offered by senior centers, churches, Area Agencies on Aging, independent living centers, or other local organizations; and,
• Public door to door paratransit service.
Framing the Issue

Sound physical design and planning alone cannot provide our communities with the proper support needed to prepare for the approaching demographic shift. Along with physical improvements, our communities must take stock of their social infrastructure to provide connectedness across all generations. Services, activities, and engagement opportunities need to be available and accessible to all populations in order to ensure that both younger and older generations remain an integral part of improving the “quality of community” (Reinventing Aging, p. 15).

Currently society as a whole is unprepared and unequipped to engage the social and cultural resources of the 77 million people, nationwide, projected to enter into later adulthood over the next two decades (Reinventing Aging, p. 29). The sheer number of baby boomers has historically been a force to be reckoned with throughout their lifetime. They overwhelmed the resources of local school districts in their youth, created their own distinctive youth markets spurred by music and fashion in their adolescence, and aggressively acted out against social norms surrounding race, gender, sex, and civil authority throughout their adulthood (Reinventing Aging, p. 7). Now as this generation enters into their “golden years” there is no question that they again will challenge the way our society views aging.

With advancements in health care and longevity, our nation’s current and future elderly populations have been transformed into a generational force with the time and resources to enhance the quality of life in our communities. However, we currently are faced with a “structural lag” in service, advocacy, and engagement amenities in many communities. This lag has led to a decline in “social cohesiveness” among all generations, which in turn has led to a weakening in civic engagement, especially in the baby boomer generation (Reinventing Aging, p. 16). Faced with this troubling realization, communities throughout the country have begun to retrofit their social
Social Connectedness

Social connectedness is where the promise of improving the quality of community begins. It refers to the network of social relationships that people establish throughout their lifetime within a community (Reinventing Aging, p. 15). Social groups, informal social interactions, neighborhood associations, places of worship, cultural centers, and senior centers all are factored into the social connectedness of a community. It is the intermingling of these social institutions and relationships within a community that formulates the political and cultural phenomenon known as “social capital” (Reinventing Aging, p.15). Increased social capital within a community is strongly associated with the health and welfare of residents. Studies have illustrated that increased social engagement has be associated with better health and prolonged life for the elderly (Bath and Deeg, p. 24).

The benefits of social capital, both to individuals and the community, derive not so much from the direct services that result from it, but from the very sense of connectedness that it fosters (Reinventing Aging, p. 15). In this sense, what people do matters less than the fact that they are engaged and connected to the community.

The troubling realization is that overall baby boomers landscape in order to benefit from the aging of their populations.

This section of the report will highlight the many social, cultural, and educational opportunities available for communities to engage their elderly populations. By illustrating the current engagement opportunities available within Macomb County and providing exemplary programs and initiatives across the nation, we can begin to understand and utilize the extraordinary civic value of our communities’ aging populations.

Social Groups and Interactions Case Studies

Boomerang – Chandler, AZ

Boomerang was established to assist Chandler, AZ in socially engaging their baby boomer population to combat social disengagement. As part of the Maricopa County Next Chapter Projects Chandler’s Boomerang project is a direct reflection of what Chandler, AZ baby boomers said they wanted to assist them in navigating the next stage of life. With www.myboomerang.org as a virtual entry point and the Chandler Public Library System, Sun Lakes Education Center and Chandler-Gilbert Community College as physical points of entry, Boomerang has taken a community approach to answering the question, “What’s next?” The project offers information about life planning, careers, lifelong learning, social connections and civic engagement. From special events and traditional workshops to intimate book discussions and conversational cafes, all activities have the same goal living, playing and being well. http://www.myboomerang.org

Person-to-Person Peer Support Network, OASIS – St. Louis, MO

Launched by OASIS in 1995, the St. Louis Person-to-Person program is the umbrella for three peer support services that provide mental health support and social connections to older adults moving through normal life changes. The program utilizes peer support as a mechanism to enhance the quality of life of its participants, and enhance community outreach to older adults often isolated by circumstances and marginalized by misunderstanding. Reaching over 1,000 clients in 2005 Person-to-Person Peer Support Network utilized 209 peer-led discussion groups to socially engage elderly community members and understand the services and support systems they desired in their communities. Person-to-Person Peer Support Network provided the elderly throughout St. Louis with an opportunity interact with their peers and discuss personal and social issues. http://www.oasisnet.org/stlouis/
have become less engaged in society by every measure imaginable (Reinventing Aging, p. 16). Even more astonishing is the fact that this next wave of senior citizens will be more diverse culturally, ethnically, and religiously than any other generation (Reinventing Aging, p. 17). It is imperative that our communities take this challenge head on and begin to better understand the baby boomer generation as they enter their golden years.

Older adults should not be seen as a drain on our social amenities. Instead, communities must focus on providing social programs, initiatives, services, and facilities that will engage the elderly and connect them to greater community. This is no easy challenge, however, a large part of the infrastructure is already in place. Community centers, places of worship, social groups, senior centers, and neighborhood associations are just a small cross-section of the social institutions that have been a part of our communities for years. These social institutions will provide the synergy to engage the elderly and provide our communities with an opportunity to create a greater degree of social connectedness.

Advocacy and Volunteerism

Advocacy and volunteerism are two opportunities that can provide our elderly population with the ability to remain an active participant in public life, liberty, and the pursuit of happiness. As 77 million baby boomers enter into their later stages in life, this generational group will have a profound impact on the political and non-profit arenas. Unified by their age and driven by their desire to remain involved and accounted for in society, the elderly will have the economic and social resources to impact political agendas and redefine social and nonprofit services. The baby boomer generation is a resource of unparalleled proportions, but as a society we are unequipped to employ the vast nature of talents and

Cultural /Faith-Based Institution Case Study

Care Team Program, Interfaith CarePartners – Huston, TX

Interfaith CarePartners is an independent, 501 © 3 servant organization to local congregations in the Huston metropolitan area that recruits, trains, and supervises volunteers who assist older adults to live independently and help caregivers prolong care at home for loved ones. Interfaith CarePartners accesses the human resources of diverse faith communities to build a community-wide infrastructure of volunteer caregivers that spans socioeconomic and demographic groups to enable independent living and to assist caregivers in deferring or avoiding institutional care. Spanning over 105 congregations across the denominational spectrum and compiling more than 2,000 team members Interfaith CarePartners serves more than 1,500 clients annually and provides more than 100,000 hours of service in the greater Huston area. Interfaith CarePartners illustrates how faith-based organizations have the ability to mobilize large groups of individuals to care and support our elderly populations. http://www.interfaithcarepartners.org/index.html

Neighborhood Association/Senior Center Case Study

Levy Senior Center – Evanston, IL

The Levy Senior Center is an award winning community senior center that unites community members from all generations. Supported by the City of Evanston, IL, the Levy Senior Center offers a wide variety of social and cultural programs and classes. Members of the Levy Senior Center, residents over 55, and community members are linked through programs such as the Evanston Children’s Theatre which includes children and senior adult performers, the monthly newsletter informing community members about trips, special events, new classes, and general news. http://www.cityofevanston.org/departments/parks/levy-index.shtml
passions of this demographic group.

Politically the elderly are a vital resource to our community leaders because of their sheer numbers. Historically the elderly have had an outstanding reputation to turn out to the polling stations in order to support or denounce any issues that could impact their quality of life and community. However, it is interesting to note that aside from policy reform regarding prescription drugs federally, and local funding initiatives for transportation and senior amenities, the elderly have lost some of their synergy at the polling stations over the past decade (Rother 2004, p. 55). A big reason for this is that as the elderly population has become more diverse so has their political agenda (Rother 2004, p. 56).

In this era of diminishing uniformity and political divisiveness at the federal, state, and local levels, seniors have still been able to utilize special interest groups as a catalyst for political recognition and change (Rother 2004, p. 57). Organizations such as the American Association of Retired People and the National Council on Aging have become international forums for senior citizens to unite and formulate overarching policies and action plans to impact society. Politics alone cannot provide the services and amenities needed by our raising senior populations. However, the nonprofit sector can assist seniors and their communities.

From 1996 to 2004 the number of nonprofit organizations in the United States grew 28.8 percent from just over a million organizations to 1.4 million organizations (Boomers and the Future of Volunteerism). Today, the nonprofit sector is a major contributor to the United States economy accounting for a $1.3 trillion dollar segment providing 61.2 million volunteers investing an estimated $152 billion dollars of labor into the social sector (Boomers and the Future of Volunteering). Even in the midst of all this growth in the nonprofit service sector America’s public charities still report some degree of difficulty recruiting the volunteers needed to fulfill societal needs for all generations (Boomers and the Future of Volunteerism). Conventional wisdom would lead us to believe that the need for volunteers could be fulfilled by the greater frequency of individuals entering into their retirement years. However, this has not been the case due to an overall trend in volunteer disengagement from the baby boomer generation (Reinventing Aging, p. 20). Faced with this pitfall in volunteers, nonprofit
and community leaders still have a positive outlook on the role the baby boomer generation will play in volunteerism as they enter the later stages of their life.

The nonprofit community is focused on changing the face of volunteerism from a rigid structured form of civic engagement into an opportunity for elderly individuals to find meaning in the later stages of life (Reinventing Aging, p. 25). With more than half of the baby boomer generation expected to remain involved in the community through some form of public or community service a substantial core of meaningful volunteers can be established nationwide (Reinventing Aging, p. 25). In order to capture the talents and ideas of these volunteers, communities and their leaders must become constructive partners to the voluntary sector by establishing programs and policies that will create opportunity for service work.

Professional and Educational Development

The United States has one of the highest labor force participation rates for persons aged 65 and older in the developed world (Aging and Work, p. I). There are more than 20 million Americans aged 55 and older who are active in the labor force, and the Bureau of Labor Statistics projects that this figure will rise three percentage points over the next 15 to 20 years (Aging and Work, p. III). Instead of retiring en masse in their late 50s or early 60s, baby boomers have continued working longer and transitioning from work to retirement in a gradual process (Reinventing Aging, p. 13). There are a number of reasons for prolonging their work life, such as stagnation in the overall pension coverage rates, declining proportion of workers who can count on defined benefit pension payments, the market uncertainty faced by the growing proportion of workers in defined contribution plans, inadequate savings, cuts in retiree health benefits, and raising education levels (Aging and Work, p. IV). Clearly, uncertainty surrounding social entitlement programs and the unstable economy has prolonged a number of individuals stay in the workforce, but we must understand what our society can provide for our elderly workforce.

Employers for the most part seem cognizant of the aging workforce, but little has been done to prepare for this influx of elderly into prolonged employment (Aging and Work, p. IV). Older worker policies, programs, and initiatives have fallen by the wayside due to hard economic times (Aging and Work p. IV). What is needed now more than ever

Volunteerism Case Study

Philadelphia Experience Corps

Philadelphia Experience Corps is a school-based literacy program that recruits, trains, and manages teams of older adults in schools to provide intensive service to support reading and literacy institutions for at-risk children in grades K-8. Experience Corps seeks to effectively mobilize older adults, “America’s only increasing natural resource”, in this intergenerational volunteer effort. Senior citizens are placed in schools located in the School District of Philadelphia, where 70 percent of families are at or below the poverty line. A team of Experience Corps volunteers mentors students that are designated at below basic reading levels. This program has created a culture of connectedness between seniors and the greater community. Philadelphia Experience Corps illustrates the power and importance of intergenerational programs in combating the societal issues and pitfalls that have seeped into our communities. http://www.experiencecorps.org/philadelphia.cfm
The Aging of Macomb County

Practical Applications

There are several things communities can do to increase social interaction among older adults.

- Design older adult communities to encourage social interaction;
- Plan older adult housing next to housing for younger generations;

Educational Case Studies

Macomb Community College – Macomb Cty, MI

Macomb Community College (MCC) provides a number of professional and educational development opportunities for all generations. As part of their Continuing and Professional Educational Initiatives MCC provides a number of programs, classes, and seminars to provide seniors with lifelong learning and professional development. Programs such as “Focus on Aging” and “Support Services for Workers Over 50” provide the County’s elderly population with an opportunity to learn new skills, obtain training, and receive guidance in order to remain educated, active, and engaged. http://www.macomb.edu/

Legacy Leadership Institute – University of Maryland, College Park, MD

The Legacy Leadership Institute is a model developed by the University of Maryland Center on Aging to facilitate lifelong learning, technical and leadership skills enhancement, and meaningful civic engagement for older adults by translating their experiences into high-impact volunteer service leadership roles in nonprofit organizations. A corps of volunteer/service leaders are screened, recruited, and trained to assist nonprofit and community organizations in initiating innovative service programs. Legacy Leaders serve such areas as health care, environment, state legislature, sports, independent living, mediation and conflict resolution centers, and schools. http://www.hhp.umd.edu/AGING/
• Promote opportunities for volunteerism among “non-working” older adults;
• Encourage programs such as “life-long learning” at local colleges or universities that stimulate interaction; and
• Promote work opportunities within the community for older adults.
Thanks to advancements in health care and medical services attitudes about aging have drastically changed. The elderly and society as a whole have greatly benefited from medical advancements which have prevented, delayed, and even cured many diseases and prolonged life (PRC-HAN, p. 1). With greater life expectancy rates across the board, gone are the days where all people slow down in their older age. Our society’s elderly population has obtained a new sense of longevity, and 50 now has evolved into a new beginning with unimaginable opportunities for senior citizens to remain active and healthy in order to enjoy their golden years (Synthesis, p. 1). What we all must understand however is that health truly is the wild card (Synthesis, p. 1). Older people spend more time, energy, and money on health, personal care, and wellness than other generational groups, and this realization can have a profound impact on our communities.

Currently at the federal level there has been ongoing debate with regards to the stability of federal entitlements, such as Social Security, Medicare, and Medicaid, and their ability to provide viable and stable health care access to the country’s growing elderly population (Reimagining America, p. 1). By many accounts what has emerged is a “fiscal gap” in the funding needed to support these federal entitlement programs, which have begun to feel the strain of an ever growing elderly population (Reimagining America, p. 7). There is no easy fix to this confounding demographic issue, and to make matters even worse the situation has been magnified by the ever growing fragmented and disorganized delivery of health care coupled with raising costs and diminished services (Reimagining America, p. 1). Our communities need to understand how to adapt to an aging society. The importance of access to proper health care, personal care, and wellness initiatives is one of the most vital pieces to this health care access and service puzzle. Without continued advancement, support, and funding for health care,
general care, and wellness initiatives and programs the health of not only our nation’s elderly but also society as a whole would undoubtedly be deteriorating.

Each of our communities has a social obligation to assist people to live out their natural life span (Smith, p. 22). The troubling realization is that no society alone has available all the resources necessary to completely fulfill the needs of the increasing number of elderly people (Smith, p. 22). Faced with this resource scarcity many instances of age discrimination have arisen throughout the country with cases of care rationing and patient dumping becoming more visible amongst the elderly (Smith, p. 23). Alongside the rise in age discrimination many health care providers and physicians have adopted a consumerist approach to care viewing themselves as individual contractors who sell their knowledge and skill to patients who demand care (Smith, p. 23). This has had a devastating affect on equal medical treatment for all generations with the elderly being viewed as second-class citizens who need the assistance of federal and local entitlement and assistance programs to obtain necessary care (Smith, p. 23). It is imperative that each of our communities understand the importance of health care access and consider the fairness of the system to the persons who need the care the most – specifically the sick and indigent elderly (Smith, p. 23). The elderly command a special attention in matters pertaining to health care because they are more susceptible to illness and disability than any other segment of the population (Smith, p. 23). Society must accept that aging is not a disease, but an inherent part of human life (Smith, p. 23). Alongside this inherent part of human life however comes a great necessity for viable and accessible health care, general care, and wellness services.

Each of our communities can begin to take measurable steps to developing a support network of health care, general care, and wellness providers and programs that distinguish aging as a priority. Partnerships are vital to the success of heightened care access. The focus does not have to be macro-level health care reform to engender measurable outcomes, but micro-level community initiatives, programs, and partnerships that will improve the health access and care of our elderly. This section of the report illustrates the current health and wellness opportunities available within Macomb County and provides insight into exemplary programs, opportunities, and initiatives across the nation.

**Health and Personal Care**

The current state of elderly health care in America can be characterized as lacking. With pensions dissipating, entitlements floundering, and health care costs rising, Americans over 50 are experiencing a decline in affordable and accessible health care, which is having considerable impact on our communities. In 2005 7.1 million Americans aged 50 to 64 were without any source of health insurance (50+ America, p. 28). A study conducted by the American Association of Retired People illustrated
that less than of Americans over 50 reported having “excellent” or “very good” health, and of that same demographic group 4.1 percent reported the inability to afford medical care when needed (50+ America, p. 26). Dr. Henry E. Simmons, president of the National Coalition on Health Care, portrayed the nation’s current health care problems as “a perfect storm consisting of three inter-related elements: poor quality, decreasing coverage, and rising costs” (Reimagining America, p.13). As the future of health care access and affordability becomes more bleak and complex the importance of sound health care provisions for the elderly becomes more imperative.

Of all the factors that impact the quality of life in later years, health is the most fundamental (Reimagining America, p. 13). However, providing the elderly of today, and the future, with the health care independence, choice, and control in ways that are affordable for them is a considerable challenge (Reimagining America, p. 13). Communities must understand that the increasing gaps in health care coverage and finance have the ability to negatively impact their communities physically, economically, and socially (National Council on Health, Reimagining America). What is needed today more than ever is intervention at the state and local level.

With a grassroots perspective each of our communities can begin to improve the quality of health and long-term care for our elderly through the use of collaboration and partnership surrounding community and personal care organizations at the local level. Each of our communities is equipped with some degree of health care infrastructure. These institutions, which can include personal physicians, hospitals, nonprofit organizations, health departments, elderly care facilities, and senior centers each play a vital role in health, personal, and wellness care of our elderly. The focus needs to be on developing a community wide effort to combat the fragmentation and complexity of the health care service system. Partnerships and collaboration can provide the synergy to establish preventative and

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**Health Care Case Studies**

### Care Links – Clifton Park, NY

Care Links Interfaith Community Caregivers is a community-based volunteer caregiving cooperative “Linking Those in Need with Those Who Care”. Care Link was born out of a growing conviction that seniors and their caregivers in need of respite were sent away from the senior center, or remained in the community without the help they needed. Housed in a multi-purpose innovative senior center, Care Links reaches out to the community providing no-cost, supportive non-medical services to seniors and caregivers in need of help in a rapidly growing bedroom community north of Albany, New York. Care Links highlights the importance of caregiving to all members of a community and why it is important that we ensure that our elderly population is supported throughout their golden years.  
http://www.cliftonpark.org/carelinks/Default.htm

### S. Mark Taper Foundation Adult Health and Activities Center/St. Barnabas Senior Center – Los Angeles, CA

St. Barnabas Senior Center was established to enable senior citizens to live independently and with dignity for as long as possible, not only through the provision of comprehensive social services for those in need, but also by promoting a viable community life where seniors have routine social contact with others that is the foundation of good mental and physical health, supports inter-dependency, and gives seniors access to information and resources that empower their own problem solving and allow them to choose their own destinies. St. Barnabas’ 53 employees provide case management, transportation, to over one hundred years of age. In addition to making home visits, staff members are strategically placed in the downtown area at a multi-purpose center, two satellite social work offices, several senior-housing complexes, and six congregate meal sites.  
http://www.saintb-la.org/
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personal care services that will assist the elderly and the community in taking a proactive approach to health care access. By focusing on preventative and personal care services such as preventative health screening and education and caregiving communities can begin to establish programs and initiatives that will assist the elderly in taking a proactive approach to health care.

Physical Activity and Wellness

By the time most Americans reach 50 they know what experts say they should be doing to stay healthy and fit: stay active (Synthesis, p. 2). But few Americans 50 plus, and across all generations for that matter, are acting upon their knowledge of the need to be physically active which has caused a rise in obesity, diabetes, heart disease, stroke, some forms of cancer, arthritis, and osteoporosis (Synthesis, p. 2). In a study published by the American Association of Retired People only 24.8 percent of 50 plus Americans partake in regular physical activity with two-thirds of that same demographic being overweight or obese (50+ Americans, p. 31). Currently, the average person who reaches age 75 suffer from at least three chronic conditions that require regular medical attention and medication, which can bring with them disability and expenses (Synthesis, p.3). If large numbers of our societies elderly do not make the lifestyle changes that will ensure their health and related quality of life, our nation will face a level of disability like none seen before (Synthesis, p. 1). Lifestyle changes in physical activity are an important factor in the overall health and wellness of the elderly.

Clinical research has proven that physical activity can significantly improve health reducing they risk of dying prematurely from heart disease, and of developing diabetes and colon cancer (Synthesis, p. 2). People 50 and over understand the benefits

Physical Activity and Wellness Case Studies

The United States Administration on Aging

The United States Administration on Aging launched You Can! Steps to Healthier Aging a social marketing campaign in September 2004 as a social marketing campaign using the best marketing practices including message testing, behavior change theory, and listening to the views of the target audience and Aging Networks. This national campaign has provided a foundation for the future health promotion and disease prevention programs for older adults and has promoted evidence-based prevention programs through a number of diverse media outlets. The You Can! campaign was designed to increase the number of older adults who are active and healthy by using a partnership approach to mobilize communities in creating awareness and services to help older Americans improve their nutrition and increase their physical activity. http://www.aoa.gov/youcan/

The Center for Disease Control Prevention Research Centers

The Center for Disease Control Prevention Research Centers – Healthy Aging Research Network published Moving Ahead: Strategies and Tools to Plan, Conduct, and Maintain Effective Community-based Physical Activity Programs for Older Adults in order to provide communities with a framework to develop viable and attractive physical activity programs and services for the elderly. This comprehensive framework assists communities in developing proper means to interact with older populations in order to understand their physical needs regarding recreation and leisure. http://www.cdc.gov/aging/pdf/Community-Based_Physical_Activity_Programs_For_Older_Adults.pdf

http://www.aoa.gov/youcan/
of physical activities but acting upon that knowledge is at low levels (Synthesis, p. 4). Program efforts by our communities need to go beyond education about the benefits of physical activity, to providing specific examples and messages that refute barriers, provide incentives, and direct people to specific resources (Synthesis p. 6). People 50 and over want specific, detailed guidance and direction to assist them in becoming physically active in their communities and we can all begin to take steps to making our recreational services, activities, and amenities more available and accessible to our growing elderly population. In a study of physical activity and the elderly published by the American Association of Retired People one-third of survey respondents stated that they get their physical activity in a community setting (Synthesis, p. 10).

Clearly the elderly within our communities seek to utilize community facilities and services to remain physically active and healthy. To keep the older population motivated for the long run and engaged in a variety of activities that will help them make long-lasting lifestyle changes, it is important to support and develop community recreational and leisure programming for all generations (Synthesis, p. 10). The elderly seek centrally located facilities, increasing number of programs, greater variety of programs and class offerings, and decreased cost in recreational and leisure activities and services (Synthesis, p. 11). By focusing on providing our elderly with opportunities for increased physical activity our communities can reach out to the elderly and invite them to explore the recreational and leisure services available to them. Parks, community centers, senior centers, schools, health clubs, and walking/biking paths can all provide opportunities for our elderly populations to remain active in their golden years. We each need to take a more hands on approach with our elderly populations and illustrate to them that our communities have countless recreational and leisure opportunities, which can enhance the quality of life and community for each of us.

**Practical Applications**

There are several things communities can do to improve health and wellness:

- Use collaboration and partnership surrounding community and personal care organizations at the local level.

- Develop a community wide effort to combat the fragmentation and complexity of the health care service system.

- Focus on preventative and personal care services such as preventative health screening and education and caregiving communities can begin to establish programs and initiatives that will assist the elderly in taking a proactive approach to health care.

- Design recreation as an integral part of the community;
• Provide a range of recreation options in the community as well as part of older adult housing developments;

• Create spaces in communities where older adults can pursue their hobbies, which may include activities like gardening, photography or cooking; and,

• Create dense areas with more activities.
The Macomb County Department of Planning and Economic Development understands that each of the County’s 27 municipalities are unique and have different challenges and opportunities when trying to plan for their aging populations. By taking a proactive approach to address the issues associated with an aging population, we can form new partnerships and share resources, ideas, and concerns to ensure that Macomb County will be a place where all residents, regardless of age, are supported by viable and accessible community services.

We have reached a critical point in defining the future of Macomb County. The generational shift that has been highlighted throughout this document will undeniably alter the physical, social, health, and economic landscape of our communities. Population loss, economic instability, failing and decentralized health care access, philanthropic decline, social service lag, and unsafe communities are all looming symptoms if we do not begin to prepare for the aging of our communities. The civic areas that were covered in this document illustrates a baseline from which each of us can begin to understand how our communities can provide service and support for all generations. The challenges are daunting, but the opportunities are endless. As our populations begin to shift our communities must also shift. As more Macomb County residents begin to enter into older adulthood they will begin to look to the places that they call home for the for basic services to ensure that their “golden years” are satisfying and vibrant.

Following the publication of this document the Macomb County Department of Planning and Economic Development will begin to meet with vested stakeholders throughout the County and Region. Utilizing this document as the foundation for The Aging of Macomb County, the Department will seek to educate stakeholders and the general public regarding the implications associated with the growing number of elderly throughout the County. This outreach will provide The Aging of Macomb County initiative with viable partnerships in order to establish actionable solutions.
to the aging of our community. Focused on fortifying livable communities for all generations, the Initiative will seek to produce support from community leaders, senior citizen and community service organizations, and interested community members. The anticipated end product of Phase I is to establish a core group of stakeholders, supported by the Macomb County Department of Planning and Economic Development, who will champion the physical, economic, and social planning needed to support the aging of Macomb County.
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• Macomb County Community Service Agency http://www.macombcountymi.gov/mccsa/index.htm

• Martha T. Berry Medical Care Facility http://www.macombcountymi.gov/marthatberry/Index.htm

• Macomb County Parks and Recreation http://www.freedomhillcountypark.com/index.htm

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