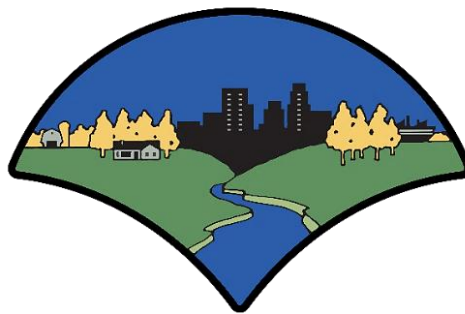




Older Adult Community Needs Assessment

Kalamazoo County
Area Agency on Aging
Region 3A



KALAMAZOO
COUNTY GOVERNMENT

HEALTH & COMMUNITY
SERVICES DEPARTMENT

2023

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**All photos included in this report were sourced from VistaCreate stock photos*

Older Adult Community Needs Assessment

Between December 2022 and May 2023, Crescendo Consulting Group worked in collaboration with the Kalamazoo County Area Agency on Aging Region 3A (AAA3A) to conduct an Older Adult Community Needs Assessment to gather knowledge around existing resources and services in Kalamazoo County for older adults, caregivers, and service providers as well as to identify opportunities for future collaboration with community partners. The objectives of this assessment were to provide key community-focused data for future program planning as well as to create data-driven strategies for the future allocation of Federal Older Americans Act and Senior Millage funds and to further understand the impact of the pandemic on the older adult community.

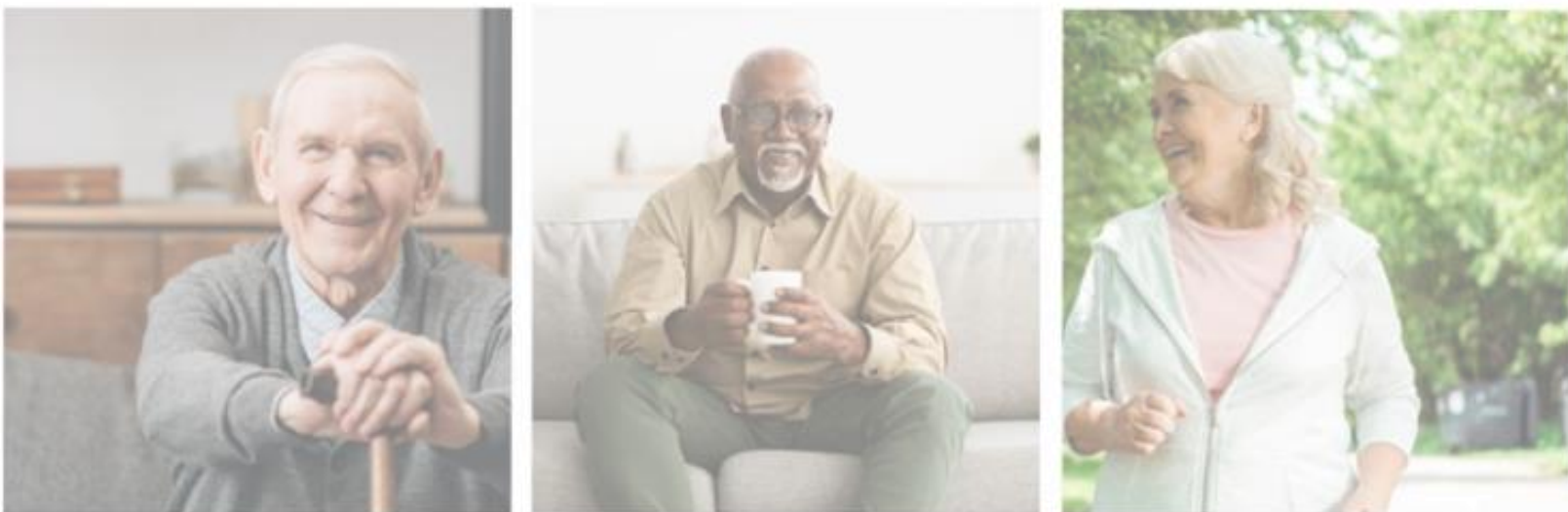
Methodology

This assessment implemented a mixed methodology approach. This approach consisted of a combination of quantitative and qualitative research methods designed to evaluate the perspectives and opinions of older adults and community stakeholders, especially those from underserved and underrepresented populations.

The major sections of the methodology included the following:

Strategic Secondary Research provided critical insight into service area demographics, social determinants of health, and behavioral health-related measures, among many others.

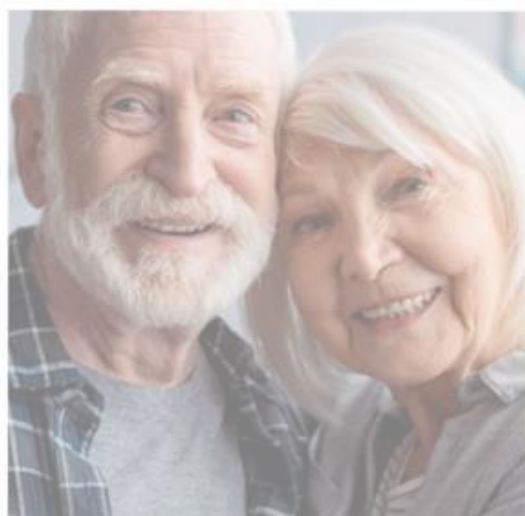
Qualitative Research consisted of one-on-one stakeholder interviews and on-site focus group discussions with older adults, direct-care and other service providers, and focal points, among others.



A Community Survey was disseminated by mail, direct community outreach, and online (SurveyMonkey) to evaluate and address the needs of older adults as well as to identify service gaps and existing resources. The survey included high-level themes that emerged from the secondary research analysis, qualitative research, and other research activities.

An Access Audit was conducted to evaluate community access to older adult services and understand practical access to service issues perceived by clients and prospective clients. The results provide insight to access gaps, improvement strategies, and service variations. The callers sought a range of older adult and senior center services to learn about access, availability, and eligibility. *The results are not included in this report.*

The Needs Prioritization Process was held virtually with AAA3A leadership and Crescendo to review the identified needs and prioritize the identified needs based on organizational capacity and degree of control.



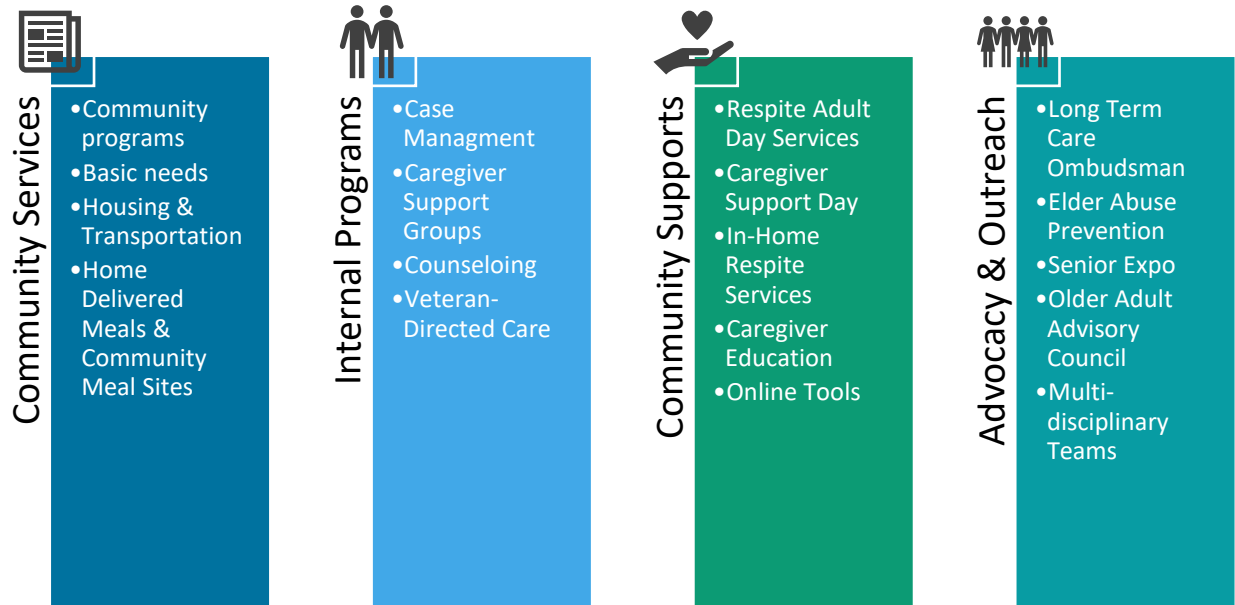
Kalamazoo County Area Agency on Aging

Kalamazoo County Area Agency on Aging Region 3A (AAA3A) assists older adults and their caregivers connect to resources within Kalamazoo County, while providing support for individuals living at home independently, advocacy, elder abuse prevention, and more.

Housed within Kalamazoo County Government under the Older Adult Services Division, AAA3A is one of three Area Agencies in Michigan attached to County Government. Area Agencies on Aging (AAA) are a national network of non-profit agencies created by the federal government under the Older Americans Act (OAA). Established in 1965, the OAA is the federal initiative supporting older adults living at home with assistance through comprehensive services. AAA provides services, education, outreach, and advocacy to vulnerable adults and their caregivers.

Senior Millage

The Kalamazoo Area Agency on Aging was awarded the Senior Millage in August of 2018 upon approval of community residents to expand supportive services to Kalamazoo Seniors and their caregivers. The Senior Millage helps create a local fund to provide education, safety, dignity, independence, home services, and healthy living programs to Kalamazoo County residents aged 60 and older using the Kalamazoo County Health and Community Services Department to improve the quality of living.¹



¹ Kalamazoo County Government, Older Adult Services Division. Kalamazoo County Senior Millage, https://www.kalcounty.com/hcs/aaa/senior_millage.html

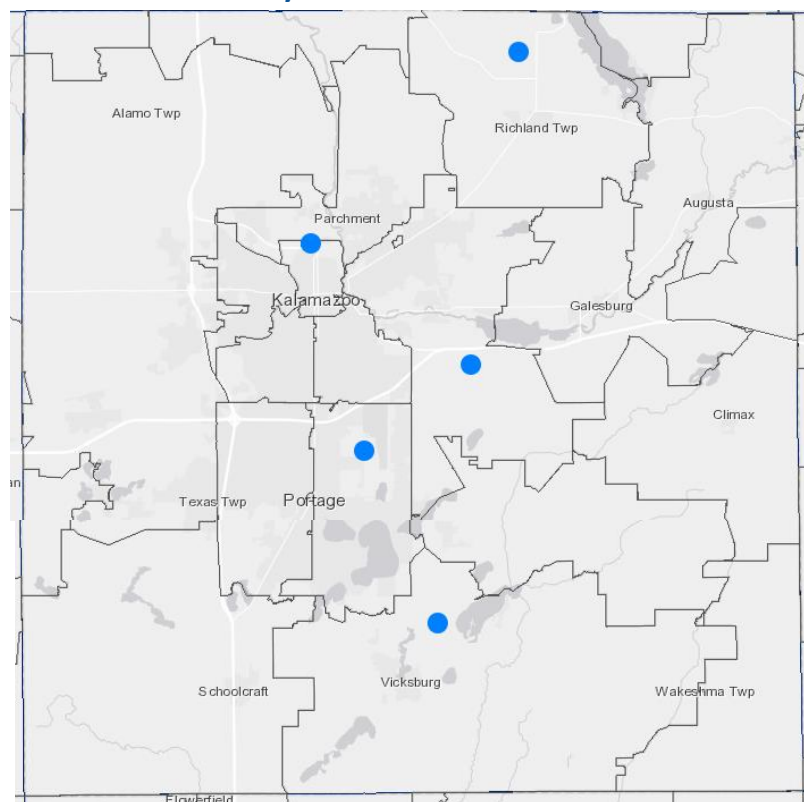
Community Focal Points

Community Focal Points are “visible and accessible points within communities where participants learn about and gain access to available services.”²

Kalamazoo County has identified 5 Community Focal Points that are connected to the older adult community. Due to the effects of the COVID-19 pandemic, community focal points are required to provide at least two of the following in order to maintain the designation:

- Congregate meal site (on-premises)
- Evidence-based disease prevention programs
- Volunteer opportunities
- Information and referral to AAA3A
- Classes or programs providing information on health, safety, and services available to older adults
- Have trained Michigan Medicare/Medicaid

Exhibit 1: Community Focal Points



1. Charles & Lynn Zhang
Portage Community Senior
Center, City of Portage
2. Comstock Community
Center, Comstock
Township
3. Ecumenical Senior Center,
Kalamazoo City
4. Richland Area Community
Center, Richland Township
5. South County Community
Services, Vicksburg (Brady
Township)

Source: UDS Mapper

² AAAIII FY 2021 Annual Implementation Plan.

https://www.kalcounty.com/hcs/aaa/pdf_files/FY2021%20AIP%20Area%20Agency%20on%20Aging%20IIIA%20Signed.pdf

2021 Community Needs Assessment Survey

In 2021, the Kalamazoo Area Agency on Aging disseminated a small-scale preliminary Community Needs Survey to collect baseline data on the demographics, socioeconomic status, and needs of Kalamazoo County's older adult population and caregivers. An additional objective was to learn how the COVID-19 pandemic changed previously identified needs. Respondents were provided with the list below and asked to check all of the older adults' needs in Kalamazoo County that they or their caregivers needed help with or resources for. The community insight gained from this survey will help AAA3A bring corresponding services to Kalamazoo through local Senior Millage and Federal Older Americans Act (OAA) grant funding. A total of **316** older adults and Caregivers participated in the survey.

The **top three** needs identified by survey respondents included dental care, transportation, & access to nutritious food.

Exhibit 2: Identified Needs, Preliminary Community Needs Survey

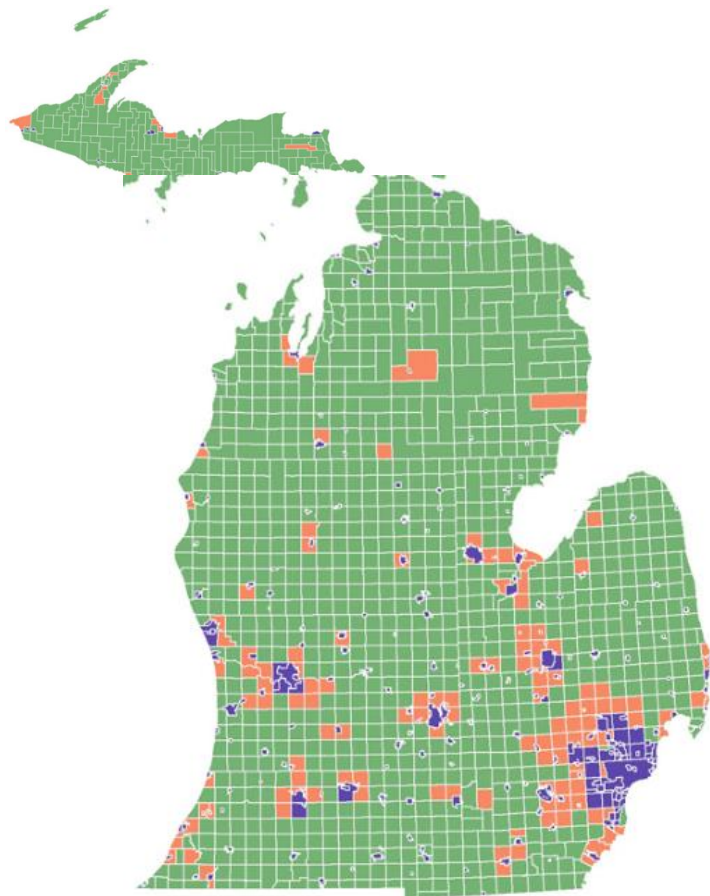
	Percent of Respondents	Number of respondents
1 Dental Care	46.8%	148
2 Transportation	45.9%	145
3 Access to Nutritional Food	45.3%	143
4 Homemaker and Chore Service	40.5%	128
5 Corrective Lenses / Frames	37.0%	117
6 Hearing Aids	31.0%	98
7 Socialization	30.7%	97
8 Decluttering Your Home	28.5%	90
9 Home Repair / Safety Modifications	27.5%	87
10 Medical Equipment (Wheelchair, Walker, etc.)	25.6%	81
11 Legal Services	22.5%	71
12 Paying For Medications	22.5%	71
13 Personal Care (Bathing, Dressing, Etc.)	21.8%	69
14 Counseling and / or Mental Health	21.5%	68
15 Health and Wellness Classes	20.6%	65
16 Access to Adult Day Centers	19.9%	63
17 Paying Mortgage, Rent, or Utilities	18.0%	57
18 Making Medical Appointments	17.1%	54
19 Insect or Rodent Removal	16.5%	52
20 Respite for Caregivers	14.9%	47
21 Other	14.6%	46
	Answered	316

Source: Survey results provided by AAA3A

Secondary Population Research

The secondary research establishes a comprehensive picture of Kalamazoo County. By collecting and analyzing data from a breadth of publicly available data sources, the secondary research analysis provides the framework from which to better understand geographies, population trends, and the unique features of communities.

The following data was primarily gathered from the U.S. Census Bureau American Community Survey (ACS) 2017-2021 Five-year Estimates and the Michigan Department of Health and Human Services, County Health Rankings and Roadmaps, among others. American Community Survey five-year estimates are intentionally utilized for this assessment because they are derived from several years of data samples, thus providing a more stable estimate of each measure, especially among smaller high-risk populations or subgroups.³



This assessment incorporates secondary data at the township & village level where available, to provide the most granular overview of the population served.

Minor Civil Divisions in Michigan

- Cities (280)
- Charter Townships (138)
- General Law Townships (1,102)

Source: Michigan State University Libraries

³ American Community Survey, 2010 and 2019 Five-year Estimates. Link to Source: census.gov/programs-surveys/acs

Kalamazoo County Demographics

Kalamazoo County is home to approximately 261,280 people according to the most current U.S. Census American Community Survey Five-year Estimates.

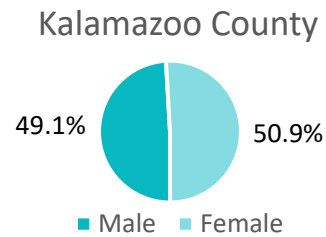
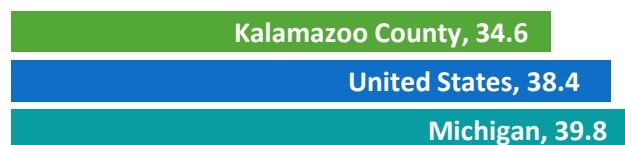


Exhibit 3: Total Population

United States	Michigan	Kalamazoo County
329,725,481	10,062,512	261,280

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 4: Median Age



The median age in Kalamazoo County (34.6) is lower than both Michigan (39.8) & the U.S. (38.4).

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 5: Kalamazoo County Population by Race⁴

- White
- Black or African American
- Asian
- American Indian and Alaska Native
- Native Hawaiian and Other Pacific Islander
- Other Race
- Two or More Races



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

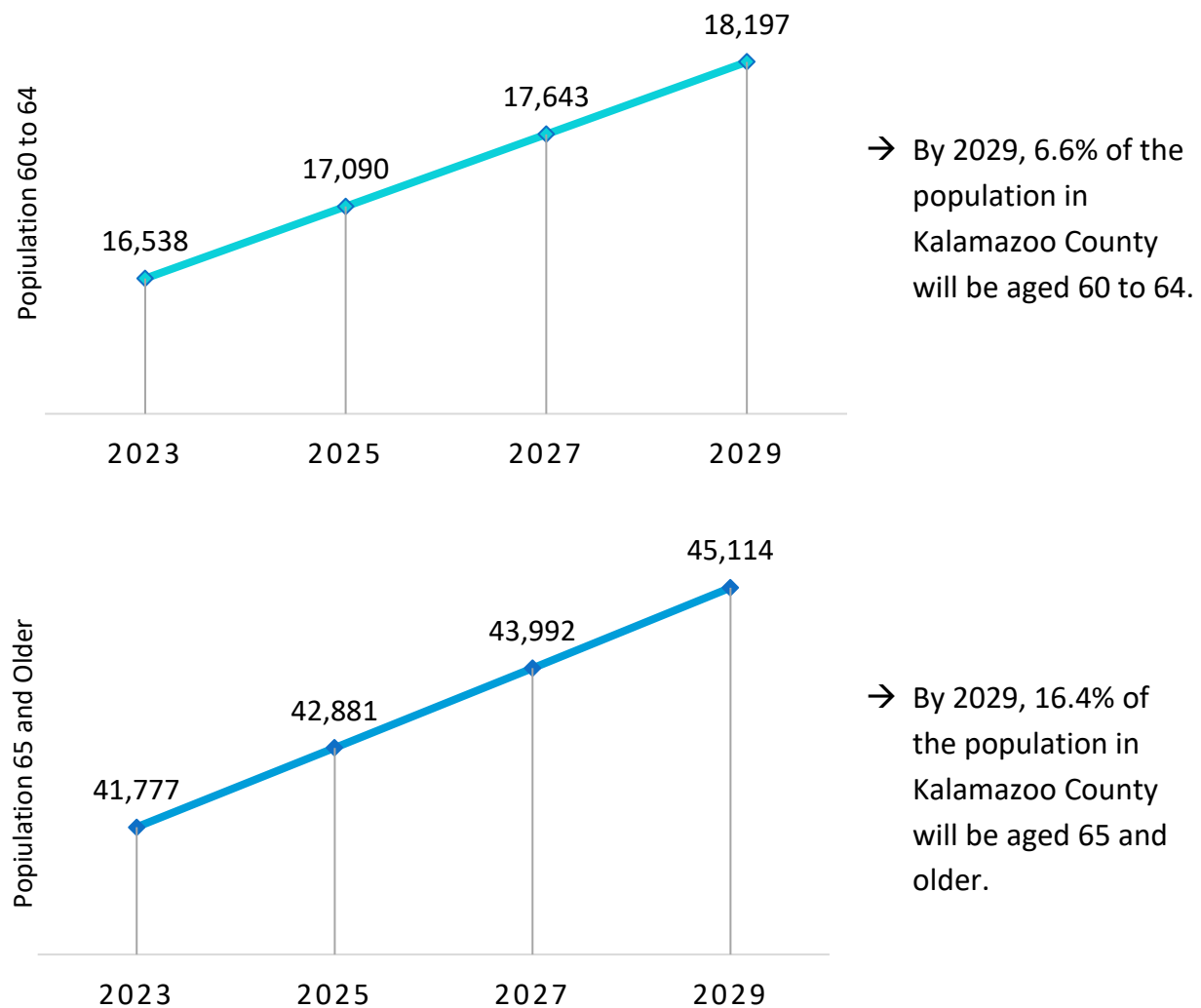
Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

⁴ Single Race, Two or More Races Other excluded.

Older Adult Population

Census data indicates that 21 of Michigan's 83 counties have a median age of 50 years old or older. Michigan has more than two million residents over age 60, representing about a quarter of the state's population, while 37% of Michigan residents are 50 and older. Michiganders 85 and older are the fastest-growing age group of all. The state also has one of the top 15 oldest populations in the U.S.⁵ Forecasts indicate a potential for an increase in service needs among a larger older population.

Exhibit 6: Projected Older Adult Population, Kalamazoo County

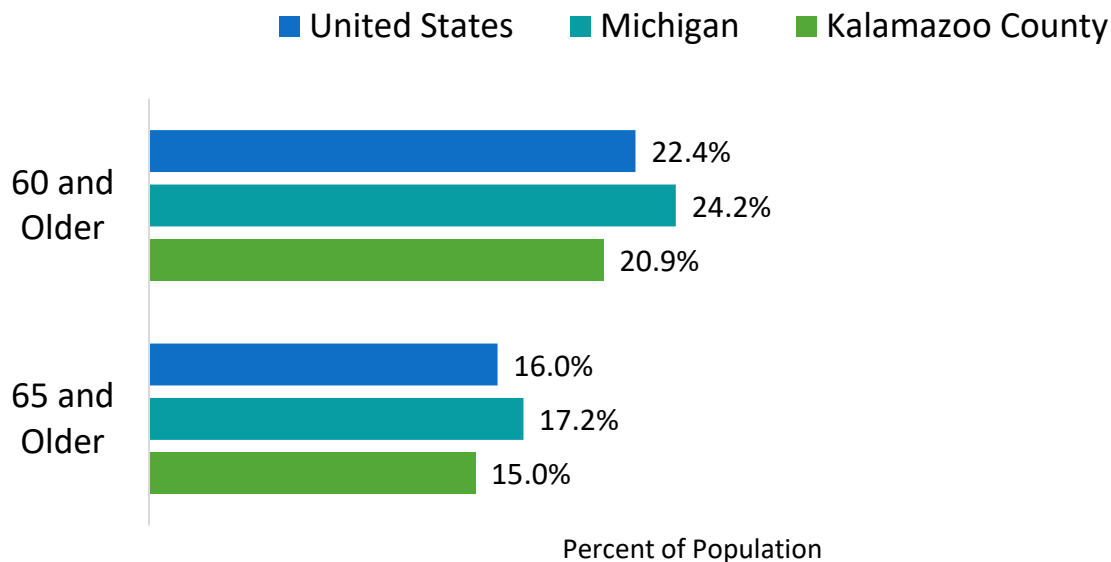
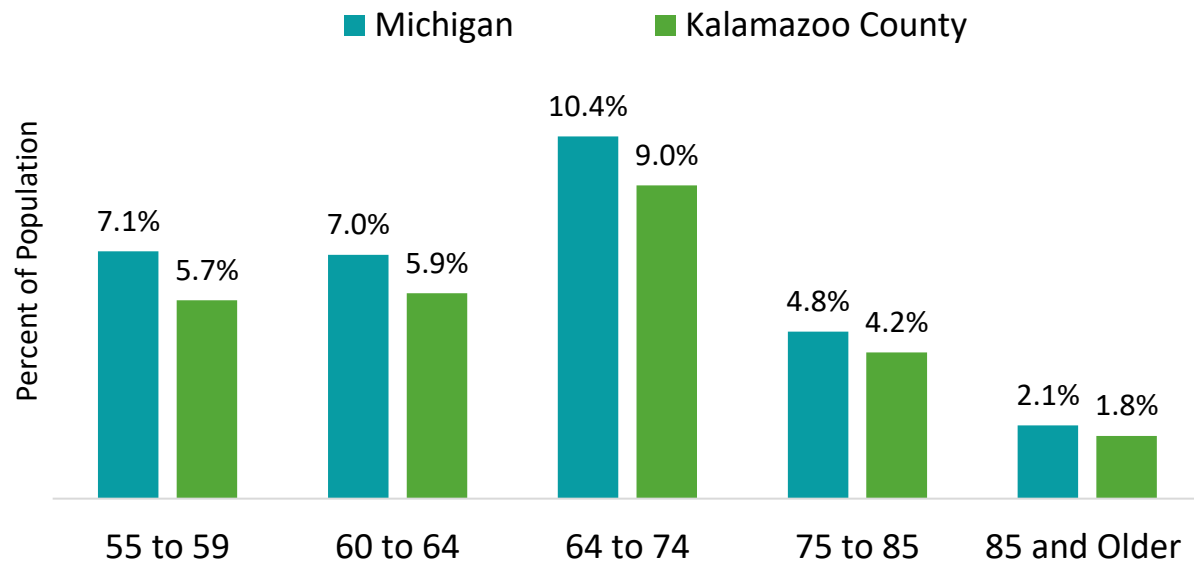


Source: U.S. Census Bureau American Community Survey One-year Estimates

⁵ Second Wave Michigan, Wamsley. Special report: Michigan prepares for a rapidly aging population by becoming more "age-friendly" (April 2023). Link: <https://www.secondwavemedia.com/features/sohspecialreport04272023.aspx>

Approximately 15% of Kalamazoo County is comprised of adults aged 65 and older, while Michigan has a higher percentage of adults aged 65 and older compared to the United States. Due to the relatively large percentage of individuals currently aged 45 to 54, Kalamazoo County will likely experience a greater need amongst the older adult community over the next few years.

Exhibit 7: Older Adult Population by Age



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

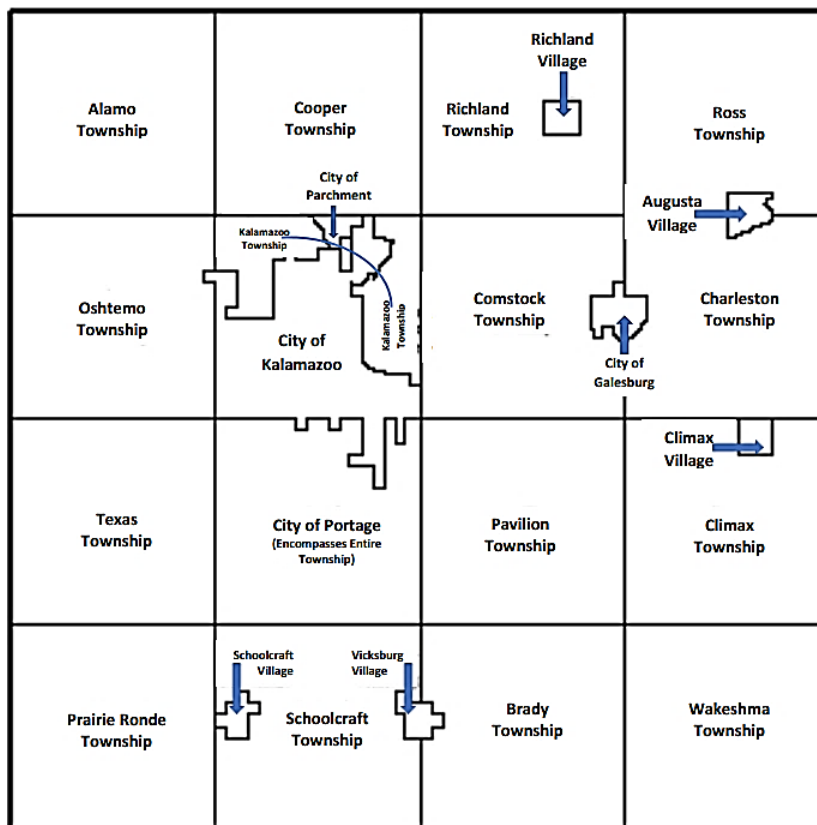
Minor Civil Divisions

Michigan's **83** counties are divided into villages, townships, charter townships, and cities. Collectively these units are known as Minor Civil Divisions. The differences between them pertain to their degree of power over their administrative structure, taxing powers, territorial integrity, and authority over services.

Where possible, this assessment features data on the township and village levels. Kalamazoo County contains 24 local units of government including 15 townships, five villages, and four cities. Village populations are included within the townships that they are a part of.

- Augusta Village is part of Charleston and Ross Townships
- Climax Village is part of Climax Township
- Richland Village is part of Richland Township
- Schoolcraft Village is part of Schoolcraft Township
- Vicksburg Village is part of Brady and Schoolcraft Townships

Exhibit 8: Kalamazoo County Minor Civil Divisions



(*)

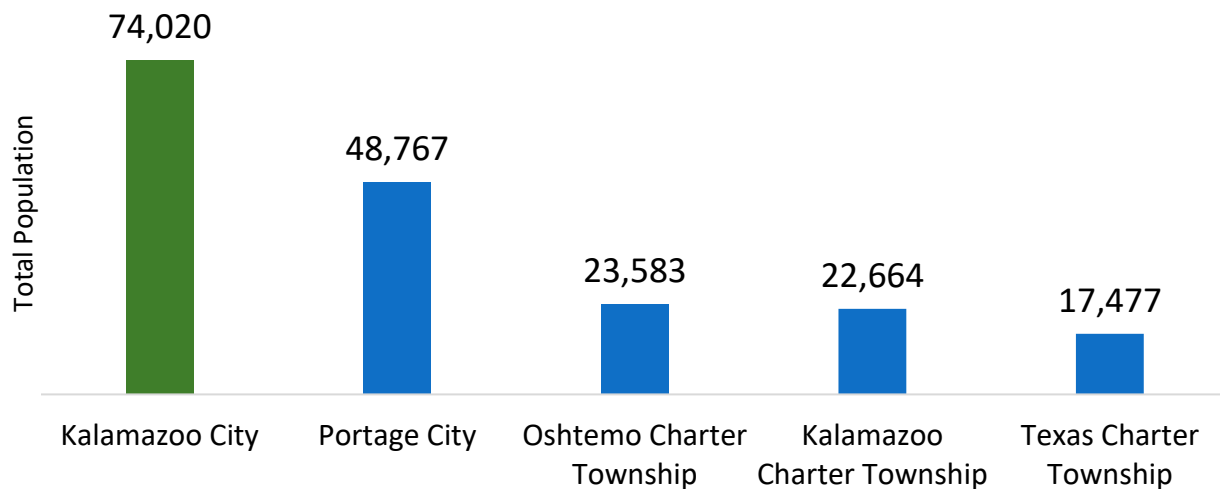
Minor Civil Divisions with populations that are included within the townships that they are part of.

Additional data for Kalamazoo County's Minor Civil Divisions are located in Appendix A.

Source: Map provided by AAA3A

The most populated minor civil division in Kalamazoo County is Kalamazoo City, while Augusta and Climax Village have the smallest populations of under 900 residents each. Within the Minor Civil Divisions of Kalamazoo County, townships with the highest median age include Ross Township, Alamo Township, and Prairie Ronde Township, ranging from 45.4 to 48.1.

Exhibit 9: Highest Populations Within Minor Civil Divisions



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

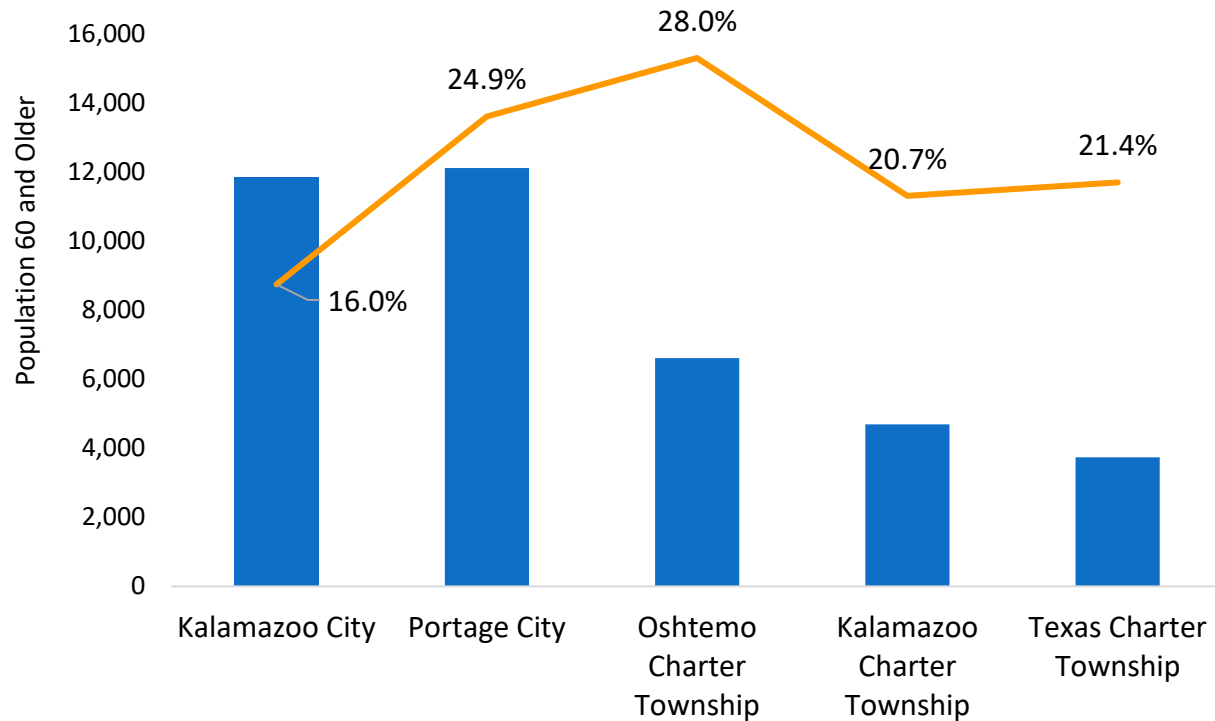
Exhibit 10: Minor Civil Divisions by Median Age

	Median Age
Kalamazoo County	34.6
Ross Township	48.1
Alamo Township	47.3
Prairie Ronde Township	45.4
Brady Township	44.8
Wakeshma Township	44.0
Charleston Township	43.4
Pavilion Township	41.7
Richland Village*	40.9
Climax Township	40.5
Texas Charter Township	39.9
Cooper Charter Township	39.8

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

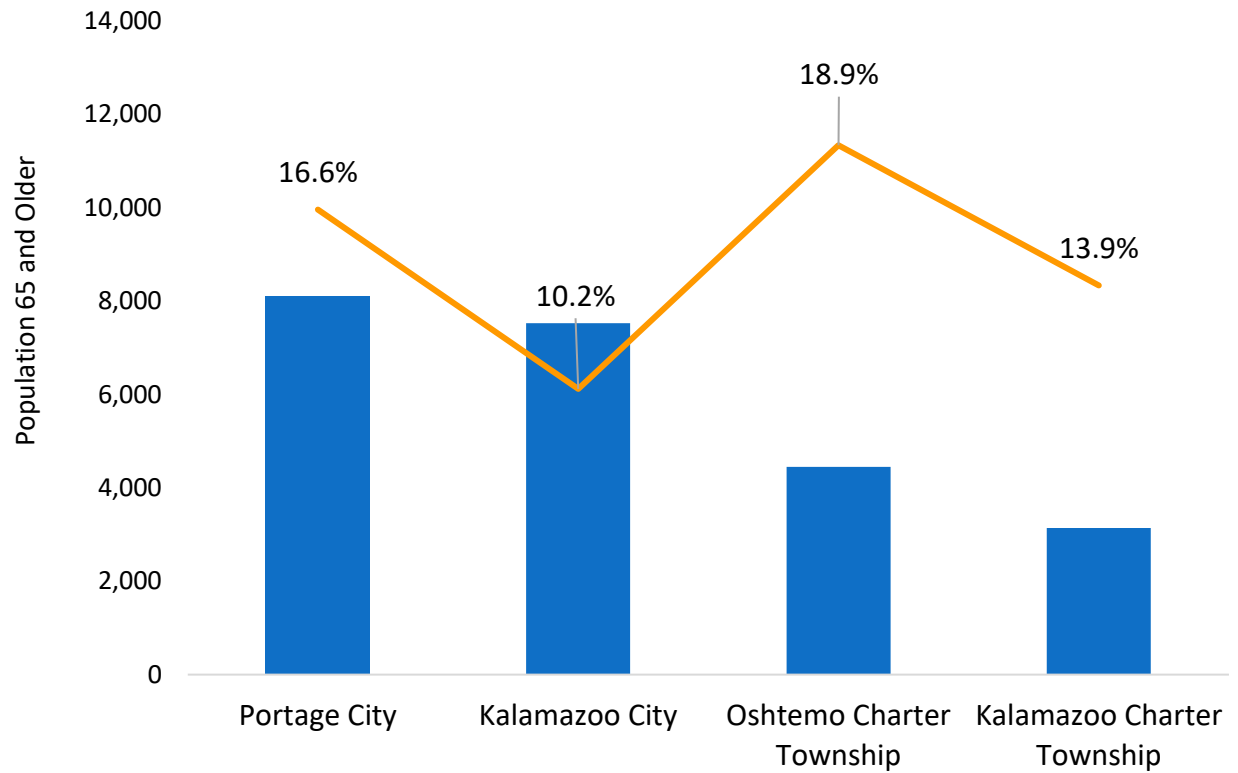
Portage City, Kalamazoo City, Oshtemo Charter Township, Kalamazoo Charter Township, and Texas Charter Township have the **greatest number of residents** aged 60 and older and 65 and older. In Oshtemo Charter Township, 28% of the population is aged 60 and older and 18.9% is aged 65 and over.

Exhibit 11: Minor Civil Divisions, Greatest Population of Adults Aged 60 and Older



	Kalamazoo City	Portage City	Oshtemo Charter Township	Kalamazoo Charter Township	Texas Charter Township
60 and Older	11,854	12,122	6,611	4,695	3,743
Percent of Population	16.0%	24.9%	28.0%	20.7%	21.4%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 12: Minor Civil Divisions, Greatest Population of Older Adults

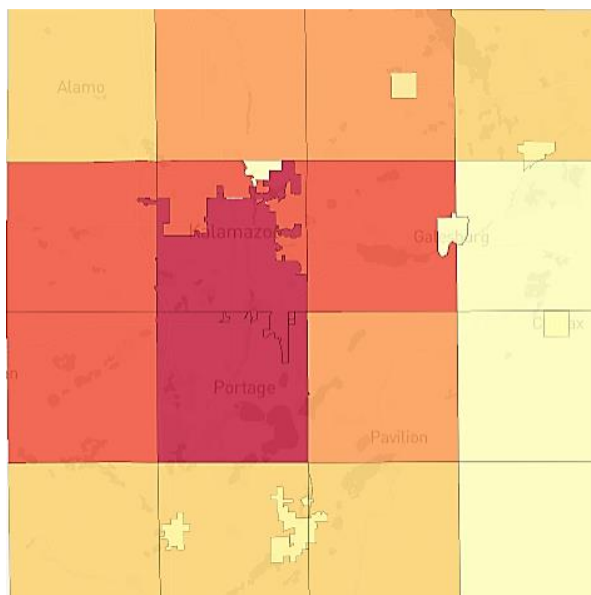
	Kalamazoo County	Portage City	Kalamazoo City	Oshtemo Charter Township	Kalamazoo Charter Township
65 and Older	39,204	8,103	7,530	4,453	3,142
Percent of Population	15.0%	16.6%	10.2%	18.9%	13.9%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

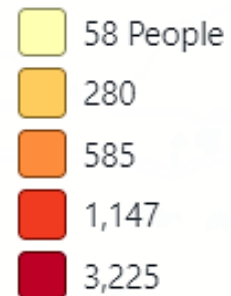
As of 2023, the highest concentration of older adults between the ages of 60 and 64 (*below, top map*) are located predominantly in the Kalamazoo City area (3,579), making up approximately five percent of the city's population. Portage City has the second highest population in this age group (3,225 or 6.5% of the city population).

Kalamazoo County's population aged 65 and older adult (*below, bottom map*) is largely concentrated in Portage City (8,599 or 17.3% of the city population) and Kalamazoo City (7,981 or 10.9% of the city population), with sizeable populations in Oshtemo Township and Kalamazoo Charter Township.

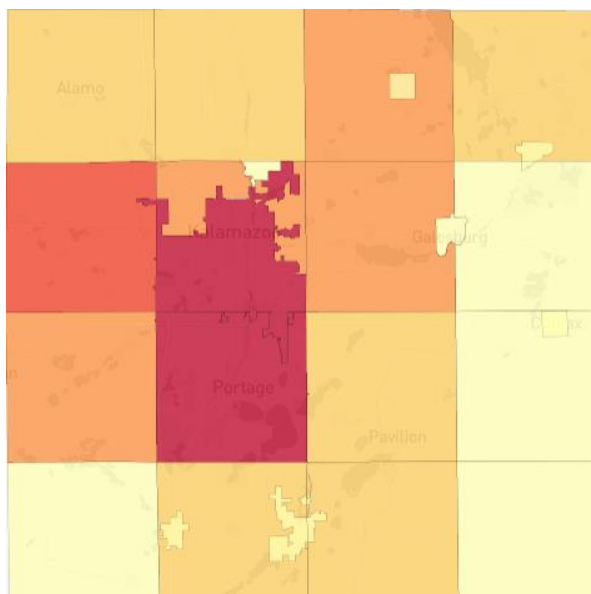
Exhibit 13: Older Adult Population



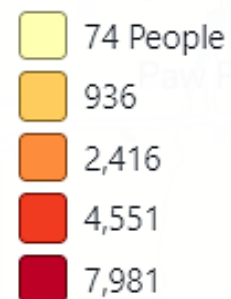
Approximately



Age 60 to 64



Approximately



Aged 65 & Over

Source: U.S. Census Bureau American Community Survey One-year Estimates (2023)

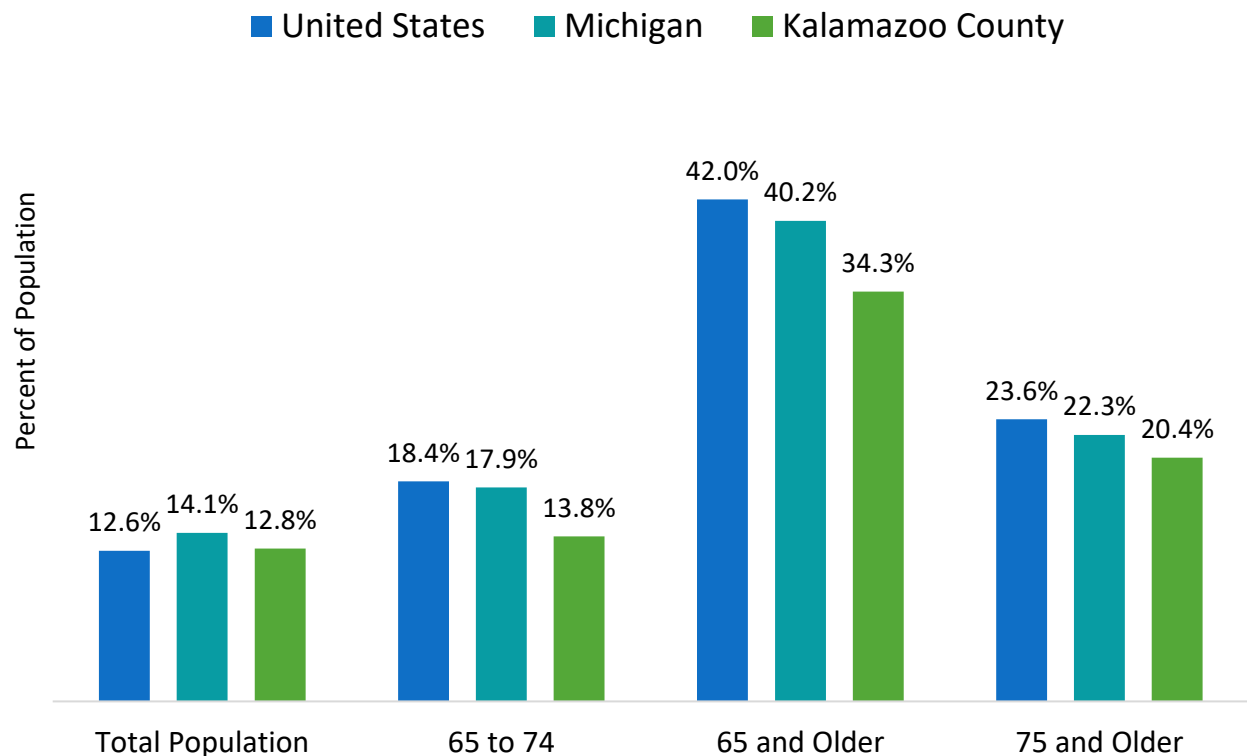
Older Adults Living with a Disability

Health and disability are closely tied to older households' housing needs. Physical and cognitive functioning tends to decline with advancing age, increasing the incidence of disabilities related to walking and movement (mobility), self-care, and ability to run a household, all of which may limit older adults' capacities to live independently in the community.⁶

Out of the population living with disabilities in Kalamazoo County,

- 13.8% are between the ages of 65 and 74
- 34.3% are aged 65 and older
- 20.4% are aged 75 and older

Exhibit 14: Older Adults Living With a Disability by Age



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

⁶ Joint Center for Housing Studies of Harvard University.
https://www.jchs.harvard.edu/sites/default/files/harvard_jchs_housing_growing_population_2016_chapter_3.pdf

Social Determinants of Health

In addition to collecting key demographic secondary data, research also focused on the Social Determinants of Health (SDoH). Social Determinants of Health include a wide range of factors, including, but not limited to, income, education, job security, food security, housing, basic amenities, the environment, social inclusion and non-discrimination, and access to quality, affordable health care. These conditions contribute to wide health disparities and inequities.⁷

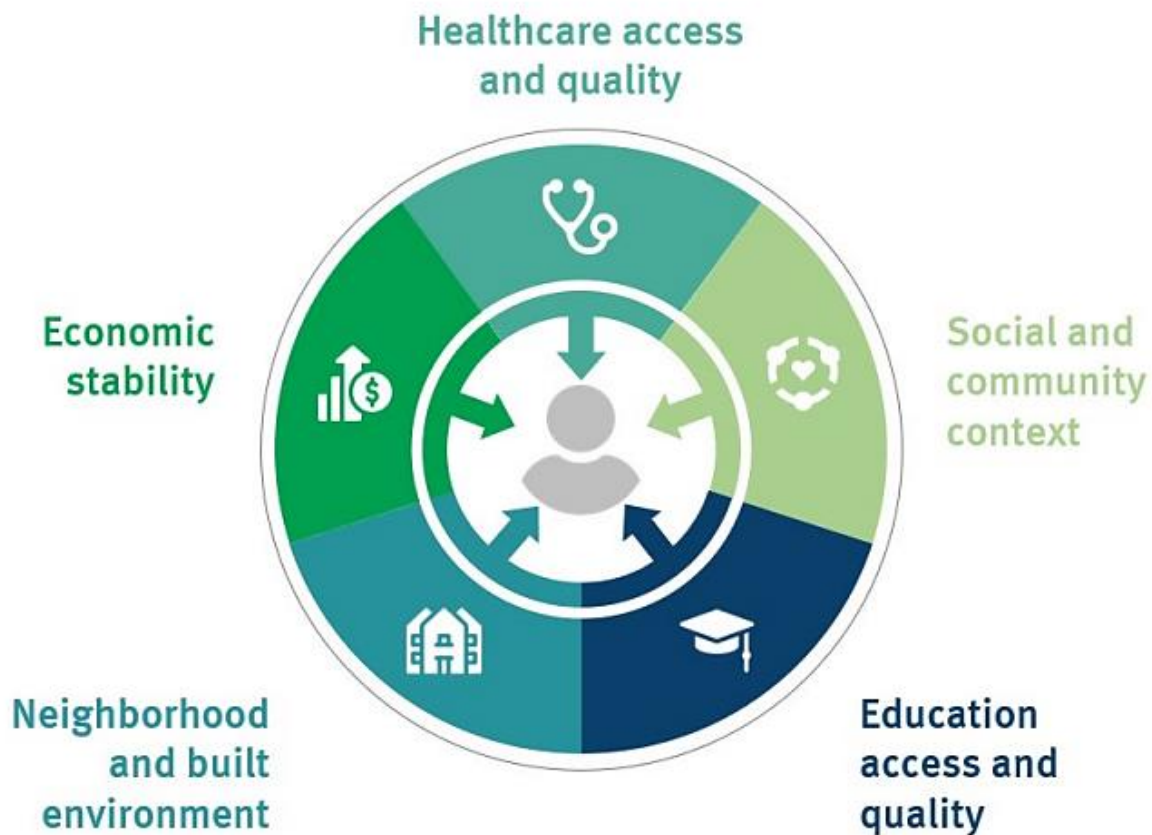


Image Source: Michigan Department of Health and Human Services, Social Determinants of Health Strategy. Michigan's Roadmap To Healthy Communities, 2022-2024

⁷ Healthy People 2030, "Social Determinants of Health," [Online]. Available: <https://health.gov/healthypeople/objectives-and-data/social-determinantshhealth>

Economic Stability

In 2020, the United Way's Asset-limited, Income Constrained, Employed (ALICE) report found that households headed by adults aged 65 and older in Michigan increased by three percent between 2019 and 2021, while their rate of financial hardship increased from 47% in 2019 to 51% in 2021.⁸ Older adults aged 65 and over have smaller annual median household incomes compared to other age groups.

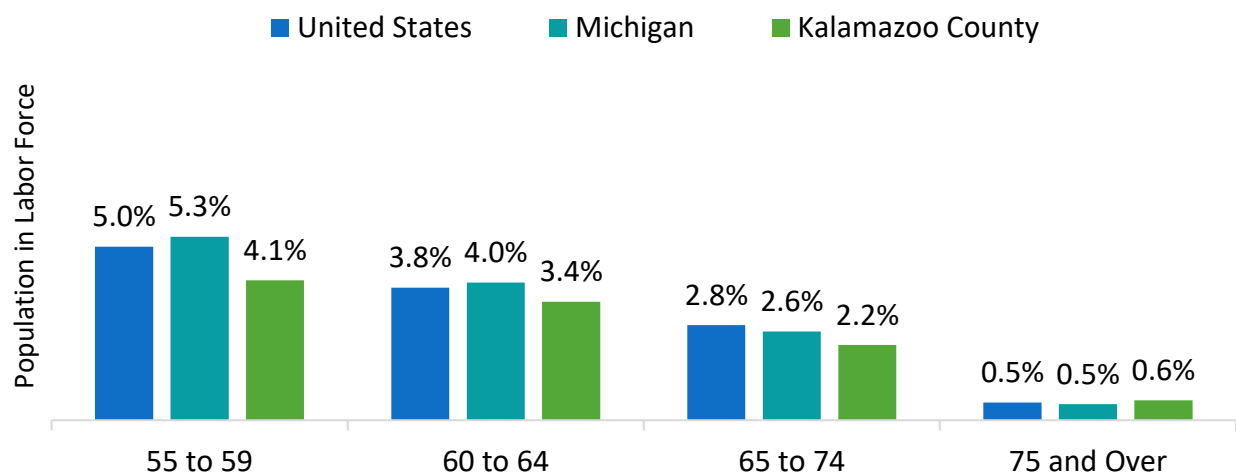
The annual median household income for adults between the ages of 25 to 44 is approximately \$18,800 more than older adults aged 65 and older in Kalamazoo County.

Exhibit 15: Median Annual Household Income by Age

	United States	Michigan	Kalamazoo County
Median Household Income	\$61,739	\$63,202	\$69,021
Under 25	\$37,180	\$35,152	\$28,855
25 to 44	\$76,311	\$70,251	\$69,255
45 to 64	\$83,172	\$76,804	\$82,130
65 and Older	\$50,523	\$48,046	\$50,448

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 16: Older Adults in the Labor Force by Age⁹



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

→ In Kalamazoo County, approximately 20% of the population is of potential retirement age, over the age of 55, though less than 10% of the current workforce is in this age range.

⁸ ALICE in the Crosscurrents: COVID and Financial Hardship in Michigan, 2023. <https://michiganassociationofunited.app.box.com/s/0djoyw0f1pisx258i025vsnhgqyai8sx>

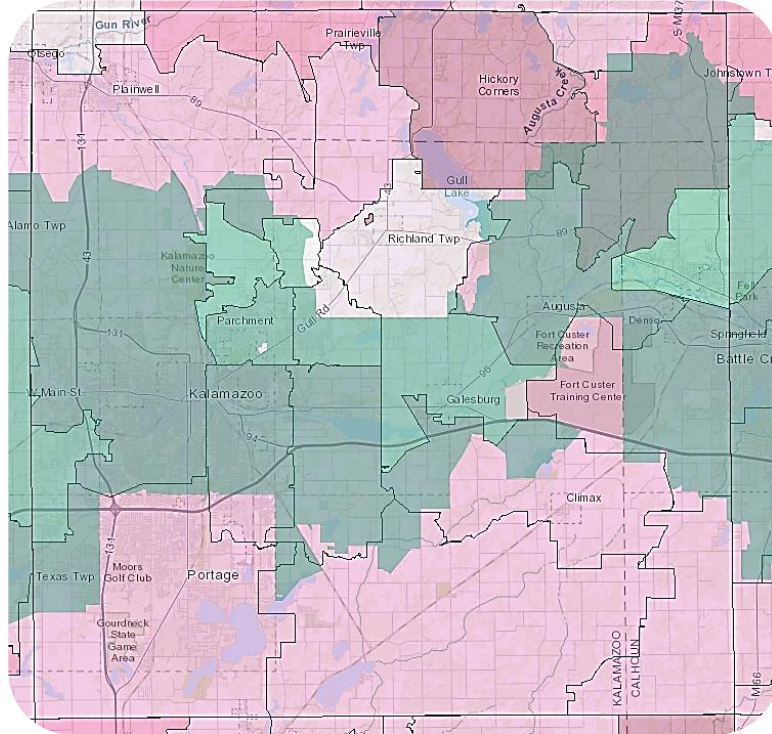
⁹ Out of the total number of people in the labor force.

Older Adults in Poverty

To further highlight impoverished communities within the service area, the map below identifies locations with a poverty rate of 10% or higher, with an additional layer of population data to indicate the population 65 or older. **Green-shaded areas represent areas where 10% or more of the population is living in poverty, with an additional layer of data to indicate the population 65 or older.**

The immediate areas around Richland Township, Plainwell, and Portage have some of the lowest concentrations of poverty (<10%). Hickory Corners, Prairieville Township, and Fort Custer Training Center area are largely afflicted concentrations of poverty, averaging a more than 20% poverty rate.

Exhibit 17: Concentrations of Poverty Among Older Adults Aged 65 and Older



Source: UDS Mapper. U.S. Census Bureau American Community Survey 2016-2020 Five-year Estimates

Pop: 65 and older (%) 2016-2020

<10%

10 - 15%

15 - 20%

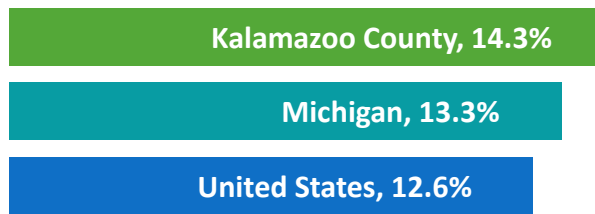
20 - 25%

>25%

Pop: Poverty (%) 2016-2020

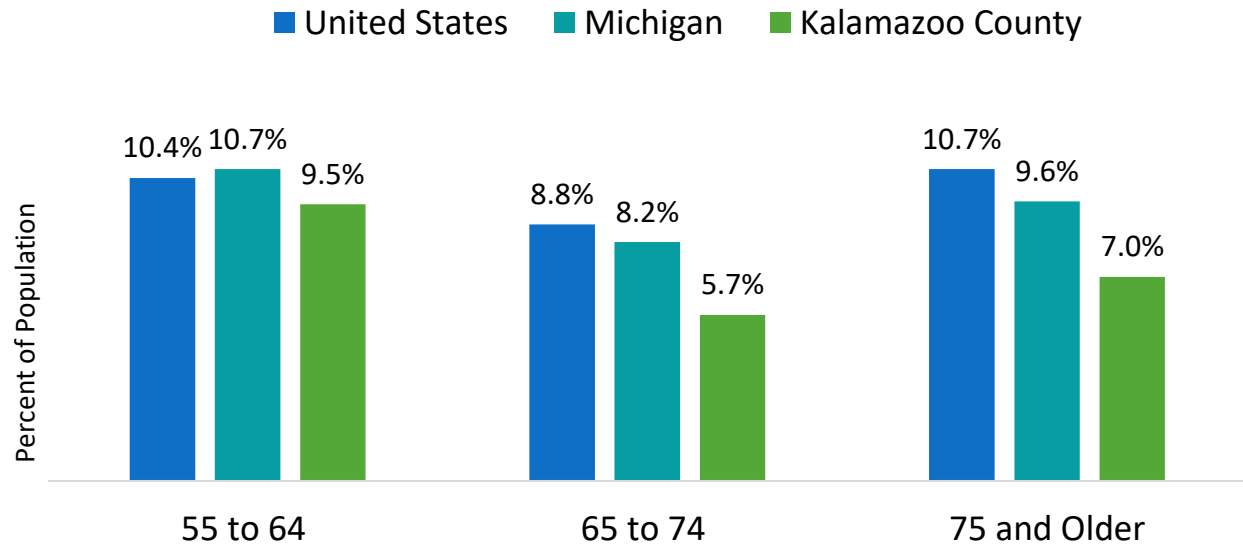


10 to 100%

Exhibit 18: Poverty Rate¹⁰

→ Approximately 14.3% of the population in Kalamazoo County is living in poverty, higher compared to the poverty rate in Michigan (13.3%).

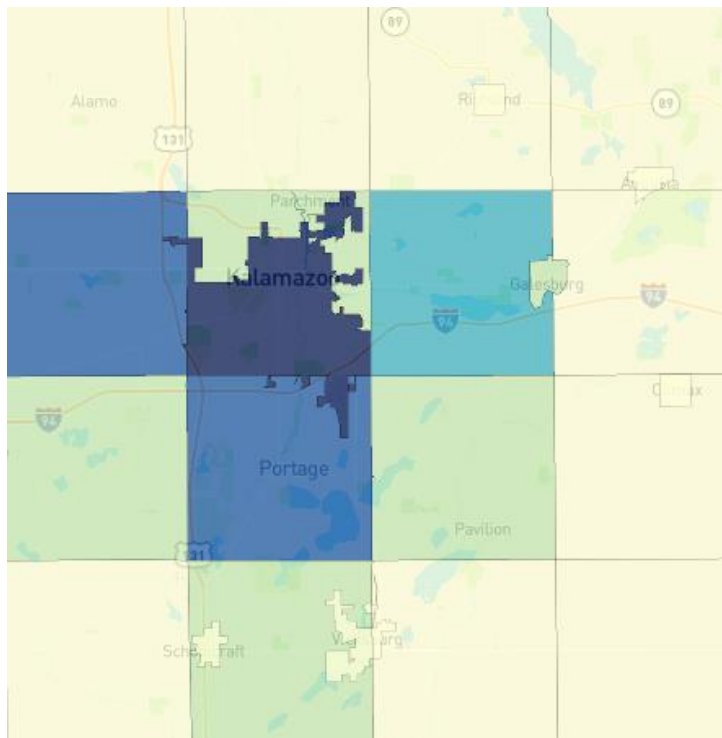
Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 19: Older Adults in Poverty by Age

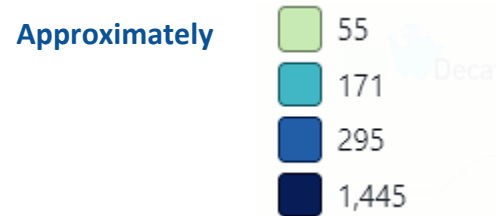
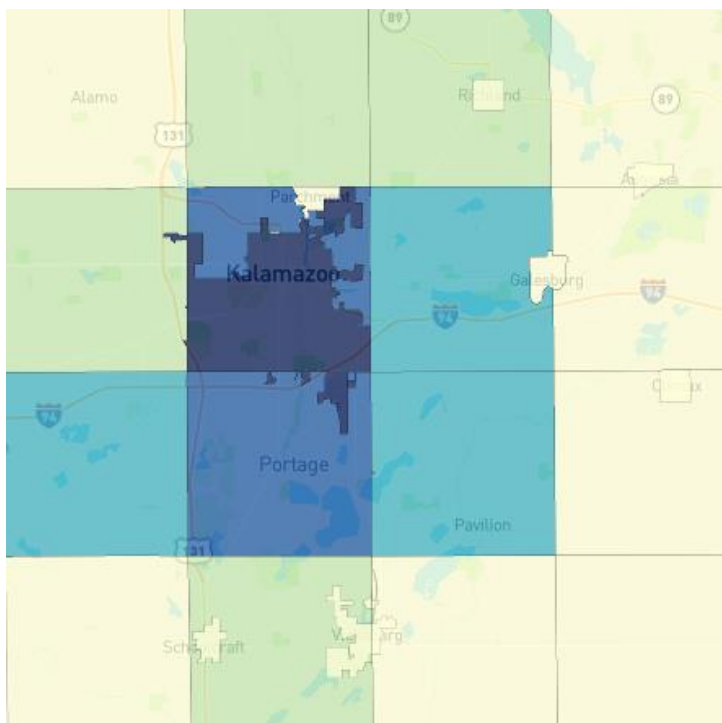
Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

- Kalamazoo City has the highest population of adults between the ages of 55 and 64 living in poverty.
- Outside of the Kalamazoo City area, approximately 9.8% of adults aged 55 to 64 in Portage City are living in poverty.
- Kalamazoo City and Kalamazoo Charter Township have the highest population of adults aged 64 and 74.
- Six percent of people living in poverty in Portage City are between the age of 65 and 74 (237 people).

¹⁰ The estimated number of persons with income in the past 12 months who are below the poverty level.

Exhibit 20: Older Adults in Poverty¹¹

→ Approximately 1,145 of the population between the ages of 55 and 64 are living in poverty in Kalamazoo City (23%), the **greatest number** within the county.

**Ages 55 to 64**

→ The number of older adults between the ages of 65 and 74 living in poverty is the **greatest** in Kalamazoo City, Kalamazoo Charter Township, and Portage City.

→ Collectively, approximately 786 older adults are living in poverty in these three areas in central Kalamazoo County.

**Ages 65 to 74**

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

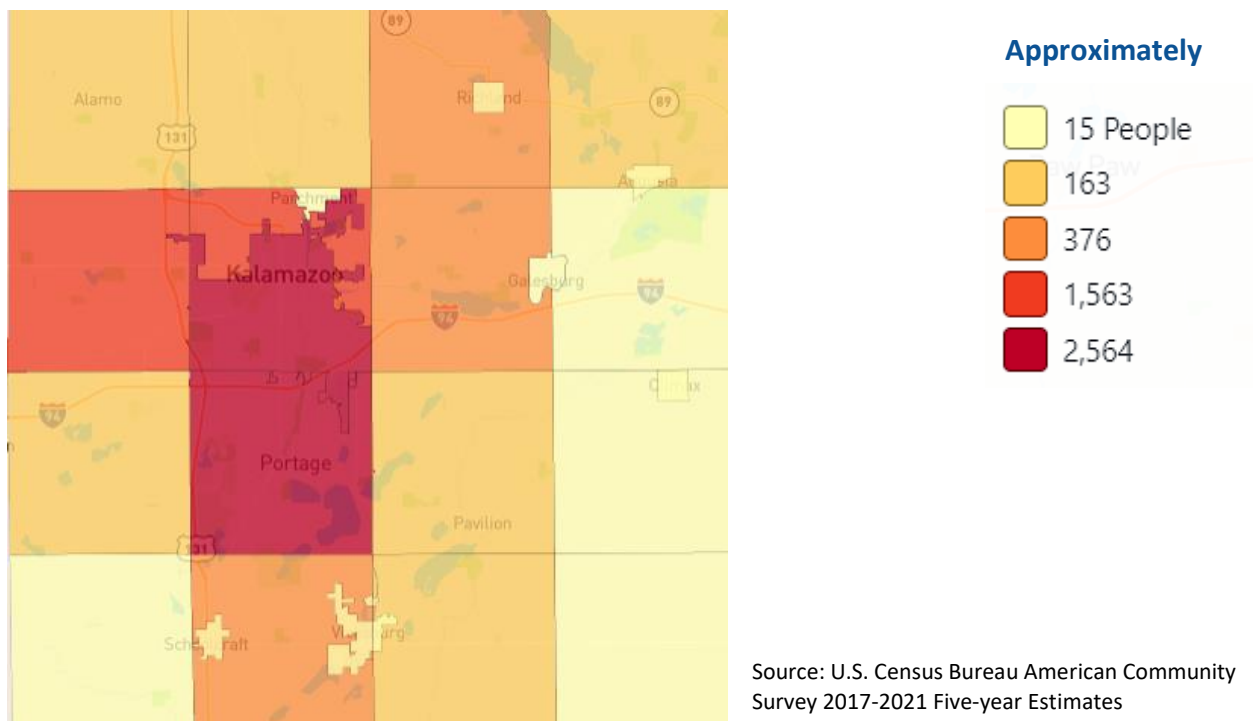
¹¹ Less than 55 people (Ages 55-64). Less than 50 people (Ages 65-74)

Neighborhood & Built Environment

With limited options for affordable, healthy housing, many Michigan residents, especially older adults with a fixed income, face instability, poor health outcomes, and homelessness.¹² Living alone presents inherent challenges, including a higher risk of injury, loneliness, and malnutrition.¹³

The pandemic has had a heavy impact on the quality of life for older adults. The 2023 University of Michigan National Poll on Healthy Aging study found that 47% of those in the state between the ages of 50 and 80 who live alone reported a lack of companionship, compared with 33% of those who live with others.¹⁴

Exhibit 21: Older Adults Living Alone



- Over 2,800 older adults aged 65 and over are living alone in Kalamazoo City (approximately 28% of all adults aged 65 and over).
- In Schoolcraft, over 50% of adults aged 65 and over are living alone (96 out of 176).

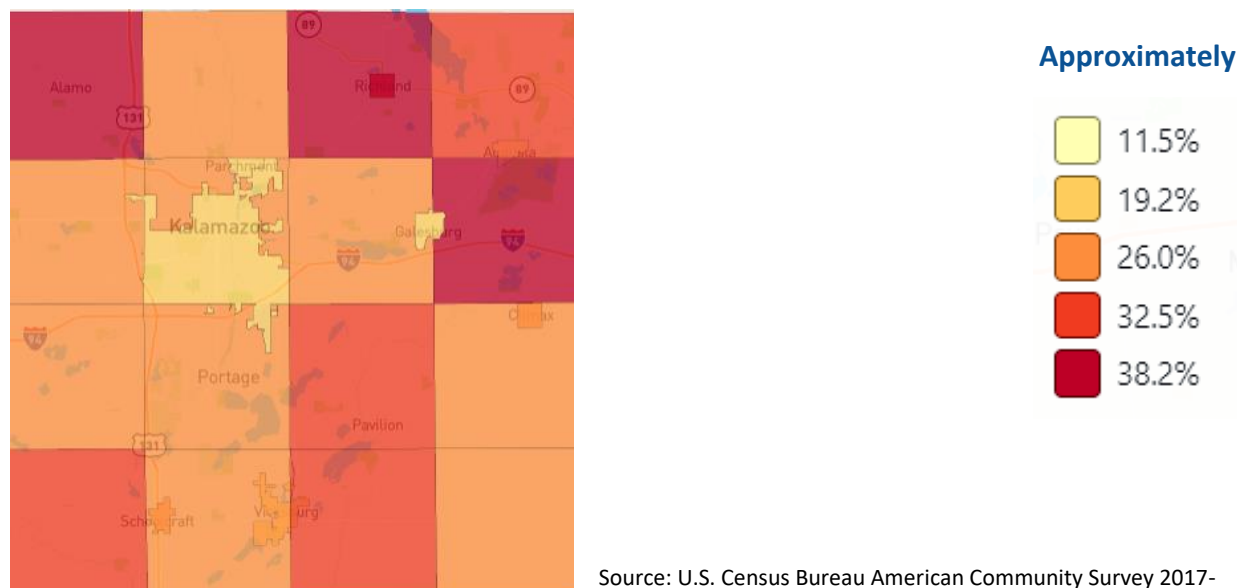
¹² Michigan Department of Health and Human Services, Social Determinants of Health Strategy. Michigan's Roadmap To Healthy Communities, 2022-2024. https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder1/Folder2/Folder1/FULL_SDOH_Strategy_032222.pdf?rev=809a412c24274ca28e1e707bf79ac024

¹³ Vive Michigan Magazine. 25.7% of Michigan Seniors Live Alone (May 2023). Link: <https://vivemichigan.com/27-5-of-michigan-seniors-live-alone/>

¹⁴ University of Michigan. National Poll on Healthy Aging. Loneliness, isolation down but still high among older adults (

In Kalamazoo County, 26.5% of all households include at least one member aged 65 and over. In Richland County, 44.4% of all households include at least one member aged 65 and over, followed by 41.9% of households in Richland Township, and 39.6% of households in Charleston.

Exhibit 22: Households with Older Adults



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Housing

The quality of housing is a critical component for older adults wanting to ‘age in place’ or continue living in their homes. For example, the risk of falling increases with age, and most older adults may experience problems with eyesight, sense of balance, and reflexes. These challenges, exacerbated by a potentially dangerous environment can result in several negative health outcomes.¹⁵

The National Association of Home Builders has a checklist of modifications that make it easier to stay in an individual’s current home. The list includes:

- **First Floor Living Space:** One bedroom and bathroom as a primary suite to eliminate climbing stairs, lower kitchen cabinets with drawers instead of shelves, removal of some kitchen cabinets to accommodate wheelchairs.
- **Bathroom:** Grab bars in the shower/tub and next to toilets, raised toilet seats, non-slip tub floors.

¹⁵ State Advisory Council on Aging. Aging in Place, Aging in Community, 2022. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Adults-and-Seniors/BPHASA/SAC_Report-Aging_in_Place_Aging_in_Community.pdf?rev=8480c436439842f0a582033c92c36a8f&hash=AF7B6E9FCE8DE2D7BD2FA7B2C3B21A4C

- Throughout House: Raised electrical outlets; lowered switches; rails on all stairs; increased lighting in stairways, bathrooms, and kitchen; night lights throughout; and at least one entrance with no stairs.

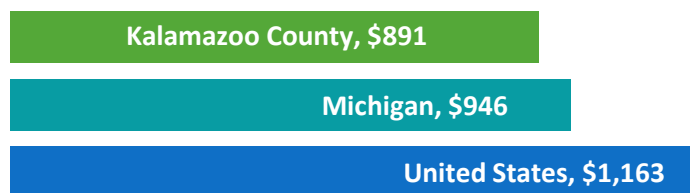
Over 70% of the housing stock in Kalamazoo County is at least 40 years old, potentially indicating that some of these modifications are necessary in order to better suit the needs of the older adult population.

Exhibit 23: Age of Housing Stock

Year Built	United States	Michigan	Kalamazoo County
1939 or Earlier	12.2%	14.5%	14.3%
1940 to 1949	4.7%	7.2%	5.8%
1950 to 1959	10.0%	14.6%	12.3%
1960 to 1969	10.3%	11.8%	11.8%
1970 to 1979	14.8%	15.3%	15.1%
1980 to 1989	13.2%	9.8%	10.9%
1990 to 1999	13.6%	13.0%	12.7%
2000 to 2009	13.6%	9.9%	11.7%
2010 to 2019	7.3%	3.7%	5.3%
2020 or Later	0.2%	0.1%	0.1%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 24: Median Monthly Rent



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

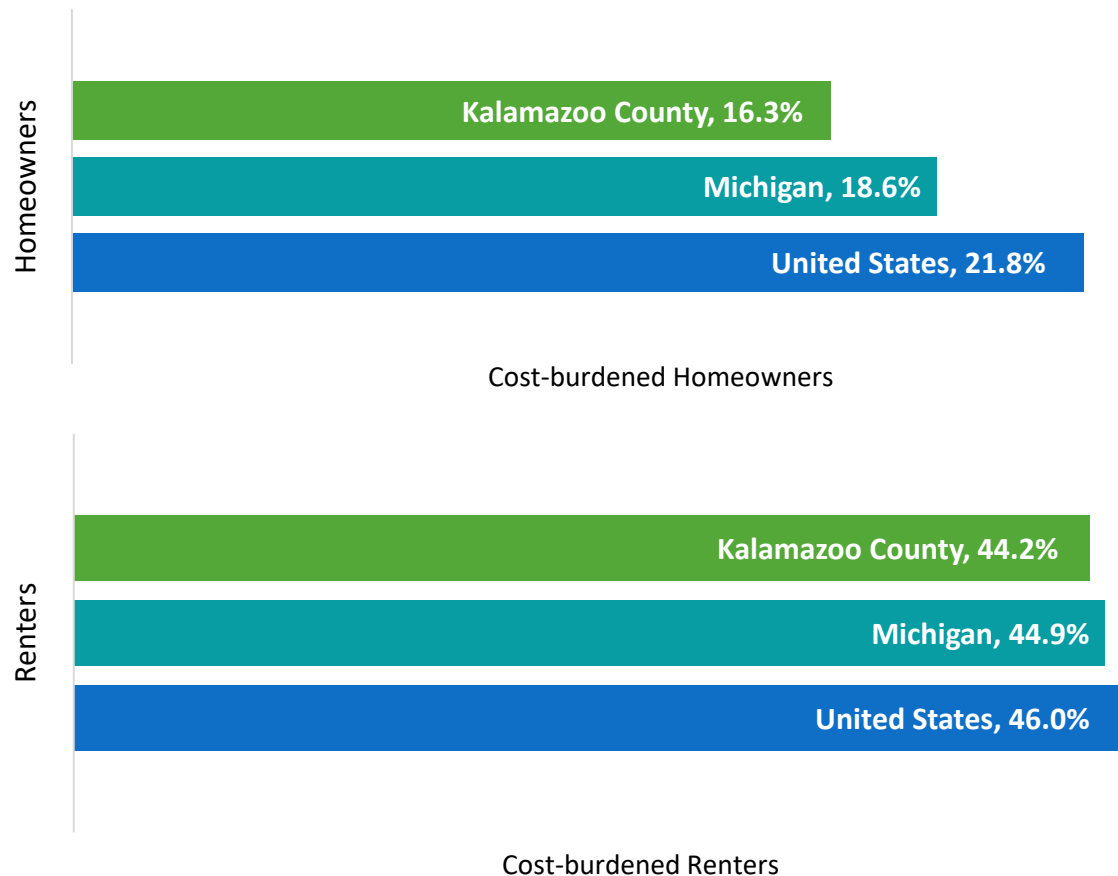
Highest Median Monthly Rent Costs Kalamazoo County

- Charleston Township \$990
- Pavilion Township \$979
- Cooper Charter Township \$974
- Portage City \$949
- Texas Charter Township \$921

A household (owning or renting) is cost-burdened when it is spending more than 30% of household income on housing (rent or mortgage plus utilities, taxes, insurance, etc.). For renters, that 30% includes rent and utility costs like heat, water, and electricity.¹⁶

The percentage of owner-occupied housing units that are considered to be cost-burdened in Kalamazoo is lower compared to the state and national percentages. Approximately 44% of renter-occupied housing units in the county are considered to be cost-burdened.

Exhibit 25: Cost-burdened Households

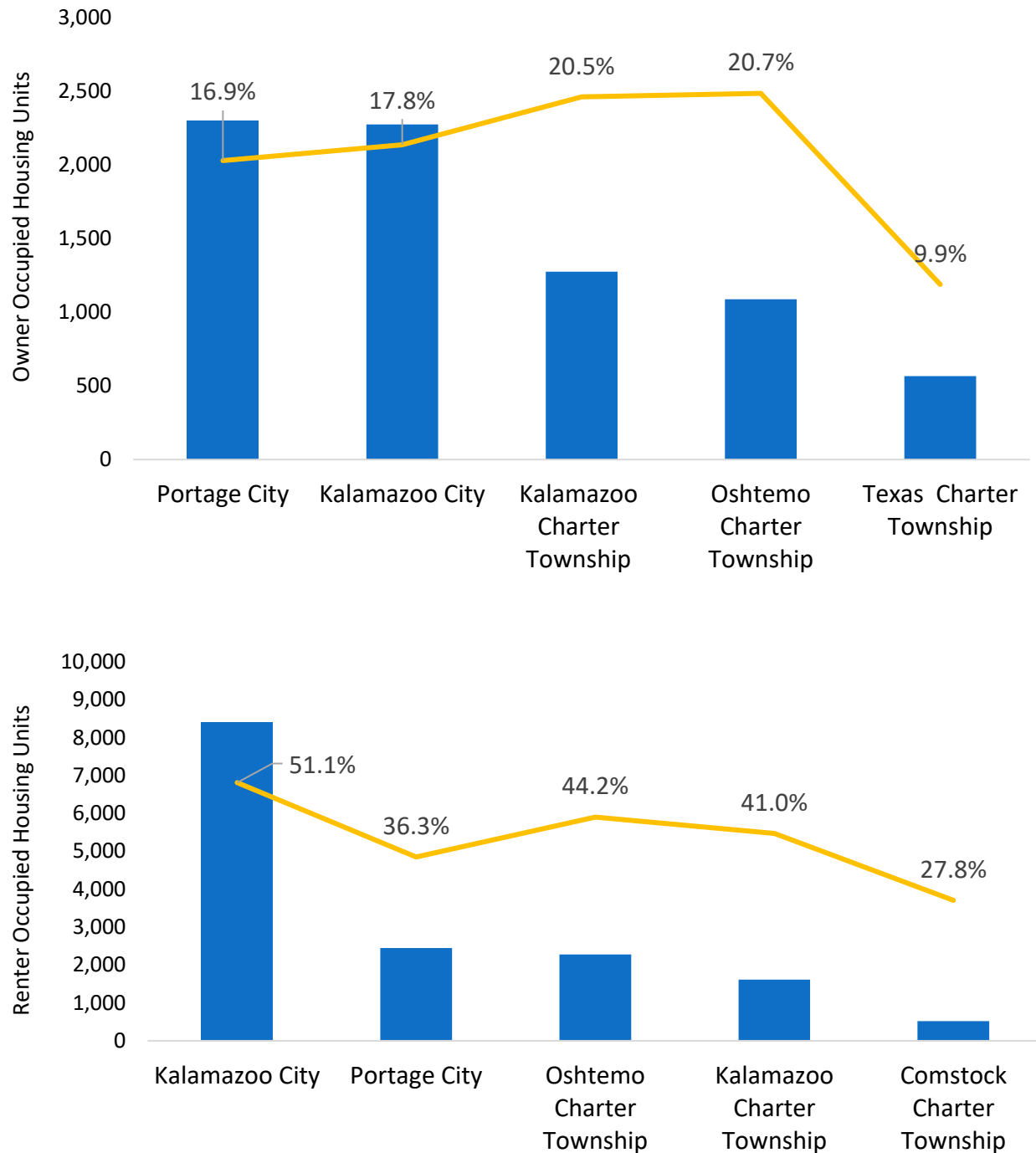


Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

¹⁶ Upjohn Institute and the Southcentral. Kalamazoo County Housing Plan (July 2022).
https://www.kalcounty.com/housing/pdf_files/Kalamazoo%20County%20Housing%20Plan%20final%208.15.22.pdf

In Portage City, nearly 17% of owner-occupied housing units spend 30% or more on monthly housing-related expenses – the highest within the county.

Exhibit 26: Cost-burdened Renters and Homeowners Within Minor Civil Divisions



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

The housing choice voucher program is the federal government's primary program for assisting very low-income families, older adults, and people living with disabilities to afford decent, safe, and sanitary housing in the private market.¹⁷

The table below indicates the percentage of renter households that receive Housing Choice Vouchers under the U.S. Department of Housing and Urban Development (HUD). In 2022, there were approximately 1,307 subsidized housing units in Kalamazoo County, a nearly 70% decrease from 2021 (4,151). There is only one Housing Choice Voucher Housing Agency in Kalamazoo County, Pine Grove Housing Service.

Exhibit 27: Housing Choice Vouchers in Kalamazoo County

Subsidized Units Available	Percent Occupied	Head/Spouse Aged 51 to 60	Head/Spouse Aged 62 and Over	Head/Spouse with a disability, Aged 62 and Over
1,307	91%	23%	20%	20%

Source: HUD User. Picture of Subsidized Households Data Set, 2022

¹⁷ U.S. Department of Housing and Urban Development, Housing Choice Vouchers Fact Sheet. https://www.hud.gov/topics/housing_choice_voucher_program_section_8

Housing Insecurity

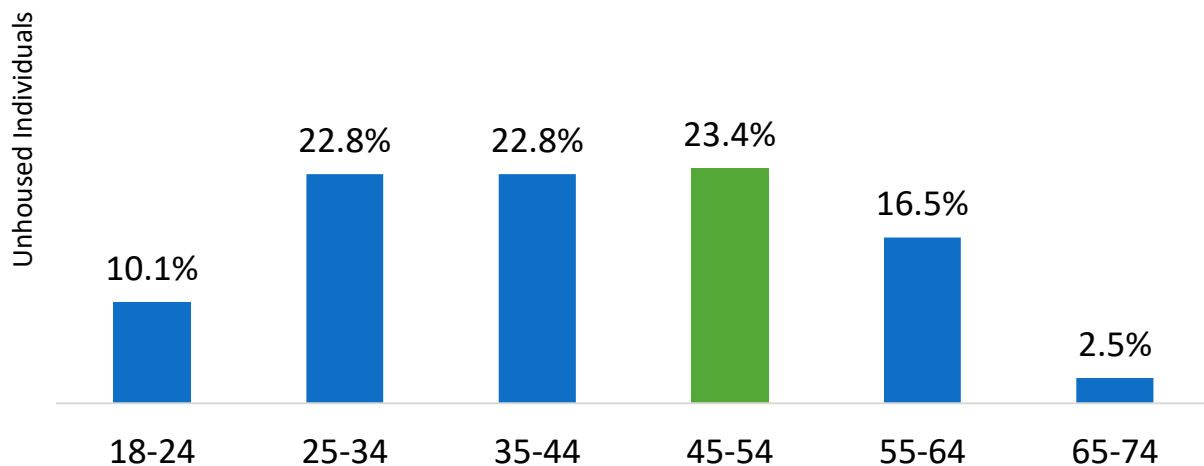
Rising costs have put most moderate- and low-income earners into situations where they are paying more in rent or ownership costs than what is financially sustainable. This increases the chances for displacement, especially for those with fixed incomes, such as seniors, individuals with disabilities, or people trying to rebuild after homelessness.¹⁸

The 2022 Kalamazoo County Housing Plan: Unhoused Survey Results indicate that the proportion of 55-to-64-year-olds within the unhoused population is greater than the proportion within the population of the overall county.

“Since housing assistance is provided on behalf of the family or individual, participants can find their housing, including single-family homes, townhouses, and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.”

U.S. Department of Housing
& Urban Development

Exhibit 28: Age of Unhoused Individuals in Kalamazoo County



Source: Kalamazoo County Housing Plan: Unhoused Survey Results, 2022

¹⁸ Upjohn Institute and the Southcentral. Kalamazoo County Housing Plan (July 2022).
https://www.kalcounty.com/housing/pdf_files/Kalamazoo%20County%20Housing%20Plan%20final%208.15.22.pdf

Transportation & Broadband

Michigan's State Advisory Council on Aging 2022 Report shares that older adults' ability to drive may determine their ability to access community resources and successfully live in a community. Older adult drivers may need to rely on families, friends, and volunteers to provide transportation. Otherwise, older adults must have access to public transportation and services such as Uber, Lyft, and other specialized local services to provide necessary transportation.¹⁹

Access to transportation is not a demonstrable issue in Kalamazoo County. Approximately 93% of households have access to a vehicle. Additionally, one in 31 households in Kalamazoo County do not have internet or computer access in the household. Approximately one in 14 households only have internet access through a smartphone device.

Exhibit 29: Transportation Access

	United States	Michigan	Kalamazoo County
One Vehicle	32.5%	33.9%	34.3%
Two Vehicles	37.1%	38.6%	39.3%
Three or More Vehicles	22.1%	20.2%	19.4%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Transportation Challenges

- Bus routes often do not cross county lines.
- Limited public transportation routes
- Hours during evenings and weekends create further barriers
- U.S. Department of Housing and Urban Development

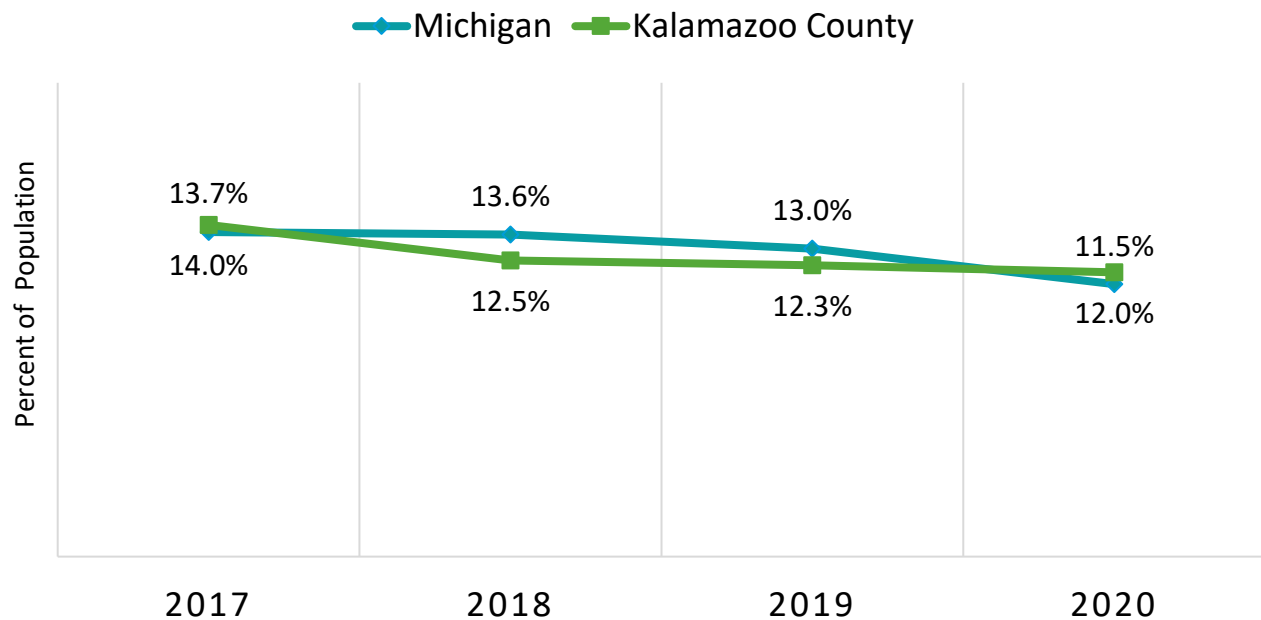
State Advisory Council
on Aging 2022 Report

¹⁹ State Advisory Council on Aging. Aging in Place, Aging in Community, 2022. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Adults-and-Seniors/BPHASA/SAC_Report-Aging_in_Place_Aging_in_Community.pdf?rev=8480c436439842f0a582033c92c36a8f&hash=AF7B6E9FCE8DE2D7BD2FA7B2C3B21A4C

Food Insecurity

In 2020, 5.2 million older adults aged 60 and older faced hunger. That means one in five older adults (6.8% of all older adults) have experienced this condition. Hunger takes a severe toll on older adults' health and nutrition, putting them at risk for chronic health conditions like depression, asthma, and diabetes.²⁰

Exhibit 30: Trend of Food Insecurity



Source: Feeding America, Map the Meal Gap

Exhibit 31: Food Insecurity²¹

	United States	Michigan	Kalamazoo County
Children 17 and Under	22.5%	23.3%	21.8%
65 and Older	12.2%	13.5%	11.8%

Source: U.S. Department Of Agriculture. Food Access Research Atlas, 2019

- While the highest rate of more than 20% is seen in children, older adults aged 65 and older also experience food insecurity at an elevated rate.
- More than one in 10 Kalamazoo County residents aged 65 and older experience food insecurity.

²⁰ Feeding America, Senior Hunger. <https://www.feedingamerica.org/hunger-in-america/senior-hunger-facts>

²¹ Percentage of Age Group.

Community & Social Context

To promote optimal health among older adults and address racial, socioeconomic, and other social determinants, it is imperative to recognize and address the neighborhood or community contexts that affect people's health across the life course. Neighborhoods are important in influencing health and health equity, and policies or actions can improve health inequities among older adults by focusing on their neighborhood contexts.²²

Veteran Community

The veteran community is especially important to consider when providing services for older adults. For example, as veterans age, the number of caregivers needed to care for them also increases. Many caregivers face a financial burden in caring for a veteran. Some require specialized care that can be costly, and others lack the financial resources to cover all the costs associated with caregiving.²³

Exhibit 32: Veteran Status

United States	Michigan	Kalamazoo County
6.9%	6.6%	6.3%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

- Out of the total civilian population aged 18 and older in Kalamazoo County, approximately 6.3% are veterans.
- The Kalamazoo County Veterans Service Office Specialist assists veterans with claims filing for VA disability benefits, VA health care benefits, dependents and survivors' benefits, VA Home Loan Guaranty, Kalamazoo County Veterans ID card, education benefits, medical treatment, military records and medals, and emergency financial aid.

24

²² American Society on Aging. Addressing Health Equity for Older Adults at the Neighborhood Level (2021).

<https://generations.asaging.org/health-equity-elders-neighborhood-level>

²³ American Society on Aging. Generations Now Caring for Our Nation's Veterans: The Challenge of an Aging Population (November 2022).

<https://generations.asaging.org/caring-our-nations-older-veterans>

²⁴ Kalamazoo Valley Community College County Veterans Affairs Offices. https://www.kvcc.edu/services/veterans/Veterans_County.htm

There are approximately 12,895 veterans living in Kalamazoo County, making up 6.3% of the county population. There is one Veteran Affairs Medical Center in Kalamazoo County for this population.

Exhibit 33: Veteran Population²⁵

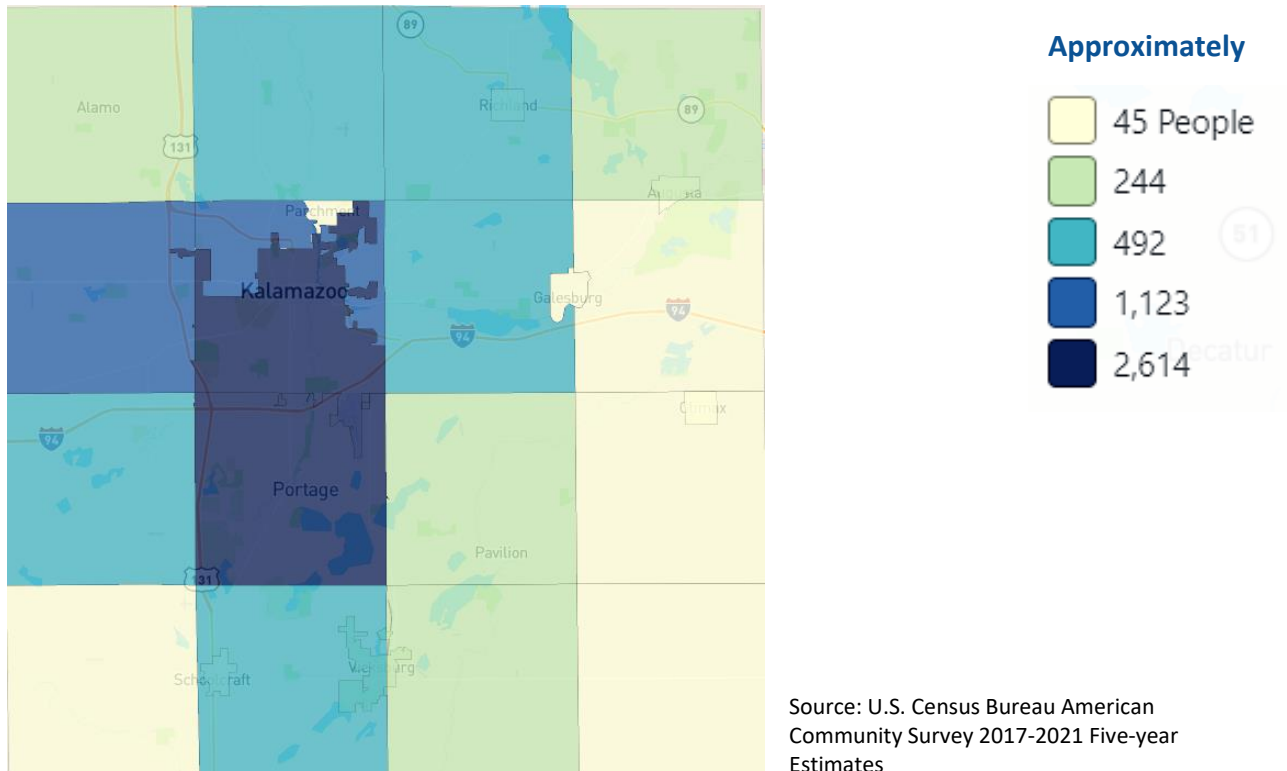


Exhibit 34: Great Population of Veterans in Kalamazoo County

	Veteran Population
Kalamazoo City	2,689
Portage City County	2,614
Kalamazoo Charter Township	1,303
Oshtemo Charter Township	1,123
Comstock Charter Township	834

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

²⁵ Civilian population 18 and older. The ACS defines a veteran as "a person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians 16 years old and over are classified as nonveterans."

Long Term Care Ombudsman

Since 1972, the Michigan Long Term Care Ombudsman Program strives to improve the quality of care and quality of life experienced by residents who reside in licensed long term care facilities at no cost. The program aims to improve the long term care system, speaking for passage of laws, regulations and policies benefiting over 100,000 Michigan long term care residents. The Long Term Care Ombudsman advocates for the resident in the facilities, guided by the wishes of the resident. All services are provided under strict confidentiality and the Ombudsmen cannot share information about the resident or the resident's concerns without the resident's permission.²⁶ Under Michigan Law, the Ombudsman is authorized and empowered to investigate complaints and advocate for people living in facilities licensed as a Nursing Home, Adult Foster Care (AFC) or Home for the Aged (HFA).²⁷

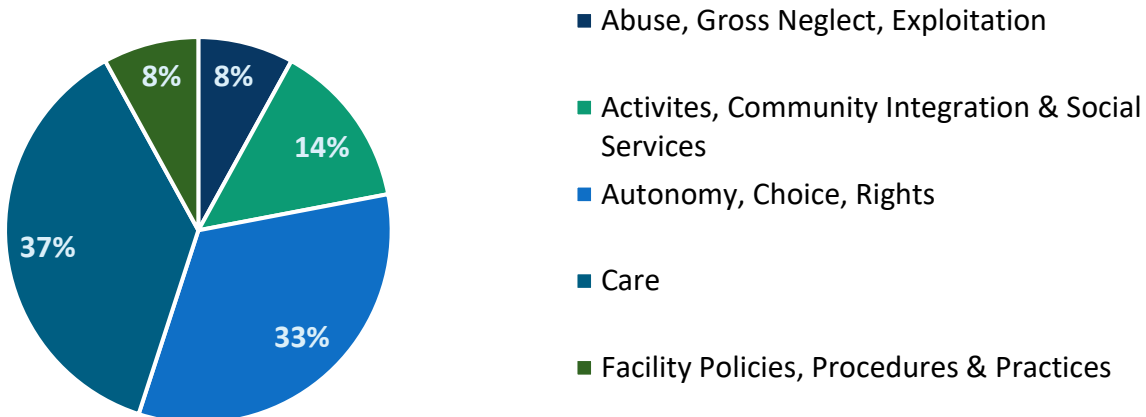
The local Ombudsman covers a five-county region including Kalamazoo, Barry, Branch, Calhoun, and St. Joseph counties. In quarter two of 2023 (January to March), the local Ombudsman served 26 residents living in nursing homes, 23 residents living in a Home for the Aged, and 275 people living in Adult Foster Care.

Exhibit 35: Local Ombudsman Services in Kalamazoo County

NH	NH Beds	HFA	HFA Beds	AFC	AFC Beds	Total
26	2,240	23	1,560	275	916	2,705

Source: Data provided by Local Ombudsman

Exhibit 36: Complaint Codes, Q2 2023



Source: Data provided by Local Ombudsman

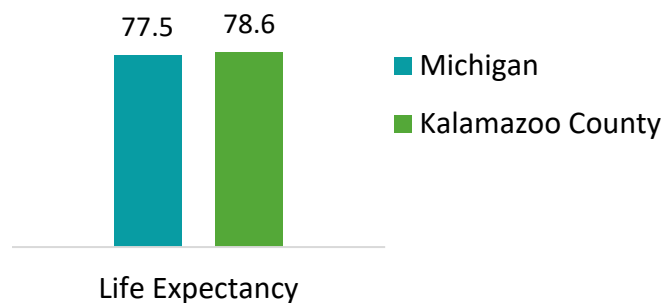
²⁶ Michigan Long Term Care Ombudsman. Link: <https://mltcop.org/>

²⁷ Area Agency on Aging of Northwest Michigan. Link: <https://www.aaanm.org/long-term-care-ombudsman/>

Health Care

In 2020, Michigan State University researchers warned that current health care providers are unprepared to handle the increase in eldercare demands. In 2030, the oldest members of Generation X will turn age 65 and join more than 70 million other aging adults in America whose health care needs will demand far more from our existing health systems.²⁸

Life expectancy measures the average number of years from birth a person can expect to live and is calculated based on the number of deaths in a given time period and the average number of people at risk of dying during that period. Kalamazoo County has a slightly higher life expectancy compared to Michigan.



Source: Michigan Resident Death Files. Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services, 2021

Exhibit 37: Leading Causes of Death in Kalamazoo County by Age

Rates per 100,000 Population	55-64	65-74	75-84	85 +
Alzheimer's Disease	1	7	18	52
Cancer	70	131	119	93
Chronic Liver Disease and Cirrhosis	5	4	2	No Data
Chronic Lower Respiratory Diseases	10	44	36	27
COVID-19	47	54	64	48
Diabetes Mellitus	13	25	24	10
Heart Disease	68	94	138	214
Kidney Disease	3	6	15	12
Stroke	11	14	34	35
Unintentional Injuries	38	24	22	29

Source: Michigan Resident Death Files. Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services, 2021

→ For adults in Kalamazoo between the ages of 55 and 64 as well as 65 to 74, cancer was the leading cause of death in 2021.

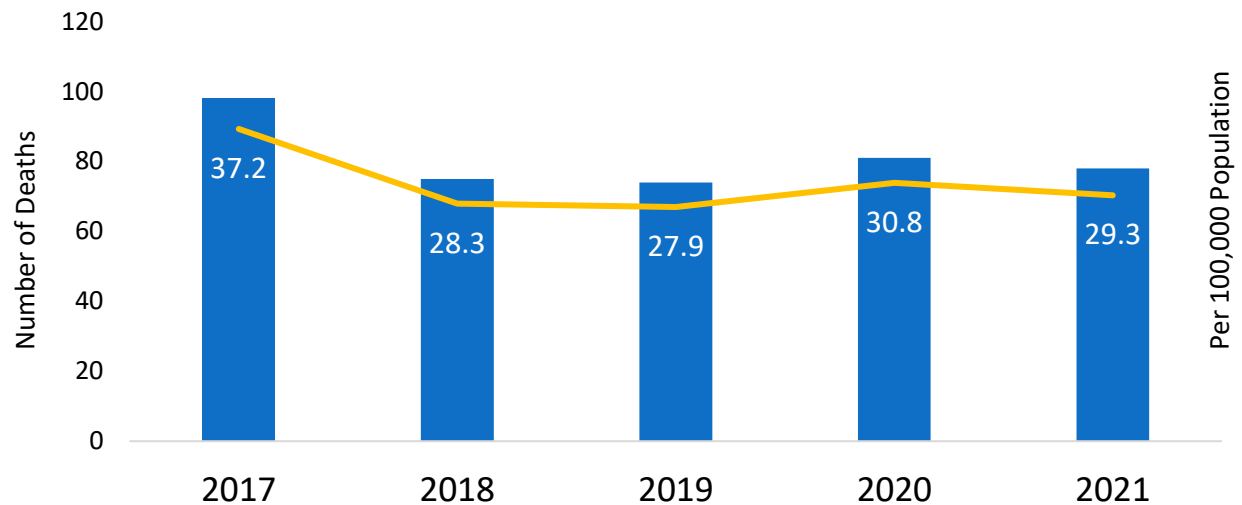
²⁸ Kevin T Foley, MD, FACP, AGSF, Clare C Luz, PhD, Retooling the Health Care Workforce for an Aging America: A Current Perspective, The Gerontologist, Volume 61, Issue 4, June 2021. <https://academic.oup.com/gerontologist/article/61/4/487/5936630?guestAccessKey=be6f9bd0-9586-4003-a19e-232817c1509a&login=false>

Alzheimer's Disease

Alzheimer's disease is a growing public health crisis in Michigan, as approximately 9.5% of people aged 45 and older have subjective cognitive decline and over 190,000 people aged 65 and older are living with Alzheimer's Disease statewide.²⁹

The number of deaths caused by Alzheimer's Disease decreased by 22 between 2017 and 2019. However, Kalamazoo County experienced an increase in deaths in 2020 and only dropped by three deaths in 2021. In 2021, the Alzheimer's Disease mortality rate in Kalamazoo County was approximately 29 deaths per 100,000 people.

Exhibit 38: Alzheimer's Disease Mortality, Kalamazoo County



Source: Division for Vital Records and Health Statistics, Michigan Department of Health and Human Service

Number Of People Aged 65 & Older With Alzheimer's Disease In Michigan

2025: 220,000

2020: 190,000

Estimated Percent Increase: 15.8%

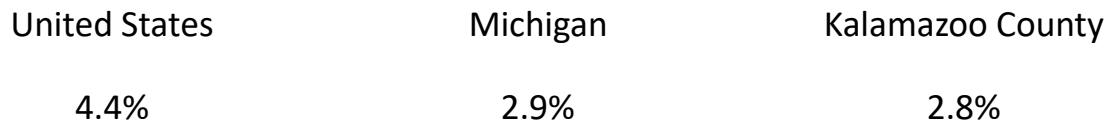
Alzheimer's Association, 2023 Alzheimer's Disease Facts & Figures Report

²⁹ Alzheimer's Association, Michigan. <https://www.alz.org/professionals/public-health/state-overview/michigan#:~:text=190%2C000%20people%20aged%2065%20and,older%20have%20subjective%20cognitive%20decline.>

Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications) and medical debt is common among both insured and uninsured individuals.³⁰

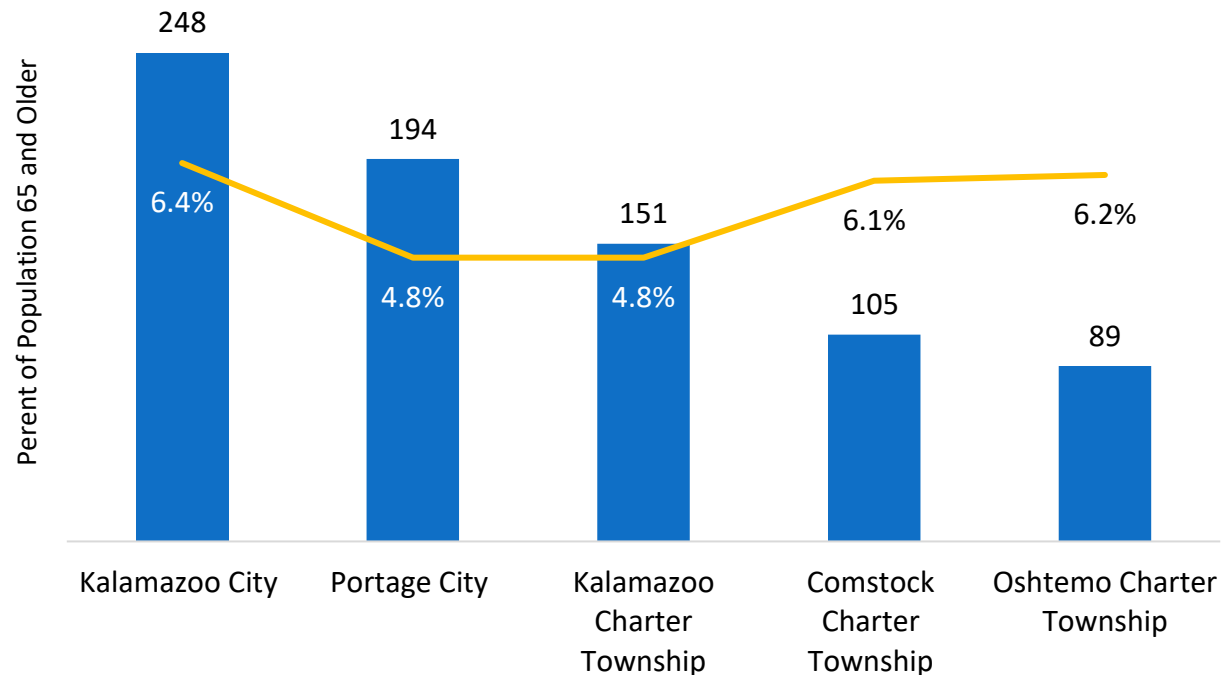
Approximately 6.4% of the population aged 65 and older (248) in Kalamazoo City do not have Medicare.

Exhibit 39: Population 65 and Older Without Medicare³¹



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 40: Minor Civil Divisions, Older Adults Without Medicare



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

³⁰ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Access to Health Services. Link: health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services

³¹ Uninsured per Civilian Noninstitutionalized Population: Excluding persons residing in institutions (primarily of nursing homes, prisons, jails, mental hospitals, and juvenile correctional facilities).

Workforce

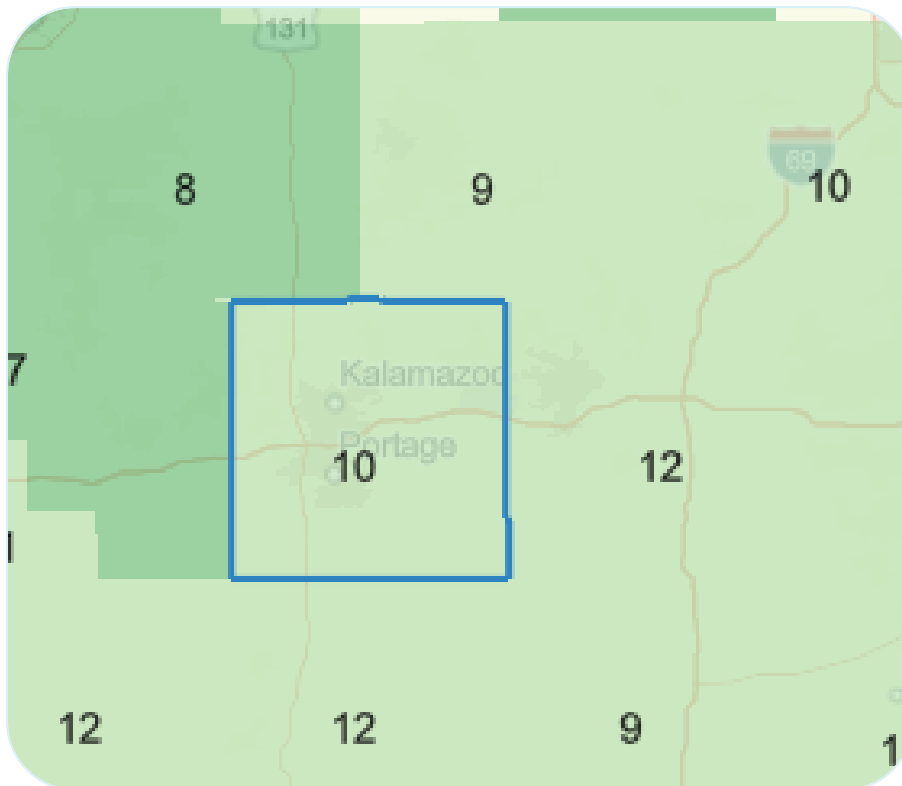
Health Professional Shortage Areas (HPSAs) are geographic areas, populations, or facilities with a shortage of primary, dental, or mental health care providers.

The HPSA tool can be utilized to identify counties and states with the most severe provider shortages for a select variety of health care disciplines. **Scores range from 0 to 26, with a higher score indicating a greater need.**³²

“A shortage of health care workers has impacted hospitals for several years and the COVID-19 pandemic has only exacerbated the shortage, making an expected shortage of health care workers happen sooner and to a much worse degree.”

Michigan State Medical Society,
Workforce Sustainability (2021)

Exhibit 41: Primary Care, Health Professional Shortage Areas



**Kalamazoo County
Primary Care Area
HPSA Score:**

10

Source: Health Resources and Services Administration. HRSA Map Tool (5/7/2023)

³² Health Resources & Services Administration. What is Shortage Designation? <https://bhwh.hrsa.gov/workforce-shortage-areas/shortage-designation#hpsas>

Direct Care Workers

A 2021 study focusing on Direct Care Workers (DCW) in Michigan assessed the size and characteristics of the DCW workforce, compared hourly DCW wages to estimated living wages and competitor occupation wages, and assessed the costs of DCW turnover rates.

Key Findings:

- The demand for workers who provide direct care to older adults and people with disabilities is high and increasing statewide.
- Evidence of the need is attributed to the rising number of people in need of services, the waitlists for current service programs, and the number of unfilled direct care positions.
- From 2021 to 2028, there are expected to be around 18,000 annual direct care job openings, resulting in more than 140,000 cumulative job openings in Michigan.

Michigan's DCW workforce is comprised of five occupational categories including certified nursing assistants (CNAs), personal care aides (PAC), home health aides (HHAs), direct support professionals (DSP), and paid and unpaid family caregivers. Out of the five types of DCWs, home health aides and individual caregivers are critical to caring for the older adult community.³³

Home Health Aides (HHAs), or in-home care workers, may work with older adults or individuals with disabilities or illnesses. HHAs may provide basic health-related services, such as checking a client's pulse, temperature, and respiration rate. Occasionally, they change bandages or dressings, give massages, care for skin, or help with braces and artificial limbs. With special training, experienced HHAs may help operate medical equipment, such as ventilators. PCAs may help with nonmedical tasks such as meal preparation, light housekeeping, and laundry.

Individual Caregivers are relatives, friends, and neighbors who provide in-home care to older adults and individuals with disabilities. Individual caregivers can assist with activities of daily living and may also assist with some medical services after being trained by the individual needing care or their medical provider. While publicly available data on this category of direct care workers is limited, there is widespread anecdotal evidence that individual caregivers are a significant portion of the DCW workforce. There are two types of individual caregivers: paid and unpaid.

³³ U.S. Bureau of Labor Statistics, Home Health and Personal Care Aides. <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

Turnover & Wage History

Many direct care stakeholders point to relatively low wages as a key factor contributing to these high turnover rates. A challenging work environment, particularly during the COVID-19 pandemic, extensive work travel, and limited benefits are also contributing factors.³⁴

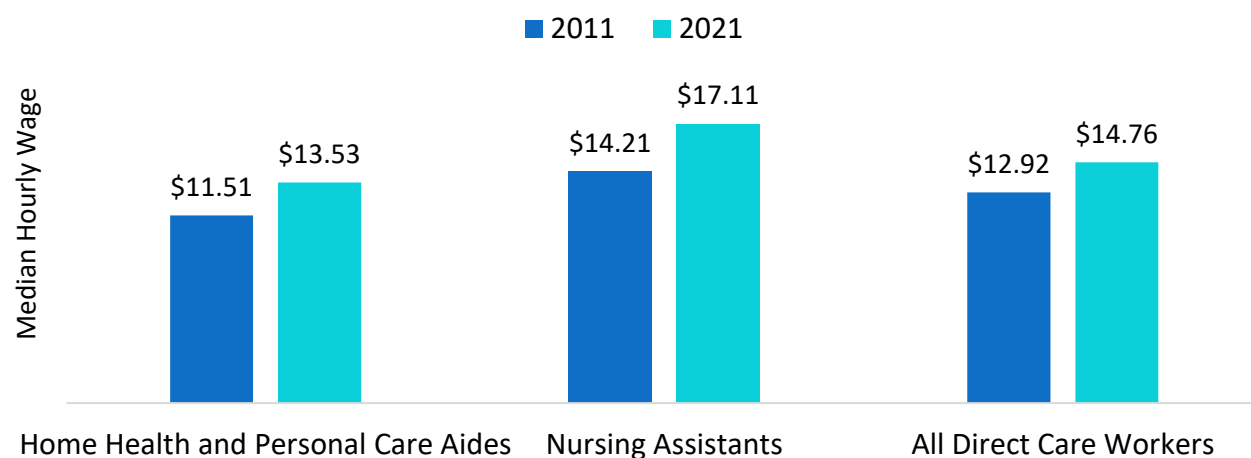
In response to the COVID-19 pandemic, 17 states instituted hazard pay policies for direct care workers, ranging from one-time bonuses to temporary wage increases paid for through federal COVID-19 funding. In April 2020, Michigan instituted a temporary wage increase of \$2.00 per hour, first for Medicaid-funded home care workers, and then nursing home staff. In September 2021, Governor Gretchen Whitmer made the pay raise permanent, including \$164.5 million in funding in the state's budget to raise the wages of direct care workers by up to \$2.35 per hour. Michigan was the only state to make that pay raise permanent.³⁵

Exhibit 42: Direct Care Worker Projected Job Openings in Michigan³⁶

2020 - 2023	Nursing Assistants	Home Health and Personal Care Aides	All Direct Care Workers
Total Projected Growth	3,850	18,070	21,920
Total Job Openings	66,600	115,500	182,100

Source: PHI. Workforce Data Center (September 22, 2022)

Exhibit 43: Direct Care Worker Median Hourly Wage³⁷



Source: PHI. Workforce Data Center (September 22, 2022)

³⁴ U.S. Bureau of Labor Statistics, Home Health and Personal Care Aides. <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

³⁵ PHI. How Michigan Permanently Increased Wages for Direct Care Workers, November 2022. <https://www.phinational.org/news/how-michigan-permanently-increased-wages-for-direct-care-workers/>

³⁶ "Growth" includes anticipated number of new jobs created due to growth in demand. These growth estimates are based on recent industry and employment trends, not projected population growth.

³⁷ Adjusted for Inflation.

Exhibit 44: Ratio of Population to Mental Health Providers

Source: County Health Roadmaps and Rankings, 2021 Data

Map of Michigan counties showing 2010 election results for Proposition 3. The map displays the following counties and their corresponding 'Yes' percentages:

County	Yes (%)
Holland	14
Kalamazoo	5
Portage	7
Jackson	18
Hillsdale	16
Adrian	9
South Bend	14

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Qualitative Research

To identify the root causes of challenges older adults, caregivers, families, and others have in Kalamazoo County, and to evaluate the gaps in available resources, a qualitative research approach was implemented comprising of both one-on-one stakeholder interviews and focus group discussions with a broad range of community members. An additional goal of the qualitative data collection was to identify potential solutions and action items the Kalamazoo Area Agency on Aging may have the opportunity to implement to improve the quality of life for older adults in Kalamazoo County.

One-on-One Interviews

A total of **25** one-on-one interviews were conducted via telephone or Zoom, lasting approximately 20 to 30 minutes. Crescendo interviewed community members from a wide range of sectors in Kalamazoo County including AAA3A board members, in-home care providers, health care providers, non-profit organizations, and volunteers, among others. The interviews provided the opportunity for in-depth conversations about the strengths of Kalamazoo County regarding older adults, as well as the challenges that older adults often experience, as well as their caregivers, families, and local service providers.

Focus Group Discussions

Five in-person focus groups and one virtual focus group were held with a total of **40** community members participating. Each discussion began with brief introductions, followed by hearing participants' broad thoughts about several topics such as housing, health care, awareness of services, caregiver respite, and more. Participants were encouraged to speak about his/her/their particular areas of concern, interest, or experiences.

The stakeholder interview guide & focus group moderators guide can be found in Appendix B.

The following pages include direct insight from residents of Kalamazoo County to highlight community needs of older adults, families, caregivers, service providers, and others, identified through the qualitative research.

Strengths of Kalamazoo County

Part of the qualitative research process included asking participants to identify positive aspects of their community.

- “In Vicksburg, there is extreme volunteerism, things get done around here, it’s a caring community. There’s a lot of pride to living here.”
- “Kalamazoo County is a small community, so it feels close-knit in some ways, but definitely some segments or pockets that can be left out.”
- “Kalamazoo is very philanthropic between the county and community foundation and non-profits; they work well together.”
- “Kalamazoo County has a lot to offer with the culture and arts, active civic theatre, access to continuing education at Western Michigan, and many activities accessible for older adults. It is a growing community with lots of great resources, philanthropic folks, and lots of support.”
- “The Kalamazoo Foundation for Excellence makes the area an attractive place to live, the cost of living is affordable, and it is in close proximity to Detroit and Chicago and an airport in town is huge.”
- “Vicksburg is the absolute diamond. The rubies are the people in the room.”
- “This community is amazing in terms of the music you can hear, the plays and musicals that are like local theatre and there are also those that are touring. There’s a real sense of community here, people are very invested. There is a lot of money here that people use to help make our community better. We are culturally diverse here also.”
- “I love that Kalamazoo is a city that has a small-town feel sometimes. There’s an incredible amount of services for people for those who are living on a low income, those with mental health issues – that kind of thing. There are a ton of services in the community which I support and appreciate.”

Qualitative Themes

The combination of qualitative research methods resulted in several themes focused on areas of need for older adults living in Kalamazoo County. The **qualitative themes** below each impact the **High-level Action Areas**.

ACCESS TO FOOD

RESPIRE CARE

MENTAL HEALTH
CARE

FUNDING &
POLICY

Access to Food

- “We have a great Loaves and Fishes program; they do some delivery of food. If you go to a pantry to get food, you need transportation.”
- “In some neighborhoods, they don’t have as much access to healthy food like fresh produce as other parts of Kalamazoo City. The north side of Kalamazoo City struggles with access to good food: there is one grocery store. In east Kalamazoo City, I don’t usually shop in those areas.”
- “I think there’s some assistance, but there could be more. Food support for kids is really good right now; there is a lot of food moving through the schools, but if grandparents have a hard time, that’s something that could be addressed.”
- “I am concerned about the SNAP reduction. We must have at least 3,000 in the South County area that qualifies through ALICE and 15 miles from the South County Community Center with no transportation. I wake up worrying about these people. We can’t respond quickly to governmental changes. In this population there are people 55 to 65 that fall through the cracks – they have no kids or they are on disability. It’s hard for a small agency like us to meet the needs due to our geography.”
- “If you are someone who is homebound, you have good access through the Meals on Wheels program. If not, that access dwindles in some way because you are seen as someone who can get out but maybe you do not have the education or means to buy healthy food. Even with local food banks, they make a good effort but maybe not knowledge of what to eat or not convenient to get to the store to shop.”

Respite Care

- “I administered a respite fund, and it was very limited. It was easy to access but you were going to be one of 30 people for the whole year because of the limited availability of funds. In-home respite is super hard due to the lack of staff. Even if I approved you for funds, it takes six to eight weeks to find a respite provider.”
- “There are a couple adult day centers in Kalamazoo County that offer respite during the day, and hospice agencies in the area offer respite space for caregivers.”
- “There’s a very important organization [Vicksburg Family Home Care]. They provide respite. We have peer-to-peer communication but not really support groups. Respite care fluctuates based on staffing and capacity.”
- “There are adult day care centers that will help alleviate caregivers and family caregivers. Western Michigan day services offer adult day care services at \$30 an hour, which can be unaffordable for many.”
- “Caregiver burnout is real. I see a lot of need for a relationship where they don’t want to be raising and disciplining their grandchildren; they want that relationship. If you are a caregiver for an older mother or father, you are put into a dual role – how do you balance both those roles?”
- “The Kalamazoo Area Agency on Aging used to have two classes, Creating Confident Caregivers and Matter of Balance. Creating Confident Caregivers offers a class in Portage, but this organization used to host people at the library or at the church. Are there possibilities to get these classes back?”
- “Caregiver respite is a huge need. the Kalamazoo Area Agency on Aging might be addressing some of that, but that’s a rough one for caregivers, especially when you have an 85-year-old taking care of a 90-year-old – they need support to do that.”

Mental Health Care

- “With Medicare plans, there is a behavioral health option but we have to get it approved. It’s probably a bigger issue than we realize.”
- “Data will show that there are more behavioral health issues in general, including seniors. People have dealt with a lot of trauma in their personal lives.”
- “There needs to be more mental health care access, especially for the aging population to help them make decisions. We can’t just leave people on their own – these challenges can be overwhelming to get started addressing.”

- “In Kalamazoo, there are good behavioral health services on the county level, but there’s not a lot in the South County area. The Integrated Services of Kalamazoo is trying to do more outreach. We have good connections with our workers.”
- “We have a lot of people with mental health issues because they don’t recognize that they need help. One extra barrier multiplies. It seems like they are trying to do more outreach and they are hiring more community outreach workers.”
- “For veterans, there is access to mental health services; the difficulty comes with having veterans seek help and admit difficulties.”

Funding & Policy

- “We have a hard time getting providers to participate with Senior Millage. It is an accounting hassle to deal with the county. Having to put money up-front and be reimbursed – this is challenging for smaller organizations.”
- “Funding is an issue and without the Senior Millage, we wouldn’t be able to support people who haven’t saved up the amount of money you’d need to support someone. Seniors are only getting a couple thousand a month from social security. They can’t pay for a lot of these services.”
- “I hear this over and over again; the qualifications mean you either can’t afford the services or make too much. What do people do who fall through the cracks? The only thing you can do is put them in a nursing home.”
- “You have an adult day care center, but you need a way to get them there and be able to afford the \$75 a day or more. He makes just a little too much for what he gets every month, so he doesn’t qualify for Medicaid. I have heard this time and time again for years. When you fall into that middle-income area there is just nothing. Then you have the caregiver who already has a ton on their shoulders and doesn’t have enough support as it is. It’s a vicious cycle.”
- “Some caregivers with family members with dementia. Sometimes they can't afford to put them in a facility if Medicare / Medicaid doesn’t pay enough.”

High-Level Action Areas

The following High-level Action Areas are most representative of respondents' consensus in both qualitative interviews and focus group discussions. These key action areas and associated observations are representative of respondents' consensus perspectives from the qualitative data collection process.

Please note that the Action Areas are in alphabetical, not prioritized, order.



Adequate Housing



Awareness of
Community Resources



Community
Connectedness



Transportation



Workforce Recruitment
& Retention

Adequate Housing

Stakeholders shared that housing costs are rising considerably and there is a lack of safe affordable housing for older adults. Not only affordable housing, but accessible housing is also a major concern of the communities. The current housing stock that is affordable is low quality and is not easy physically or logistically accessible for older adults. Many direct-care workers shared that the responsiveness of landlords is not friendly to older adults. There seems to be an unwillingness to accommodate or aid older adults in their specific needs. As previously stated, the quality of housing is a critical component for older adults wanting to ‘age in place’ or continue living in their homes. For example, the risk of falling increases with age, and most older adults may experience problems with eyesight, sense of balance, and reflexes.³⁸ Additionally, data suggests that there is low inventory available for those seeking housing in Kalamazoo County, as the vacancy rate is fairly low (7.3%).

“We need more senior living options; so many people want to remain in their homes.”

Voices from the community

- “In Comstock, housing costs have increased and are outpacing incomes for subsidized housing. Subsidized housing has a waiting list two to three years long.”
- “Housing insecurity has been an issue in Comstock for decades. Milestone and Tuesday Toolman provide home repair to those that need repairs within the city of Kalamazoo, but mobile homes are vulnerable; many organizations do not repair mobile homes.”
- “In Vicksburg, they have 50 housing pods that are ready to go, but no one wants them in the community; they have been on hold for two years, but they don’t have running water or a bathroom.”
- “In the South County area, there are two facilities, but they don’t tell us what the waiting list is. The apartments here are getting so expensive and there is no affordable housing in this area.”
- “In Vicksburg, there is little to no housing. Location and cost are also issues.”
- “So many low-income housing administrators and managers just don’t care. They do the bare minimum. The bed bug issue is really bad. There are a lot of home health care agencies that won’t go into units with bed bug issues, and it takes months to get treatment for the bed bugs, and the whole time that older adult is missing vital and needed care.”

³⁸ State Advisory Council on Aging. Aging in Place, Aging in Community, 2022. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Adults-and-Seniors/BPHASA/SAC_Report-Aging_in_Place_Aging_in_Community.pdf?rev=8480c436439842f0a582033c92c36a8f&hash=AF7B6E9FCE8DE2D7BD2FA7B2C3B21A4C

- "The housing is nonexistent, the primary senior housing we refer to is always rude to us. They aren't considerate of older adults; they don't let Meals on Wheels in when the clients are sleeping. They aren't ADA compliant, there's a woman who lives in a mobile home who uses a wheelchair, and she doesn't have a ramp, they won't put one in, she can't leave her home."
- "We need more senior living options, so many people want to remain in their homes. Apartments that are wheelchair accessible is a huge need. They can get a wheelchair to the bathroom, but the showers aren't accessible."

Affordability

- "We've got some fairly good, subsidized housing but not enough of good housing. Kalamazoo has some good senior living facilities. There is a heavy price tag and varying quality."
- "We have a number of assisted living facilities, but that's a lot of money to buy into and stay. That's hard for a lot of people."
- "Housing is a big issue in general. It is a thousand [dollars] a month for a one-bedroom in Portage. Costs and supply are major issues. There are consistent waiting lists for subsidized housing. The housing millage is starting to underwrite more housing, but not specifically for seniors."
- "Housing costs have spiked in the past few years, so affordability is challenging. Western Michigan University occupies some of the rental units and affordable housing market downtown."
- "Affordable housing is huge. Even if you want to downsize your home and be more age-friendly, there's no place to go. We have a local group researching the housing programs."
- "Affordable housing is the number one issue. Most individuals are living 200% below poverty. Trying to find housing they can afford, especially if they are single or living in an adult foster care."
- "There's a new housing development that opened up in Kalamazoo County, but it's for homeless people. Affordable housing has never been good for people on smaller retirement income, it is rough for many people to find a place to afford."

Community Connectedness



Community stakeholders outlined major barriers that prevent older adults in Kalamazoo County from feeling connected to their community and achieving a higher quality of life. There are very few opportunities for older adults to build relationships, especially in rural areas. Participants expressed deep concern over isolation for older adults and the relationship between a lack of socialization and devastating mental health challenges such as depression, anxiety, and substance use, among others. Participants agreed that there are more accommodations (e.g., ADA ramps) within the community, but there is still more work to be done to increase the accessibility for older adults.

“We have seen a lot more isolation. A lot of clients were homebound, so a Meals on Wheels volunteer might have been the only contact for weeks or months at a time.”

Voices from the community

- “Older adults don’t get a lot of socialization. The only human contact they receive is if the caretaker is coming to their home. Maybe they don’t have family or they’re estranged, so we hear a lot of ‘I feel bad for my client and she wants me to stay longer and she’s lonely’ and they’re not getting paid to do socialization, so they can’t.”
- “Isolation is a challenge. This can eventually lead to mental health challenges like depression. Many are isolated. If diagnosed with depression, doctors give them a pill for that. Many older adults are on anti-depressants, this is just masking the problem.”
- “Isolation is more prevalent, especially in nursing facilities. They couldn’t have visitors at all, so they could have a window visit. I remember crying on the phone with a lady who had been married to her husband for 67 years and she could not see her husband.”
- “I think for a lot of seniors, depression set in for a lot of residents who were isolated when COVID hit. The day center closed down, so I think it did not help their mental state. I think now people are slowly coming out of being so fearful of COVID, but there is a reluctance to re-engage in community activities.”
- “I’ve talked to people who are in process to start programming to address isolation specifically, a buddy program where someone drops by a senior’s place two to three times a week. 211 often gets senior callers experiencing isolation and that acts as a sort of community line to help alleviate isolation.”
- “Many older adults live alone. If they don’t have family, how do they get around, how do they get food? Mobility declines and this affects ability to be social. More support to be able to live independently would be good because nursing homes are not ideal. There

are some programs, but probably not enough. Who is going to help them get to these programs?”

Access to the Community

- “Kalamazoo is a pretty progressive place, but the sidewalks and bike paths are rundown areas. Demand for ramps is surprisingly high.”
- “The city is doing better with more sidewalk cutouts and more accessible buildings. Disability Network Southwest Michigan is being included in more processes. A lot of groups are really trying to be inclusive, but there is a long road to go.”
- “It’s better now that they put sidewalks in last year [Vicksburg]. They have a community group area, so the community has become more accessible to older adults and people with disabilities. They widened the sidewalks and fixed the bad concrete. The downtown district has become much more accessible and easier to use.”

“They’re calling at the actual point of crisis, when if they called three weeks earlier, we could have time to fix things for them.”

Awareness of Community Resources

One-on-one interviews and focus groups provided consensus around one major challenge – a broad lack of knowledge about the available resources in Kalamazoo County, not only for older adults but for caregivers as well. Participants mentioned a lack of awareness about the programs and services AAA3A provides; the issue seems to be county-wide. Stakeholders called for additional outreach, especially to vulnerable communities such as veterans.

A notable factor of this need stems from a lack of broadband access and technological illiteracy among older adults throughout the county. Conversations highlighted the affordability of internet access and rural areas are more challenged. Internet access is not always affordable or equitable across the board. There is adequate internet, but people cannot access it because they are unable to afford it.

Voices from the community

- “The Kalamazoo Area Agency on Aging is a wealth of services, but people often don’t know where to go. An assistance program helps, but there isn’t a network of providers.”

- "I felt completely on my own and I had no idea where to find resources. The Kalamazoo Area Agency on Aging is one of the best-kept secrets. I am a pretty smart person, and I had no idea these services were in the community."
- "The Senior Millage for the county offers home modifications and respite, but the people in the South County area are not aware of the service."
- "Older adults feel burnt out from not getting responses in a timely fashion, so they do not want to make a call because they don't want to wait and deal with it. They're calling at the actual point of crisis when if they called three weeks earlier, we could have time to fix things for them."
- "There is an Alzheimer's organization, for example. You know they are there, but not necessarily what they do or can do. The need might be more informational sources more than anything. Someone can call 211 and get info, but it would be nice if there was a list of agencies or organizations designated for seniors."
- "We need something in the community like an advocate. We need people well-versed in services in the community. We need a small army of people, not a caseworker, but a navigator."
- "The South County newspaper goes out to 7,000-8,000 people. This would be a great resource for AAA3A to get information out. The Vicksburg area is increasing efforts to collaborate."
- "Richland Area Community Center offers a technology program (Technology Tutoring³⁹). They partner seniors with alternative education high school students where the kids learn soft skills and older adults learn technological skills."
- "There should be an accessible pamphlet of contacts for community services and resources for all county residents – a commercial, activity on social media, online in general."
- "Give us a pamphlet, I want something booklet-sized, that has a page for all of the available services, so we know what's available, and the number for all of the local resources that don't change. The fire department, the sheriff's department, etc."

³⁹ Technology Tutoring. <https://www.richlandareacc.org/free-technology-tutoring/>

Technology Barriers

- “I am not aware of classes for technological literacy. So much information exists online. Many seniors don't have computers / smartphones and don't know how to access this information.”
- “There are free phones available for seniors in Kalamazoo County, but many don't have the skills available. Automated phones and computer voice recording is very hard for older adults to navigate.”
- “Many older individuals are technologically illiterate, AAA3A had a survey online, and many older individuals can't use the internet. Comstock Community Center and the library used to offer classes on helping with technology but haven't in several years. There is bad internet in the Comstock area as well.”
- “For the most part broadband is getting better and where there's not there are plans to add it. Tech training would be helpful but haven't seen that offered at all.”
- “During the pandemic, there were a lot of resources that went virtual and there was a huge digital divide between older adults and making sure they were receiving information – especially during the first weeks of the pandemic – it was a challenge.”
- “Broadband has been identified as an issue. There's a program now that helps with that. Just being aware there are resources out there and knowing where to start if they have a question and having one centralized system.”
- “Not sure the older population is internet savvy. They miss the contact of a phone contact or even paper. Some materials are beautiful but have too much information. Many are reliant on word of mouth.”
- “Overall older adults are intimidated by technology and instead of giving it a try they refuse to use it and go without the services they need. We serve 50 and up, and 50 to 100 is a wide range of people with different approaches to the internet. We may have a 90-year-old using the internet and a 60-year-old that won't use a cell phone.”
- “We have two awesome programs for training such as a free class and we partner with the local high school. Teens come over and help them [older adults] with technology. We haven't done anything more formal than that because it is hard to find the right resources, and everyone is at different learning stages.”
- “Internet is spotty. In a lot of homes, there is no option whatsoever. All populations are not able to access these types of resources.”

- “Most of our folks aren’t included and not able to use a cell phone and tech isn’t of interest. We do a lot of this in people’s homes, we help them check their phones or iPad because they can’t remember how to do it from the time before.”

Transportation

While transportation services for older adults do exist in Kalamazoo County, there are many gaps in existing programs that create barriers for older adults such as requiring extensive planning, cost, duration of travel, among others.

Since the onset of the pandemic, connecting virtually has become an integral part of daily life. Virtual programming can lower barriers to participation imposed by transportation and mobility challenges and increase opportunities for communication and learning, but many people, especially older adults do not have access to the internet/broadband.

Many rural areas and certain urban districts have difficulty accessing telehealth, online learning, and video activities due to unreliable and inconsistent broadband access.⁴⁰ Community members often discussed how to transport older adults that need to go to emergency and non-emergency medical appointments when mass transit is not available.



“Our transportation system is really poor for them. It’s not run poorly but for many seniors, getting on a bus and navigating that situation for one to two hours is not doable for them.”

Voices from the community

- “South County has a van service but to assist seniors and disabled adults with doctor appointments. Metro Connect is very cumbersome, they are pretty expensive and are not dependable. My father waited two hours at the hospital waiting to get home.”
- “You must apply for a specific card and call a week in advance for every trip for transportation. Shepard Center⁴¹ drivers are getting older, and there are fewer volunteer drivers. There's a lack of reliable transportation and difficulty asking for help because of the desire to remain independent.”
- “I think the main challenge with [existing] transportation is needing to plan ahead of time. If it’s emergency transportation you have to pay out of pocket, but if you can plan ahead, then you can make that arrangement.”

⁴⁰ State Advisory Council on Aging. Aging in Place, Aging in Community, 2022. https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Adults-and-Seniors/BPHASA/SAC_Report-Aging_in_Place_Aging_in_Community.pdf?rev=8480c436439842f0a582033c92c36a8f&hash=AF7B6E9FCE8DE2D7BD2FA7B2C3B21A4C

⁴¹ Shepherd’s Center of Kalamazoo. <https://www.shepherdscenterkalamazoo.com/>

- “How do you help seniors and those in poverty? How do you get something other than an ambulance if they need to go somewhere on a moment’s notice – not where they can plan ahead and schedule something – that’s where there tends to be a shortage and complications.”
- “Our transportation system is really poor for them. It’s not run poorly but for many seniors, getting on a bus and navigating that situation for one to two hours is not doable for them. I also think that there aren’t a lot of options for seniors who aren’t driving anymore to get where they need to go to.”
- “Metro County Connect⁴² is a great service but you have to be able to manage that. They can do transportation but it requires reserving in advance and a fee for service.”
- “Navigating in a wheelchair is difficult. Metro County Connect has a lift in the van. Sometimes clients tell us ‘I can use a walker to the door, but then I need a wheelchair,’ and volunteers are not supposed to touch a wheelchair.”
- “Once you get to the point where you need a ride to the grocery store. It is difficult because some organizations use volunteer drivers. Using public transportation, you have to remember to get a reservation in early enough to get the ride.”
- “There is not enough. I am not sure seniors know how to navigate the system; can they afford it? Could there be a reimbursement system to help them afford this?”

⁴² Metro County Connect. <https://www.kmetro.com/metro-connect/schedule>

Workforce Recruitment & Retention



Most community members cited the inadequate workforce, most commonly for in-home care services. There is a lack of caregivers as well as volunteers, especially for males in an often physically demanding job. Direct care providers shared that high turnover rates are quite often due to overworked staff and low wages – all challenges that contribute to retention.

Recent state reports share that the demand for workers who provide direct care to older adults and people with disabilities is high and increasing. There is considerable anecdotal evidence that turnover rates for direct care workers are high, creating acute challenges for the clients they serve, their employers, and the state of Michigan. Many direct care stakeholders point to relatively low wages as a key factor contributing to these high turnover rates. A challenging work environment, particularly during the COVID-19 pandemic, extensive work travel, and limited benefits are also contributing factors.⁴³ Low retention also prevents older adults from forming meaningful relationships with an in-home care worker or another direct service provider.

“Home health care is hard to get staffing. Governor Whitmore is being sensitive to our needs and we’re going to see funding that will allow family members to get compensated for taking care of elderly relatives.”

Voices from the community

- “I hear from a lot of agencies that seniors don’t like to leave a message; they want someone on the phone and that is not realistic in this environment, we don’t have enough people to answer phones.”
- “Solutions to staffing issues haven't been effective. The market isn't capable of making the necessary adjustments. You can offer benefits to staff, but it remains to be seen how impactful that is.”
- “People are not applying to work, resulting in staffing issues. Funding is minimal, and jobs are not seen as a big benefit. Small chunks of hours put people in a position where it is not worth it. Assuming that there are wait lists given the size of the county.”
- “With knowing this industry is continuing to grow in Kalamazoo and they have needs, the focus is on making sure we can attract good caregivers and are trained decently in physical and mental capabilities to care for these clients.”
- “The staffing issues with home health aides have improved, especially since the pandemic, but the quality of the health aid [in-home care] is still a big question mark.

⁴³ U.S. Bureau of Labor Statistics, Home Health and Personal Care Aides. <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

There are about 10 agencies that we contract out to; they are only now starting to get staff that are actually staying and direct care workers that are staying on.”

In-home Care & Caregivers

- “Number one on my list is lack of in-home support and lack of direct care workers to help people stay in the home and / or work in a nursing home or assisted living. It is an issue that permeates almost every other issue. I also think loneliness is an issue in terms of people who are homebound. The lack of socialization also contributes to major issues.”
- “We do non-medical in-home to help with daily living tasks. Right now, the issue is staffing; we can’t find staff, which is new at the university, as we hire students studying in the health field. I used to have hundreds of applications, but right now I can’t get enough, it’s pretty scrappy. Our in-home cares have been impacted because we don’t have the staff to deploy.”
- “It’s not feasible to drive the distance of two hours and you want to help the client, but your hands are tied because of distance. We were happy when they approved premium pay during COVID. This has continued because on average a lot of those workers were earning minimum wage pre-COVID. Even if you get people who want to do this work, it’s a deterrent if there aren’t enough hours for clients, and if they’re trying to make money – \$10 an hour, 20 hours a week – not a lot of money, not enough hours.”
- “If you can get on a program like AAA3A has then you can afford it. They do house cleaning and personal care; we have a wonderful home delivery meals program here. All those are subsidized through state-fed local funding. If you can’t get on that program because of the waiting list, then you’re in trouble if you can’t afford it. One of the reasons for the waiting list is that there aren’t enough direct care workers to help. Home health care agencies that contract with the Kalamazoo Area Agency on Aging have to meet certain requirements. They’re monitored, I trust them.”
- “It goes back to whether you have funds or not. If you have the funds to pay for services, there’s a lack of staff now for in-home care agencies. If you can pay for it fine, but otherwise, there is none. Medicare covers skilled in-home temporarily as long as a physician or medical personnel feels the need. Staffing is definitely a crisis, including direct care workers.”
- “Were lucky to have the Kalamazoo Area Agency on Aging, they started a program where people can drop in and talk to them. In-home care agencies are maxed out in

what they can take because they can't find direct care workers, so people are being turned away or not turned away and the caregivers are not showing up."

- "The other side of the coin is that it's very hard to find caregivers and a lot harder over the last few years. Even pre-COVID it was harder to find people in the industry. It has to do with money as clients may be in a more remote area plus the hours."
- "Especially in this community, there's a lack of caregivers and volunteers as well. Meals on Wheels has been so reliant on older adult volunteers who are retired but they're busier working longer, so there's a small pool of volunteers available despite the growing need for services."

Older Adult Community Survey

The purpose of the community survey was to maximize accessibility and comprehensively evaluate community members' insights as well as to enable a greater share of people living in Kalamazoo County to share their perspectives on the unique barriers, challenges, and potential solutions to older adult needs across a variety of topics, from housing to health care. To increase the inclusion of older adults, the survey was available both online (Survey Monkey) and in paper form and was available between April 3rd to April 22nd, 2023. The survey included closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions.

Survey Dissemination

Strategic outreach was conducted to ensure maximum participation from older adults themselves. To ensure maximum participation from the older adult community in Kalamazoo County, the survey was available both online via Survey Monkey and on paper. To address possible technology barriers and rural communities with little access to the internet / the broader communities,

- Surveys were mailed out to a list of 200 AAA3A program/service recipients, along with a return envelope included to return and submit the survey.
- The Meals on Wheels program at Milestone Senior Services also helped to disseminate, collect, and return surveys.
- Outreach via email was also conducted with all community stakeholders who participated in the qualitative data collection process.

In total, approximately 90 to 100 paper surveys were returned, and 114 responses were collected through the online survey (approximately 200 to 215 total responses). Special care was exercised to minimize the amount of non-sampling errors by careful assessment of design effects (e.g., question order, question-wording, response alternatives).

Survey Limitations

For this assessment, the community survey served as a practical tool for capturing the insights of individuals across Kalamazoo County. This was not a random sample, and findings should not be interpreted as representative of the county population. The sample sizes of many demographic subpopulations are too small to consider the samples to be representative of the broader populations from which responses were received. Differences in responses across groups were not tested for statistical significance.

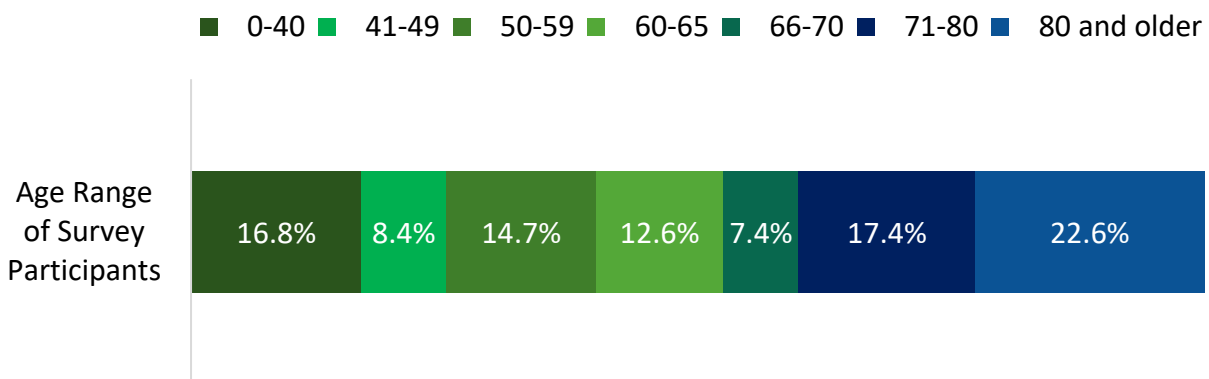
Community Survey Respondent Profile

Nearly half of the respondents (47.4%) were older than age 65, and three in five (60.0%) were aged 60 or older. The vast majority of respondents identified as female (82.0%), White (90.1%), and/or non-Hispanic (97.0%). Slightly more than one in 20 respondents (5.6%) identified as Black or African American.

Exhibit 46: Respondents by Select Demographics

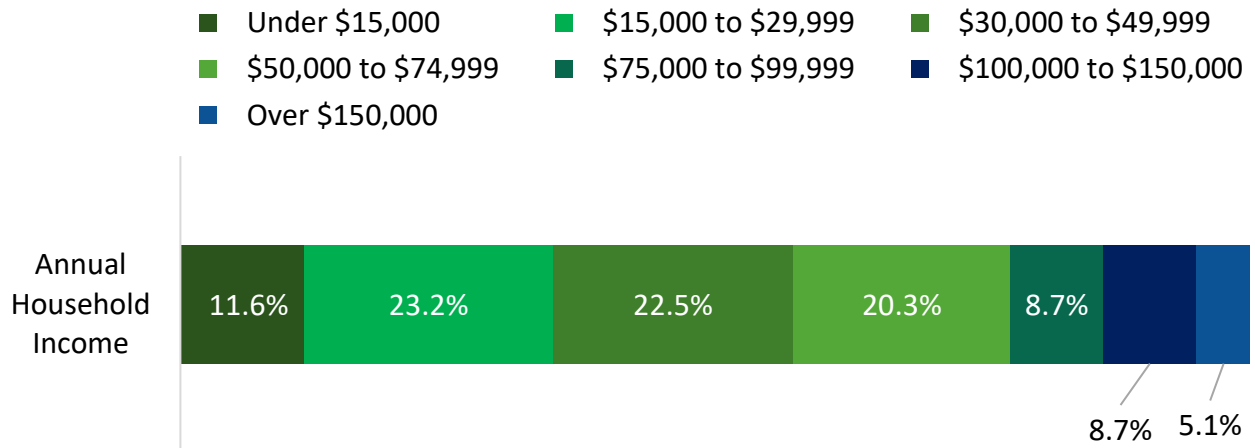
Survey Question	Percent of Respondents
What is your gender?	
Female	82.0%
Male	17.4%
Non-binary	0.6%
What race are you?	
White	90.1%
Black/African American	5.6%
Multiracial or Biracial	2.5%
Asian	1.2%
Native American/Alaskan Native	0.6%
What is your ethnicity?	
Non-Hispanic	97.0%
Hispanic	3.0%

Exhibit 47: Respondents by Age



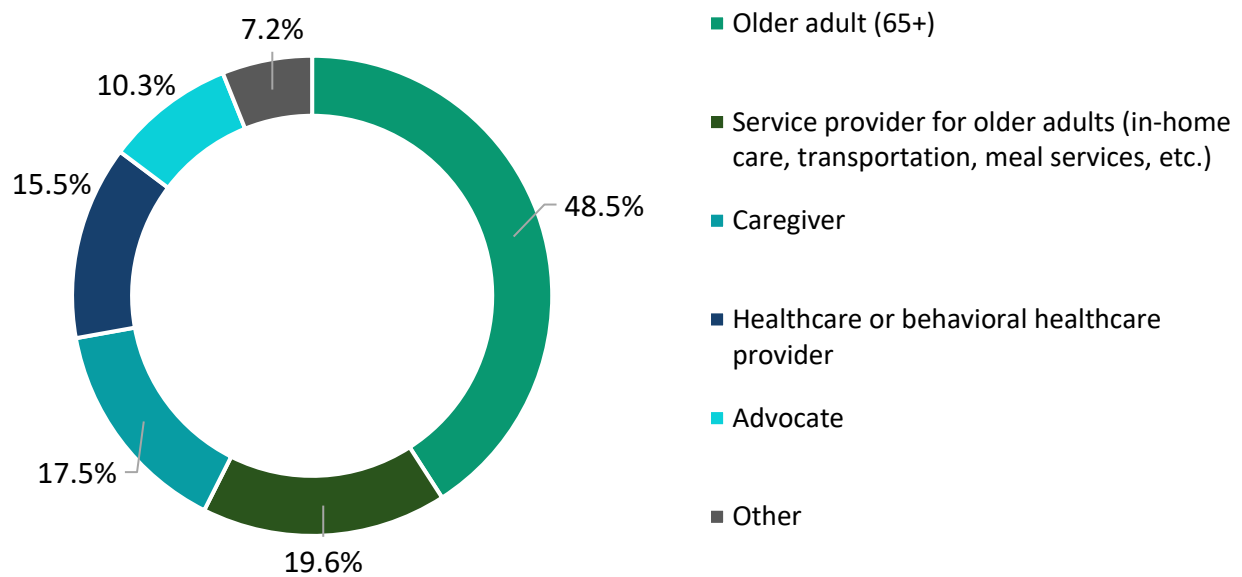
More than half of respondents (57.3%) reported having an annual household income of less than \$50,000.

Exhibit 48: Respondents by Annual Household Income



The greatest proportion of respondents (48.5%) identified as Older Adults (65 and older). One in five (19.6%) reported working as service providers for older adults, with a slightly smaller proportion (17.5%) working as a caregiver of an older adult, and 15.5% working as a health care or behavioral health provider.

Exhibit 49: Respondents by Community Role⁴⁴



⁴⁴ Are you a(n)... (check all that apply)

One in three respondents (34.3%) reported living in Kalamazoo City, with another 15.5% from Portage. The largest proportion of respondents from any township was found in Oshtemo Charter Township (9.4%), followed by Comstock Charter Township (7.7%) and Kalamazoo Charter Township (7.2%).

Exhibit 50: Respondents by Location

Location	Percent of Respondents
Kalamazoo City	34.3%
Portage City	15.5%
Oshtemo Charter Township	9.4%
Comstock Charter Township	7.7%
Kalamazoo Charter Township	7.2%
Texas Charter Township	3.3%
Vicksburg Village	3.3%
Galesburg City	2.8%
Richland Township	2.8%
Climax Village	1.7%
Cooper Charter Township	1.7%
Charleston Township	1.1%
Pavilion Township	1.1%
Schoolcraft Township	1.1%
Brady Township	0.6%
Parchment City	0.6%
Ross Township	0.6%
Other	5.5%

Key Findings

Respondents were asked to think about their community in Kalamazoo County and to rate a series of statements on a five-point scale from (strongly disagree) to (strongly agree).

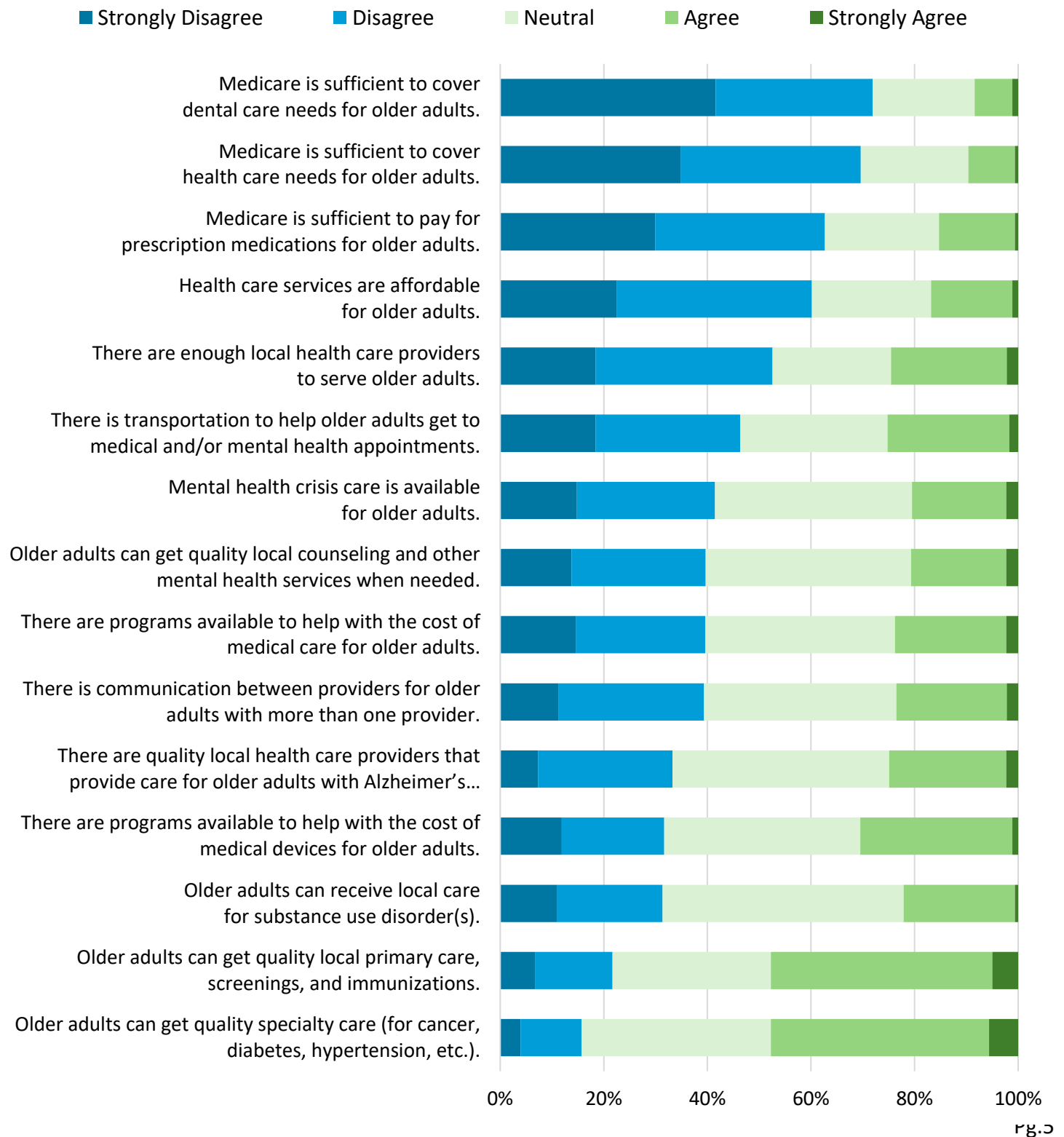
Statements were organized into five topic areas:

- Health & Wellness
- Community Resources
- Housing
- Environment
- Community Connectedness

Health & Wellness

Statements with which respondents most commonly disagreed (or strongly disagreed) had to do with Medicare coverage, as well as the affordability of health care or prescriptions.

Exhibit 51: Health & Wellness Statements by Degree of Respondent Disagreement



Those in the Caregivers, Providers, and Advocates category were more likely than Older Adults to disagree (or strongly disagree) with statements about the sufficiency of Medicare. The biggest differences in responses between these groups were with regards to communication among providers (46.2% disagreement among Caregivers, Providers, and Advocates vs. 27.5% among older adults) and affordability of health care services among older adults (68.1% vs. 51.1%). Older adults were more likely to report disagreement about quality specialty care.

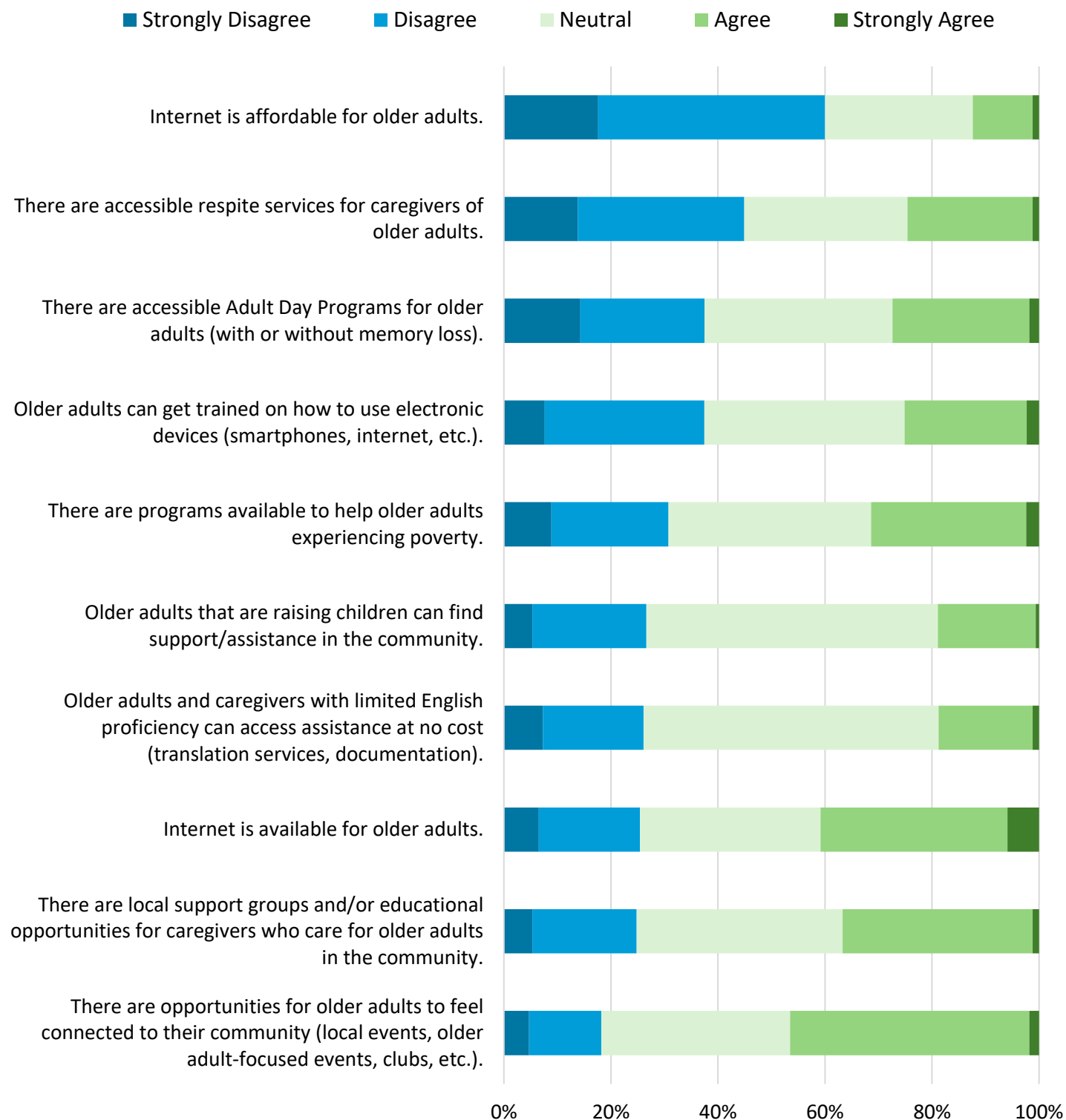
Exhibit 52: Health & Wellness Statements by Degree of Respondent Disagreement

OLDER ADULTS VS. CAREGIVERS, PROVIDERS & ADVOCATES	Percent responding 'Disagree' or 'Strongly disagree'	
	Older Adults	Caregivers, Providers, and Advocates
Medicare is sufficient to cover dental care needs for older adults.	70.7%	74.2%
Medicare is sufficient to cover health care needs for older adults.	62.0%	75.3%
Medicare is sufficient to pay for prescription medications for older adults.	62.0%	67.4%
Health care services are affordable for older adults.	51.1%	68.1%
There are enough local health care providers to serve older adults.	46.2%	57.8%
There is transportation to help older adults get to medical and/or mental health appointments.	41.9%	53.3%
There are programs available to help with the cost of medical care for older adults.	37.0%	42.7%
Mental health crisis care is available for older adults.	35.6%	49.4%
Older adults can get quality local counseling and other mental health services when needed.	35.6%	47.7%
There are quality local health care providers that provide care for older adults with Alzheimer's Disease, dementia, and/or other memory loss conditions.	34.1%	32.6%
There are programs available to help with the cost of medical devices for older adults.	31.2%	34.1%
Older adults can receive local care for substance use disorder(s).	30.8%	36.1%
There is communication between providers for older adults with more than one provider.	27.5%	46.2%
Older adults can get quality local primary care, screenings, and immunizations.	21.5%	20.9%
Older adults can get quality specialty care (for cancer, diabetes, hypertension, etc.).	19.6%	10.1%

Community Resources

Three in five respondents disagreed (or strongly disagreed) that the Internet is affordable for older adults, and nearly half of all respondents disagreed that there are accessible respite services for caregivers of older adults.

Exhibit 53: Community Resource Statements by Degree of Respondent Disagreement



Caregivers, Providers, and Advocates were more likely than Older Adults to report disagreement (or strong disagreement) regarding accessibility of respite services for caregivers of older adults (52.4% vs 40.2%) and accessibility of Adult Day Programs for older adults (47.1% vs. 31.0%), as well as accessibility of assistance for older adults and caregivers with limited English proficiency (32.1% vs. 16.9%).

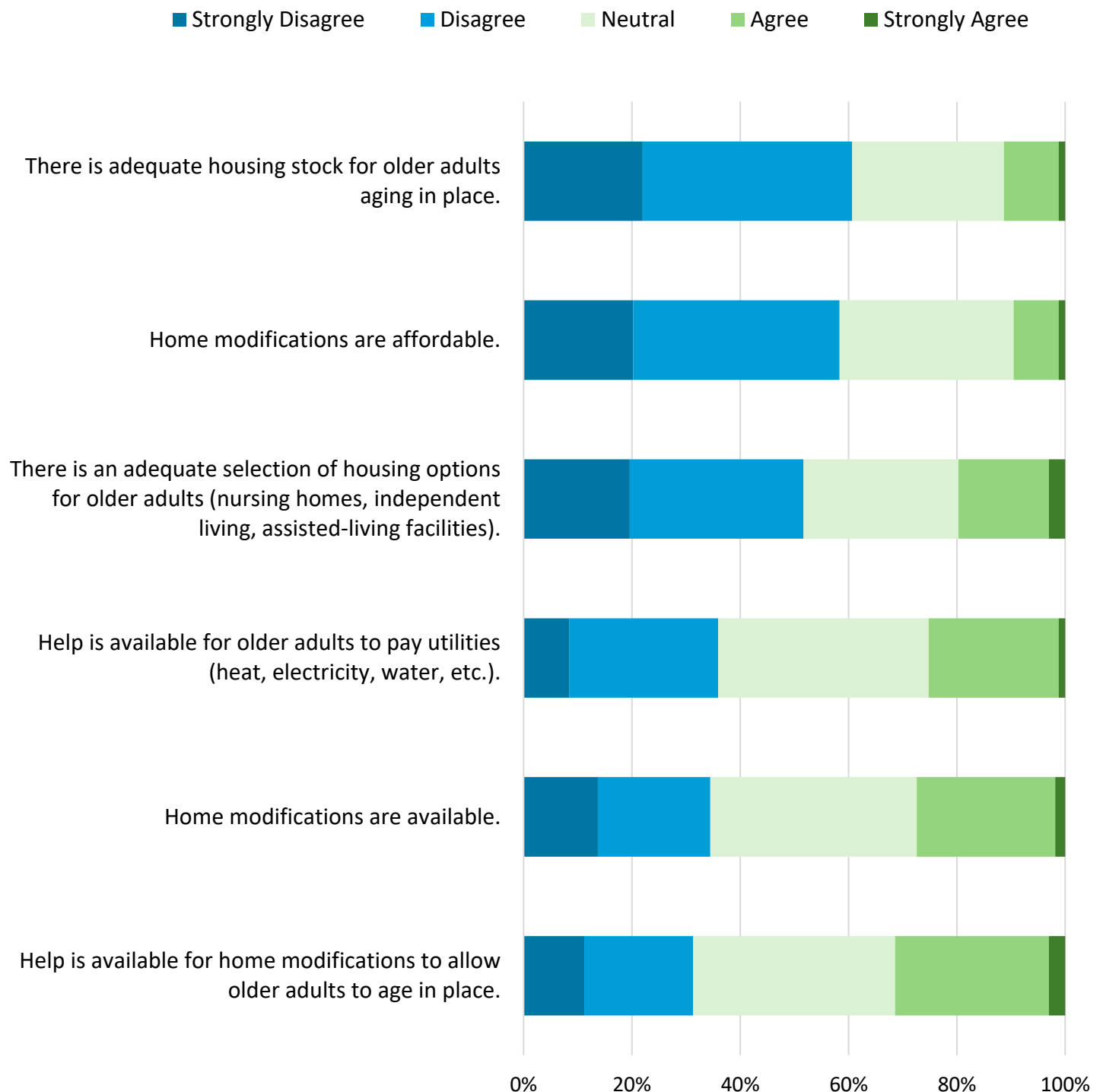
Exhibit 54: Community Resource Statements by Degree of Respondent Disagreement

OLDER ADULTS VS. CAREGIVERS, PROVIDERS & ADVOCATES	Percent responding 'Disagree' or 'Strongly disagree'	
	Older Adults	Caregivers, Providers, and Advocates
Internet is affordable for older adults.	59.6%	60.0%
There are accessible respite services for caregivers of older adults.	40.2%	52.4%
Older adults can get trained on how to use electronic devices (smartphones, internet, etc.).	34.8%	36.5%
There are programs available to help older adults experiencing poverty.	31.8%	33.3%
There are accessible Adult Day Programs for older adults (with or without memory loss).	31.0%	47.1%
Internet is available for older adults.	28.4%	26.2%
Older adults that are raising children can find support/assistance in the community.	24.1%	28.2%
There are local support groups and/or educational opportunities for caregivers who care for older adults in the community.	23.9%	30.6%
There are opportunities for older adults to feel connected to their community (local events, older adult-focused events, clubs, etc.).	20.7%	16.5%
Older adults and caregivers with limited English proficiency can access assistance at no cost (translation services, documentation).	16.9%	32.1%

Housing

A majority of respondents disagreed (or strongly disagreed) that there is adequate housing stock for older adults aging in place, that home modifications are affordable, and that there is adequate selection of housing options for older adults.

Exhibit 55: Housing Statements by Degree of Respondent Disagreement



Caregivers, Providers, and Advocates were more likely than Older Adults to disagree with the statement about adequacy of housing stock for older adults aging in place (69.4% vs. 58.1%).

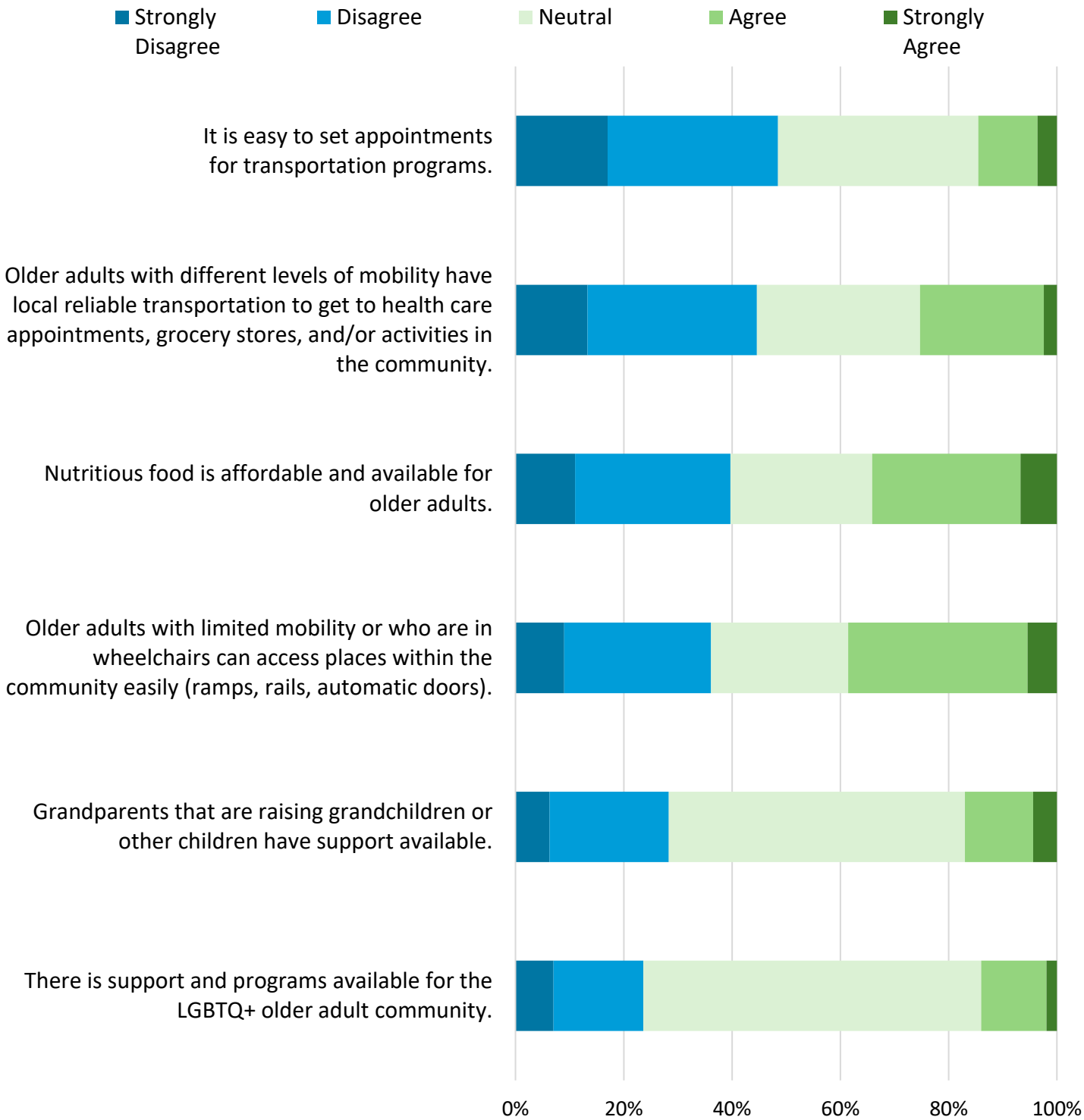
Exhibit 56: Housing Statements by Degree of Respondent Disagreement

OLDER ADULTS VS. CAREGIVERS, PROVIDERS & ADVOCATES	Percent responding 'Disagree' or 'Strongly disagree'	
	Older Adults	Caregivers, Providers, and Advocates
There is adequate housing stock for older adults aging in place.	58.1%	69.4%
Home modifications are affordable.	58.1%	58.3%
There is an adequate selection of housing options for older adults (nursing homes, independent living, assisted living facilities).	47.1%	54.8%
Home modifications are available.	39.1%	31.0%
Help is available for older adults to pay utilities (heat, electricity, water, etc.).	35.3%	39.3%
Help is available for home modifications to allow older adults to age in place.	32.2%	30.6%

Environment

A near majority of respondents disagreed (or strongly disagreed) that it is easy to set appointments for transportation programs, and a slightly lower percentage disagreed that older adults with different levels of mobility have local reliable transportation to get to appointments and other activities.

Exhibit 57: Environment Statements by Degree of Respondent Disagreement



With the exception of accessibility of places in the community for those with limited mobility, caregivers, providers, and advocates were more likely to disagree (or strongly disagree) with statements in this category than older adults.

Exhibit 58: Environment Statements by Degree of Respondent Disagreement

OLDER ADULTS VS. CAREGIVERS, PROVIDERS & ADVOCATES	Percent responding 'Disagree' or 'Strongly disagree'	
	Older Adults	Caregivers, Providers, and Advocates
It is easy to set appointments for transportation programs.	45.3%	56.1%
Older adults with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, and/or activities in the community.	43.7%	51.2%
Older adults with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails, automatic doors).	40.2%	32.9%
Nutritious food is affordable and available for older adults.	39.5%	42.2%
Grandparents that are raising grandchildren or other children have support available.	20.5%	36.7%
There is support and programs available for the LGBTQ+ older adult community.	18.5%	26.6%

Community Connectedness

Two in three respondents disagreed (or strongly disagreed) with the statement on awareness of where to turn for assistance about accessing resources in the community among older adults, and a majority disagreed that the community is informed on AAA3A services and programs.

Exhibit 59: Community Connectedness Statements by Degree of Respondent Disagreement



Caregivers, Providers, and Advocates were more likely to disagree or strongly disagree with the statement about awareness of where to turn for informational assistance among older adults (73.8% vs. 61.4%), as well as with the statement about proactive outreach to caregivers to provide support (54.3% vs. 40.7%).

Exhibit 60: Community Connectedness Statements by Degree of Respondent Disagreement

OLDER ADULTS VS. CAREGIVERS, PROVIDERS & ADVOCATES	Percent responding 'Disagree' or 'Strongly disagree'	
	Older Adults	Caregivers, Providers, and Advocates
Older adults are generally aware of where to turn for assistance or to answer questions about accessing resources in the community.	61.4%	73.8%
The community is informed about AAA3A services and programs.	53.5%	57.8%
There is proactive outreach to older adults to provide support and/or information about community events, services, educational opportunities etc.	50.6%	46.4%
There is proactive outreach to caregivers of older adults to provide support and/or information about community events, services, educational opportunities etc.	40.7%	54.3%
The community is good at helping the older adult population.	34.5%	33.7%
Our community cares about the older adult population.	32.6%	31.0%
There are local support groups for caregivers who care for older adults in the community.	32.2%	36.6%
Local organizations partner with each other to better serve the older adult community.	32.2%	30.5%
Organizations providing services for older adults work well together.	26.7%	23.2%
There is support and programs available for the LGBTQ+ older adult community.	26.5%	28.7%

The Needs Prioritization Process

Prioritizing the needs identified throughout the Older Adult Community Needs Assessment was essential for building consensus among leadership within Kalamazoo County Area Agency on Aging Region 3A.

The needs prioritization session provided the leadership group opportunity to review the key findings and categorize which identified needs within the mission to address, the locus of control to address, as well as the level of resources available to address.



Image Source: Crescendo Consulting Group

The prioritization process consisted of two steps.

1

First, an online survey was open for approximately one week to allow each leadership group participant to answer the following question about each of the 18 identified needs, *"How great is the need for additional ..."* to gauge the level of focus necessary to create a positive impact in the older adult community. Participants were permitted to provide comments supporting their selection.

No more needed	More needed	Much more needed	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2

The second step was the collaborative prioritization session. The leadership group participated in a virtual needs prioritization session to review the **18** community needs identified through the Community Needs Assessment process.

The **18** needs included in the prioritization process surveys were identified throughout the previously described research modalities. The table below indicates the ‘score’ of each need ranked by participants through both surveys. A higher score indicates a higher level of need.

Direct quotes from the Needs Prioritization Survey can be found in Appendix D.

Exhibit 61: Ranked Identified Needs

Rank	Need	Score
1	Outreach to inform the community about AAA3A services/programs	6.3
2	Financial reimbursement for caregivers	6.2
3	Caregiver respite	6.2
4	General transportation services	6.2
5	Community resource navigation services	6.0
6	Adequate transportation services for medical appointments	6.0
7	Higher reimbursement rates for direct-care providers	6.0
8	Recruitment and retention strategies for in-home care providers	6.0
9	Adult Day Programs for older adults (with or without memory loss)	6.0
10	Affordable home-modification services for all types of housing (i.e., mobile homes, apartments)	5.8
11	Equitable social opportunities (i.e., economically disadvantaged older adults)	5.3
12	Financial assistance for prescription medications	5.3
13	Improved communication between care providers (i.e., doctors, and other care providers)	5.2
14	Financial assistance for medical devices (i.e., portable scooters, adjustable beds)	4.6
15	Quality affordable housing options (i.e., nursing homes, independent living, assisted-living facilities)	4.5
16	Technology-related educational opportunities	4.5
17	Equitable access to internet	4.4
18	Physically accessible community (i.e., ramps, sidewalks, wheelchair-accessible areas)	4.0

Each need was evaluated using the following scales:

Locus of Control:

- 1 = Lead
- 3 = Collaboration or Partnership
- 5 = Support or Advocate

Resources:

- 1 = “Yes, we have all the resources we need”
- 3 = “Maybe, we have some resources but need more (i.e., funding, staffing)”
- 5 = “No, we don’t have the resources”

‘Quality affordable housing options (i.e., nursing homes, independent living, assisted-living facilities)’ is a highly important need for the older adult community in Kalamazoo County. However, this need was determined to be outside of the organization’s mission of assisting individuals to age in place at home.

Exhibit 62: Final List of Identified Needs, Ranked by Total Score

Rank	Need	Locus of Control	Resources	Total Score
1	Outreach to inform the community about AAA3A services/programs	1	3	4.0
2	Financial reimbursement for caregivers	2	3	5.0
3	Caregiver respite	1	4	5.0
4	General transportation services	3	3	6.0
5	Community resource navigation services	3	3	6.0
6	Adequate transportation services for medical appointments	3	3	6.0
7	Higher reimbursement rates for direct-care providers	3	3	6.0
8	Recruitment and retention strategies for in-home care providers	3	4	7.0
9	Adult Day Programs for older adults (with or without memory loss)	3	4	7.0
10	Affordable home-modification services for all types of housing (i.e., mobile homes, apartments)	3	4	7.0
11	Equitable social opportunities (i.e., economically disadvantaged older adults)	4	3	7.0
12	Financial assistance for prescription medications	4.5	4	8.5
13	Improved communication between care providers (i.e., doctors, and other care providers)	5	4	9.0
14	Financial assistance for medical devices (i.e., portable scooters, adjustable beds)	5	5	10.0
15	Technology-related educational opportunities	5	5	10.0
16	Equitable access to internet	5	5	10.0
17	Physically accessible community (i.e., ramps, sidewalks, wheelchair-accessible areas)	5	5	10.0

Throughout the needs prioritization process, Kalamazoo County Area Agency on Aging Region 3A identified the needs that the organization has the highest capacity and most (and current) resources ready to address the challenge. These include,

- Outreach to inform the community about AAA3A services/programs
- Financial reimbursement for caregivers
- Caregiver respite
- General transportation services
- Community resource navigation services

The needs that were given the highest score (10) indicate the needs that AAA3A does not currently have the capacity and resources to address. However, it is important to note that while not directly addressing the need, AAA3A will support and advocate for these challenges within the older adult community in Kalamazoo County.

- Financial assistance for medical devices (i.e., portable scooters, adjustable beds)
- Technology-related educational opportunities
- Equitable access to internet
- Physically accessible community (i.e., ramps, sidewalks, wheelchair-accessible areas)

Appendices

Appendix A: Supplementary Secondary Research

Appendix B: Stakeholder Interview Guide and Focus Group Discussion Moderator's Guide

Appendix C: Older Adult Community Needs Assessment Community Survey

Appendix D: Needs Prioritization Survey, Insights from the Leadership Group

Appendix A: Supplementary Secondary Research

Exhibit 63: Foreign-Born Population

	United States	Michigan	Kalamazoo County
Foreign-Born Population	13.6%	6.9%	5.4%
China, Hong Kong, and Taiwan	0.9%	0.4%	0.4%
Cuba	0.4%	0.1%	0.0%
Dominican Republic	0.4%	0.0%	0.1%
El Salvador	0.4%	0.0%	0.0%
Guatemala	0.3%	0.1%	0.0%
India	0.8%	0.8%	0.7%
Mexico	3.3%	0.8%	0.9%
Philippines	0.6%	0.2%	0.2%
Vietnam	0.4%	0.1%	0.1%
All Other Countries	6.1%	4.5%	3.1%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 64: Foreign Language Speaking Population

	United States	Michigan	Kalamazoo County
English Only	73.7%	85.0%	87.4%
Spanish	12.5%	2.7%	2.5%
Other Indo-European	3.5%	2.8%	2.1%
Asian-Pacific Islander	3.3%	1.6%	1.2%
Other	1.1%	2.2%	1.0%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Minor Civil Divisions

Exhibit 65: Minor Civil Divisions Population and Median Age

	Total Population	Median Age
Kalamazoo County	261,280	34.6
Alamo Township	3,823	47.3
Augusta Village*	861	34.0
Brady Township	4,441	44.8
Charleston Township	1,969	43.4
Climax Township	2,346	40.5
Climax Village*	873	32.1
Comstock Charter Township	15,219	36.3
Cooper Charter Township	10,442	39.8
Galesburg City	2,146	38.2
Kalamazoo Charter Township	22,664	35.4
Kalamazoo City	74,020	26.1
Oshtemo Charter Township	23,583	35.0
Parchment City	1,884	34.6
Pavilion Township	6,372	41.7
Portage City	48,767	37.0
Prairie Ronde Township	2,304	45.4
Richland Township	8,600	39.2
Richland Village*	960	40.9
Ross Township	4,843	48.1
Schoolcraft Township	9,101	39.8
Schoolcraft Village*	1,300	37.8
Texas Charter Township	17,477	39.9
Vicksburg Village*	3,704	35.6
Wakeshma Township	1,279	44.0

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 66: Minor Civil Division, Adult Age Breakdowns

	55 to 59	60 to 64	64 to 74	75 to 85	85 and Older
Alamo Township	5.3%	2.3%	7.0%	8.6%	14.9%
Augusta Village*	7.4%	0.3%	1.6%	5.7%	3.6%
Brady Township	5.9%	1.4%	6.6%	9.3%	11.6%
Charleston Township	7.1%	4.2%	4.0%	6.0%	14.5%
Climax Township	4.3%	1.2%	5.0%	6.5%	11.9%
Climax Village*	5.3%	1.0%	4.9%	4.5%	9.0%
Comstock Charter Township	8.5%	2.4%	2.7%	6.9%	10.0%
Cooper Charter Township	6.6%	1.3%	4.5%	7.4%	10.5%
Galesburg City	6.5%	0.7%	5.0%	6.7%	10.7%
Kalamazoo Charter Township	4.5%	1.9%	4.1%	4.9%	7.8%
Kalamazoo City	4.1%	1.3%	2.8%	4.6%	6.1%
Oshtemo Charter Township	4.9%	3.0%	5.5%	6.1%	10.3%
Parchment City	7.4%	2.5%	3.4%	6.3%	6.0%
Pavilion Township	9.0%	1.9%	4.3%	8.5%	11.5%
Portage City	5.8%	2.0%	4.9%	6.2%	9.7%
Prairie Ronde Township	7.2%	1.7%	4.6%	10.9%	12.9%
Richland Township	5.1%	1.0%	7.8%	6.4%	14.8%
Richland Village*	4.5%	5.6%	9.3%	4.2%	11.9%
Ross Township	15.7%	1.8%	8.4%	6.0%	8.8%
Schoolcraft Township	9.0%	2.0%	3.6%	4.5%	11.6%
Schoolcraft Village*	5.8%	4.1%	1.7%	6.1%	7.8%
Texas Charter Township	6.0%	0.9%	3.6%	6.9%	9.2%
Vicksburg Village*	8.1%	0.5%	1.8%	2.2%	8.2%
Wakeshma Township	5.2%	0.5%	4.5%	8.9%	14.2%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 67: Minor Civil Divisions, Population Aged 60 and Older

	Total Population	Population 60 and Older	Percent of Population 60 and Older
Kalamazoo County	261,280	59,232	22.7%
Alamo Township	3,823	1,343	35.1%
Augusta Village*	861	100	11.6%
Brady Township	4,441	1,347	30.3%
Charleston Township	1,969	648	32.9%
Climax Township	2,346	605	25.8%
Climax Village*	873	179	20.5%
Comstock Charter Township	15,219	3,727	24.5%
Cooper Charter Township	10,442	2,608	25.0%
Galesburg City	2,146	510	23.8%
Kalamazoo Charter Township	22,664	4,695	20.7%
Kalamazoo City	74,020	11,854	16.0%
Oshtemo Charter Township	23,583	6,611	28.0%
Parchment City	1,884	391	20.8%
Pavilion Township	6,372	1,796	28.2%
Portage City	48,767	12,122	24.9%
Prairie Ronde Township	2,304	732	31.8%
Richland Township	8,600	2,673	31.1%
Richland Village*	960	351	36.6%
Ross Township	4,843	1,293	26.7%
Schoolcraft Township	9,101	2,168	23.8%
Schoolcraft Village*	1,300	308	23.7%
Texas Charter Township	17,477	3,743	21.4%
Vicksburg Village*	3,704	491	13.3%
Wakeshma Township	1,279	366	28.6%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 68: Minor Civil Divisions, Population Aged 65 and Older

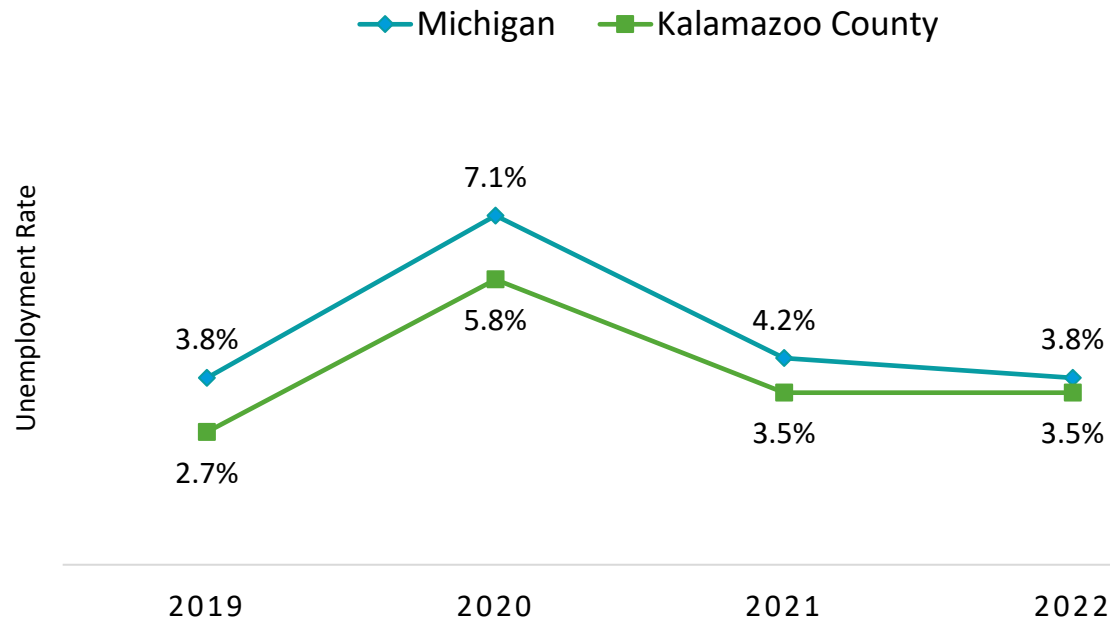
	Total Population	Population 65 and Older	Percent of Population Aged 65 and Older
Kalamazoo County	261,280	39,204	15.0%
Alamo Township	3,823	924	24.2%
Augusta Village*	861	48	5.6%
Brady Township	4,441	871	19.6%
Charleston Township	1,969	447	22.7%
Climax Township	2,346	424	18.1%
Climax Village*	873	131	15.0%
Comstock Charter Township	15,219	2,301	15.1%
Cooper Charter Township	10,442	1,702	16.3%
Galesburg City	2,146	352	16.4%
Kalamazoo Charter Township	22,664	3,142	13.9%
Kalamazoo City	74,020	7,530	10.2%
Oshtemo Charter Township	23,583	4,453	18.9%
Parchment City	1,884	225	11.9%
Pavilion Township	6,372	1,133	17.8%
Portage City	48,767	8,103	16.6%
Prairie Ronde Township	2,304	442	19.2%
Richland Township	8,600	2,036	23.7%
Richland Village*	960	257	26.8%
Ross Township	4,843	915	18.9%
Schoolcraft Township	9,101	1,571	17.3%
Schoolcraft Village*	1,300	176	13.5%
Texas Charter Township	17,477	2,388	13.7%
Vicksburg Village*	3,704	389	10.5%
Wakeshma Township	1,279	245	19.2%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 69: Older Adults in the Labor Force⁴⁵

	United States	Michigan	Kalamazoo County
55 to 59	5.0%	5.3%	4.1%
60 to 64	3.8%	4.0%	3.4%
65 to 74	2.8%	2.6%	2.2%
75 and Older	0.5%	0.5%	0.6%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 70: Trend of Annual Unemployment Rate⁴⁶

Source: U.S. Bureau of Labor Statistics Local Area Unemployment Statistics Information and Analysis

Exhibit 71: Households with Older Adults (60 and Older) Receiving SNAP Benefits

United States	Michigan	Kalamazoo County
36.6%	34.6%	26.7%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

⁴⁵ Out of the total number of people in the labor force.⁴⁶ Not Seasonally Adjusted.

Exhibit 72: Minor Civil Divisions, Households with Older Adults Receiving SNAP Benefits

Aged 60 and Over	Percent of Households
Alamo Township	66.7%
Augusta Village*	11.8%
Brady Township	72.7%
Charleston Township	66.7%
Climax Township	0.0%
Climax Village*	0.0%
Comstock Charter Township	19.0%
Cooper Charter Township	65.1%
Galesburg City	35.2%
Kalamazoo Charter Township	30.5%
Kalamazoo City	23.4%
Oshtemo Charter Township	12.8%
Parchment City	24.3%
Pavilion Township	40.8%
Portage City	31.7%
Prairie Ronde Township	78.3%
Richland Township	58.9%
Richland Village*	12.5%
Ross Township	11.8%
Schoolcraft Township	38.5%
Schoolcraft Village*	27.3%
Texas Charter Township	73.6%
Vicksburg Village*	69.2%
Wakeshma Township	37.0%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 73: Minor Civil Divisions, Older Adults Living in Poverty

	55-64		65-74	
	Number	Percent	Number	Percent
Alamo Township	23	15.9%	18	15.9%
Augusta Village*	14	21.5%	0	21.5%
Brady Township	11	4.0%	9	4.0%
Charleston Township	3	1.7%	0	1.7%
Climax Township	7	5.6%	13	5.6%
Climax Village*	7	19.4%	2	19.4%
Comstock Charter Township	171	15.0%	82	15.0%
Cooper Charter Township	32	3.8%	56	3.8%
Galesburg City	59	11.0%	8	11.0%
Kalamazoo Charter Township	106	2.7%	237	2.7%
Kalamazoo City	1,445	7.7%	353	7.7%
Oshtemo Charter Township	295	8.6%	51	8.6%
Parchment City	55	19.8%	0	19.8%
Pavilion Township	87	10.7%	100	10.7%
Portage City	350	9.8%	196	9.8%
Prairie Ronde Township	0	0.0%	5	0.0%
Richland Township	25	6.2%	50	6.2%
Richland Village*	2	2.7%	6	2.7%
Ross Township	26	8.0%	6	8.0%
Schoolcraft Township	101	20.3%	50	20.3%
Schoolcraft Village*	6	9.2%	9	9.2%
Texas Charter Township	56	9.4%	79	9.4%
Vicksburg Village*	0	0.0%	10	0.0%
Wakeshma Township	15	11.8%	23	11.8%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 74: Housing Units⁴⁷

	United States	Michigan	Kalamazoo County
Total Occupied Housing Units	88.8%	87.1%	92.7%
Vacant Housing Units	11.2%	12.9%	7.3%
Occupied Housing Units	97.6%	97.8%	96.9%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 75: Housing Problems

Units Without	United States	Michigan	Kalamazoo County
Complete Plumbing	1.9%	2.7%	0.9%
Complete Kitchen Facilities	2.6%	3.3%	1.5%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

⁴⁷ The Census Bureau defines a housing unit as "a house, an apartment, a mobile home or trailer, a group of rooms, or a single room occupied as separate living quarters, or if vacant, intended for occupancy as separate living quarters."

Exhibit 76: Minor Civil Divisions, Excessive Housing Costs

30% or More of Income	Renters		Homeowners	
	Number	Renter-Occupied Housing Unit	Homeowners	Owner Occupied Housing Units
Kalamazoo County	16,894	44.2%	10,950	16.3%
Alamo Township	52	44.4%	263	18.4%
Augusta Village*	37	35.6%	26	12.0%
Brady Township	62	40.0%	229	14.2%
Charleston Township	11	22.0%	145	21.1%
Climax Township	27	19.4%	78	10.5%
Climax Village*	27	42.9%	24	9.6%
Comstock Charter Township	520	27.8%	457	11.0%
Cooper Charter Township	241	27.4%	397	12.4%
Galesburg City	192	48.0%	173	38.2%
Kalamazoo Charter Township	1,613	41.0%	1,275	20.5%
Kalamazoo City	8,402	51.1%	2,274	17.8%
Oshtemo Charter Township	2,274	44.2%	1,087	20.7%
Parchment City	187	57.2%	44	8.6%
Pavilion Township	119	40.8%	403	19.6%
Portage City	2,444	36.3%	2,299	16.9%
Prairie Ronde Township	9	37.5%	87	11.0%
Richland Township	199	41.7%	344	12.2%
Richland Village*	56	62.9%	48	15.5%
Ross Township	97	35.7%	283	17.2%
Schoolcraft Township	315	47.9%	442	14.7%
Schoolcraft Village*	79	49.4%	35	9.0%
Texas Charter Township	115	39.5%	566	9.9%
Vicksburg Village*	184	52.3%	249	21.1%
Wakeshma Township	15	37.5%	104	23.6%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 77: Minor Civil Divisions, Median Monthly Rent

	Median Monthly Rent
Alamo Township	\$902
Augusta Village*	\$854
Brady Township	\$826
Charleston Township	\$990
Climax Township	\$736
Climax Village*	\$759
Comstock Charter Township	\$915
Cooper Charter Township	\$974
Galesburg City	\$685
Kalamazoo Charter Township	\$906
Kalamazoo City	\$869
Oshtemo Charter Township	\$887
Parchment City	\$893
Pavilion Township	\$979
Portage City	\$949
Prairie Ronde Township	ND
Richland Township	\$821
Richland Village*	\$898
Ross Township	\$861
Schoolcraft Township	\$742
Schoolcraft Village*	\$796
Texas Charter Township	\$921
Vicksburg Village*	\$739
Wakeshma Township	\$742

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 78: Access to Technology

	United States	Michigan	Kalamazoo County
Households without an Internet Subscription or no Computer	9.9%	10.1%	7.7%
Household With Only Smartphones	8.7%	9.2%	7.2%
Household With Only Tablet	0.9%	1.1%	1.1%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

Exhibit 79: Chronic Disease-related Mortality Rates⁴⁸

Per 100,000 Population	Michigan		Kalamazoo County	
	2019	2021	2019	2021
Cancer	209.0	212.9	173.6	168.1
Chronic Lower Respiratory Diseases	57.9	52.3	48.2	44.4
Diabetes-related	87.9	122.3	75.3	89.5
Heart Disease	255.4	267.4	190.6	205.3
Stroke	51.7	57.9	39.9	36.1
Unintentional Injury	53.5	65.9	47.1	69.2

Source: Michigan Resident Death Files. Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services

Exhibit 80: Older Adults Without Medicare

65 and Older Without Medicare	
Alamo Township	3.7%
Augusta Village*	8.4%
Brady Township	1.7%
Charleston Township	2.1%
Climax Township	4.6%
Climax Village*	1.7%
Comstock Charter Township	6.1%
Cooper Charter Township	4.4%
Galesburg City	3.4%
Kalamazoo Charter Township	4.8%
Kalamazoo City	6.4%
Oshtemo Charter Township	6.2%
Parchment City	7.7%
Pavilion Township	4.8%
Portage City	4.8%
Prairie Ronde Township	1.0%
Richland Township	2.5%
Richland Village*	3.0%
Ross Township	4.4%
Schoolcraft Township	7.1%
Schoolcraft Village*	6.0%
Texas Charter Township	2.1%
Vicksburg Village*	8.9%
Wakeshma Township	7.6%

Source: U.S. Census Bureau American Community Survey 2017-2021 Five-year Estimates

⁴⁸ Crude Mortality Rates.

Exhibit 81: Sexually Transmitted Infections Among Older Adults

Per 100,000 Population	Kalamazoo County	
	2019	2020
Chlamydia		
55 to 64	45.7	32.6
65 and Older	4.9	4.9
Gonorrhea		
55 to 64	65.2	42.4
65 and Older	12.2	17.1

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. NCHHSTP AtlasPlus

Exhibit 82: HIV Prevalence Among Older Adults

Age 55 and Older	Kalamazoo County	
	Cases	Per 100,000 Population
HIV diagnoses (2019)	5	7.0
HIV prevalence (2019)	130	181.7
HIV prevalence (2020)	147	202.9

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. NCHHSTP AtlasPlus

Appendix B: Stakeholder Interview Guide and Focus Group Discussion Moderator's Guide

Introduction

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. As you know, Crescendo is working with Kalamazoo County's Area Agency on Aging Region 3A to further understand the barriers to services, daily challenges, and other inequalities that older adults, community-based service providers, caregivers, and others experience in Kalamazoo County. This is an opportunity for us as research partners to learn more about your community. While I will be taking notes, please consider our conversation confidential.

Self-introduction

1. Please tell me a little about yourself and how you interact with the older adult community and/or the populations you or your organization serve.

Strengths and Challenges

2. When you think of the good things about living/working in this community, what are the first things that come to mind (things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity)?
3. Generally, what are the biggest barriers older adults experience that prevent them from achieving a satisfactory quality of life (may include families, caregivers, community-based organizations)?

Social Determinants of Health for Older Adults

Health Care

4. What are some of the most common health challenges the older community faces (heart disease, obesity, diabetes, other chronic diseases)?

Access to Health Care and Specialty Health Care

5. Generally, what are the barriers to accessing quality health care for older adults?
6. Is the local health care workforce meeting the needs of older adults?
 - a. Are there enough primary care providers?
 - b. Are there enough dental providers?
 - c. Are there enough health care providers that accept Medicare?

- d. Is it easier to change or establish care?
- 7. Are there enough specialty care providers?
 - a. Where are the gaps?
 - b. Do older adults need to travel outside of the county for specialty care?
- 8. Are there health care providers that specifically provide care to older adults (in some cases, younger) with memory loss conditions such as Alzheimer's Disease or dementia?
 - a. Do health care providers work with older adults, their families if needed, and/or caregivers to provide referrals, education, and/or additional resources?
- 9. How is the care coordination of care between providers (referral system, follow-up, navigation)?
- 10. Are there adequate case management services to help older adults manage complicated health needs? For example, one on one support for finding and maintaining long term supportive services at home.
- 11. Are there adequate transportation services to help older adults get to medical appointments?
- 12. Do older adults struggle to afford their medications due to high co-pays or lack of insurance?
- 13. What services/programs exist in the community for older adults with cognitive/physical disabilities?

Mental Health and Substance Use

- 14. How has the pandemic impacted older adults with regard to mental health, social isolation, and depression or anxiety?
- 15. What are mental health services like for older adults in your area? What are the challenges?
 - a. Are there crisis care services, especially for older adults?
- 16. Describe the substance use disorder care services in your area. What are the challenges for older adults?

Neighborhood and Built Environment

Housing

- 17. Generally, what are some of the housing challenges that older adults experience?
 - a. Is there adequate non-subsidized housing stock for older adults?

- b. How are current housing costs affecting older adults?
- 18. Is there a selection of housing options for older adults that meet their needs? For example nursing homes, homes for the aged, adult foster care.
- 19. What systems or programs are in place to help older adults live independently at home?
 - a. Are there organizations in place to help older adults with home modifications and repair?
 - b. Are there high costs? Are there waitlists?
- 20. Are there resources for housing insecure/homeless older adults in the community?

In-home Care

- 21. Generally, how accessible are in-home care services for older adults (part-time or full-time)?
 - a. What local services are available? Are staff competent and trusted?
 - b. Are there often waitlists for in-home services? Are services affordable?

Environment

- 22. Do older adults have reliable transportation to places such as the grocery store, doctor appointments, and activities in the community (public or private)?
- 23. Is broadband/internet access available to most areas?
 - a. If so, is it affordable to most?
 - b. Are there opportunities for older adults (and/or caregivers) to learn how to be more technologically savvy – like classes or other programs?
- 24. Is your community accessible to older adults who experience physical challenges like sidewalks, ramps, and railings?

Access to Food

- 25. To what degree do older adults have access to nutritious food?
 - a. Are there home delivery services that provide hot meals to older adults with limited mobility?
 - b. For older adults who have disabilities or otherwise are largely homebound, how do they access meals?

Economic Stability

- 26. Generally, what are the financial challenges unique to older adults and/or caregivers?

27. What supports exist for older adults who may struggle financially?

- a. Are there programs that help with utilities such as heating fuel, electricity, and water?

Social Connectedness and Community Context

28. Are there opportunities for older adults to feel connected to their community like local events, older adult-focused events, clubs?

- a. Are there community centers for older adults to socialize? Are they accessible for everyone?

Elder Abuse and Neglect

29. How common is elder abuse and neglect in your community?

- a. Is there a local mechanism to report suspected elder abuse and/or neglect?
- b. Are there organizations in place to check in on older adults?

Caregiving support and Kinship Care

30. For grandparents that may have legal responsibility for their grandchildren or other children, what support is available, if any, within the community?

- a. Do schools work with grandparents that may need further guidance?
- b. Do other organizations provide sliding scale childcare costs?
- c. Are there legal or other structural supports (or barriers)?

31. How accessible are adult respite services in your community?

32. How accessible are adult day programs for older adults (with memory or other mental/physical challenges)?

33. Where do caregivers go to learn about how to care for their relatives or friends?

- a. Are there support groups or events for caregivers?
- b. Do workplaces provide flexibility for caregivers that may need additional schedule changes?

Awareness of Community-based Services and Organizations

34. Are older adults generally aware of where to turn for assistance or to answer questions about accessing resources in their community?

35. Are families and/or caregivers generally aware of where to turn for assistance or to answer questions about accessing resources in their community?

36. Do local organizations work well together?

a. Are there “silos” within organizations throughout the country?

37. Is there proactive outreach to older adults, caregivers, providers, and organizations to inform them of support or information?

The Impact of COVID-19

38. How has the COVID-19 pandemic impacted the older adult community in other ways?

a. What challenges are older adults still struggling with?

Vulnerable Communities

39. Is there an existing LGBTQ+ older adult community? If so, what additional supports/resources are out there? If none, what could be provided?

40. For older adults and caregivers that have limited English proficiency, what type of assistance, if any, is offered (translation services, at no cost)?

Open Ended Closing Question:

Are there any needs or services that were not discussed that you are aware of in Kalamazoo County’s older adults need?

Appendix C: Older Adult Community Needs Assessment Community Survey

Crescendo Consulting Group is completing the 2023 Kalamazoo County Older Adults Needs Assessment, on behalf of the Kalamazoo County Area Agency on Aging Region 3A.

The results of this survey will be used to identify barriers and identify solutions to improve the access and quality of services community-wide. Participants will be entered into a draw to win one of two \$50 Visa Gift Cards!

We appreciate your participation in this important survey.

This survey will close on April 21st, at 5:00 PM. All survey responses will be kept confidential.

What City/Township do you live in?

Are you a(n), (check all that apply):

- ☐ Older adult (65 and older)
- ☐ Caregiver of an older adult.
 - ☐ Relationship to older adult: _____
- ☐ Healthcare or behavioral healthcare provider
- ☐ Service provider for older adults (in-home care, transportation, meal services, etc.)
- ☐ Advocate
- ☐ Other (please specify): _____

What age range do you fall into?

- ☐ 0-40
- ☐ 41-49
- ☐ 50-59
- ☐ 60-65
- ☐ 66-70
- ☐ 71 to 80
- ☐ 80 and older

Thinking about your community in Kalamazoo County, rate the statements below from strongly disagree to strongly agree.

HEALTH AND WELLNESS	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
There are enough local health care providers to serve older adults.					
There is communication between providers for older adults with more than one provider.					
Health care services are affordable for older adults.					
Older adults can get quality local primary care, screenings, and immunizations.					
There are quality local health care providers that provide care for older adults with Alzheimer's Disease, dementia, and/or other memory loss conditions.					
Older adults can get quality specialty care (for cancer, diabetes, hypertension, etc.).					
Mental health crisis care is available for older adults.					
Older adults can get quality local counseling and other mental health services when needed.					
Older adults can receive local care for substance use disorder(s).					
Medicare is sufficient to cover health care needs for older adults.					
Medicare is sufficient to cover dental care needs for older adults.					
Medicare is sufficient to pay for prescription medications for older adults.					
There is transportation to help older adults get to medical and/or mental health appointments.					
There are programs available to help with the cost of medical care for older adults.					
There are programs available to help with the cost of medical devices for older adults.					

Thinking about your community in Kalamazoo County, rate the statements below from strongly disagree to strongly agree.

COMMUNITY RESOURCES	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Internet is <u>available</u> to older adults.					
Internet is <u>affordable</u> to older adults.					
Older adults can get trained on how to use electronic devices (smartphones, internet, etc.).					
Older adults that are raising children can find support/assistance in the community.					
Older adults and caregivers with limited English proficiency can access assistance at no cost (translation services, documentation).					
There are opportunities for older adults to feel connected to their community (local events, older adult-focused events, clubs, etc.).					
There are local support groups and/or educational opportunities for caregivers who care for older adults in the community.					
There are programs available to help older adults experiencing poverty.					
There are accessible respite services for caregivers of older adults.					
There are accessible Adult Day Programs for older adults (with or without memory loss).					

HOUSING	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
There is adequate housing stock for older adults aging in place.					
There is an adequate selection of housing options for older adults (nursing homes, independent living, assisted living facilities).					
Help is available for older adults to pay utilities (heat, electricity, water, etc.).					
Help is available for home modifications to allow older adults to age in place.					
Home modifications are <u>affordable</u> .					
Home modifications are <u>available</u> .					

Thinking about your community in Kalamazoo County, rate the statements below from strongly disagree to strongly agree.

COMMUNITY CONNECTEDNESS	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
The community is informed about AAA3A services and programs.					
There is proactive outreach to older adults to provide support and/or information about community events, services, educational opportunities, etc.					
There is proactive outreach to caregivers of older adults to provide support and/or information about community events, services, educational opportunities, etc.					
Local organizations partner with each other to better serve the older adult community.					
There are local support groups for caregivers who care for older adults in the community.					
Older adults are generally aware of where to turn for assistance or to answer questions about accessing resources in the community.					
Our community cares about the older adult population.					
There is support and programs available for the LGBTQ+ older adult community.					
The community is good at helping the older adult population.					
Organizations providing services for older adults work well together.					

Thinking about your community in Kalamazoo County, rate the statements below from strongly disagree to strongly agree.

ENVIRONMENT	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Older adults with limited mobility or who are in wheelchairs can access places within the community easily (ramps, rails, automatic doors).					
Older adults with different levels of mobility have local reliable transportation to get to health care appointments, grocery stores, and/or activities in the community.					
It is easy to set appointments for transportation programs.					
Nutritious food is affordable and available for older adults.					
Grandparents that are raising grandchildren or other children have support available.					
There is support and programs available for the LGBTQ+ older adult community.					

Are there any needs for older adults that were not included in this survey that you are aware of in Kalamazoo County?

About You

We would like to learn a little bit about you. As a reminder, all answers you provide us with are confidential.

What race are you?

- ☐ White
- ☐ Asian
- ☐ Black/African American
- ☐ Native American/Alaskan Native
- ☐ Multiracial or Biracial
- ☐ I prefer not to answer

What is your Ethnicity?

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ I prefer not to answer

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Other
- ☐ I prefer not to answer

Which of the following ranges best describes your total annual household income in the past year?

- ☐ Under \$15,000
- ☐ Between \$15,000 and \$29,999
- ☐ Between \$30,000 and \$49,999
- ☐ Between \$50,000 and \$74,999
- ☐ Between \$75,000 and \$99,999
- ☐ Between \$100,000 and \$150,000
- ☐ Over \$150,000
- ☐ I prefer not to answer

Appendix D: Needs Prioritization Survey, Insights from the Leadership Group

The following table provides comments provided by the Leadership Group through the Need Prioritization Survey. These findings further support the needs of older adults in the community.

Exhibit 83: Needs Prioritization Survey, Insights from the Leadership Group

Identified Need	
Affordable home-modification services for all types of housing (i.e. mobile homes, apartments)	<p>“There is a gap in home modification services for rentals - limiting a large number of elderly clients. Needed, but other areas have a higher need.”</p> <p>“So many seniors are still living in homes where they raised a family - long after that family is gone. The homes: Modulars, etc. are often built several years ago and do not have ADA-compliant internal structures - i.e. hallways and doorways not wide enough for wheelchairs, no bathroom handrails, step in showers, etc.”</p> <p>“Aging modifications like grab bars, ramps, etc. are critical to helping an older adult remain at home. Aging in place in one's home is cheaper than assisted living/nursing homes, yet these types of needed modifications are expensive and dangerous to go without. Ramps are a huge part of this to help older adults get to/from doctor appointments, and even social activities.”</p> <p>“This is a need for sure, but I'm not sure how to prioritize this need. Home modifications are pricey and many older adults already live paycheck to paycheck or cannot afford the high cost up front of some modifications needed.”</p>
Quality affordable housing options (i.e. nursing homes, independent living, assisted-living facilities)	<p>“Increasing needs, increasing costs of these types of facilities. Housing for seniors is difficult to find for those on fixed incomes. Housing costs are getting to be a higher percentage of income.”</p> <p>“Independent living only -an adequate amount of assisted living facilities and nursing homes/problem is not enough staffing to care for people who are there and more staff needed that work with the Mi CHOICE Waiver Program - costs so high.”</p>

"If we can help people age at home, the demand for affordable housing may stabilize. However, this need will increase as Kalamazoo's older population is growing in numbers. For housing options, I feel improving the quality (skill of workers, level of resident care, respect of resident dignity, etc.) of what is currently available is more important than increasing quantity."

"Key word here is "affordable". We have housing options, but not all of them are affordable. I think that Kalamazoo County has many options for this, they just may be at capacity already."

Equitable social opportunities (i.e. economically disadvantaged older adults)

"Increasing needs of an aging population for all demographic groups - historically, certain groups do not reach out to AAA or other Aging Related supportive services. Especially in low-income neighborhoods like the north side and east side. Portage has a new senior center with boundless opportunities - need to make sure other the parts of the county have equal access to social opportunities."

"COVID set us far back in terms of social opportunities, but I feel opportunities were few, to begin with. There are many now without a spouse, best friend, etc. because of COVID. Isolation and loneliness amongst our older adults are widespread. Not only do we need the creation of more social opportunities for older adults, but we also need to find and connect with these types of individuals. Outreach is needed to support increased social opportunities."

"Opportunities in rural areas in particular are lacking, especially for those who lack transportation. There are a lot of opportunities for older adults, but some fall through the crack based on current income."

Physically accessible community (i.e. ramps, sidewalks, wheelchair-accessible areas)

"ADA requirements seem to off-set this, not much need is needed outside of personal homes. We have a lot of old buildings in Kalamazoo that are not up to standards for physical accessibility to all older adults."

"Especially in winter - places where wheelchairs may go. I knew a professional that worked downtown and it was so hard to get around in the winter - ended up moving to warmer climate - county - city issue -pie in the sky - heated sidewalks by hospitals doctors downtown (like Holland)."

Community resource navigation services

“High call volumes to current I&A hotline, inconsistent "I&A"/"I&R" across different organizations.”

“Community is not aware of resources available. AAA3A is working diligently to increase our internal database of resources. However, outreach and networking is desperately needed to make community members aware of what is available. We need to get creative with finding and connecting with our community's older adults.”

“Options counseling very important - people just don’t know their options as to what they can do and what services there may be out there to help them. AAA3A I&A already answers many questions, but more areas in the community should know of the different resources available.”

Outreach to inform the community about AAA3A services/programs

“Huge need. The community, including leadership, does not understand what the AAA or Senior Millage does in the community, nor how to access it. Rarely does someone on the street know who Area Agency on Aging is and/ or what they do - marketing needed in community but have to make sure we have the staff to handle increased requests for services.”

“I feel outreach needs to include finding people and not just other organizations. For example, would the County Clerk have a list of older adults that AAA3A could mail an informative letter? Can AAA3A attend municipality meetings to spread the word, etc.”

“This has been a long-trending issue, one we are hoping to change. AAA3A is working on a plan to expand this outreach.”

Technology-related educational opportunities

“Many seniors do not have a computer. Many older adults do not know how to work the technology that they may already have.”

“Seeming to wane post-pandemic but will be an increasing need as the younger population ages. More will be needed as baby boomers keep growing older - more used to technology.”

“Technology education has the potential to help with many needs from connecting virtually with a doctor, to ordering groceries for delivery, etc. Needed, but I feel there are more pressing matters.”

“I think it goes without saying that this world is rapidly advancing its technology. It can be hard to keep up if a person is not actively engaged on a daily basis (e.g. Work, school, social media, etc.).”

Equitable access to internet

“Cost of internet is a limitation. Many applications are now online, limiting consistent access. Internet costs are high. Many seniors cannot afford it.”

“More needed in general but don’t think it’s causing an issue in care at this time. This is more important for Kalamazoo’s rural areas where options for internet providers are few. However, I feel this is something AAA3A can mainly bring awareness to and is limited in actions that can be taken.”

“Some older buildings have a difficult time getting to the internet, and areas with a lot of trees around homes as well.”

Financial reimbursement for caregivers

“High number of caregiver costs are coming from the caregiver, which affects long-term ability to care. Costs of caregivers are high for anyone.”

“Paying caregivers in general - especially family without getting penalized by Medicaid if agreements not in writing or notarized - as is the current state of affairs with Medicaid eligibility. As less workforce to act as private caregivers - will need more and more family caregivers.”

“Caregiving is critical on all levels regardless of if the older adult is aging at home, in a facility, etc. Often caregiving is taken on by a spouse or child and can take one away from their income earning job. These are front line people that we need to trust the most in regard to their level of skill, level of respect for dignity, etc.”

“This is a question we get a lot. Also, caregivers sometimes have to take leave from their regular jobs to care for their loved one, leaving them without income. This is a huge need, for sure.”

“I think that respite is more important.”

Caregiver respite

“High need due to shortage of Direct Care Workers.”

“Caregivers can get burned out. An occasional break is good. Burnout and mental fatigue is becoming more and more common for Caregivers who give so much to others while putting their needs last. Caregivers can only put themselves last for so long before this creates new problems often at the expense of their own health, etc.”

“Without the caregiver, the sick individual would be in a nursing home. Respite is important to keep caregiver healthy and to lessen elder abuse.”

“Caregiving is a 24/7 job. Giving caregivers appropriate respite is so important to their mental health as well as their ability to care for their person. This is tied to the DCW and ADC issues. The caregivers often need a break that they do not get due to a lack of respite available.”

Financial assistance for prescription medications

“Increasing costs of medication costs - no other assistance readily available in a community setting. For many seniors on fixed income some Rx's, especially non-generic. Are expensive.”

“It does seem to be as much of a problem as in years past before the affordable care act. Medications can be very costly and insurance doesn't always cover what works for individuals.”

“Inflation is increasing the price of EVERYTHING. The majority of our older adults are on a low, fixed income and we are starting to hear more stories of having to choose between utilities, food, medicine, etc. More and more.”

Financial assistance for medical devices (i.e. portable scooters, adjustable beds)

“Medicare is pretty good about covering medical devices. Medicare helps a lot, but it isn't the end-all-be-all. People could use some help in this area.”

“I think Lending Hands does an excellent job providing these medical devices to all who need them regardless of income or assets - no eligibility (income or assets) criteria.”

“I am only aware of a few resources, but getting the word out and helping people access these resources is needed. This could alleviate the need for more physical assistance for some people.”

Improved communication between care providers (i.e. doctors, and other care providers)

“Higher need between doctors and community organizations. We also have a shortage of Primary doctors, so this should be the person helping to coordinate everything. The two main hospital systems in the area don't even have software that talks to one another.”

“Pace program does a good job of holistic care where all providers talk regularly to each other - not do with medical system otherwise.”

“Kalamazoo is home to two main health networks: Bronson and Borgess. Most all local providers are affiliated with one or the other. In my experience, one can usually receive care between the

two and have their records available to all the providers, etc. Even when care is sought out of town, University of Michigan for example, records have been easily transferrable.”

“Physicians do not have a good plan for interaction with a specific patient unless they always go to the same company.”

Adequate transportation services for medical appointments

“Very common need. The family often has to work and getting off work can be a challenge. Everything from trained drivers to the availability of transport vans, etc. Is needed.”

“Transportation big issue to get people who spent or shouldn’t drive to doctors’ appointments. Many older adults miss appointments due to lack of transportation that can assist them getting in and out of the house.”

“Huge, huge need. One of the biggest asks we receive at AAA3A.”

General transportation services

“Even with Covid and ordering food supplies online - still going out and about to a store can be social and help with transportation needed for so many that no longer drive. Older adults may feel isolated due to lack of transportation.”

“Everything from trained drivers to the availability of transport vans is needed. We can create new services, advertising resources, etc., but this does not do any good if people cannot access them.”

“Huge, huge need. One of the biggest asks we receive at AAA3A. Lack of affordable, available transportation is a huge issue.”

Higher reimbursement rates for direct-care providers

“High needs of an aging population, decreasing availability of the DCW workforce is an ongoing problem that will not go away.”

“Caregiver / direct caseworker crisis - not enough people (bodies) to care for people and an upcoming number of baby boomers etc. that need services now to stay independent in their own home / and for future - this shortage is not going to get better - not enough bodies to actually provide the care needed - have to make this an attractive job with a livable wage.”

“I feel higher reimbursement rates are more critical for the direct care workers. However, higher reimbursement rates for providers can help them expand upon services, etc.”

Recruitment and retention strategies for in-home care providers

“Major problem for companies that provide care workers is not an easy job for pay given.”

“Turnover so high in this area where there is already a shortage - more options for flexible hours living wages, advancement, etc.”

“This is very much needed regardless of if people are trying to connect to care through AAA3A, independently choosing a care agency, etc. The aging population is increasing and we don't have enough people to care for them. This is only going to get worse if a strategy is not put in place now.”

“Besides providing better pay, other recruitment and retention strategies are needed. There is a high turnover rate which causes stress for the clients and caregivers.”

Adult Day Programs for older adults (with or without memory loss)

“Limited resource in the service area. High State/Federal Standards make start-ups difficult. Would provide a respite for caregivers.”

“After Covid - so many did not come back or couldn’t hire enough workers. This is a very limited resource in Kalamazoo County, as we just had a significant adult day program close. Adult day programs provide the older adult with social benefits, the caregiver much-needed respite, etc. The benefits of attending an Adult Day Program are widely felt.”

“Our older adult population is growing. Having more ads in the area would really help support these folks. Only one option now in the county with the closing of one of the companies earlier this year.”

