

**DISCUSSION MATERIALS FOR**  
**JANUARY 16, 2007**  
**PLANNING COMMISSION MEETING**

**1.62 Acres – Vacant Land Located at the  
Northeast Corner of Crooks and South Boulevard  
Rezone R-4 to 0-1  
Proposed Development: Bank/Financial Institution**

**3.28 Acres – Vacant Land Located at the  
Northeast Corner of Crooks and South Boulevard  
Rezone R-4 to SP  
Proposed Development: Senior Housing**

*Prepared By*

John D. Gaber, Esq.  
Williams, Williams, Rattner & Plunkett, P.C.  
380 N. Old Woodward Avenue, Suite 300  
Birmingham, Michigan 48009  
(248) 642-0333

Williams Williams Rattner & Plunkett, P.C.  
Attorneys and Counselors

380 North Old Woodward Avenue  
Suite 300  
Birmingham, Michigan 48009

Tel: (248) 642-0333  
Fax: (248) 642-0856  
John D. Gaber  
jdg@wwrplaw.com

January 10, 2007

**VIA HAND-DELIVERY**

Mr. William Boswell  
Chairman  
City of Rochester Hills Planning Commission  
1000 Rochester Hills Drive  
Rochester Hills, Michigan 48309

***Re: MJMS, LLC's Request for Rezoning of Northeast Corner of  
Crooks and South Boulevard  
City File No. 02-028B***

Dear Mr. Boswell:

We thank you for scheduling our rezoning request for the Northeast Corner of Crooks and South Boulevard as a discussion item at this time before the Planning Commission. Given our conversations with the Planning Department, and the varying comments we received from the Planning Commissioners on December 5, 2006, we believe it is appropriate at this time to ask for the guidance of the Planning Commission before we proceed forward with this project.

At the December 5, 2006 Planning Commission Meeting, the Planning Commissioners requested the following information: (1) concept drawings for the proposed Bank and Senior Housing Facility, and (2) information showing the need for additional senior housing. Attached at Tab 1, please find preliminary conceptual drawings for your review. At Tab 2A, please find information regarding existing senior housing facilities located within or near Rochester Hills. At Tab 2B, please find information showing a growing future demand for senior housing in this area.

At your January 16, 2007 meeting, we would like to briefly discuss the attached information, as well as the highlights of our project. It is our hope that the Planning Commission will be able to provide us with direction for obtaining approval for this project.

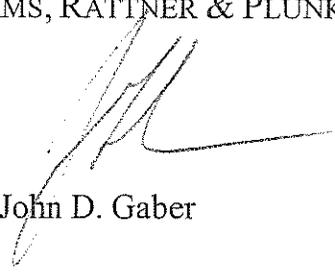
Mr. William Boswell  
City of Rochester Hills Planning Commission  
January 10, 2007  
Page 2

W | W | R | P

Thank you again for your consideration in this matter..

Very truly yours,

WILLIAMS, WILLIAMS, RATTNER & PLUNKETT, P.C.



John D. Gaber

JDG:djq  
Enclosures  
(00283848.DOC;1)



**Senior Housing Facility**

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**Rochester Hills, Michigan (South Blvd. & Crooks Rd.)**

Existing Senior Living Facilities and Occupancy Rates  
Rochester Hills, Michigan  
as of January 1, 2007

<u>Facility</u>	<u>Total # Units</u>	<u>Independent</u>	<u>Assisted</u>	<u>Nursing</u>	<u>Alzheimers</u>	<u>Occupied</u>	<u>% Occupied</u>
<b>1 All Seasons</b> 175 E. Nawakwa Rd. Rochester Hills, MI	<b>144</b>	<b>113</b>	<b>31</b>			<b>115</b>	<b>80%</b> Open 2 Years
<b>2 Waltonwood at Main</b> 1401 S. Rochester Road Rochester Hills, MI	<b>100</b>	<b>Unknown</b>				<b>50</b>	<b>50%</b> New Facility
<b>3 Danish Villge</b> 2566 Walton Blvd Rochesrer Hills, MI	<b>149</b>	<b>149</b>				<b>144</b>	<b>97%</b> State assisted payments have waiting list vacancy only due to renovations
<b>4 American House Elmwood</b> 2251 W Auburn Rd Rochester Hills, MI	<b>66</b>	<b>66</b>				<b>58</b>	<b>88%</b>
<b>5 American House, the Village</b> 3617 S Adams Rochester Hills	<b>133</b>	<b>133</b>				<b>128</b>	<b>96%</b>
<b>6 American House - Stone</b> 3741 S. Adams Rochester Hills, MI	<b>184</b>	<b>100</b>	<b>84</b>			<b>172</b>	<b>93%</b>
<b>7 Mercy Bellbrook</b> 873 W. Avon Road Rochester Hills, MI	<b>269</b>	<b>122</b>	<b>51</b>	<b>66</b>	<b>30</b>	<b>251</b>	<b>93%</b>
<b>8 Waltonwood of Rochester Hills</b> 3250 Walton Blvd Rochester Hills, MI	<b>150</b>	<b>100</b>	<b>40</b>	<b>10</b>		<b>146</b>	<b>97%</b>
<b>9 Sunrise Rochester</b> 500 East University Rochester MI	<b>84</b>		<b>84</b>			<b>82</b>	<b>98%</b>
<b>10 Sunrise Troy</b> 6870 Crooks Road Troy, Michigan	<b>58</b>		<b>58</b>			<b>56</b>	<b>97%</b>

# 65+ Population 2005 to 2030

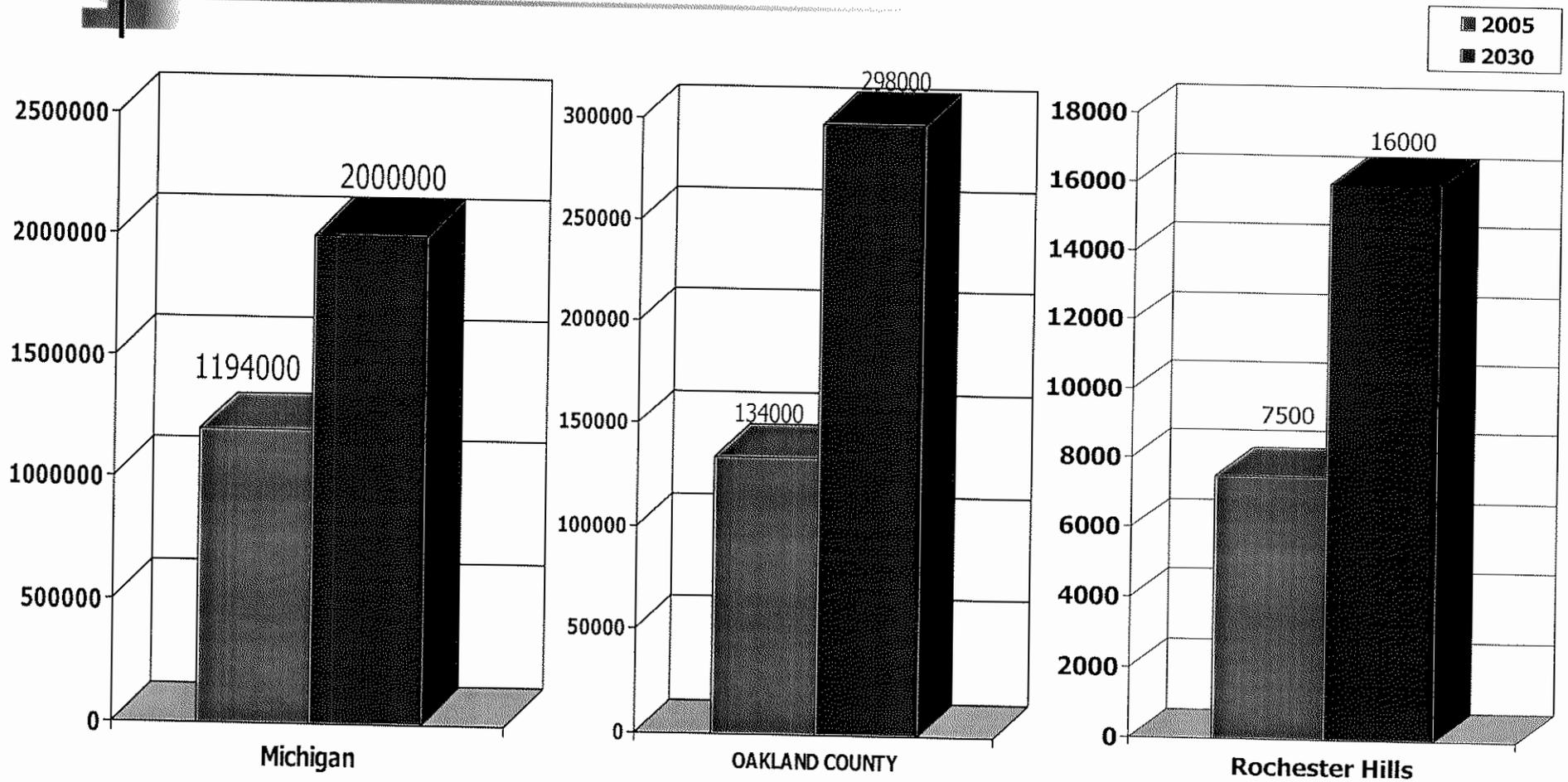
	2005			2030		
	Total Population	65+ Population	65+ percent	Total Population	65+ Population	65+ percent
United States*	300,000,000	35,000,000	12%	363,000,000	71,000,000	20%
Michigan*	9,865,000	1,194,000	12%	10,700,000	2,000,000	19%
Oakland County**	1,250,000	134,000	11%	1,500,000	298,000	20%
Rochester Hills*	70,000	7,500	11%	80,000***	16,000***	20%***

\* US Census

\*\* SEMCOG and Wayne State University Center for Urban Studies Report

\*\*\* Estimated using US Census and SEMCOG Data

# 65+ Population 2005 to 2030

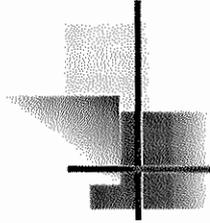




# U.S. REP. JOE KNOLLENBERG & JOHN PAPPAGEORGE KEYNOTE DEDICATION OF VILLAGE OF ROCHESTER HILLS

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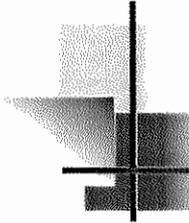
- Experts say that the Baby Boomer population when they enter their retirement years will increase the need for housing and development towards the elderly. The demand for affordable living options will spike dramatically.
- These trends will cause an avalanche of concern within the demographic if developers and officials do not respond appropriately with new and improved residential facilities to fill the need.



# U.S. CENSUS BUREAU

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- Population projections for the U.S. take into account Census 2000 using the cohort-component method.
- Mortality is assumed to continue to improve over time. By 2050, life expectancy at birth is assumed to increase to 81.2 for men and 86.7 for women.



# THE BABY BOOMERS

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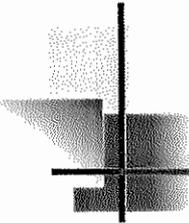
- Because of the baby boomer cohort the elderly population of U.S. will explode within the next 15 years.
- Between 2011 and 2019 the elderly population will increase by 10 million strong, the biggest proportional increase in history.
- About 1 in 5 Americans will be elderly in 2030

# WHITE HOUSE 2005

## CONFERENCE ON AGING

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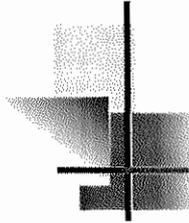
- In 2006 the baby boomer population will turn 60 and be considered legal seniors in 2011
- Projections to 2030 the total elderly population will double. Of that number the boomer proportion within the U.S. will jump exponentially from 13 percent to 20 percent.
- Mathematically from 2010 to 2030, 65+ population will spike by over 75 percent of the current demographics to over 69 million people.
- By 2030 there will be a sizeable need of senior housing within the United States.



# MICHIGAN ESTIMATES CURRENTLY

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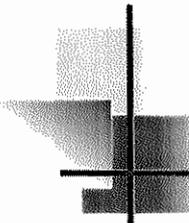
- Additional 863,000 are near seniors  
(age 55-64)
- 1.2 million people are seniors  
(age 65 and older)



# U.S. CENSUS BUREAU

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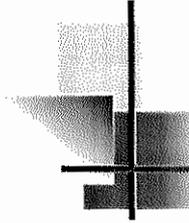
- 12 percent of Michigan's population is presently 65 years of age or older.
- The number based on current statistics is expected to increase to 21 percent by the year 2030.



# OVERALL 2010-2030

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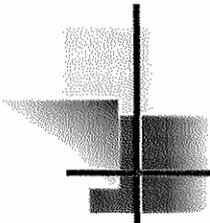
- Currently Oakland County is the second largest county in Michigan with an elderly population of ages 65 and over (inclusive of 85 and over)
- Within the United States the population aged 65 and over will increase 100 percent (35 mil. to 70 mil.)
- Within Michigan the population aged 65 and over will increase from 11 percent of the overall population to 22 percent.
- The Oakland County area population aged 65 and over will skyrocket effectively doubling within this time frame, which will call for a rezoning current properties to senior housing developments to keep up with the exponential trend.



# HOME OWNERSHIP

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- The elderly are the most representative group among the demographic to own their residences.
- The majority (77 percent of elderly households) of Oakland County's elderly are homeowners versus renters at present
- If this trend continues the future of the Oakland County housing ownership will be in the hands of the elderly only outdone by one other demographic (35-44).



# CONCLUSION by WAYNE STATE UNIVERSITY HOUSING ASSESSMENT STUDY

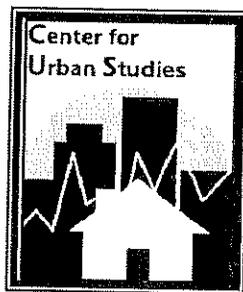
Currently, the elderly account for a relatively modest share of Oakland County's total population. However, a large share of the elderly faces housing affordability problems. Although the elderly are the best-served special needs group in terms of government-subsidized housing, the supply is inadequate to meet the current demand. Moreover, with the aging of baby boomers the elderly population is expected to explode over the next three decades growing by 104% and accounting for about 21% of the county's population by 2030 (up from 13% in 2000). This growth will undoubtedly cause changes in the characteristics of the county's elderly population. However, given the current level of affordability problems among the elderly, the special housing needs and preferences of the elderly, the shortage of housing alternatives for the elderly, and the sheer growth in the elderly population, significant changes in the county's housing stock and elderly services will need to take place in order for the county to accommodate this growing population. These changes must seek to increase both the supply of traditional elderly housing and new, alternative housing arrangements to serve this increasingly diverse population and enable it to age in place. Support services to enhance the quality of life for those elderly who choose to remain in their existing housing will also need to be enhanced.

# Comprehensive Housing Needs Assessment for Oakland County, Michigan

*August 29, 2006*

*Written By:*

**Dale E. Thomson, Ph.D**  
University of Michigan-Dearborn  
Masters of Public Administration Program



WAYNE STATE UNIVERSITY



This study has been funded by the Oakland County Community and Home  
Improvement Division through the

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
HOME INVESTMENT PARTNERSHIP ACT GRANT**

and the

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**

needs of other populations identified in this chapter. Improving the affordability of housing for other special needs populations will lessen the potential burden on the homeless service providers. But without action on the needs specific to the homeless, the population will only grow.

The housing problem related to large families is one of affordability. There is no overall shortage of housing to accommodate large families in Oakland County. However, most of it is for homeowners. As we found with homeowner housing overall, the cost of this housing is relatively high and the result is that more large owner families face cost burden in Oakland County than statewide. The more critical issue is affordability of rental units for large families. Again, there is no shortage of rental units, but they tend to be expensive. To the extent that a shortage of units exists, it appears to be in the subsidized segment of the market.

Given the relatively small prevalence of large families and the overall supply of units available to serve the needs of these families, this part of the special needs market seems to have the least pressing needs. Of course, the number of people impacted for each large family with a problem is much larger than for each small family. Although only about 5,800 large renter households face cost burden, at least 29,000 people reside in these households. Thus, action is warranted. It would seem that the needs of large families would be served more efficiently through subsidies that help them afford existing units rather than efforts to construct new units, particularly since many existing large units are likely to filter down in the housing market as more householders become elderly and leave their existing homes.

## **Elderly**

As our baby boomers age and life expectancies increase, the elderly population is growing in number and diversity. This complicates any description of their characteristics or housing needs. Still, some historical reasons for classifying the elderly as a special needs group remain accurate for a large portion of the elderly population.

First, because of their small family size, the elderly tend to demand smaller housing units than younger households with children or expectations thereof. Second, the elderly typically have a greater need to live near health care providers than their younger counterparts. Third, the elderly tend to be more dependent upon others (e.g. relatives, transit systems, etc.) for transportation to community services and activities. Thus, proximity to both community services (e.g. retail, health care, recreation, etc.) and alternative transportation tend to be more pertinent to housing decisions for this group. Fourth, as the elderly face growing health complications, they tend to need housing of different styles and with different attributes than younger households. For example, single-story homes, small yards, low-maintenance homes, and homes with handicapped accessories become more important. Fifth, even when they obtain housing with such characteristics, the elderly tend to be very dependent upon others for home chores and maintenance. Safety concerns also tend to be more important for the elderly. These characteristics become even more important for the elderly with disabilities. Finally, many elderly households live on fixed, relatively modest incomes that limit the amount they are able to spend on housing.

While the growing diversity of the elderly over the next few decades promises to make some of these generalizations less accurate, other trends may make some characteristics even more prominent. For example, as medical advances enable us to live longer the impact of physical and mental limitations may grow. Moreover, the growing cost of prescriptions and health care services may make income limitations even more prominent. Plus, as the size of housing grows, the need to downsize or adapt existing housing may grow as well.

Of course, the growing size and diversity of the elderly population will also pose unique opportunities in the coming decades. Many of the younger elderly are healthier than their counterparts of past decades. They want to change their particular housing unit, but want to stay active. Even those who require some assistance with daily living want to remain independent. Many households who become elderly in the coming decades will have more disposable income than their predecessors. There is also a growing recognition of the desire of many aging households to remain in their current communities (i.e. age in place) and avoid nursing home placement. These trends pose opportunities for new, alternative housing and community options compared to what has been provided historically. For example, community developments that allow for residents to move from one part of the development to another as they age and their need for assistance grows are becoming increasingly common. Many have health care services on-site. Assisted living facilities that provide modest levels of living assistance while allowing the residents to maintain a high level of independence are providing an alternative to nursing homes. Condos, apartments, and other small housing in mixed-use developments in or near downtowns have also seen growing popularity among elderly consumers.

### **Prevalence of Elderly Households**

When discussing the elderly, two age groups are particularly important. The first is 62 and older, the first point of eligibility for many elderly housing program. The second is 65 and older, the age for many other government programs and the youngest age most people think of when they think of the elderly or senior citizens. As of 2000, about 13 percent of Oakland County's population (159,018) was 62 years or older (Table 5.1). About 11 percent (134,959) was 65 or older—up slightly from the 1990 share. Persons 65 and over were more common among the White, non-Hispanic population (12.6 percent) than among the minority population (5.6 percent).<sup>1</sup>

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<sup>1</sup> While minority populations (primarily African American) have called Oakland County home for a number of years, they are generally younger than the "majority White" population and recent increases in their numbers have been heavily driven by the influx of immigrants – Asian, Hispanic and Middle Eastern – who tend to be heavily concentrated in the younger, working-age cohorts between 20 and 39 years of age. These groups also have higher birth rates, thus contributing to a younger age distribution.

**Table 5.1. Oakland County's Elderly Population, 2000<sup>2</sup>**

	Total	62 years+	65 years+	62 years+	65 years+
Total Population	1,194,15	159,018	134,959	13.3%	11.3%
White, non-Hispanic	971,752	143,220	122,440	14.7%	12.6%
Minority	222,404	15,798	12,519	7.1%	5.6%

Source: Census Bureau

While the elderly account for a relatively small share of the county's total population, particularly when compared to other counties in the region, their significance is projected to grow dramatically in the coming decades. Beginning about 2010, as the baby boomers begin to turn 65, Oakland County's elderly population will grow by anywhere from 50,000 to 70,000 (Table 5.2). This is roughly two to four times the growth experienced in the 1990s. Clearly, this growth must be an area of consideration for future community planning in the county.

**Table 5.2. Oakland County's Elderly Population, 1990 – 2030**

Year	Total	65 years+	% of Total
1990	1,083,592	117,709	10.9%
2000	1,194,157	134,959	11.3%
2005	1,225,336	139,748	11.4%
2010	1,254,380	154,395	12.3%
2015	1,281,557	179,966	14.0%
2020	1,299,528	213,555	16.4%
2025	1,318,551	248,592	18.9%
2030	1,333,573	275,469	20.7%

Source: SEMCOG

Twenty-seven communities have higher shares of 65 years or older population than the county average of 11.4 percent. In fact, three of those communities, all small and affluent, have shares that already exceed the county projection of 20.7 percent for 2030 (Table 5.3).

The vast majority of Oakland County's elderly (77 percent of elderly households) are homeowners (Table 5.4). In fact, there were only seven communities where elderly homeownership rates were below 70 percent. These included Royal Oak Twp (24.4 percent), Southfield (53.2 percent), Farmington (61.7 percent), Farmington Hills (66.9 percent), Auburn Hills (67.5 percent), Walled Lake (68.1 percent), and Pontiac (69.0 percent). Most of these communities also had high concentrations of elderly residents compared to the rest of the county. Three of these communities (Southfield, Farmington Hills, and Pontiac) also rank near the top in group-quarters population – both nursing homes and non-institutional.

<sup>2</sup> Just over 48,000 (30% of all people 62 and older) are 75 to 84 years old. About 16,000 (10% of all people 62 or older) are 85 or older.

**Table 5.3. Oakland County Communities with Highest Share of Elderly (65 or older), 2000**

Bingham Farms village	28.5%	Madison Heights city	14.2%
Bloomfield Hills city	23.8%	Birmingham city	14.0%
Lake Angelus city	21.2%	Franklin village	13.8%
Farmington city	20.5%	Village of Clarkston city	13.4%
Beverly Hills village	19.1%	West Bloomfield township	13.4%
Bloomfield township	17.8%	Leonard village	13.0%
Royal Oak township	16.9%	Berkley city	12.9%
Clawson city	15.2%	Huntington Woods city	12.7%
Southfield city	15.2%	Oak Park city	12.2%
South Lyon city	15.0%	Lathrup Village city	12.2%
Sylvan Lake city	14.9%	Walled Lake city	12.0%
Royal Oak city	14.9%	Hazel Park city	11.5%
Lake Orion village	14.5%	Pleasant Ridge city	11.4%
Farmington Hills city	14.4%		

Source: Census Bureau

**Table 5.4. Housing Tenure of Oakland County's Elderly, 2000**

<b>Total Owner occupied</b>	<b>352,125</b>
Householder 55 to 64 years	55,187
Householder 65 years and over	67,369
Percent of Total	19.1%
Householder 65 to 74 years	37,374
Householder 75 to 84 years	24,671
Householder 85 years and over	5,324
<b>Renter occupied</b>	<b>118,990</b>
Householder 55 to 64 years	8,442
Householder 65 years and over	20,241
Percent of Total	17.0%
Householder 65 to 74 years	7,215
Householder 75 to 84 years	8,351
Householder 85 years and over	4,675

Source: Census Bureau

Table 5.5 details the living arrangements of Oakland County's elderly population as of 2000. A large majority (about 67%) of elderly lived in family households, most often with a spouse. Nearly 30% of the elderly (39,910) lived alone. The overwhelming majority of these (78%) were women. The balance of the elderly population (about 3% or 6,117 people) lived in group-quarters—about two-thirds of them nursing homes.

Data limitations and general uncertainty about the future prevent a conclusive determination of how the elderly will live over the next few decades. However, we can use the 2000 data on the elderly to create some baseline estimates of what would happen if current characteristics prevailed. If the living arrangements for the elderly in 2000 held constant over the next three decades, the number of single-person elderly households would grow by 23,294

households (58%) from 2000 to 2020. By 2030, the total would grow another 18,324 to 81,528—104 percent more single-person elderly households than existed in 2000. The elderly living in group quarters would grow by 2,662 through 2020 and another 2,786 by 2030, reaching a total of 12,396. Clearly, these changes would call for considerable changes in the housing options available to the elderly. Most of the remaining elderly population would live with their spouses.

**Table 5.5. Living Arrangements of Oakland County’s Elderly, 2000**

	Number	Percent
Total persons age 65 and over:	134,959	100.0%
In households:	128,842	95.5%
In family households:	86,217	66.9%
Householder:	46,230	35.9%
Male	37,294	80.7%
Female	8,936	19.3%
Spouse	30,576	23.7%
Parent	5,250	6.1%
Other relatives	3,746	4.3%
Nonrelatives	415	0.5%
In nonfamily households:	42,625	33.1%
Male householder:	9,529	22.4%
Living alone	8,819	92.5%
Not living alone	710	7.5%
Female householder:	31,851	74.7%
Living alone	31,091	97.6%
Not living alone	760	2.4%
Nonrelatives	1,245	2.9%
In group quarters:	6,117	4.5%
Institutionalized population	4,140	67.7%
Noninstitutionalized population	1,977	32.3%

Source: U.S. Census Bureau

One reason the elderly are considered a special needs population is because many of them have disabilities that impact the type of housing that they can occupy. Table 5.6 displays the responses received from Oakland County residents 65 years and over when asked by the Census Bureau about disabilities that limit or prevent them from participating in activities of daily living. About two-fifths of the county’s elderly indicated that they had a disability. Among those reporting disabilities, 18.9 percent listed just one. Within this group, a physical disability was identified by almost half (48.2 percent) of the respondents. Second in frequency (26.2 percent) was a disability that limited or prevented them from going outside the home. Many of these disabilities may be physical in nature. Sensory disabilities (e.g. vision or hearing) came in third at 18.7 percent, followed by mental disabilities (6.3 percent) and self-care disabilities (less than 1 percent). Among the 19.9 percent of respondents who identified more than one disability, self-care was listed 44.8 percent of the time. It is apparent that persons see self-care limitations as usually resulting from some other disability.

**Table 5.6. Disability Status of Oakland County’s Elderly, 2000**

<b>65 years and over</b>	<b>130,570</b>	
<b><i>With one type of disability</i></b>	<b>24,636</b>	<b>18.9%</b>
Sensory disability	4,609	18.7%
Physical disability	11,877	48.2%
Mental disability	1,548	6.3%
Self-care disability	153	0.6%
Go-outside-home disability	6,449	26.2%
<b><i>With two or more types of disability</i></b>	<b>26,007</b>	<b>19.9%</b>
Includes self-care disability	11,660	44.8%
Does not include self-care disability:	14,347	55.2%
No disability	79,927	61.2%

Source: Census Bureau

### **Affordability for Elderly Households**

The affordability analysis in Chapter Four showed that housing affordability is a greater concern for the elderly than it is for other age groups in the county. While the elderly account for only 20 percent of all households in the county, they account for 26 percent of households facing cost burden. If we look at how many of the elderly face cost burden, as opposed to the elderly as a share of all households who face cost burden, we find that 29 percent of elderly households face cost burden. This is the second highest percentage of any county in the state. Only Wayne County has a higher percentage, and its percentage is only one point higher. Findings are similar for severe cost burden. With 14 percent of its elderly households paying more than 50 percent of their income on housing, Oakland has the highest ranking of all counties in the state.

The elderly account for far more households with cost burden in some communities than others. They account for as little as ten percent of households with burden in Addison, Northville, and Wixom and as much as 52 percent in Farmington. In at least half of the communities, elderly accounted for 22 percent or less of households with burden. However, in 18 communities the proportion is 30 percent or more. Three communities—Clarkston, Farmington, and Novi Township—have percentages of 40 or more. Variation for severe cost burden was even greater.

As we would expect from our findings for the county as a whole, the elderly are over-represented among households with burden in most CVTs (44 out of 61). The extent to which they are over-represented varies substantially. In 27 communities, the elderly account for five percent more of households with burden than total households. In eleven communities the difference is ten percent or more. The greatest difference (20 percent) is in Farmington. There is no obvious spatial pattern for the extent to which the elderly are over-represented among households with burden.

When we examine elderly households with burden as a proportion of all elderly households the findings are similar. Variation among CVTs is high and those CVTs where the elderly are over-represented among households with burden also tend to have a large share of all

elderly households facing cost burden. There is some concentration of high percentages of elderly households with burden along the southern edge of the county.

The data do not enable a direct assessment of income levels of the elderly with disabilities. However, we can make a broad assessment by examining the socioeconomic characteristics of the communities where disabilities among the elderly are most prevalent. Table 5.7 shows the communities with the highest prevalence of reported disability among the elderly. The ranking follows quite closely with the socioeconomic status of the community as a whole, and the elderly in particular. This is especially evident for the communities of Royal Oak Township, Pontiac, Hazel Park and Auburn Hills. While these data are by no means conclusive, they suggest that the elderly disabled often face income constraints that impact their ability to access affordable housing.

**Table 5.7. Oakland County Communities with Highest Share of Disabled Elderly, 2000**

Royal Oak Twp	60.30%
Pontiac	59.20%
Hazel Park	51.70%
Auburn Hills	49.30%
Holly Twp	48.00%
Addison Twp	47.70%
Oak Park	47.40%
Southfield	46.80%
Ferndale	46.40%
Walled Lake	46.20%
Orion Twp	46.00%
Wixom	45.80%

Source: Census Bureau

### **Prevalence of Elderly Housing**

Broadly defined, elderly housing includes any housing where an elderly person lives. Such housing is clearly available throughout the county. A narrower definition refers to housing that is set-aside specifically for elderly residents. Such housing is typically designed to serve the special needs of the elderly at various stages in their lives by providing physical features and support services to support elderly lifestyles. This elderly housing can be subsidized by the government or completely financed through private sources. Unfortunately, we only have data on those units that are publicly subsidized. Still, this is a useful subset to examine, because it serves those elderly for whom affordability is a special challenge.

Elderly housing can be created through almost all financing sources available for low-income housing. Yet, some programs, such as HUD's Section 202 program, are dedicated almost exclusively to elderly housing. Public housing and other subsidized developments can also include units set-aside exclusively for the elderly.

MSHDA data on housing units with project-based subsidies indicates that at least 7,862 units in housing developments with project-based subsidies are set-aside for elderly residents in Oakland County (Table 5.8).<sup>3</sup> Many of the developments where these units are located would also have supportive services available for residents. These units are heavily concentrated in the southeastern core of the county. In fact, two communities—Troy and Pontiac—account for one-third of these units.

Although the elderly units account for 52 percent of all units with project-based subsidies identified by MSHDA, the total number of such units will likely need to be greatly expanded to accommodate future need. For example, in 2000 these units served 8.4 percent of the county's elderly households. The total number of units would need to grow by 42% (about 3300 units) in order to serve 8.4 percent of the estimated 133,000 elderly households in 2020.<sup>4</sup> It would need to grow by another 3200 units from 2020 to 2030 to keep pace with the growth in elderly households over the decade. Even with such growth, the extent of cost burden among the elderly would likely remain high (in 2000, units in subsidized developments served 8.4% of elderly households, but 29% of elderly households still faced cost burden and 14% faced severe cost burden). Moreover, many households would have supportive service needs that would go unmet, as was the case in 2000.

Of course, a traditional means of housing the elderly who are no longer able to live independently has been nursing homes. According to the state's Bureau of Health Services, Oakland County has almost 4800 long-term nursing home beds. By far, most of these would be used by elderly, disabled residents.

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<sup>3</sup> We use the term "at least," because some of the subsidized developments listed in the MSHDA database do not have information on unit type for all of the units included in the development. We also note that some of the units included in the unit count are market-rate (i.e. not subsidized) units. The overwhelming majority of units in this count are subsidized.

<sup>4</sup> The estimate for number of elderly households was created by multiplying the estimated number of elderly living alone times one and the estimated number of elderly living in family households or non-family (but not alone) households by .5. This is considered a conservative estimate. The estimates of living arrangements were derived by applying 2000 living arrangement distributions to 2020 elderly population estimates.

**Table 5.8. Subsidized Elderly Housing by Community<sup>5</sup>**

Community	Developments	Units
Auburn Hills city	3	275
Clawson city	1	264
Farmington city	2	163
Farmington Hills city	9	789
Ferndale city	3	173
Hazel Park city	3	356
Highland Twp	1	32
Lake Orion	2	78
Madison Heights city	5	697
Milford	1	36
Oak Park city	1	149
Pontiac city	10	1651
Rochester city	1	128
Rochester Hills city	3	397
Royal Oak city	3	658
South Lyon city	1	15
Southfield city	4	529
Troy city	5	982
Walled Lake city	1	160
Waterford Twp	2	228
West Bloomfield Twp	1	102
<b>TOTAL</b>	<b>62</b>	<b>7,862</b>

Source: MSHDA Directory of Subsidized Housing

**Conclusions Related to Elderly Needs**

Currently, the elderly account for a relatively modest share of Oakland County’s total population. However, a large share of the elderly faces housing affordability problems. Although the elderly are the best-served special needs group in terms of government-subsidized housing, the supply is inadequate to meet the current demand. Moreover, with the aging of baby boomers the elderly population is expected to explode over the next three decades growing by 104% and accounting for about 21% of the county’s population by 2030 (up from 13% in 2000). This growth will undoubtedly cause changes in the characteristics of the county’s elderly population. However, given the current level of affordability problems among the elderly, the special housing needs and preferences of the elderly, the shortage of housing alternatives for the elderly, and the sheer growth in the elderly population, significant changes in the county’s housing stock and elderly services will need to take place in order for the county to accommodate this growing population. These changes must seek to increase both the supply of traditional elderly housing and new, alternative housing arrangements to serve this increasingly diverse population and enable it to age in place. Support services to enhance the quality of life for those elderly who choose to remain in their existing housing will also need to be enhanced.

<sup>5</sup> Op cit.

estimates assume that each renter household occupies a unit that falls within its affordable cost range if one is available. However, we know that many households occupy units that cost less than they could afford. Thus, the shortage of units at the low cost range is greater than these estimates suggest. This is why the number of extremely low- and very low-income renters with cost or severe cost burden is much higher than the total unit deficit. It is important to note that while the rent cost at which we find this deficit is very low, other counties in the region have a much greater share of their rental units in this low range than Oakland County. For example, while only 19 percent of Oakland County's occupied rental units cost \$499 or less. The share in most other counties is between 30 and 50 percent.

**Table 9.9. Estimate of Rental Unit Surplus / Deficit by Income Group / Cost<sup>9</sup>**

Household Incomes Range: Low	Household Incomes Range: High	Renter-Holds in Income Range*	Rental Rate Range: Low	Rental Rate Range: High	Occupied Rental Units Within Range*	Vacant Rental Units Within Range**	Surplus / (Deficit) for Rental Rate	Cumulative Surplus/ (Deficit)
\$ -	\$ 9,999	13,377	\$ -	\$ 249	9,253	308	(3,816)	(3,816)
10,000	14,999	8,437	250	374	4,139	325	(3,974)	(7,790)
15,000	19,999	8,223	375	499	9,477	721	1,975	(5,815)
20,000	24,999	9,387	500	624	21,973	1,418	14,003	8,188
25,000	29,999	8,509	625	749	23,587	1,417	16,495	24,683
30,000	34,999	8,509	750	874	18,117	1,150	10,758	35,440
35,000	39,999	6,933	875	999	12,602	783	6,451	41,891
40,000	44,999	6,933	1,000	1,124	5,392	287	(1,254)	40,637
45,000	49,999	6,933	1,125	1,249	5,392	287	(1,254)	39,383
50,000	59,999	9,134	1,250	1,499	3,857	229	(5,048)	34,335
60,000	74,999	13,700	1,500	1,874	2,121	146	(11,434)	22,902
75,000	> 75,000	18,590	1,875	> 1,875	2,435	305	(15,851)	7,051
<b>Total</b>		<b>118,663</b>			<b>118,342</b>	<b>7,372</b>		

\* Difference between total renter households and total occupied rental units due to census estimation procedures.

\*\* Totals based on "rent-asked", which may or may not include utilities. 88% of rental agreements for occupied units included rent.

2000 U.S. Census SF3 File

Source:

## Special Housing Needs

### Elderly

Currently, the elderly account for a relatively modest share (11%) of Oakland County's total population. However, a large share of the elderly face housing affordability problems. While the elderly account for only 20 percent of all households in the county, they account for 26 percent of households facing cost burden and 31% of households with severe cost burden. In total, 29 percent of elderly households (27,085) face cost burden and 14 percent (12,748) face severe cost burdens. Only Wayne County has a higher percentage of elderly facing cost burden. No Michigan county has a higher percentage of elderly facing severe cost burden.

<sup>9</sup> The methodology for creating this table is similar to that used for the Oakland County Business Roundtable Quality of Life Housing Subcommittee's Housing Matrix. Because the relationship among housing value, housing cost, and owner income is far less direct in the owner-occupied housing market than the rental market, we do not produce a similar surplus/deficit by income estimate for owner-occupied housing.

Findings are similar for both elderly owners and renters, though there are more elderly owners with problems than renters. While only 15 percent of all owner households are elderly, the elderly account for 24 percent of all owner households with cost burden. Twenty-two percent of owners (15,571 households) face cost burden. Nine percent (6,779) face severe cost burden. Although the elderly only account for 19 percent of renters in the county, they account for 31% of renters with cost burden. A total of 51% of elderly renters (11,514 households) face cost burden. Twenty-six percent of elderly renters (5,969 households) face severe cost burden.

Keeping with our approach for all households, we would estimate the minimum number of elderly households with immediate housing needs to be 12,748 (i.e. total facing severe cost burden). Almost 6,800 of these households are owners and almost 6,000 are renters. A broader definition of immediate need (all elderly with cost burden) pushes the estimate to 27,085 elderly households. These households are included in the affordability need numbers for all households reported in the previous section.

These need numbers might appear quite modest when we consider what the level of need will be in the coming decades. The elderly population is expected to explode over the next three decades growing by 104% and accounting for about 21% of the county's population by 2030 (Table 9.10).

**Table 9.10. Oakland County's Estimated Elderly Population, 1990 – 2030**

Year	Total	65 years+	% of Total
1990	1,083,592	117,709	10.9%
2000	1,194,157	134,959	11.3%
2005	1,225,336	139,748	11.4%
2010	1,254,380	154,395	12.3%
2015	1,281,557	179,966	14.0%
2020	1,299,528	213,555	16.4%
2025	1,318,551	248,592	18.9%
2030	1,333,573	275,469	20.7%

Source: SEMCOG

We have no conclusive way to estimate the incomes of this growing elderly population. Certainly a good portion of the elderly will have greater income and wealth than the current elderly. However, medical costs and longer life spans may erode this wealth more so than in the past. Inevitably, a considerable share of this population will have modest incomes and need low-cost housing.

Data limitations and general uncertainty about the future prevent a conclusive determination of how the elderly will live over the next few decades. However, we can use the 2000 data on the elderly along with some simple assumptions to create baseline estimates of what would happen if current characteristics prevailed. Table 9.11 shows the estimated number of elderly households (does not include elderly in group quarters) by decade, assuming that the living arrangements for the elderly in 2000 hold constant over the next three decades.

**Table 9.11. Oakland County's Estimated Elderly Population, 1990 – 2030**

Estimated Elderly Households by Decade			
2000	2010	2020	2030
93,397	95,863	132,596	171,038

Source: Authors' manipulation of SEMCOG and Census data.

Single-person elderly households would grow by 23,294 households (58%) from 2000 to 2020. By 2030, the total would grow another 18,324 to 81,528—104 percent more single-person elderly households than existed in 2000. The elderly living in group quarters would grow by 2662 through 2020 and another 2,786 by 2030, reaching a total of 12,396. Clearly, these changes would call for considerable changes in the housing options available to the elderly. Most of the remaining elderly population would live with their spouses.

Among special needs groups, the elderly are the best-served by government-subsidized housing. Still, the supply is inadequate to meet the current demand, let alone the growth in demand that is likely to occur. MSHDA data on housing units with project-based subsidies indicates that at least 7,862 units in subsidized housing developments are set-aside for elderly residents in Oakland County.<sup>10</sup> Many of the developments where these units are located would also have supportive services available for residents. These units are heavily concentrated in the southeastern quadrant of the county. In fact, two communities—Troy and Pontiac—account for one-third of these units.

While the future demand for subsidized units for the elderly is uncertain, we can project that the total number of units would need to grow by 42% (about 3,300 units) in order to serve the same percentage of all elderly households (8.4 percent) in 2020 that this housing currently serves. It would need to grow by another 3,200 units from 2020 to 2030 to keep pace with the growth in elderly households over the decade.

A traditional means of housing the elderly who are no longer able to live independently has been nursing homes. According to the state's Bureau of Health Services, Oakland County has almost 4,800 long-term nursing home beds. By far, most of these would be used by elderly, disabled residents. The number of nursing home beds would also need to grow to keep pace with demand.

Given the current level of affordability problems among the elderly, the special housing needs and preferences of the elderly, the shortage of housing alternatives for the elderly, and the sheer growth in the elderly population, significant changes in the county's housing stock and elderly services will need to take place in order for the county to accommodate this growing population. These changes must seek to increase the supply of both traditional elderly housing and new, alternative housing arrangements to serve this increasingly diverse population and

<sup>10</sup> We use the term "at least," because some of the subsidized developments listed in the MSHDA database do not have information on unit type for all of the units included in the development. We also note that some of the units included in the unit count are market-rate (i.e. not subsidized) units. The overwhelming majority of units in this count are subsidized.

enable it to age in place. Support services to enhance the quality of life for those elderly who choose to remain in their existing housing will also need to be enhanced. The county should also consider how the county's housing market will be impacted as many elderly homeowners decide to sell their homes for smaller, more manageable units.

**Disabled**

The growth in the elderly population will increase the need for housing and support services for persons with physical or mental disabilities in two ways. First, as the population of the county ages, the disabilities among that population will grow. Second, more and more children with disabilities that currently live with their parents or other relatives will need to find alternative housing. These two trends will compound the pressures that already exist for housing for persons with disabilities.

In 2000, 50,673 people 65 years of age or older (38 percent of all people in this age group) reported having disabilities. While it is impossible to determine precisely how many of these people have disabilities that necessitate special housing or support services, a conservative estimate would include all those with a self-care disability and a disability that inhibits their ability to go outside the home. A total of 18,262 of the elderly (14 percent of all elderly, 36 percent of all elderly with disabilities) fit this description. This is a very conservative estimate, however, because it does not include any of the elderly who report only a physical disability, mental disability, or hearing/vision disability. An alternative estimate would include only those with physical or mental disabilities. Unfortunately, the census data do not enable us to calculate this number accurately.

If we assumed that the 2000 elderly disability percentages hold constant for the next few decades, the number of elderly disabled would grow to about 58,000 by 2010; 80,000 by 2020; and 103,000 by 2030 (Table 9.12). Using the conservative estimate of how many of these people would have special housing needs, we would project that totals would be 21,000 in 2010; 29,000 in 2020; and 37,000 in 2030.

**Table 9.12. Estimated Change in the Number of Elderly with Disabilities**

Category	2000	2010	% Change from 2000	2020	% Change from 2000	2030	% Change from 2000
People 65 or older	134,959	154,395	14%	213,555	58%	275,469	104%
People 65 or older with disability	50,673	57,970	14%	80,183	58%	103,430	104%
People 65 or older with self-care & go-outside-the-home disability	18,262	20,892	14%	28,897	58%	37,275	104%

Source: Author's manipulation of SEVCOG and Census data

In 2000, almost 97,000 people from 21 to 64 years of age reported disabilities. For this group, we would add "employment disability" to our conservative estimate of which disabilities are associated with special housing needs. Such a disability would likely result in a need for financial subsidies to make housing affordable. The result is an estimated 53,100 disabled 21 to 64 year olds with special housing needs. Presently, most of this population lives with parents or

other family members. We have no estimate of how many non-elderly people will be disabled in future decades.

About 7,300 16 to 20 year olds and 9,700 5 to 15 year olds reported disabilities in 2000. The immediate implication for special housing needs is modest, because most are minors who would live with their parents or other caregiver. Support services would likely be necessary for some.

When we look at the housing units or tenant-subsidies that are set-aside specifically for people with disabilities, we find the supply to be grossly short of the need. If we assume that 10% of all subsidized units (except for public housing which is not set-aside for the disabled) and 5% of all nursing home beds were set-aside for people with disabilities (both admittedly over-optimistic assumptions), we would find that almost 1,500 units were set-aside for the disabled. Both the disabled population and unit counts are very rough estimates, but the conclusion seems clear—the subsidies to enable the disabled to live in affordable housing fall substantially short of need.

### **Other Special Needs Populations**

*Persons with HIV/AIDS.* The housing needs of the other special needs populations are less obvious because their numbers are lower and their population may also fall into one of the other special needs categories. However, each group face challenges in the existing housing market. Though small relative to the total population, persons with HIV/AIDS are more common in Oakland County than all other counties in the state, but Wayne. As of April 1, 2005, Oakland County had an estimated 1,740 persons living with HIV/AIDS.<sup>11</sup> This population faces special challenges related to discrimination, medical regimens, and support services. Currently, this population is not directly served by housing developed specifically to serve its needs, though some support services are available and people with HIV/AIDS can qualify for disabled and low-income subsidized housing.

*Homeless.* According to Oakland County's 2005 Continuum of Care Application Summary, in January 2005, there was an estimated minimum of 1,293 homeless people in the county. While the point-in-time survey method used to derive this total was sound, the difficulties in identifying homeless individuals make it likely that the total number of homeless people is at least slightly higher. In total, as of early 2005, agencies serving the homeless in Oakland County had almost 950 beds in emergency shelters, transitional housing, or permanent supportive housing available to serve the homeless. The need for housing and support services for the homeless population outstrips the available supply. In fact, the 2005 CoC Application Summary reports that from May 2004 through May 2005, emergency shelters were over capacity and turning people away an average of 103 days during the year. They were over 90 percent capacity during the rest of the year. Transitional and permanent supportive housing slots remain 100% leased with people on waiting lists.

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<sup>11</sup> Data pulled from the April 1, 2005 Quarterly HIV/AIDS Analysis available from the Michigan Department of Community Health's website, [http://www.michigan.gov/mdch/0,1607,7-132-2944\\_5320\\_5331-35962--00.html](http://www.michigan.gov/mdch/0,1607,7-132-2944_5320_5331-35962--00.html), last accessed 2/27/2006.

*Large Families.* Oakland County had just over 43,000 households<sup>12</sup> that contained 5 or more persons in 2000. The housing problem related to large families is one of affordability. There is no overall shortage of housing to accommodate large families in Oakland County. However, most of it is for homeowners. As we found with homeowner housing overall, the cost of the housing is relatively high and the result is that more large owner families face cost burden in Oakland County than statewide. The more critical issue is affordability of rental units for large families. Again, there is no shortage of rental units, but they tend to be expensive. To the extent that a shortage of units exists, it appears to be in the subsidized segment of the market where only about 1,200 units have three bedrooms. They are heavily concentrated, with most of them located in Pontiac and Auburn Hills. Only 133 units in subsidized developments have four bedrooms. Seventy-seven of these are located in Pontiac. The rest were in Auburn Hills, Royal Oak Twp, and Ferndale.

## **Conclusions**

There is a high level of existing housing needs that are unmet in the county, particularly needs related to affordable housing for low-income families and special needs populations (especially people with disabilities). The level of need is expected to grow substantially in the future, especially needs related to elderly households and persons with disabilities. The county is also projected to face housing capacity deficits in communities that are expected to account for a large portion of the county's total household growth over the next few decades.

It is unlikely that the housing market will take care of all these needs on its own. Actions will be necessary from public, private, and nonprofit stakeholders to alleviate both existing and future housing needs if Oakland County is to retain its status as a residential destination of choice in Michigan. If not addressed, these needs could pose considerable problems for future growth in the county.

To address existing and projected housing needs, county stakeholders must pay special attention to the following:

- Adjusting zoning and planned land use in high growth communities and enacting complementary measures to encourage development in areas with existing infrastructure and surplus housing capacity. This can help the county avoid projected capacity deficits and avoid excessive infrastructure and other costs to accommodate housing growth.
- Increasing the availability of affordable housing in growing communities. Cost is a growing determinant of housing affordability in the county, and to the extent that housing is available for those with the greatest need, it is highly concentrated in a few communities. Very little housing for lower-income groups is available in the portions of the county experiencing high growth. Absent a concentrated effort, it is unlikely that the market will provide the affordable housing needed in these areas for lower-income groups.

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<sup>12</sup> Of these households, 42,783 were families, while 410 were non-family households (source: Census 2000, Table PCT17.

- Increasing the availability of supply of both traditional elderly housing and new, alternative housing arrangements to serve the growing and increasingly diverse elderly population and enable it to age in place. Support services to enhance the quality of life for those elderly who choose to remain in their existing housing will also need to be enhanced. The county should also consider how the county's housing market will be impacted as many elderly homeowners decide to sell their homes for smaller, more manageable units.
- Increasing the availability of affordable housing for persons with disabilities and ensuring that such housing is available throughout the county, not concentrated in a few communities.

**TABLE 11E. NUMBER AND PERCENTAGE OF THE POPULATION AGE 65 AN**

Source: U.S. Census Bureau, July 1, 2004 Population Estimates

Table compiled by the U.S. Administration on Aging, HHS using Census data.

<b>State Name</b>	<b>County Name</b> (Sorted by state and county alphabetically)	<b>Percent</b> <b>65+</b>
Michigan	Alcona County	26.1%
Michigan	Alger County	17.1%
Michigan	Allegan County	11.2%
Michigan	Alpena County	18.0%
Michigan	Antrim County	18.3%
Michigan	Arenac County	17.6%
Michigan	Baraga County	16.0%
Michigan	Barry County	12.2%
Michigan	Bay County	15.0%
Michigan	Benzie County	18.2%
Michigan	Berrien County	14.7%
Michigan	Branch County	13.5%
Michigan	Calhoun County	13.6%
Michigan	Cass County	14.2%
Michigan	Charlevoix County	15.6%
Michigan	Cheboygan County	18.1%
Michigan	Chippewa County	13.1%
Michigan	Clare County	18.4%
Michigan	Clinton County	11.2%
Michigan	Crawford County	17.0%
Michigan	Delta County	17.6%
Michigan	Dickinson County	17.8%
Michigan	Eaton County	12.1%
Michigan	Emmet County	14.7%
Michigan	Genesee County	11.8%
Michigan	Gladwin County	19.3%
Michigan	Gogebic County	21.6%
Michigan	Grand Traverse County	13.5%
Michigan	Gratiot County	13.4%
Michigan	Hillsdale County	13.6%
Michigan	Houghton County	15.0%
Michigan	Huron County	19.8%
Michigan	Ingham County	9.7%
Michigan	Ionia County	9.9%
Michigan	Iosco County	23.1%
Michigan	Iron County	24.0%
Michigan	Isabella County	9.3%
Michigan	Jackson County	12.8%
Michigan	Kalamazoo County	11.5%
Michigan	Kalkaska County	14.4%
Michigan	Kent County	10.3%
Michigan	Keweenaw County	20.2%
Michigan	Lake County	19.5%
Michigan	Lapeer County	10.2%
Michigan	Leelanau County	18.5%

Michigan	Lenawee County	12.9%
Michigan	Livingston County	9.0%
Michigan	Luce County	15.5%
Michigan	Mackinac County	19.5%
Michigan	Macomb County	13.4%
Michigan	Manistee County	18.4%
Michigan	Marquette County	13.8%
Michigan	Mason County	17.4%
Michigan	Mecosta County	13.8%
Michigan	Menominee County	17.3%
Michigan	Midland County	12.8%
Michigan	Missaukee County	15.0%
Michigan	Monroe County	11.4%
Michigan	Montcalm County	12.4%
Michigan	Montmorency County	24.4%
Michigan	Muskegon County	12.6%
Michigan	Newaygo County	13.2%
Michigan	Oakland County	11.5%
Michigan	Oceana County	14.2%
Michigan	Ogemaw County	19.9%
Michigan	Ontonagon County	23.1%
Michigan	Osceola County	15.0%
Michigan	Oscoda County	21.0%
Michigan	Otsego County	14.6%
Michigan	Ottawa County	10.5%
Michigan	Presque Isle County	23.0%
Michigan	Roscommon County	23.9%
Michigan	Saginaw County	13.6%
Michigan	St. Clair County	12.3%
Michigan	St. Joseph County	13.2%
Michigan	Sanilac County	15.9%
Michigan	Schoolcraft County	18.9%
Michigan	Shiawassee County	12.4%
Michigan	Tuscola County	13.7%
Michigan	Van Buren County	12.2%
Michigan	Washtenaw County	8.5%
Michigan	Wayne County	11.6%



Rochester Hills Population and Demographics

Rochester Hills AreaConnect  
AreaConnect



Rochester Hills Michigan Population and Demographics Resources

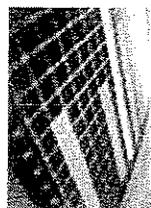
Web Search:



Rochester Hills City, Michigan Statistics and Demographics (US Census 2000)

	Number	Percent	Ads by Gooooogle
<b>Rochester Hills Population:</b>	68825	100.00%	<a href="#">Demographics (Claritas)</a> Access demographic reports & maps for customer, site, market analysis <a href="http://www.sitereports.com">www.sitereports.com</a>
<b>Sex and Age</b>			
Male	33539	48.73%	
Female	35286	51.27%	
Under 5 years	4490	6.52%	
5 to 9 years	5084	7.39%	<a href="#">U.S. Census Records</a> Search the U.S. Census Collection 1790-1930. Over 550 Million Names. <a href="http://Ancestry.com">Ancestry.com</a>
10 to 14 years	5237	7.61%	
15 to 19 years	4552	6.61%	
20 to 24 years	3093	4.49%	
25 to 34 years	8330	12.1%	
35 to 44 years	12405	18.02%	
45 to 54 years	11767	17.1%	<a href="#">Demographic &amp; Census Data</a> Demographic reports maps lists data files. Latest updated information. <a href="http://www.cmcus.com">www.cmcus.com</a>
55 to 59 years	4002	5.81%	
60 to 64 years	2540	3.69%	
65 to 74 years	3751	5.45%	
75 to 84 years	2527	3.67%	
85 years and over	1047	1.52%	
<b>Median age (years)</b>	38.1		
<b>18 years and over</b>	50951	74.03%	
Male	24420	35.48%	
Female	26531	38.55%	
<b>21 years and over</b>	48861	70.99%	
<b>62 years and over</b>	8707	12.65%	
<b>65 years and over</b>	7325	10.64%	<a href="#">US Demographic Data On Demand</a> Pick from zips, counties, or custom areas you create. Get reports ...
Male	2857	4.15%	
Female	4468	6.49%	
<b>Race</b>			<a href="#">\$4 Demographic Reports, Maps and Graphs</a>
One race	67884	98.63%	

**U.S. Census Bureau**  
**American FactFinder**



**Rochester Hills city, Michigan**  
**Selected Housing Characteristics: 2005**  
 Data Set: 2005 American Community Survey  
 Survey: 2005 American Community Survey

NOTE. Data are limited to the household population and exclude the population living in institutions, college dormitories, and other group quarters. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

Selected Housing Characteristics: 2005	Estimate	Margin of Error
<b>HOUSING OCCUPANCY</b>		
Total housing units	28,027	+/-2,068
Occupied housing units	26,618	+/-1,634
Vacant housing units	1,409	+/-982
Homeowner vacancy rate	0.2	+/-0.4
Rental vacancy rate	8.1	+/-7.0
<b>UNITS IN STRUCTURE</b>		
1-unit, detached	19,097	+/-1,517
1-unit, attached	2,395	+/-535
2 units	0	+/-238
3 or 4 units	514	+/-273
5 to 9 units	2,475	+/-1,157
10 to 19 units	698	+/-346
20 or more units	1,312	+/-384
Mobile home	1,536	+/-951
Boat, RV, van, etc.	0	+/-238
<b>YEAR STRUCTURE BUILT</b>		
Built 2005 or later	39	+/-65
Built 2000 to 2004	2,095	+/-794
Built 1990 to 1999	3,960	+/-712
Built 1980 to 1989	8,465	+/-1,173
Built 1970 to 1979	6,028	+/-749
Built 1960 to 1969	2,905	+/-1,107
Built 1950 to 1959	2,537	+/-714
Built 1940 to 1949	751	+/-379
Built 1939 or earlier	1,247	+/-960
<b>ROOMS</b>		
1 room	56	+/-93
2 rooms	988	+/-894
3 rooms	1,201	+/-427
4 rooms	3,235	+/-1,276
5 rooms	5,313	+/-1,235
6 rooms	4,127	+/-822
7 rooms	2,884	+/-662
8 rooms	4,476	+/-846
9 rooms or more	5,747	+/-927
Median (rooms)	6.3	+/-0.4

**U.S. Census Bureau**

American FactFinder



**Rochester Hills city, Michigan**  
**General Demographic Characteristics: 2005**  
 Data Set: 2005 American Community Survey  
 Survey: 2005 American Community Survey

NOTE: Data are limited to the household population and exclude the population living in institutions, college dormitories, and other group quarters. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see Survey Methodology.

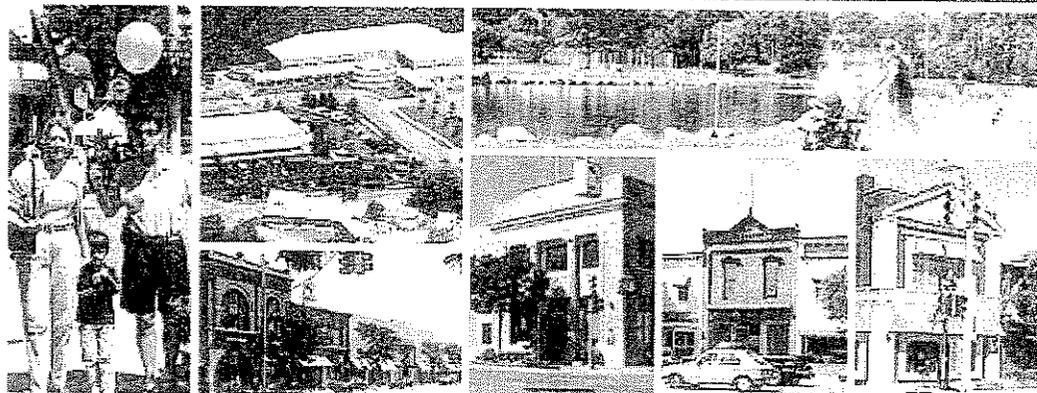
General Demographic Characteristics: 2005	Estimate	Margin of Error
<b>Total population</b>	<b>70,126</b>	<b>+/-4,613</b>
<b>SEX AND AGE</b>		
Male	34,619	+/-2,969
Female	35,507	+/-2,341
Under 5 years	4,725	+/-1,346
5 to 9 years	5,596	+/-987
10 to 14 years	5,797	+/-1,055
15 to 19 years	4,240	+/-850
20 to 24 years	3,143	+/-679
25 to 34 years	5,945	+/-1,216
35 to 44 years	12,732	+/-2,288
45 to 54 years	11,968	+/-1,427
55 to 59 years	4,827	+/-923
60 to 64 years	3,610	+/-1,177
65 to 74 years	3,413	+/-800
75 to 84 years	2,518	+/-733
85 years and over	1,612	+/-476
Median age (years)	39.8	+/-1.7
18 years and over	51,187	+/-3,023
21 years and over	48,567	+/-2,893
62 years and over	9,745	+/-1,572
65 years and over	7,543	+/-1,315
18 years and over	51,187	+/-3,023
Male	24,288	+/-1,820
Female	26,899	+/-1,787
65 years and over	7,543	+/-1,315
Male	3,117	+/-706
Female	4,426	+/-861
<b>RACE</b>		
One race	69,022	+/-4,586
Two or more races	1,104	+/-607
<b>Total population</b>	<b>70,126</b>	<b>+/-4,613</b>
One race	69,022	+/-4,586
White	59,743	+/-4,079
Black or African American	1,713	+/-993
American Indian and Alaska Native	199	+/-298



# Demographics

Business Assistance Program | Business Mix | **Demographics** | Business Opportunities | Events & Marketing

About the DDA



Rochester is located in Oakland County, surrounded by Rochester Hills and bordering Oakland Township and Shelby Township. Rochester is within 15 minutes of Daimler Chrysler Headquarters, Walter P. Chrysler Museum, Crittenton Hospital, Oakland University, Meadow Brook Theatre & Music Festival, Rochester College, Oakland Community College and the Palace of Auburn Hills. Rochester is easily accessible from both I-75 and M-59.

Demographics by City		Rochester	Roch. Hills	Oakland Twp.
Population		10,467	68,825	13,071
Population by Age:	20-24	5.7%	4.5%	3.2%
	25-44	37.2%	30.1%	27.9%
	45-64	22.2%	26.6%	25.2%
Average Household Income:		\$ 54,340	\$ 89,418	\$ 107,708
Average Housing Costs		\$ 187,000	\$ 222,000	\$ 423,950



Demographics by County

Oakland County

Population

1,194,156

Population by Age:

20-24

5.1%

25-44

32.5%

45-64

23.9%

Average Household Income:

\$ 71,821

Average Housing Costs

\$ 162,783



POPULATION FINDER

United States | Michigan | Rochester Hills city

**Rochester Hills city, Michigan**

The 2005 population estimate for Rochester Hills city, Michigan is 69,995.

city/ town, county, or zip  
 rochester hills  
 state  
 Michigan   
[search by address »](#)

**View population trends...**

	2005	2000	1990
Population	69,995	68,825	61,766

Source: U.S. Census Bureau, 2005 Population Estimates, Census 2000, 1990 Census

**View more results...**

Population for all cities and towns in Michigan, 2000-2005:

[alphabetic](#) | [ranked](#)

Map of Persons per Square Mile, City/Town by Census Tract:

[2000](#) | [1990](#)

See more data for Rochester Hills city, Michigan on the Fact Sheet and other links on the left.

The letters PDF or symbol  indicate a document is in the Portable Document Format (PDF). To view the file you will need the Adobe® Acrobat® Reader, which is available for free from the Adobe web site.



U.S. Census Bureau

American FactFinder

## FACT SHEET

## Rochester Hills city, Michigan

2005 American Community Survey

Data Profile Highlights:

Note: The 2005 American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories, and other group quarters.

General Characteristics - show more >>	Estimate	Percent	Margin of	
			U.S.	Error
Total population	70,126			+/-4,613
Male	34,619	49.4	49.0%	+/-2,969
Female	35,507	50.6	51.0%	+/-2,341
Median age (years)	39.8	(X)	36.4	+/-1.7
Under 5 years	4,725	6.7	7.0%	+/-1,346
18 years and over	51,187	73.0	74.6%	+/-3,023
65 years and over	7,543	10.8	12.1%	+/-1,315
One race	69,022	98.4	98.1%	+/-4,586
White	59,743	85.2	74.7%	+/-4,079
Black or African American	1,713	2.4	12.1%	+/-993
American Indian and Alaska Native	199	0.3	0.8%	+/-298
Asian	6,678	9.5	4.3%	+/-2,907
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	+/-238
Some other race	689	1.0	6.0%	+/-497
Two or more races	1,104	1.6	1.9%	+/-607
Hispanic or Latino (of any race)	2,318	3.3	14.5%	+/-1,014
Household population	70,126	100.0	100.0%	+/-4,613
Group quarters population	(X)	(X)	(X)	(X)
Average household size	2.63	(X)	2.60	+/-0.12
Average family size	3.22	(X)	3.18	+/-0.14
Total housing units	28,027			+/-2,068
Occupied housing units	26,618	95.0	89.2	+/-1,634
Owner-occupied housing units	21,870	82.2	66.9	+/-1,355
Renter-occupied housing units	4,748	17.8	33.1	+/-1,155
Vacant housing units	1,409	5.0	10.8	+/-982
<b>Social Characteristics - show more &gt;&gt;</b>	<b>Estimate</b>	<b>Percent</b>	<b>U.S.</b>	<b>Margin of Error</b>
Population 25 years and over	46,625			+/-2,814
High school graduate or higher	(X)	95.2	84.2%	(X)
Bachelor's degree or higher	(X)	51.1	27.2%	(X)
Civilian veterans (civilian population 18 years and over)	N	(X)	10.9%	N
Disability status (population 5 years and over)	6,510	10.0	14.9%	+/-1,250
Foreign born	10,036	14.3	12.4%	+/-2,304
Male, Now married, except separated (population 15 years and over)	17,261	67.0	55.9%	+/-1,393
Female, Now married, except separated (population 15 years and over)	17,147	60.7	51.0%	+/-1,448
Speak a language other than English at home (population 5 years and over)	12,606	19.3	19.4%	+/-3,130
<b>Economic Characteristics - show more &gt;&gt;</b>	<b>Estimate</b>	<b>Percent</b>	<b>U.S.</b>	<b>Margin of Error</b>
In labor force (population 16 years and over)	N	100.0	65.9%	N
Mean travel time to work in minutes (workers 16 years and over)	28	(X)	25	+/-1.7



**U.S. Census Bureau**  
**American FactFinder**

**FACT SHEET**

**United States**

2005 American Community Survey

Data Profile Highlights:

Note: The 2005 American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories, and other group quarters.

**General Characteristics - show more >>**

	Estimate	Percent Margin of Error		
Total population	288,378,137		*****	
Male	141,274,964	49.0	+/-20,305	rank
Female	147,103,173	51.0	+/-20,305	rank
Median age (years)	36.4	(X)	+/-0.2	rank
Under 5 years	20,267,176	7.0	+/-12,409	
18 years and over	215,246,449	74.6	+/-16,617	
65 years and over	34,760,527	12.1	+/-15,554	rank
One race	282,820,953	98.1	+/-63,453	
White	215,333,394	74.7	+/-115,546	rank
Black or African American	34,962,569	12.1	+/-41,001	rank
American Indian and Alaska Native	2,357,544	0.8	+/-22,280	rank
Asian	12,471,815	4.3	+/-30,771	rank
Native Hawaiian and Other Pacific Islander	397,030	0.1	+/-10,869	rank
Some other race	17,298,601	6.0	+/-121,998	rank
Two or more races	5,557,184	1.9	+/-63,453	rank
Hispanic or Latino (of any race)	41,870,703	14.5	+/-10,385	
Household population	288,378,137	100.0	*****	
Group quarters population	(X)	(X)	(X)	
Average household size	2.60	(X)	+/-0.01	rank
Average family size	3.18	(X)	+/-0.01	
Total housing units	124,521,886		*****	
Occupied housing units	111,090,617	89.2	+/-143,575	
Owner-occupied housing units	74,318,982	66.9	+/-293,104	rank
Renter-occupied housing units	36,771,635	33.1	+/-172,018	
Vacant housing units	13,431,269	10.8	+/-143,575	

**Social Characteristics - show more >>**

	Estimate	Percent Margin of Error		
Population 25 years and over	188,950,759		+/-39,877	
High school graduate or higher	(X)	84.2	(X)	rank
Bachelor's degree or higher	(X)	27.2	(X)	rank
Civilian veterans (civilian population 18 years and over)	23,427,584	10.9	+/-66,828	rank
Disability status (population 5 years and over)	39,740,709	14.9	+/-114,688	
Foreign born	35,689,842	12.4	+/-131,480	rank
Male, Now married, except separated (population 15 years and over)	61,663,386	55.9	+/-125,943	
Female, Now married, except separated (population 15 years and over)	59,916,721	51.0	+/-128,608	
Speak a language other than English at home (population 5 years and over)	51,934,850	19.4	+/-136,055	rank

**Economic Characteristics - show more >>**

	Estimate	Percent Margin of Error		
In labor force (population 16 years and over)	147,299,391	65.9	+/-106,495	rank
Mean travel time to work in minutes (workers 16 years and over)	25	(X)	+/-0.1	rank
Median household income (in 2005 inflation-adjusted dollars)	46,242	(X)	+/-104	rank
Median family income (in 2005 inflation-adjusted dollars)	55,832	(X)	+/-122	rank



U.S. Census Bureau

American FactFinder

## FACT SHEET

## Michigan

## 2005 American Community Survey

## Data Profile Highlights:

Note: The 2005 American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories, and other group quarters.

General Characteristics - show more >>	Estimate	Percent	U.S.	Margin of Error	
Total population	9,865,583			*****	
Male	4,824,431	48.9	49.0%	+/-3,299	rank
Female	5,041,152	51.1	51.0%	+/-3,299	rank
Median age (years)	36.9	(X)	36.4	+/-0.1	rank
Under 5 years	651,435	6.6	7.0%	+/-1,661	
18 years and over	7,352,920	74.5	74.6%	+/-1,526	
65 years and over	1,194,502	12.1	12.1%	+/-2,166	rank
One race	9,710,259	98.4	98.1%	+/-10,248	
White	7,890,608	80.0	74.7%	+/-9,349	rank
Black or African American	1,379,010	14.0	12.1%	+/-8,917	rank
American Indian and Alaska Native	57,840	0.6	0.8%	+/-3,173	rank
Asian	227,585	2.3	4.3%	+/-2,808	rank
Native Hawaiian and Other Pacific Islander	3,546	0.0	0.1%	+/-1,847	rank
Some other race	151,670	1.5	6.0%	+/-8,793	rank
Two or more races	155,324	1.6	1.9%	+/-10,248	rank
Hispanic or Latino (of any race)	371,627	3.8	14.5%	+/-910	
Household population	9,865,583	100.0	100.0%	*****	
Group quarters population	(X)	(X)	(X)	(X)	
Average household size	2.54	(X)	2.60	+/-0.01	rank
Average family size	3.12	(X)	3.18	+/-0.01	
Total housing units	4,478,507			*****	
Occupied housing units	3,887,994	86.8	89.2	+/-12,280	
Owner-occupied housing units	2,903,328	74.7	66.9	+/-19,112	rank
Renter-occupied housing units	984,666	25.3	33.1	+/-14,105	
Vacant housing units	590,513	13.2	10.8	+/-12,280	
<b>Social Characteristics - show more &gt;&gt;</b>	<b>Estimate</b>	<b>Percent</b>	<b>U.S.</b>	<b>Margin of Error</b>	
Population 25 years and over	6,454,327			+/-3,337	
High school graduate or higher	(X)	87.0	84.2%	(X)	rank
Bachelor's degree or higher	(X)	24.7	27.2%	(X)	rank
Civilian veterans (civilian population 18 years and over)	782,823	10.7	10.9%	+/-9,088	rank
Disability status (population 5 years and over)	1,438,198	15.6	14.9%	+/-18,533	
Foreign born	605,656	6.1	12.4%	+/-14,670	rank
Male, Now married, except separated (population 15 years and over)	2,093,501	55.5	55.9%	+/-14,604	
Female, Now married, except separated (population 15 years and over)	2,063,882	51.1	51.0%	+/-13,181	
Speak a language other than English at home (population 5 years and over)	817,855	8.9	19.4%	+/-18,723	rank
<b>Economic Characteristics - show more &gt;&gt;</b>	<b>Estimate</b>	<b>Percent</b>	<b>U.S.</b>	<b>Margin of Error</b>	
In labor force (population 16 years and over)	4,986,831	65.2	65.9%	+/-19,188	rank
Mean travel time to work in minutes (workers 16 years and over)	24	(X)	25	+/-0.1	rank

Interim Projections of the Total Population for the United States and States: April 1, 2000 to July 1, 2030

Geographic Area	Census April 1, 2000	Projections July 1, 2005	Projections July 1, 2010	Projections July 1, 2015	Projections July 1, 2020	Projections July 1, 2025	Projections July 1, 2030
United States	281,421,906	295,507,134	308,935,581	322,365,787	335,804,546	349,439,199	363,584,435
Alabama	4,447,100	4,527,166	4,596,330	4,663,111	4,728,915	4,800,092	4,874,243
Alaska	626,932	661,110	694,109	732,544	774,421	820,881	867,674
Arizona	5,130,632	5,868,004	6,637,381	7,495,238	8,456,448	9,531,537	10,712,397
Arkansas	2,673,400	2,777,007	2,875,039	2,968,913	3,060,219	3,151,005	3,240,208
California	33,871,648	36,038,859	38,067,134	40,123,232	42,206,743	44,305,177	46,444,861
Colorado	4,301,261	4,617,962	4,831,554	5,049,493	5,278,867	5,522,803	5,792,357
Connecticut	3,405,565	3,503,185	3,577,490	3,635,414	3,675,650	3,691,016	3,688,630
Delaware	783,600	836,687	884,342	927,400	963,209	990,694	1,012,658
District of Columbia	572,059	551,136	529,785	506,323	480,540	455,108	433,414
Florida	15,982,378	17,509,827	19,251,691	21,204,132	23,406,525	25,912,458	28,685,769
Georgia	8,186,453	8,925,796	9,589,080	10,230,578	10,843,753	11,438,622	12,017,838
Hawaii	1,211,537	1,276,552	1,340,674	1,385,952	1,412,373	1,438,720	1,466,046
Idaho	1,293,953	1,407,060	1,517,291	1,630,045	1,741,333	1,852,627	1,969,624
Illinois	12,419,293	12,699,336	12,916,894	13,097,218	13,236,720	13,340,507	13,432,892
Indiana	6,080,485	6,249,617	6,392,139	6,517,631	6,627,008	6,721,322	6,810,108
Iowa	2,926,324	2,973,700	3,009,907	3,026,380	3,020,496	2,993,222	2,955,172
Kansas	2,688,418	2,751,509	2,805,470	2,852,690	2,890,566	2,919,002	2,940,084
Kentucky	4,041,769	4,163,360	4,265,117	4,351,188	4,424,431	4,489,662	4,554,998
Louisiana	4,468,976	4,534,310	4,612,679	4,673,721	4,719,160	4,762,398	4,802,633
Maine	1,274,923	1,318,557	1,357,134	1,388,878	1,408,665	1,414,402	1,411,097
Maryland	5,296,486	5,600,563	5,904,970	6,208,392	6,497,626	6,762,732	7,022,251
Massachusetts	6,349,097	6,518,868	6,649,441	6,758,580	6,855,546	6,938,636	7,012,009
Michigan	9,938,444	10,207,421	10,428,683	10,599,122	10,695,993	10,713,730	10,694,172
Minnesota	4,919,479	5,174,743	5,420,636	5,668,211	5,900,769	6,108,787	6,306,130
Mississippi	2,844,658	2,915,696	2,971,412	3,014,409	3,044,812	3,069,420	3,092,410
Missouri	5,595,211	5,765,166	5,922,078	6,069,556	6,199,882	6,315,366	6,430,173
Montana	902,195	933,005	968,598	999,489	1,022,735	1,037,387	1,044,898
Nebraska	1,711,263	1,744,370	1,768,997	1,788,508	1,802,678	1,812,787	1,820,247
Nevada	1,998,257	2,352,086	2,690,531	3,058,190	3,452,283	3,863,298	4,282,102
New Hampshire	1,235,786	1,314,821	1,385,560	1,456,679	1,524,751	1,586,348	1,646,471
New Jersey	8,414,350	8,745,279	9,018,231	9,255,769	9,461,635	9,636,644	9,802,440
New Mexico	1,819,046	1,902,057	1,980,225	2,041,539	2,084,341	2,106,584	2,099,708
New York	18,976,457	19,258,082	19,443,672	19,546,699	19,576,920	19,540,179	19,477,429
North Carolina	8,049,313	8,702,410	9,345,823	10,010,770	10,709,289	11,449,153	12,227,739
North Dakota	642,200	635,468	636,623	635,133	630,112	620,777	606,566
Ohio	11,353,140	11,477,557	11,576,181	11,635,446	11,644,058	11,605,738	11,550,528
Oklahoma	3,450,654	3,521,379	3,591,516	3,661,694	3,735,690	3,820,994	3,913,251
Oregon	3,421,399	3,596,083	3,790,996	4,012,924	4,260,393	4,536,418	4,833,918
Pennsylvania	12,281,054	12,426,603	12,584,487	12,710,938	12,787,354	12,801,945	12,768,184
Rhode Island	1,048,319	1,086,575	1,116,652	1,139,543	1,154,230	1,157,855	1,152,941
South Carolina	4,012,012	4,239,310	4,446,704	4,642,137	4,822,577	4,989,550	5,148,569
South Dakota	754,844	771,803	786,399	796,954	801,939	801,845	800,462
Tennessee	5,689,283	5,965,317	6,230,852	6,502,017	6,780,670	7,073,125	7,380,634
Texas	20,851,820	22,775,044	24,648,888	26,585,801	28,634,896	30,865,134	33,317,744
Utah	2,233,169	2,417,998	2,595,013	2,783,040	2,990,094	3,225,680	3,485,367
Vermont	608,827	630,979	652,512	673,169	690,686	703,288	711,867
Virginia	7,078,515	7,552,581	8,010,245	8,466,864	8,917,395	9,364,304	9,825,019
Washington	5,894,121	6,204,632	6,541,963	6,950,610	7,432,136	7,996,400	8,624,801
West Virginia	1,808,344	1,818,887	1,829,141	1,822,758	1,801,112	1,766,435	1,719,959
Wisconsin	5,363,675	5,554,343	5,727,426	5,882,760	6,004,954	6,088,374	6,150,764
Wyoming	493,782	507,268	519,886	528,005	530,948	529,031	522,979

## Interim Projections of Michigan Age Distribution: 2000-2030

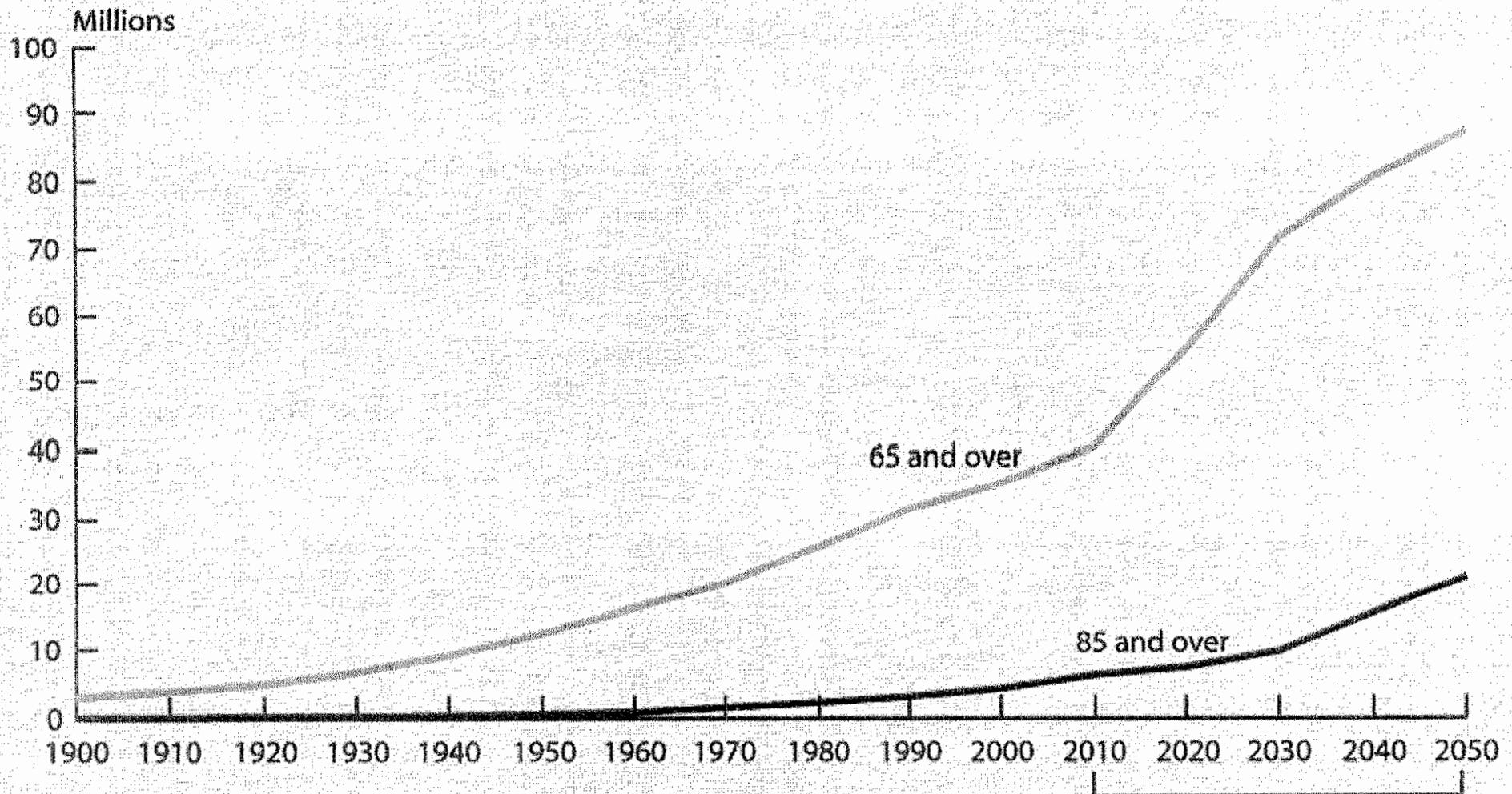
Age	Census 2000	Projected Population					
		2005	2010	2015	2020	2025	2030
Median Age	35.51	36.52	37.42	37.81	38.62	39.41	40.16
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
0-4	6.8%	6.5%	6.5%	6.6%	6.4%	6.2%	6.2%
5-17	19.4%	18.5%	17.3%	16.8%	16.8%	16.8%	16.6%
18-24	9.4%	9.7%	9.7%	9.2%	8.5%	8.3%	8.4%
25-44	29.8%	27.9%	26.9%	26.6%	26.7%	26.2%	25.4%
45-64	22.4%	25.2%	26.7%	26.5%	25.6%	24.4%	24.0%
65-84	10.8%	10.5%	10.8%	12.1%	13.8%	15.7%	16.8%
85+	1.4%	1.7%	2.0%	2.1%	2.2%	2.3%	2.7%
16 and over	76.8%	77.9%	78.9%	79.2%	79.3%	79.4%	79.8%
18 and over	73.9%	75.0%	76.2%	76.6%	76.8%	76.9%	77.2%
21 and over	69.6%	70.8%	71.8%	72.8%	73.1%	73.3%	73.5%
62 and over	14.5%	14.8%	15.9%	17.6%	19.7%	21.5%	22.6%
65 and over	12.3%	12.2%	12.8%	14.2%	16.0%	18.0%	19.5%

**Source:** U.S. Census Bureau, Interim Population Projections for Five-Year Age Groups and Selected Age Groups by Sex for States: July 2004-July 2030. Released April 21, 2005.

Age	Census 2000						
		2005	2010	2015	2020	2025	2030
Median Age	35.51	36.52	37.42	37.81	38.62	39.41	40.16
Total	9,938,444	10,207,421	10,428,683	10,599,122	10,695,993	10,713,730	10,694,172
0-4	672,005	664,482	681,154	697,665	686,660	669,206	660,794
5-17	1,923,762	1,890,840	1,805,904	1,781,258	1,792,604	1,802,668	1,772,535
18-24	932,137	985,474	1,013,270	975,026	913,222	885,599	897,581
25-44	2,960,544	2,847,836	2,809,069	2,824,255	2,855,660	2,812,329	2,716,612
45-64	2,230,978	2,573,145	2,784,795	2,814,062	2,736,371	2,617,532	2,565,925
65-84	1,076,558	1,072,531	1,129,303	1,281,213	1,479,671	1,679,975	1,793,636
85+	142,460	173,113	205,188	225,643	231,805	246,421	287,089
16 and over	7,628,170	7,946,639	8,231,741	8,391,601	8,478,624	8,511,825	8,533,755
18 and over	7,342,677	7,652,099	7,941,625	8,120,199	8,216,729	8,241,856	8,260,843
21 and over	6,914,135	7,227,556	7,489,009	7,713,865	7,820,561	7,856,546	7,863,571
62 and over	1,436,729	1,508,594	1,654,316	1,861,994	2,102,925	2,305,951	2,420,447
65 and over	1,219,018	1,245,644	1,334,491	1,506,856	1,711,476	1,926,396	2,080,725

# Indicator 1 - Number of Older Americans

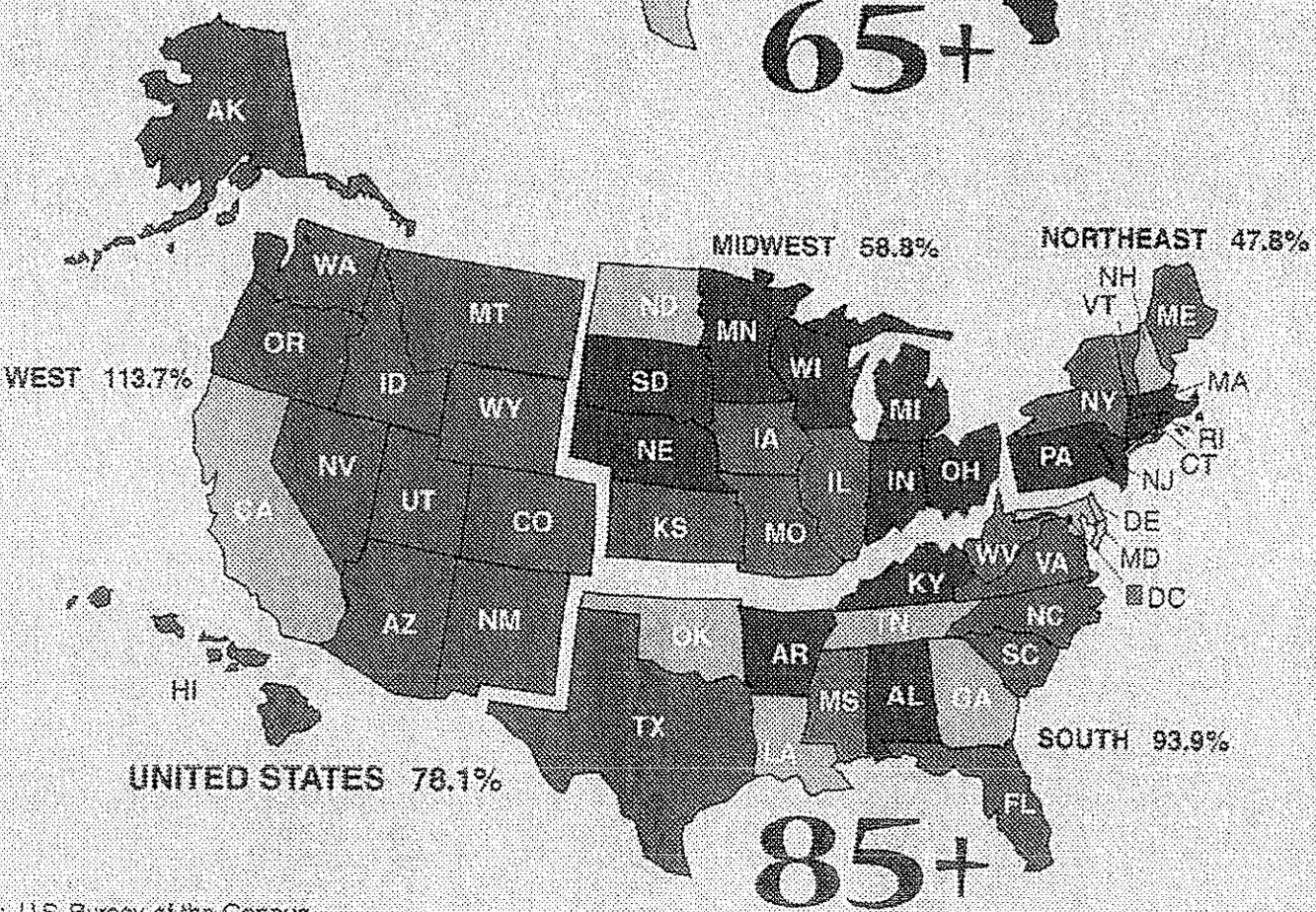
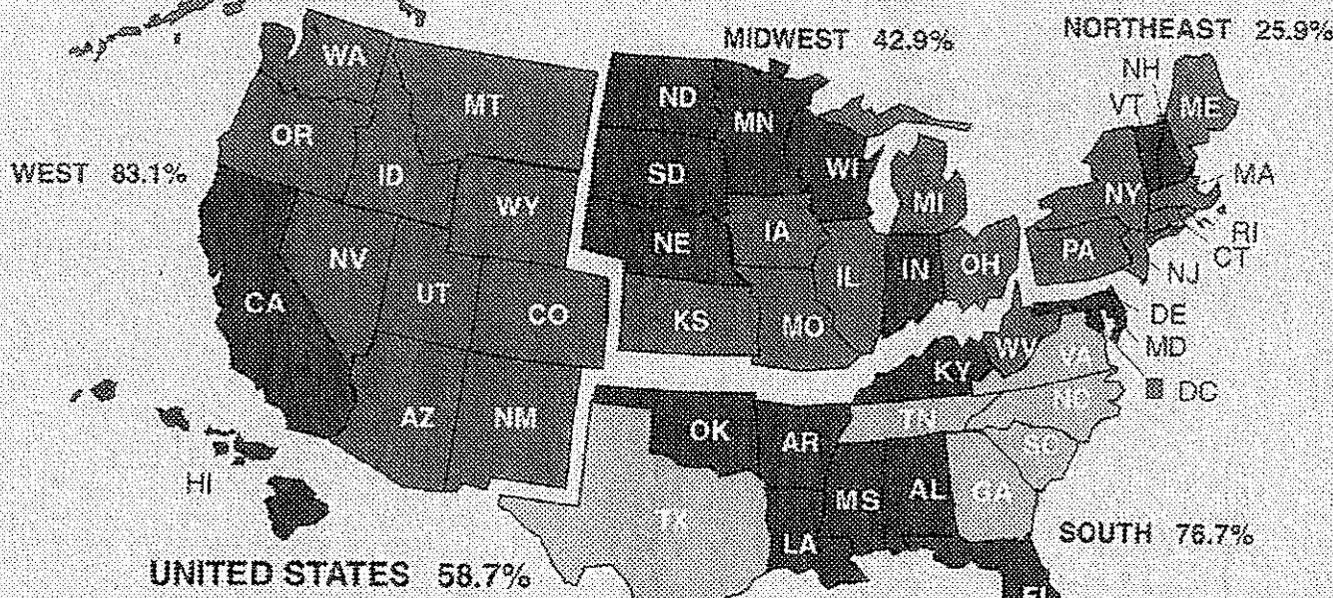
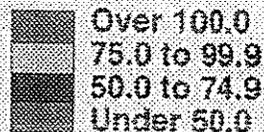
## Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



Note: Data for 2010-2050 are projections of the population.  
Reference population: These data refer to the resident population.  
Source: U.S. Census Bureau, Decennial Census and Projections.

Projected

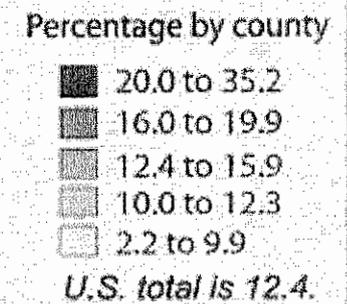
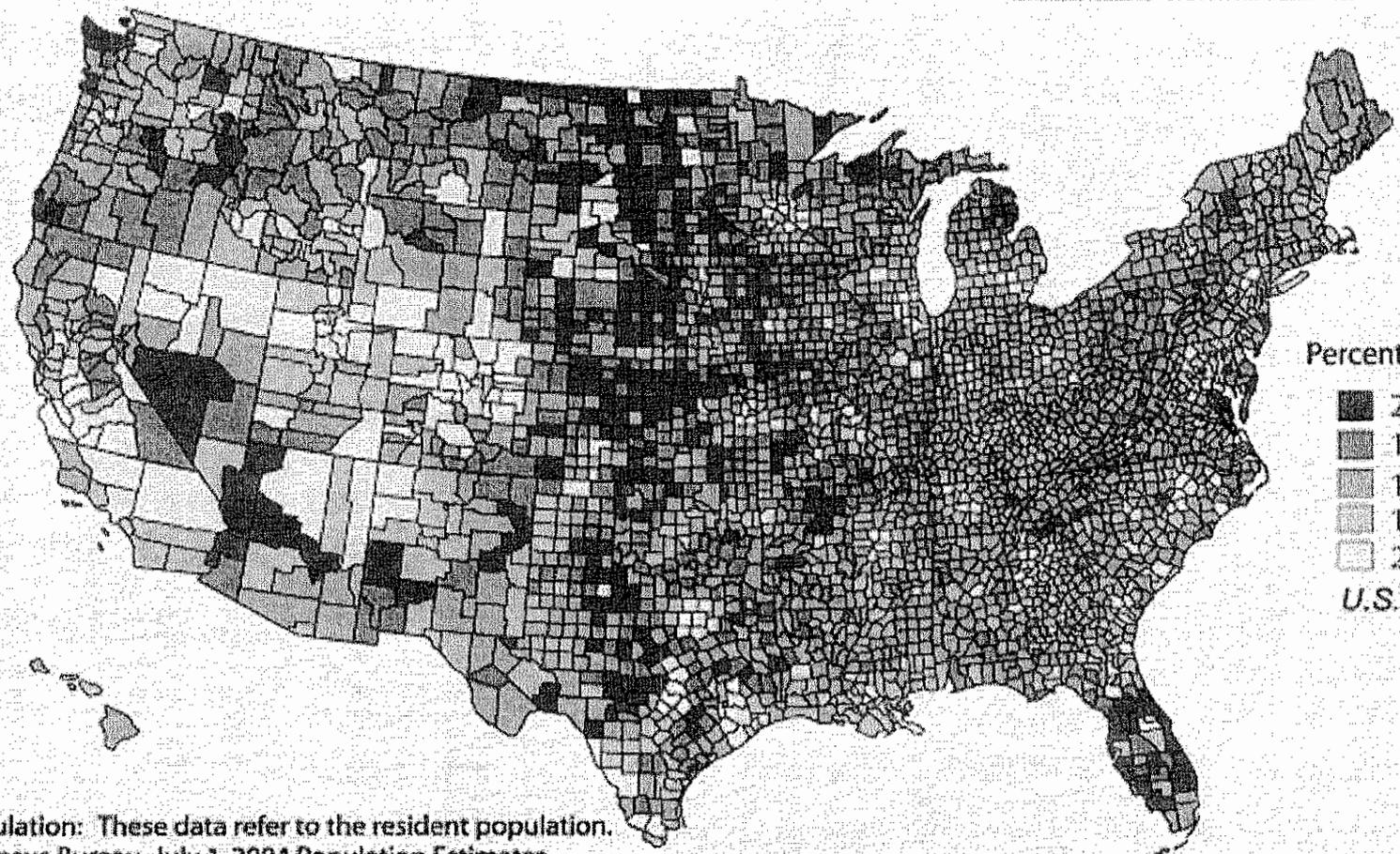
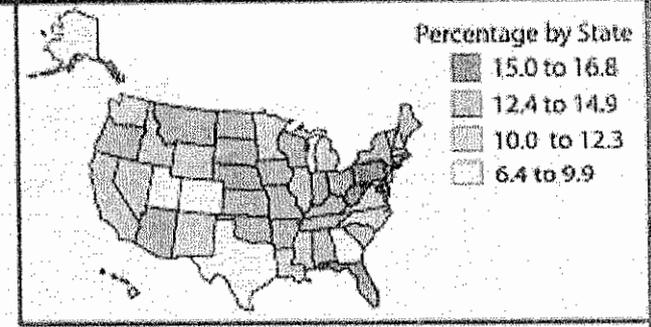
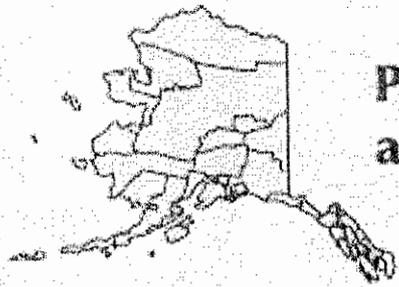
# Percentage Increase of the Elderly and Oldest Old Populations: 1995 to 2020



Source: U.S. Bureau of the Census

# Indicator 1 - Number of Older Americans

Percentage of the population age 65 and over, by county and State, 2004



Reference population: These data refer to the resident population.  
Source: U.S. Census Bureau, July 1, 2004 Population Estimates.

## Baby-Boom Generation to Accelerate Elderly and Oldest Old Growth

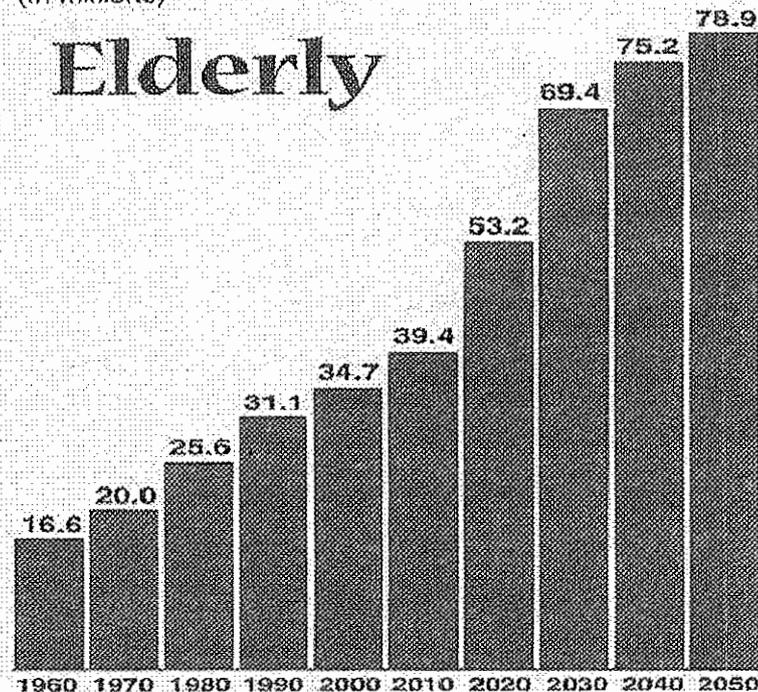
The elderly population grew rapidly throughout the country's history. From 1900 to 1960, the elderly increased 10-fold, while the population under age 65 was only 2.2 times larger. Between 1960 and 1990, the elderly grew by 88 percent, compared to 34 percent for persons under age 65.

During the period 1990-2010, the elderly growth rate will be lower than during any 20-year period since 1910, a result of the low fertility of the 1930s. After this slow-growth period, an elderly population explosion between 2010 and 2030 is inevitable as the Baby-Boom generation reaches age 65. About 1 in 5 U.S. citizens will be elderly by 2030. The elderly population numbered 30 million in 1988, will not reach 40 million until 2011, then will reach 50 million in only 8 years (2019).

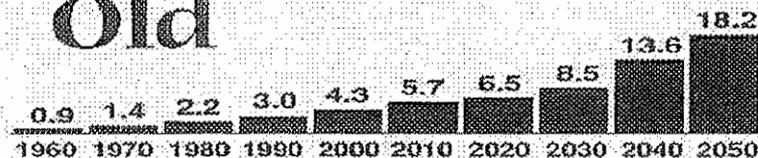
The oldest old, 3.5 million persons in 1994, represented just over 1 percent of the U.S. population. By 2020, the size of the population age 85 and over is projected to double to 7 million. The oldest old will again double to 14 million by 2040 as the survivors of the Baby-Boom cohort reach the oldest ages. Under the "highest" projection series, the oldest old could number as many as 31 million in 2050 (See Sources and Quality of Data). Since the oldest old often have severe chronic health problems which demand special attention, the rapid growth of this population group has many implications for individuals, families, and governments.

Population: 1960 to 2050  
(In millions)

### Elderly



### Oldest Old



Source: U.S. Bureau of the Census.

# Chapter 5. Geographic Distribution

This chapter examines the older population's geographic distribution on regional, state, county, and metropolitan area levels, and changes between 1990 and 2000. Census 2000 data show that the South and West regions experienced the largest percentage increase in their older and oldest-old populations during the 1990s. Nine states had more than 1 million people aged 65 and older in 2000, but states with the greatest number

of older people were generally not the same as states with the greatest proportion of their population aged 65 and older. The top-ranking counties in percentage of older people were highly concentrated in the Midwest and the South. The majority of the older population lived inside metropolitan areas.

This chapter also examines older people's mobility and migration

patterns. Most older people do not move, and most older movers make short-distance moves and move for housing, family, or health reasons.

## States

### States With the Largest Older Populations

In 2000, nine states had more than 1 million people aged 65 and

Figure 5-1.  
Population Aged 65 and Over by State: 2000

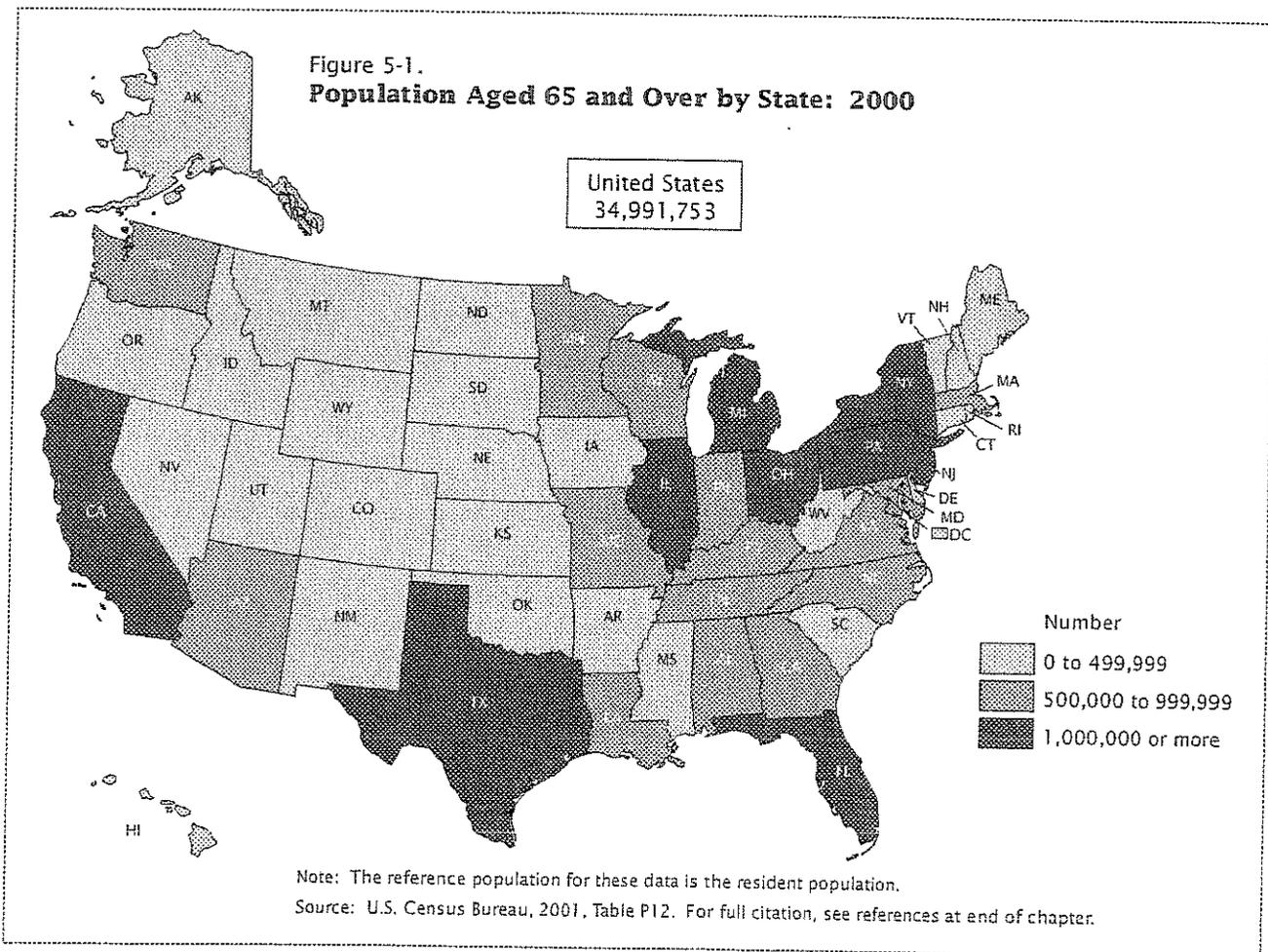


Table 5-1.  
Population Aged 65 and Over Ranked by State: 2000

Rank	Population 65 and over		Percent of state's population aged 65 and over	
	State	Number	State	Percent
1	California	3,595,658	Florida	17.6
2	Florida	2,807,597	Pennsylvania	15.6
3	New York	2,448,352	West Virginia	15.3
4	Texas	2,072,532	Iowa	14.9
5	Pennsylvania	1,919,165	North Dakota	14.7
6	Ohio	1,507,757	Rhode Island	14.5
7	Illinois	1,500,025	Maine	14.4
8	Michigan	1,219,018	South Dakota	14.3
9	New Jersey	1,113,136	Arkansas	14.0
10	North Carolina	969,048	Connecticut	13.8
11	Massachusetts	860,162	Nebraska	13.6
12	Virginia	792,333	Massachusetts	13.5
13	Georgia	785,275	Missouri	13.5
14	Missouri	755,379	Montana	13.4
15	Indiana	752,831	Ohio	13.3
16	Tennessee	703,311	Hawaii	13.3
17	Wisconsin	702,553	Kansas	13.3
18	Arizona	667,839	New Jersey	13.2
19	Washington	662,148	Oklahoma	13.2
20	Maryland	599,307	Wisconsin	13.1
21	Minnesota	594,266	Alabama	13.0
22	Alabama	579,798	Arizona	13.0
23	Louisiana	516,929	Delaware	13.0
24	Kentucky	504,793	New York	12.9
25	South Carolina	485,333	Oregon	12.8
26	Connecticut	470,183	Vermont	12.7
27	Oklahoma	455,950	Kentucky	12.5
28	Oregon	438,177	Indiana	12.4
29	Iowa	436,213	Tennessee	12.4
30	Colorado	416,073	Michigan	12.3
31	Arkansas	374,019	District of Columbia	12.2
32	Kansas	356,229	South Carolina	12.1
33	Mississippi	343,523	Minnesota	12.1
34	West Virginia	276,895	Illinois	12.1
35	Nebraska	232,195	Mississippi	12.1
36	Nevada	218,929	North Carolina	12.0
37	New Mexico	212,225	New Hampshire	12.0
38	Utah	190,222	Wyoming	11.7
39	Maine	183,402	New Mexico	11.7
40	Hawaii	160,601	Louisiana	11.6
41	Rhode Island	152,402	Maryland	11.3
42	New Hampshire	147,970	Idaho	11.3
43	Idaho	145,916	Washington	11.2
44	Montana	120,949	Virginia	11.2
45	South Dakota	108,131	Nevada	11.0
46	Delaware	101,726	California	10.6
47	North Dakota	94,478	Texas	9.9
48	Vermont	77,510	Colorado	9.7
49	District of Columbia	69,898	Georgia	9.6
50	Wyoming	57,693	Utah	8.5
51	Alaska	35,699	Alaska	5.7

Note: The reference population for these data is the resident population.

Source: U.S. Census Bureau, 2001, Table P12. For full citation, see references at end of chapter.

over—California, Florida, New York, Texas, Pennsylvania, Ohio, Illinois, Michigan, and New Jersey (Table 5-1, Figure 5-1).<sup>1</sup> They were also the most populous states in 2000. These were the same nine states that had the largest older populations in 1990.

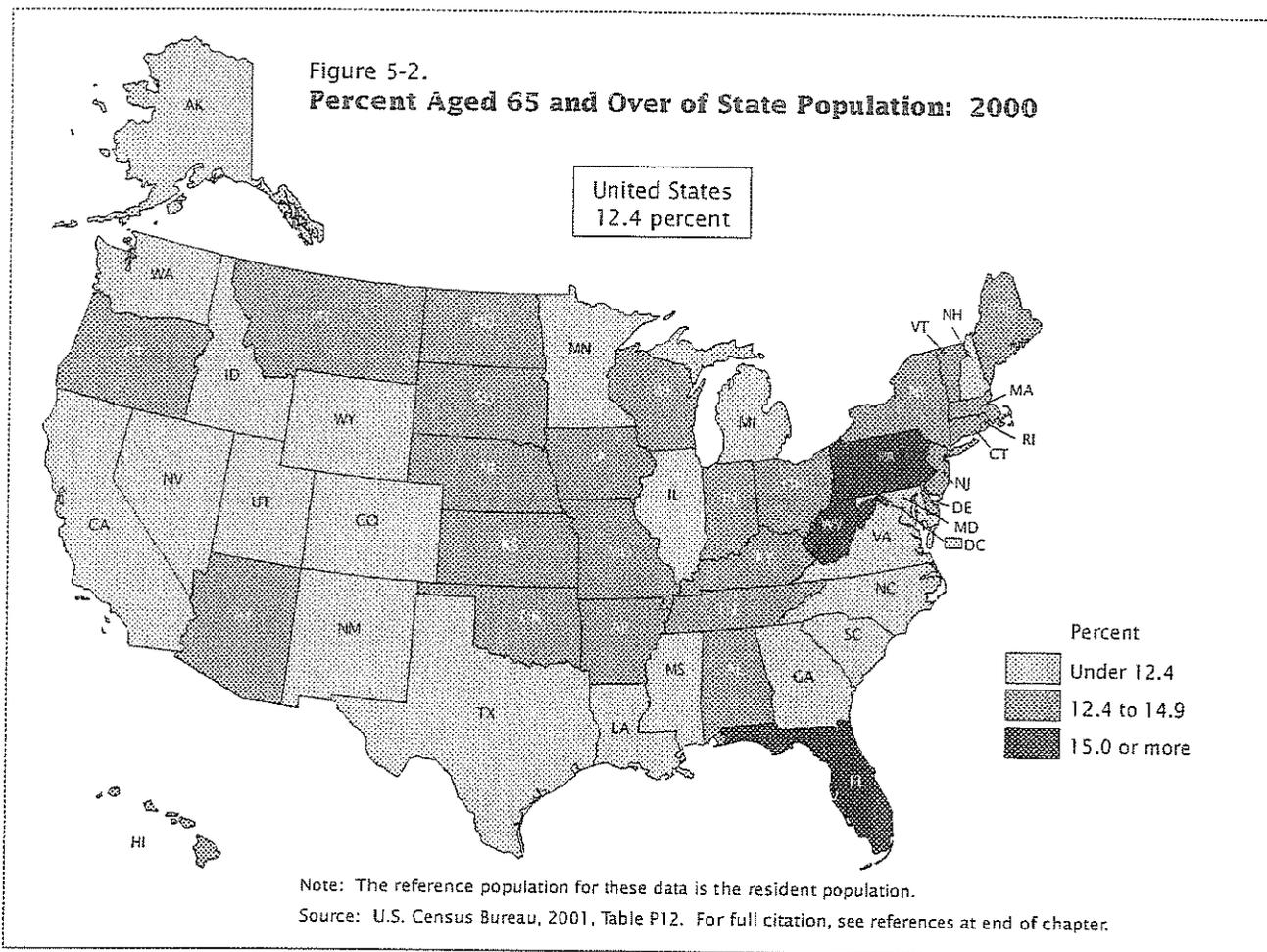
Several states in the Northeast, Midwest, and South had older populations of 500,000 or more, while older populations in most of the Western states were quite small.<sup>2</sup> This pattern is similar to the 1990 geographic distribution of the older population by state and region.

States with the greatest proportion of older people are generally not the same as those with the greatest number. While California had by far the largest number of people aged 65 and older, it ranked 46th among the 50 states and the District of Columbia in the proportion of its population aged 65 and over (Figure 5-2, Table 5-1). Texas, Virginia, Washington, and Maryland also had large older populations but were among the states with the smallest percentage older. At the other end of the spectrum were North Dakota, Rhode Island, Maine, and South Dakota, ranking high in percentage while low in the number of people aged 65 and over. States with consistent rankings in

<sup>1</sup> States in this report include the 50 states and the District of Columbia.

<sup>2</sup> The four regions of the United States are: **Northeast:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; **Midwest:** Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; **South:** Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; and **West:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Figure 5-2.  
Percent Aged 65 and Over of State Population: 2000



size and proportion of the older population were Florida and Pennsylvania at the top and Alaska at the bottom. In 2000, 17.6 percent of Florida's population, 15.6 percent of Pennsylvania's population, and 5.7 percent of Alaska's population were aged 65 and older.

### States With the Highest Percentage of the Oldest-Old Population

The states with a large number of people aged 65 and over also had a large number of people aged 85 and over, the oldest-old population. In 2000, the top nine states with more than 1 million people aged 65 and over, plus 10th- and 11th-

ranked Massachusetts and North Carolina, each had more than 100,000 oldest old.

States where the oldest old constituted the highest percentage of the total population differed somewhat from those with the highest percentage aged 65 and older. Florida was the only state that remained at the top for both percentage 65 and over and percentage 85 and over. Other states that ranked high on percentage of the population that was older, such as Pennsylvania and West Virginia, did not rank among the highest in terms of the percentage of the oldest old. Instead, states in the Midwest—such as North Dakota, South Dakota, Nebraska, and Iowa—and the

Northeastern state of Rhode Island had the highest percentage 85 and older (Figure 5-3, Table 5-2).

Between 1990 and 2000, the largest percentage increases in older population (65 years and over) were mostly in the West, particularly the Mountain states, and in the South, especially the South Atlantic states (Figure 5-4a, Table 5-3). The percentage change in older populations ranged from a decrease of 10.2 percent in the District of Columbia to an increase of 71.5 percent in Nevada. Among regions, the South and the West experienced the largest percentage increases in the oldest old in the 1990s (Figure 5-4b, Table 5-4).

Table 5-7.  
**Population Aged 65 and Over Ranked by Top 50 Counties: 2000**

Rank	65 and over			Percent aged 65 and over of county's total population		
	County	State	Number	County	State	Percent
1	Los Angeles .....	CA	926,673	Charlotte .....	FL	34.7
2	Cook .....	IL	630,265	McIntosh .....	ND	34.2
3	Maricopa .....	AZ	358,979	Highlands .....	FL	33.0
4	San Diego .....	CA	313,750	Citrus .....	FL	32.2
5	Miami-Dade .....	FL	300,552	Kalawao .....	HI	32.0
6	Queens .....	NY	283,042	Sarasota .....	FL	31.5
7	Kings .....	NY	282,658	Hernando .....	FL	30.9
8	Orange .....	CA	280,763	Llano .....	TX	30.7
9	Palm Beach .....	FL	262,076	McPherson .....	SD	29.6
10	Broward .....	FL	261,109	Divide .....	ND	29.5
11	Harris .....	TX	252,895	Indian River .....	FL	29.2
12	Wayne .....	MI	248,982	Flagler .....	FL	28.6
13	Allegheny .....	PA	228,416	Lancaster .....	VA	28.5
14	Cuyahoga .....	OH	217,161	Harding .....	NM	28.3
15	Philadelphia .....	PA	213,722	Martin .....	FL	28.2
16	Pinellas .....	FL	207,563	Smith .....	KS	27.9
17	Nassau .....	NY	200,841	Sierra .....	NM	27.7
18	Riverside .....	CA	195,964	Nelson .....	ND	27.4
19	Middlesex .....	MA	187,307	Sumter .....	FL	27.4
20	New York .....	NY	186,776	Pawnee .....	NE	27.1
21	King .....	WA	181,772	Logan .....	ND	27.0
22	Dallas .....	TX	178,872	Hooker .....	NE	26.9
23	Suffolk .....	NY	167,558	Pasco .....	FL	26.8
24	Santa Clara .....	CA	160,527	Baxter .....	AR	26.8
25	Erie .....	NY	151,258	Curry .....	OR	26.6
26	Alameda .....	CA	147,591	Sheridan .....	ND	26.6
27	Clark .....	NV	146,899	Cheyenne .....	KS	26.6
28	San Bernardino .....	CA	146,459	Lake .....	FL	26.4
29	Bexar .....	TX	144,398	Traverse .....	MN	26.2
30	St. Louis .....	MO	143,262	Hutchinson .....	SD	26.2
31	Sacramento .....	CA	135,875	Decatur .....	KS	26.2
32	Oakland .....	MI	134,959	Northumberland .....	VA	26.2
33	Bergen .....	NJ	134,820	Republic .....	KS	26.1
34	Bronx .....	NY	133,948	Hickory .....	MO	26.1
35	Westchester .....	NY	128,964	Wells .....	ND	26.0
36	Hartford .....	CT	125,628	Jewell .....	KS	25.9
37	Hennepin .....	MN	122,358	Towns .....	GA	25.9
38	Milwaukee .....	WI	121,685	Comanche .....	KS	25.8
39	Tarrant .....	TX	120,585	La Paz .....	AZ	25.8
40	Hillsborough .....	FL	119,673	Griggs .....	ND	25.7
41	Pima .....	AZ	119,487	Osborne .....	KS	25.7
42	New Haven .....	CT	119,292	Jerauld .....	SD	25.6
43	Honolulu .....	HI	117,737	Cottle .....	TX	25.6
44	Fairfield .....	CT	117,163	Emmons .....	ND	25.6
45	Hamilton .....	OH	113,898	Rawlins .....	KS	25.6
46	Ocean .....	NJ	113,260	Gillespie .....	TX	25.5
47	Lee .....	FL	112,111	Kent .....	TX	25.5
48	Montgomery .....	PA	111,797	Haskell .....	TX	25.5
49	Baltimore .....	MD	110,335	Lee .....	FL	25.4
50	Macomb .....	MI	107,651	De Baca .....	NM	25.4

Note: The reference population for these data is the resident population.

Source: U.S. Census Bureau, 2001, Table P12. For full citation, see references at end of chapter.

Table 5-8.  
**Population Aged 85 and Over Ranked by Top 50 Counties: 2000**

Rank	85 and over			Percent aged 85 and over of county's total population		
	County	State	Number	County	State	Percent
1	Los Angeles	CA	109,147	McIntosh	ND	6.64
2	Cook	IL	76,520	Hooker	NE	6.26
3	Broward	FL	43,051	Divide	ND	5.69
4	Maricopa	AZ	40,127	Smith	KS	5.47
5	Miami-Dade	FL	38,468	Osborne	KS	5.28
6	San Diego	CA	36,407	Cloud	KS	5.27
7	Queens	NY	35,964	Traverse	MN	5.20
8	Kings	NY	35,507	Foard	TX	5.18
9	Palm Beach	FL	34,965	Elk	KS	5.15
10	Orange	CA	34,094	Garfield	NE	5.10
11	Pinellas	FL	30,955	Hutchinson	SD	5.08
12	Allegheny	PA	28,143	Gregory	SD	4.99
13	Cuyahoga	OH	27,365	Nemaha	KS	4.98
14	Philadelphia	PA	27,339	Washington	KS	4.97
15	Wayne	MI	27,218	Wells	ND	4.86
16	New York	NY	25,587	Stonewall	TX	4.84
17	Harris	TX	25,573	Comanche	KS	4.78
18	Middlesex	MA	25,085	Griggs	ND	4.76
19	King	WA	24,540	Grant	ND	4.75
20	Nassau	NY	22,209	Ness	KS	4.75
21	Riverside	CA	21,084	Nelson	ND	4.74
22	Dallas	TX	20,354	De Baca	NM	4.73
23	Suffolk	NY	20,002	McPherson	SD	4.72
24	Alameda	CA	18,823	Pawnee	NE	4.66
25	Erie	NY	18,525	Kent	TX	4.66
26	Bronx	NY	18,489	Towner	ND	4.62
27	St. Louis	MO	18,423	Pierce	ND	4.60
28	Santa Clara	CA	17,987	Worth	MO	4.58
29	Hennepin	MN	17,679	Hamilton	TX	4.54
30	Westchester	NY	17,659	Lac qui Parle	MN	4.54
31	Hartford	CT	17,455	Boyd	NE	4.51
32	Bergen	NJ	17,055	Lincoln	MN	4.48
33	New Haven	CT	16,928	Republic	KS	4.47
34	Milwaukee	WI	16,512	Potter	SD	4.46
35	Oakland	MI	16,209	Rock	NE	4.44
36	Bexar	TX	15,881	Monona	IA	4.44
37	Fairfield	CT	15,591	Harper	KS	4.42
38	Sacramento	CA	15,517	Miner	SD	4.40
39	San Bernardino	CA	15,250	Adams	ND	4.36
40	Hamilton	OH	15,134	Jerauld	SD	4.36
41	Ocean	NJ	14,914	Eddy	ND	4.35
42	Montgomery	PA	14,717	Clark	KS	4.35
43	San Francisco	CA	14,227	Decatur	KS	4.35
44	Essex	MA	13,925	Cottonwood	MN	4.35
45	Worcester	MA	13,733	Furnas	NE	4.34
46	Monroe	NY	13,635	Mills	TX	4.33
47	Contra Costa	CA	13,371	Dewey	OK	4.32
48	Hillsborough	FL	13,267	Ellis	OK	4.32
49	Sarasota	FL	13,180	Lincoln	KS	4.30
50	Providence	RI	13,136	Gove	KS	4.30

Note: The reference population for these data is the resident population.

Source: U.S. Census Bureau, 2001, Table P12. For full citation, see references at end of chapter.

# Chapter 7. Summary

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## The Older Population of Today and Tomorrow

**T**he dynamics of aging are affected by many interrelated factors, including demographic, social, economic, and medical influences. This report provides a comprehensive description of the older population to foster a better understanding of their experiences and challenges.

The growth of the older population has been dramatic. In the 20th century, this group increased from 3.1 million to over 35 million, and its size is projected to double between 2000 and 2030. This substantial growth will challenge society on a range of issues, many of which are highlighted in this report.

Diversity is a distinguishing feature of the older population in the United States and is highly likely to increase in the future on at least some dimensions. This report discusses diversity of age, sex, race, Hispanic origin, health, economic status, geographic distribution, marital status, living arrangements, and educational attainment among those aged 65 and older.

The older population of tomorrow will differ from the older popula-

tion of today in many ways. For instance, they will most likely be better educated and more racially and ethnically diverse than today's older population. While the older population will grow over the first half of the 21st century, the size of this growth is not certain. For example, if mortality decreases faster than projected, the older population of the future could be much larger than currently projected.

There are many questions about the future older population. For example, while people are living longer and healthier lives than ever before, will life expectancy continue to increase or is it nearing a maximum? As people live longer, what will the quality of life be in these additional years? Will disability rates for the older population continue to decrease, as they did during the 1980s and 1990s, or will they increase as more people reach very old ages? Will healthy lifestyles and breakthroughs in public health and preventative medicine postpone the onset of debilitating conditions?

The older population in the future will have had different life experiences than today's older popula-

tion. For instance, in the future, older women will be more likely to have worked in the paid labor force and to have their own pension and retirement income than older women currently. In the future, will older people stay in the workforce longer than is currently the case, and what will be the impact of the projected growth of the older population on the Social Security system?

Changing family structures will also likely affect the future older population. Younger adults have higher rates of divorce and of childlessness than the current older population. Will the changing marital and familial composition of the future older population affect the nature and types of support services they need? As the number of older people increases, how will families, individuals, and policy makers approach the complex issues of long-term care, acute care, insurance, and public assistance?

A better understanding of our aging society helps to identify the challenges facing aging individuals as families and policy makers design ways to meet their needs.

Table A-5.  
**Population Aged 65 and Over by Age for Counties With 10,000 or More People Aged 65 and Over: 2000**

(Ranked by number of people aged 65 and over)

Rank	County	State	65 and over		85 and over	
			Number	Percent of county population	Number	Percent of county population
1	Los Angeles .....	CA	926,673	9.7	109,147	1.1
2	Cook .....	IL	630,265	11.7	76,520	1.4
3	Maricopa .....	AZ	358,979	11.7	40,127	1.3
4	San Diego .....	CA	313,750	11.2	36,407	1.3
5	Miami-Dade .....	FL	300,552	13.3	38,468	1.7
6	Queens .....	NY	283,042	12.7	35,964	1.6
7	Kings .....	NY	282,658	11.5	35,507	1.4
8	Orange .....	CA	280,763	9.9	34,094	1.2
9	Palm Beach .....	FL	262,076	23.2	34,965	3.1
10	Broward .....	FL	261,109	16.1	43,051	2.7
11	Harris .....	TX	252,895	7.4	25,573	0.8
12	Wayne .....	MI	248,982	12.1	27,218	1.3
13	Allegheny .....	PA	228,416	17.8	28,143	2.2
14	Cuyahoga .....	OH	217,161	15.6	27,365	2.0
15	Philadelphia .....	PA	213,722	14.1	27,339	1.8
16	Pinellas .....	FL	207,563	22.5	30,955	3.4
17	Nassau .....	NY	200,841	15.0	22,209	1.7
18	Riverside .....	CA	195,964	12.7	21,084	1.4
19	Middlesex .....	MA	187,307	12.8	25,085	1.7
20	New York .....	NY	186,776	12.2	25,587	1.7
21	King .....	WA	181,772	10.5	24,540	1.4
22	Dallas .....	TX	178,872	8.1	20,354	0.9
23	Suffolk .....	NY	167,558	11.8	20,002	1.4
24	Santa Clara .....	CA	160,527	9.5	17,987	1.1
25	Erie .....	NY	151,258	15.9	18,525	1.9
26	Alameda .....	CA	147,591	10.2	18,823	1.3
27	Clark .....	NV	146,899	10.7	10,534	0.8
28	San Bernardino .....	CA	146,459	8.6	15,250	0.9
29	Bexar .....	TX	144,398	10.4	15,881	1.1
30	St. Louis .....	MO	143,262	14.1	18,423	1.8
31	Sacramento .....	CA	135,875	11.1	15,517	1.3
32	Oakland .....	MI	134,959	11.3	16,209	1.4
33	Bergen .....	NJ	134,820	15.2	17,055	1.9
34	Bronx .....	NY	133,948	10.1	18,489	1.4
35	Westchester .....	NY	128,964	14.0	17,659	1.9
36	Hartford .....	CT	125,628	14.7	17,455	2.0
37	Hennepin .....	MN	122,358	11.0	17,679	1.6
38	Milwaukee .....	WI	121,685	12.9	16,512	1.8
39	Tarrant .....	TX	120,585	8.3	12,976	0.9
40	Hillsborough .....	FL	119,673	12.0	13,267	1.3
41	Pima .....	AZ	119,487	14.2	13,072	1.5
42	New Haven .....	CT	119,292	14.5	16,928	2.1
43	Honolulu .....	HI	117,737	13.4	12,759	1.5
44	Fairfield .....	CT	117,163	13.3	15,591	1.8
45	Hamilton .....	OH	113,898	13.5	15,134	1.8
46	Ocean .....	NJ	113,260	22.2	14,914	2.9
47	Lee .....	FL	112,111	25.4	10,918	2.5
48	Montgomery .....	PA	111,797	14.9	14,717	2.0
49	Baltimore .....	MD	110,335	14.6	12,757	1.7
50	Macomb .....	MI	107,651	13.7	11,889	1.5
51	Contra Costa .....	CA	107,272	11.3	13,371	1.4
52	San Francisco .....	CA	106,111	13.7	14,227	1.8
53	Franklin .....	OH	104,306	9.8	11,740	1.1
54	Sarasota .....	FL	102,583	31.5	13,180	4.0
55	Essex .....	MA	100,306	13.9	13,925	1.9
56	Montgomery .....	MD	98,157	11.2	12,983	1.5
57	Worcester .....	MA	97,969	13.0	13,733	1.8
58	Volusia .....	FL	97,811	22.1	11,317	2.6
59	Monroe .....	NY	95,779	13.0	13,635	1.9
60	Marion .....	IN	95,534	11.1	11,513	1.3

See footnotes at end of table.

and older remains small, absolute numbers may be rising steeply.

In 2000, 420 million people in the world were 65 and older (Table 2-5), accounting for nearly 7 percent of the world's population. By 2030, the number is projected to more than double to 974 million, or 12 percent of the world's population.

In 2000, the majority of the world's older population lived in developing countries (59 percent). The proportion is projected to rise to over 70 percent by 2030 and to nearly 80 percent by 2050. Numerical growth of the older population is occurring faster in

developing countries (Figure 2-24). In 2000, 249 million people in developing countries were 65 and older, and their number is expected to increase to 1.2 billion by 2050. In contrast, 171 million people were aged 65 and older in developed countries in 2000, and they are projected to grow to 327 million by 2050. In both developed and developing countries, the oldest-old population (defined in this section as those aged 80 and older) is growing more rapidly than those aged 65 to 79 and thus becoming a larger share of the older population.<sup>16</sup>

This rapid aging in many developing countries means they may

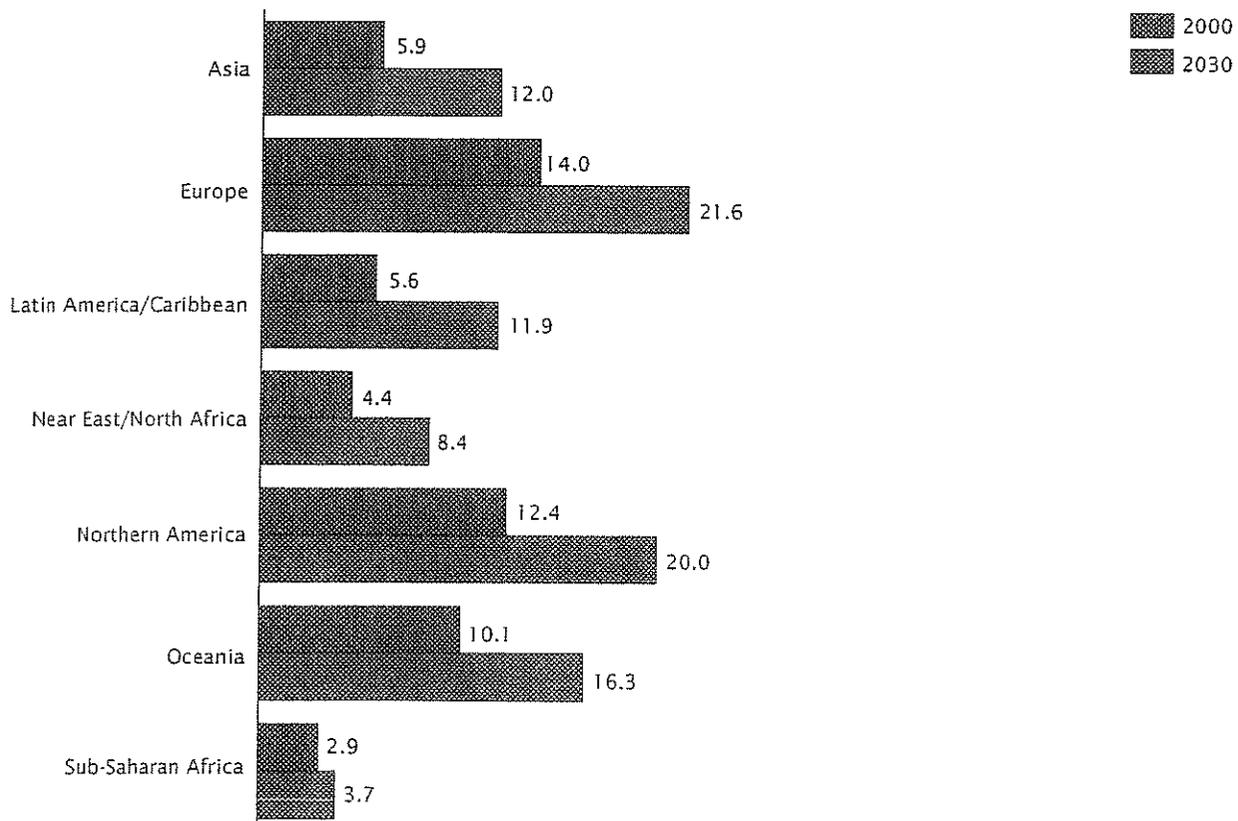
face the debates over health care costs, social security, and intergenerational equity that have already emerged in Europe, the United States, and Canada (Kinsella and Velkoff, 2001).

### Regional Difference

In terms of proportions aged 65 and older, Europe and North America still have the highest proportions among major world regions and will continue to do so well into the 21st century (Figure 2-25). In

<sup>16</sup> In this section, data from the Census Bureau's International Data Base are used, and for most countries, 80 and over is the oldest age group available.

Figure 2-25.  
**Percent of the Population Aged 65 and Over for Regions of the World: 2000 and 2030**



Source: U.S. Census Bureau, 2004. For full citation, see references at end of chapter.

2000, 14 percent of Europe's population was 65 and older; by 2030, just over 21 percent will be.

Although developing regions had lower proportions 65 and older than developed regions in 2000, these proportions are expected to double in Asia and the Latin America/Caribbean area by 2030. In 2000, sub-Saharan Africa was the youngest of the world's regions—with 2.9 percent of its population 65 and older—and it will continue to be the youngest region as the proportions of the older population grow slowly due to continued high fertility.

A small increase in the proportion 65 and older may mask a substantial increase in the absolute number. For example, in 2000, 19 million people were 65 and older in sub-Saharan Africa, and this number is projected to more than double by 2030 to 42 million people.

The United States, with an older proportion of less than 13 percent in 2000, is rather young by developed country standards, but when the large birth cohorts of the U.S. Baby Boom begin to reach age 65 after 2010, the older percentage in the United States is projected to rise markedly, likely reaching 20 percent by the year 2030. Still, this figure is expected to be lower than that in most countries of Western Europe.

### Countries With Large Older Populations

In 2000, 30 countries had older populations of over 2 million people. China and India had the largest: 87.5 million and 46.5 million, respectively. The

Table 2-6.  
**Countries With More Than 2 Million People Aged 65 and Over: 2000 and 2030**

(Numbers in thousands. Ordered by rank in 2000)

Country	Rank		65 and over	
	2000	2030	2000	2030
China	1	1	87,538	239,480
India	2	2	46,545	127,429
United States	3	3	35,061	71,453
Japan	4	5	21,671	33,527
Russia	5	7	18,354	27,768
Germany	6	8	13,515	21,850
Italy	7	10	10,394	15,084
Indonesia	8	4	10,046	34,058
France	9	11	9,499	14,978
United Kingdom	10	13	9,284	14,463
Brazil	11	6	9,267	29,186
Ukraine	12	23	6,847	8,312
Spain	13	19	6,820	9,874
Pakistan	14	12	5,829	14,683
Mexico	15	9	4,946	15,562
Poland	16	24	4,736	8,292
Bangladesh	17	14	4,304	13,211
Vietnam	18	16	4,300	11,960
Thailand	19	15	3,968	12,045
Canada	20	22	3,964	8,972
Turkey	21	17	3,931	10,876
Argentina	22	27	3,841	6,902
Nigeria	23	25	3,456	8,241
Korea, South	24	18	3,301	10,638
Iran	25	26	3,031	7,963
Romania	26	34	2,990	4,081
Philippines	27	20	2,956	9,652
Egypt	28	21	2,824	9,584
Australia	29	30	2,382	4,953
Netherlands	30	33	2,165	4,159
Colombia	*	28	*	6,622
Taiwan	*	29	*	5,185
Burma	*	31	*	4,435
Morocco	*	35	*	4,078
Algeria	*	32	*	4,268
Peru	*	39	*	3,699
Venezuela	*	36	*	3,869
Korea, North	*	37	*	3,815
South Africa	*	38	*	3,799
Sri Lanka	*	40	*	3,484
Malaysia	*	41	*	3,335
Ethiopia	*	42	*	3,172
Chile	*	43	*	3,093
Congo (Kinshasa)	*	44	*	3,088
Uzbekistan	*	45	*	2,947
Sudan	*	46	*	2,727
Greece	*	47	*	2,633
Belgium	*	48	*	2,600
Portugal	*	49	*	2,487
Cuba	*	50	*	2,351
Czech Republic	*	51	*	2,335
Sweden	*	52	*	2,278
Nepal	*	53	*	2,240
Kazakhstan	*	54	*	2,236
Iraq	*	55	*	2,207
Yugoslavia	*	56	*	2,192
Hong Kong S.A.R.	*	57	*	2,138
Austria	*	58	*	2,108
Hungary	*	59	*	2,022

\* Indicates that the country did not have at least 2 million people aged 65 and over in 2000.

Source: U.S. Census Bureau, 2004. For full citation, see references at end of chapter.

United States ranked third in the world with an older population of about 35 million (Table 2-6).

By 2030, it is projected that 59 countries will have older populations of over 2 million people, almost double the number in 2000. China and India are projected to continue to have the largest older populations in the world, with 239.4 million and 127.4 million, respectively, nearly tripling in 30 years. The United States is projected to continue to have the third-largest older population in 2030, with over 71 million people 65 and older.

Japan, with nearly 22 million people 65 and older in 2000, had the world's fourth-largest older population. By 2030, Indonesia is expected to hold this rank, with its older population tripling from just over 10 million people in 2000 to 34 million in 2030.

### Oldest Old

In 2000, 13 countries had oldest-old populations numbering more than 1 million, and four were developing countries. China had the world's largest oldest-old population (12 million people), and the United States had the second largest (9.3 million). Thirty percent of the world's oldest old lived in these two countries in 2000 (Table 2-7).

By 2030, the number of countries with at least 1 million oldest-old people is projected to grow to 32. Developing countries will account for more than half of them. In 2030, China is projected to continue to have the world's largest oldest-old population, with over

44 million people aged 80 and older, accounting for over 20 percent of the world's oldest old. India, with less than half China's number, is expected to rank second. The United States is projected to rank third, with 19.5 million oldest old.

In many countries, the oldest-old population is projected to be the fastest-growing segment of the population and to more than

quadruple in some developing countries. For instance, Indonesia's oldest-old population is expected to grow from 1 million in 2000 to over 5 million by 2030.

The growth of the oldest old is of particular interest to social planners because the oldest old may need substantial amounts of health and long-term care services (Suzman, Willis, and Manton 1992).

Table 2-7.  
**Countries With More Than 1 Million People Aged 80 and Over: 2000 and 2030**

(Numbers in thousands. Ordered by rank in 2000)

Country	Rank		80 and over	
	2000	2030	2000	2030
China .....	1	1	12,041	44,463
United States .....	2	3	9,252	19,517
India .....	3	2	6,107	19,974
Japan .....	4	4	4,761	13,379
Germany .....	5	5	3,008	6,369
Russia .....	6	7	2,919	5,511
United Kingdom .....	7	11	2,381	4,263
Italy .....	8	9	2,316	4,838
France .....	9	10	2,218	4,684
Spain .....	10	13	1,524	2,979
Brazil .....	11	6	1,412	5,680
Ukraine .....	12	23	1,096	1,783
Indonesia .....	13	8	1,006	5,326
Mexico .....	*	12	*	3,562
Canada .....	*	14	*	2,414
Thailand .....	*	15	*	2,355
Korea, South .....	*	16	*	2,232
Pakistan .....	*	17	*	2,109
Poland .....	*	18	*	2,056
Turkey .....	*	19	*	2,036
Argentina .....	*	20	*	1,914
Vietnam .....	*	21	*	1,786
Bangladesh .....	*	22	*	1,784
Philippines .....	*	24	*	1,584
Egypt .....	*	25	*	1,572
Australia .....	*	26	*	1,410
Iran .....	*	27	*	1,382
Netherlands .....	*	28	*	1,189
Nigeria .....	*	29	*	1,119
Taiwan .....	*	30	*	1,084
Colombia .....	*	31	*	1,053
Romania .....	*	32	*	1,042

\* Indicates countries did not have at least 1 million people aged 80 and over in 2000.

Source: U.S. Census Bureau, 2004. For full citation, see references at end of chapter.



## U.S. Rep. Joe Knollenberg & MI State Rep. John Pappageorge Keynote Dedication Of American House Village of Rochester Hills

BLOOMFIELD HILLS, Mich., Aug. 19 /PRNewswire/ -- U.S. Rep. Joe Knollenberg (R-Mich.), MI State Rep. John Pappageorge and other Oakland County leaders addressed a crowd of seniors at the newly opened American House Village of Rochester Hills yesterday. The group discussed a wide range of issues on aging -- from how seniors with lower incomes can afford housing through the Affordable Assisted Living Program to the current crisis in Medicaid spending at the state and federal level.

"The idea of an Affordable Assisted Living Program that combines state and federal dollars to fund living and care costs for low-income seniors, was brought to my attention three years ago by Bob Gillette of American House," said Knollenberg. "Since that time, American House has worked tirelessly to make this innovative program a reality. We need to spread the word that this is something that really works."

Experts have long recognized that as Baby Boomers enter their retirement years, pressure on Social Security and demand for affordable living options will spike markedly. These trends will cause an avalanche of need in this age group if developers and government officials don't respond with innovative and affordable residential services and funding options.

"We measure the quality of our lives based on how much control we have over our lives," said Pappageorge. "I'm proud to be part of a program like Affordable Assisted Living that helps many people on limited budgets maintain their independence and live in a community as nice as the American House Village of Rochester Hills."

Affordable Assisted Living is a three-year-old national pilot program that combines two separate government benefits for lower-income seniors -- the federal Section 8 Housing traveling voucher and the state's MI Choice long-term care waiver. Together, these benefits allow low-income seniors to remain out of institutions like nursing homes.

Nearly 100 seniors benefit from the Affordable Assisted Living Program today, including 35 living at American House communities in Oakland County, 41 living in Wayne County, 11 in Washtenaw County and seven living in Macomb County.

"This business is about the people we serve," said Bob Gillette, owner of American House Senior Living Residences. "We salute Congressman Knollenberg and Rep. Pappageorge for their work and support of this pioneering program and look forward to continuing to work with them to spread the word to every Michigan senior."

When developing the concept for their Rochester Hills Village, American House sought to combine amenities, services and upscale residential units -- while keeping the price affordable to middle-income families. The 22-acre senior citizen community offering services like homemaking, Internet access, laundry services and meal preparation is unlike any in Michigan.

### About American House

Founded in 1979, American House Senior Living Residences has 28 locations in Metro Detroit. Rental contracts are month-to-month, with a \$500 deposit. The Village of Rochester Hills will be the largest campus, with 12 acres and three choices of residences. The company's website can be accessed at <http://www.american-house.com> .

### About the Affordable Assisted Living Program

Pioneered by American House, Affordable Assisted Living is a three-year-old national model program that combines federal housing subsidies for lower-income seniors with state subsidies for long-term care services. The goal is to help lower-income seniors avoid institutionalization through affordable residential living and services that help seniors remain independent. Additional partners include the non-profit Area Agency on Aging 1-B, the Macomb Oakland Regional Center, the Michigan State Housing Development Authority, The Senior Alliance and The Information Center.

For leasing and facility information, please contact (248) 642-8850 or visit the American House Web site at <http://www.american-house.com> .

SOURCE American House Senior Living Residences

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#### Related links:

- <http://www.american-house.com>
- 

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# Michigan

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## Aging

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### GLOSSARY

Keyword Search



**Alzheimer's disease** *A progressive, neurodegenerative disease characterized by loss of function and death of nerve cells in the brain, leading to loss of mental functions such as memory and learning.*

**Dementia** *The loss of intellectual functions (such as thinking, remembering, and reasoning) of sufficient severity to interfere with a person's daily functioning. Dementia is not a disease itself but rather a group of symptoms that may accompany certain diseases or conditions. Alzheimer's disease is the most common cause of dementia.*

**Near seniors** *Generally, people aged 55–64.*

**Senior citizen; senior** *Generally, a person aged 65 or older.*

### BACKGROUND

[APRIL 1, 2002] The generation born following the end of World War II—the babyboomers (born roughly between 1946 and 1964)—now is aged 38–57. This is the largest generation of U.S. residents ever born. As this group has grown from childhood to adulthood, its size has affected all aspects of American life, from housing to education to health care, and now it is affecting retirement and other aging issues.

At the same time that babyboomers are nearing senior status, health care advances are reducing the mortality rate for several diseases that once took the lives of people at an earlier age. According to preliminary figures from the Health and Human Services (HHS) Centers for Disease Control and Prevention (CDC), U.S. life expectancy is 76.9 years and mortality rates are increasing for conditions that disproportionately affect the aging population, such as Alzheimer's disease, influenza and pneumonia, kidney disease, and hypertension.

The population aged 65 and older comprises 12.7 percent of the U.S. population, and Michigan and other states are preparing for the challenges and opportunities that policymakers face as this population increases. Currently,

- 1.2 million Michigan residents (12.3 percent of the total state population) are *seniors* (aged 65 and older);
- an additional 863,000 (8.7 percent of Michigan's population) are *near seniors*, (aged 55–64); and
- over the next 30 years, both the number of Americans aged 65 and over and the number aged 85 and over are expected to double.

## DISCUSSION

### *Long-Term Care Insurance and Retirement Income*

Recent studies indicate that the adequacy of retirement planning among babyboomers differs significantly by socioeconomic group. As a group, however, life expectancy for men at age 65 is approximately 9 years, for women 15 years. If people do not prepare adequately for retirement (that is, have sufficient means to meet their needs and withstand inflation), dependency on government programs (Medicaid in particular) will increase. A critical public policy question is how to encourage and enable middle- and lower-income Americans to prepare for a long retirement. Another is how to help those who already have arrived at retirement with inadequate or diminishing means.

The federal Health Insurance Portability and Accountability Act of 1996 provides favorable tax treatment for payment of long-term-care (LTC) insurance premiums. Eighteen states now offer small tax incentives to individuals or employers to purchase LTC insurance, and federal employees may purchase LTC insurance through the Federal Employee Health Benefits Program.

Although the Michigan Legislature has not enacted a tax break for LTC premium payments, it has taken steps to protect LTC purchasers. Public Act 4 of 2001 requires LTC insurers for home health care and assisted living to define and provide a detailed explanation—in plain English—of what the coverage entails. Pending legislation (HB 4797) would require the state commissioner of financial and insurance services to prepare and publish annually a consumer guide to LTC, available to the public on request.

As people live longer, retirement plans must address the needs of a longer life span. To help people anticipate their needs and plan for their retirement years, the Social Security Administration and some states offer workers the use of on-line benefit calculators to help them realistically assess how much money they will need. Michigan does not offer such retirement and financial planning services, but the U.S. Department of Health and Human Services' Administration on Aging (AOA) has several planning sites listed on its Web site. The AOA identifies resources, including government and other booklets and brochures about retirement planning, calculators of future financial needs and asset values, and general information about personal financial planning. Despite these efforts, access to—and use of—such retirement-planning tools is low, as is the purchase of LTC insurance.

Without LTC insurance, many seniors will be unable to afford assisted living or nursing care. One effort to address this is the state's Homecare Options for Michigan's Elders (HOME) program, which began in 2000 and is administered by the Michigan Office of Services to the Aging (OSA). This program helps to defray the cost of services that the frail elderly need to remain in their home and community. HOME provides a variety of services to seniors who cannot afford in-home care on their own but are ineligible for other state assistance because their income is above the poverty level. Among the services are

- home-delivered meals,
- chore services,
- respite care (temporarily relieves caregivers),
- personal-care supervision, and
- private-duty nursing.

Funding for HOME will expire on October 1, 2002. Those working for its continuation support HB 5161, which would add the program to the public health code and establish and fund it through the Michigan Department of Community Health (MDCH).

## *Older Workers*

The traditional retirement age is 65, when people are eligible for Medicare and full Social Security (SS) benefits. (This will rise in future years because the SS-eligible age is being raised, eventually to 67.) Although only about 3 percent of people over 65 currently still are working either part or full time, more babyboomers probably will work beyond their retirement age to (1) obtain additional income to ensure financial security and (2) retain the sense of well-being that they associate with meaningful employment. According to the AARP, 80 percent of babyboomers say they plan to work at least part-time during their retirement.

In 2000 the Social Security "test" (outside-earnings limit) for people over age 65 was eliminated, which means that people over this age may earn any amount of money without their SS payments being reduced. Permitting seniors to work if they need or wish to, without loss of pension or SS monies, can benefit society in a number of ways. For example, some states, to address teacher shortages, have adopted policies that allow retired teachers to return to work without losing their pension benefits. Other labor shortages are expected as babyboomers begin to retire, and policymakers may wish to consider how pension and employment policies may be adapted to encourage older workers to remain in or rejoin the work force.

## *Elder-Friendly Communities*

Surveys show that most people prefer to retire and stay in the community in which they have lived, remaining close to friends and possibly family. For communities and states, there are economic, political, and community-involvement advantages to having retirees stay rather than migrate elsewhere. Among the several key characteristics that senior-friendly communities have are

- adequate public transportation and para-transit (wheelchair-accessible) systems,
- driver-safety amenities such as classes to inform seniors about the effects of medication on one's ability to drive,
- pedestrian-safety amenities such as wide sidewalks,
- affordable housing and home-modification programs,
- neighborhood shops and services, and
- a variety of municipal features (e.g., senior centers, public library branches, parks), services, and leisure facilities.

Many planners believe that achieving senior-friendly communities will require a combination of public, private, and philanthropic community investment. Currently, planning for this is occurring through the State Plan for Services to the Elderly, administered by OSA, which has developed the following nine goals to be used by the various area agencies on aging in developing and implementing local plans:

- Improve accessibility, availability, and affordability of a continuum of health and long-term care
- Improve the nutritional condition of older people
- Improve elders' access to services and programs
- Improve the mobility of older persons
- Improve employment opportunities for older persons
- Improve volunteer opportunities for older persons
- Develop a continuum of housing options that address seniors' special needs
- Protect and promote the rights and independence of older persons
- Foster positive public understanding of the contributions, needs and problems of the aging population

Local services offered may vary from area to area, but preference will be given to seniors who have the greatest economic or social need. Funding for these efforts includes federal, state, and private monies as well as some funding from the state's share of the tobacco settlement. The state appropriation is for three years, fiscal years 2001–03.

### *Work-Force Needs*

According to a recent Alliance for Aging Research report, by 2030 the United States will need about 36,000 physicians with geriatric training to manage the complex health and social needs of an aging population—currently, there are 9,000 certified practicing geriatricians in the country. In addition, the demand for home-health, hospice, and nursing home aides will be immense. Developing an LTC work force is difficult because the pool for the aide jobs can find other work that is less demanding and pays equal or higher wages. Moreover, complexities of health care reimbursement and regulation affect the ease with which the market niche for LTC services can be filled.

Health aides care for vulnerable people, and the quality of care received by this population is of great concern to everyone. A good deal of legislation has been enacted to address this, and more is pending. For example, SB 1120 and HB 5603 would allow electronic monitoring of residents in Michigan nursing homes.

Mental health problems are expected to increase as the population reaches ages at which the risk of cognitive disorder (Alzheimer's disease and dementia) is high. According to the Alzheimer's Association, four million Americans suffer from the disease, and the number is expected to more than double in the next 50 years. The MDCH estimates that more than 166,000 Michigan residents currently are afflicted. This adds to the demand for facilities (nursing homes, outpatient dementia care, daycare centers) and specially trained staff.

Paralleling the shortage of geriatricians and aides is a nursing shortage. The current shortage in part is because of short-term, cyclical changes in the supply and demand for nurses but also because the nursing work force itself is aging—more than 60 percent of registered nurses have been on the job for more than 16 years, and many are eligible for retirement in the next few years. Of real concern is that there are fewer nurses coming along to take their place: The percentage of nurses under 30 years old dropped from 26 percent in 1980 to 9 percent in 2000. Michigan is trying to address the nursing shortage issue through legislation. Two pending bills, SBs 792–3, would use money from the tobacco settlement for a nursing scholarship program.

### *Technology*

Studies show that seniors already are among the most prolific users of the Internet. babyboomers, already accustomed to an electronic workplace, will be even more inclined to engage in telecommuting, e-mail, cell phone use, and the electronic shopping services that will help them reduce social isolation and maintain their independence as they grow older.

### *Economic and Poll Power*

Senior citizens are a driving force in the state and national economies. Census Bureau data show that seniors are the wealthiest consumer segment and have the largest disposable income of any population group. The average per capita *discretionary* income for Americans aged 50 and older is almost \$8,500 a year, compared with \$6,500 for Americans of all ages. Studies show that the 50+ age group

- eats out an average of three times a week,

- owns 77 percent of all assets in the United States,
- purchases 43 percent of all cars, and
- accounts for 90 percent of all travel.

Voter complacency may be prevalent in younger people but not so among their elders. Voter turnout among senior citizens is steadily increasing. Census data show that voting participation is highest among those aged 65–74: Nationally, 72 percent of this age group voted in the 2000 presidential election, compared with 55 percent of all age groups. The elderly lobby is strong and has the capacity to keep aging issues on the public policy agenda and exercise its approval or disapproval at the ballot box.

*See also* Consumer Protection; Domestic Violence; Health Care Access, Medicaid, and Medicare; Health Care Costs and Managed Care; Housing Affordability; Long-Term and Related Care.

## FOR ADDITIONAL INFORMATION

Administration on Aging  
U.S. Department of Health and Human Services  
300 Independence Avenue, S.W.  
Washington, DC 20201  
(800) 677-1116 [Eldercare Locator, to find local services]  
(202) 619-7501 [AOA National Aging Information Center]  
(202) 260-1012 FAX  
[www.aoa.gov](http://www.aoa.gov)

American Association of Retired Persons  
309 North Washington Square, Suite 110  
Lansing, MI 48933  
(517) 482-2772  
(517) 482-2794 FAX  
[www.aarp.org](http://www.aarp.org)

Michigan State Housing Development Authority  
735 East Michigan Avenue  
P.O. Box 30044  
Lansing, Michigan 48912  
(517) 373-8370  
(517) 335-4797 FAX  
[www.michigan.gov/mshda](http://www.michigan.gov/mshda)

Office of Financial and Insurance Services  
Michigan Department of Consumer and Industry Services  
611 West Ottawa Street, 2nd Floor  
P.O. Box 30220  
Lansing, MI 48909  
(517) 335-3167  
(517) 335-4978 FAX  
[www.michigan.gov/cis](http://www.michigan.gov/cis)

Office of Services to the Aging  
Michigan Department of Community Health  
611 West Ottawa Street, 3rd Floor  
P.O. Box 30676  
Lansing, MI 48909  
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2005 WHITE HOUSE CONFERENCE ON AGING  
POLICY COMMITTEE HEARING  
OCTOBER 1, 2004



Statement of Paul Hodge, JD, MBA, MPA  
Chairperson, Global Generations Policy Initiative  
Director, Harvard Generations Policy Program  
[www.genpolicy.com](http://www.genpolicy.com)

*“LIVING YOUNGER LONGER: BABY BOOMER CHALLENGES”*

**I. INTRODUCTION**

Chairperson Hardy and members of the Policy Committee of the 2005 White House Conference on Aging, I am Paul Hodge, Chairperson, Global Generations Policy Initiative, Director, Harvard Generations Policy Program and Founding Editor, Harvard Generations Policy Journal.

Thousands of the seventy-five million American baby boomers born between 1946 and 1964 celebrate their 50<sup>th</sup> birthdays every day. The graying of the United States, which is occurring as well in other industrial nations, constitutes a demographic revolution and presents the most critical public policy issue of our times. While many experts, popular pundits and the press have made predictions about how the aging of the baby boomers will affect the United States, in actuality, no one really knows with any certainty what will happen. What is clear is that the policy implications and ramifications are unprecedented in history. America's graying will transform politics, retirement systems, health care systems, welfare systems, labor markets, banking and stock markets. It will force a re-thinking of social mores and prejudices, from issues of age/gender discrimination in the job market to end-of-life care. Whether that transformation is positive or negative will depend on planning and preparation that must begin today.

To prepare our country, we must start now to develop a radically new vision which transcends outdated policies and generational/institutional biases. Now is the time to encourage and institutionalize intergenerational, “out of the box” thinking, creative “systems” policy development and innovative multidisciplinary research which will effectively address the challenges our nation will face with the aging of our baby boomers. Creating a bold, new intergenerational paradigm to address the aging of the boomers will not be easy, but it is not impossible and will be one of our nation's greatest achievements.

Baby boomers will be living younger longer. They will provide leadership and solutions to many of the issues relating to their aging and wonderful opportunities will flow to our country because of their efforts. The work the 2005 White House Conference on Aging Policy Committee is doing in this area is of critical importance to harnessing our national goodness and vibrancy to initiate a constructive process of national intergenerational policy dialogue, development and implementation. So first, let me thank and commend you madam Chairperson and the Committee for inviting me to speak and for providing the critical national leadership.

**II. OVERVIEW AND DEMOGRAPHICS**

In 1995, the White House hosted the 1995 White House Conference on Aging (WHCoA) entitled: "The Road to an Aging Policy for the 21<sup>st</sup> Century". Subsequently, recognizing the demographic revolution the country will be facing with the aging of the baby boomers, the 1996 Executive Summary of the Conference concluded and cautioned:

"A strong sentiment conveyed by many of the thousands of people throughout America who participated in the 1995 WHCoA was that change in our national aging policy is needed now to lay a strong foundation that will serve us in the 21<sup>st</sup> century. The national policy should be intergenerational, and it should embody a sense of community, with shared rights, responsibilities and values."(1)

"The window of opportunity for developing and implementing a compassionate, comprehensive, cost-effective national aging policy is closing rapidly. By the year 2000, there will be 26 times as many Americans over the age of 85 as there were in 1900. Also, in the year 2000, there will be almost 76,000 Americans at least 100 years of age. In contrast, more than one million of the Baby Boomers will live to be 100 years old, with women significantly outnumbering men. Delays in planning for our national population will result in greater demands upon our nation and its people."(2)

The seriousness of this warning can best be put into perspective by understanding the major demographic trends and changes the aging boomer cohort brings, along with some of the major implications of these changes:

• In 2006, the baby boomers will begin to turn sixty and in 2011, sixty-five. In the coming decades, there will be a significant increase in the number of elder boomers and in their proportion to the total population. By 2030, the boomers' proportion will increase to 20% of the population up from a current 13%, and the number of elderly will double. (3) Put in different terms, from 2010 to 2030, the 65+ population is projected to "spike" by 75% to over 69 million people.(4) Then from 2030 to 2050, the growth rate is projected to grow about 14% with the number of elderly totaling about 79 million. (5)

• The 85+ population is the fastest growing segment of the older population. The most rapid increases in the number of persons 85+ will take place between 2030 and 2050, when the baby boomer cohort reaches these ages. By 2050, the 85+ group will rise from a current 1.4% to comprise about 5% of the population.(6) There will be a significant increase in the number of centenarians within this group.

• Women will predominate among the elderly, especially among the oldest old. By 2050, it is projected that women 85+ will outnumber men 85+ by about four million, accounting for about 61% of the 85+ population. (7) Most of the 85+ will be widowed women. "The imbalance of the sexes and the low percent of married women have been associated with reduced income, greater poverty, poorer health and greater risk of institutionalization of older women." (8)

• Even though the notable increase of the oldest old and the elderly in general is good news in terms of our attempts to lengthen the lifespan, there is a downside. There will be large increases in some very vulnerable groups such as the oldest old living alone, with an unacceptably high percentage of individuals living in poverty or with low incomes. They will require a much greater share of public/private support and services.(9) By 2030, there will be sizeable increases in the number of people requiring services in health care, nutrition, housing, transportation, recreation and education. (10)

- Within the general elderly population, minority elderly populations are projected to increase substantially for the next three decades. While the white 65+ population is projected to increase by 95% between 1995 and 2030, older minorities will increase at a greater rate, including a 154.6% increase for Blacks, a 417.1% increase for people of Hispanic Origin and a 380.1% increase for people of Other Races (Asian, Pacific Islanders, American Indians, Eskimos and Aleuts). (11)  
The rapid growth of these minority elder groups will greatly impact the demand for targeted supportive services.
- In the near future, the baby boomers will be the recipients of the largest intergenerational transfer of wealth in the history of this country if not the world. More than ten trillion dollars will be transferred from the boomers' aging parents. While this transfer bodes well for the finances of a number of boomers, a significant number of less well off boomers will be unaffected and the wealth differentials which exist today will follow the baby boomer generation. These "wealth disparities" will determine the life style options for many aging boomers and will limit the choices of millions of Americans (especially women and minorities) in quality of health care, housing and numerous other areas. (12)

Almost ten years have passed since the 1995 White House Conference on Aging issued its warning, and no comprehensive policies dealing with the aging of the nation's baby boomers have been formulated to address the coming demographic and societal challenges.

### III. POLICY ISSUES

The Policy Committee of the 2005 White House Conference on Aging has the unique opportunity to act upon the 1995 WHCoA's recommendations. As can be seen from the foregoing data, extensive demographic changes will take place with the aging of America's baby boomers. Our nation's response will be critical. While I am optimistic about how our country will fair with the aging of its boomers, there are complex policy issues which we must address and/or be cognizant of to ensure we are moving in the right direction. The following are some of the more positive and pressing aging boomer policy issues I recommend the Policy Committee consider:

**1. Longevity Estimates:** The great news is that boomers will be living younger longer! Current demographic projections are based on "increasingly challenged" assumptions about the human (boomers') longevity and state of health as they age. Recently, for example, the Social Security Advisory Panel recommended to the Social Security Administration that it increase its longevity assumptions. In contrast to current established medical and scientific opinion, there is a growing group of experts who feel that within the next two or three decades, with advances in medical and related sciences, human lifespan will increase to an unprecedented length. Not only will it be relatively normal for people to live to 100, but also, they may live to reach the "natural cap" of about 120 years and up! Generally, boomers will have better health as they age and their aging process may be notably slowed. Developing and new, accelerating research discoveries/breakthroughs in such areas as the mapping of the human genome, cloning technology, nanotechnology, stem cell, biogenetic engineering, medicine, nutritional sciences, public health, robotics, pharmaceuticals and a host of other presently unknown interrelated fields will be greatly responsible for these revolutionary changes.

There is a clear indication that with continuing advances in the social and physical sciences, significant

Welcome

Commission delivered final report to Congress on June 28, 2002

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# Commission on Affordable Housing and Health Facility Needs for Seniors in the 21<sup>st</sup> Century



## Field Hearings

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Syracuse, NY -

7/30/01

Columbus, OH -

9/24/01

San Diego, CA -

11/7/01

Miami, FL - 01/14/02

Boston Forum -

03/01/02

Baltimore, MD -

03/11/02

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Report - Final

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## Millennial Housing Commission

MHC

### STATEMENT OF JAMES L. LOGUE III

**Executive Director of the Michigan State Housing Development Authority  
Presented before the  
Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century**

**September 24, 2001**

Good morning members of the Commission. Thank you for the opportunity to testify before you on how housing and services policies for seniors can be shaped in the 21st century.

I am Jim Logue and I am the Executive Director of the Michigan State Housing Development Authority (MSHDA), a state housing finance agency (HFA). I have also served as Deputy Assistant Secretary for Multifamily Housing Programs at the U.S. Department of Housing and Urban Development (HUD). Our mission is to provide financial and technical assistance through public and private partnerships to create decent, affordable housing for low and moderate-income Michigan residents. Just about every state has an HFA like MSHDA. HFA's are represented by the National Council of State Housing Agencies (NCSHA). NCSHA is a national, nonprofit organization that assist HFAs in increasing housing opportunities for lower income and underserved people through the financing, development, and preservation of affordable housing.

In Michigan, there are 783,481 senior households with more than 30 percent experiencing housing need. Although seniors make up 21 percent of all households, they comprise almost 28 percent of all households in need. MSHDA works with HUD, USDA/Rural Development, other state agencies, local governments, developers, and nonprofit organizations to develop affordable senior housing programs. As a result, we have financed more than 16,000 units for seniors with lower incomes. Our extensive experience with developing and managing a large senior housing portfolio has given us great insight into the housing needs of our senior population.

You have asked us to comment on the public financing aspects of housing and services for the senior population and make specific recommendations for improvement. You have also asked us to identify barriers to providing housing with services and specific suggestions on how to remove them. In this regard, I offer the following recommendations for consideration by the Commission:

- **Couple affordable housing subsidies with senior services subsidies**
- **Increase the number of Medicaid waivers available nationally**
- **Restructure the Section 202 program as a block grant to states**
- **Develop or rehab affordable senior housing that is designed to accommodate aging-in-place**
- **Resist additional licensure requirements**
- **Restore fairness in the Mortgage Revenue Bond and Housing Credit Programs**

Before I talk to you about these specific recommendations, I want to impress upon you the importance of choice. Seniors differ in their housing needs. As policy makers we have a responsibility to provide housing opportunities that allow seniors to choose the housing option that best meets their needs. To provide choice, the housing delivery system must be flexible. The federal government has a demonstrated inability to be flexible in its housing and related programs. In the past, only when Congress authorized programs that gave states the responsibility to administer federal housing resources, did flexibility become a reality. Flexibility is essential for creativity, innovation and experimentation. To be flexible, federal housing programs of every kind need to be devolved from the federal government to the states.

#### **COUPLE AFFORDABLE HOUSING SUBSIDIES WITH SENIOR SERVICES SUBSIDIES**

In recent years, the aging population that requires services has become a demographic bulge, challenging housing subsidies and health care systems to a point where coupling them has become a market demand. Historically our affordable housing subsidies and affordable health care subsidies have, for the most part, evolved independently. The housing subsidization programs have addressed shelter needs following real estate and mortgage models. Service and health care has followed medical and insurance models. Higher income seniors are successfully being provided with both housing and service needs by various forms of assisted living at prices they can afford. But this need is going largely unmet for the lower income seniors where a combination of both housing and health care are required to properly serve them. It is incumbent upon policy makers and program designers on both the housing and health care sides of the isle to come together with subsidy systems for these combined lower income elderly needs.

Various individual state and local systems have sprung up to meet this challenge. In the simplest sense, any programs that combine the deepest housing subsidies with the deepest health care subsidies are what work to reach the lower income senior market. State and national efforts are needed to legitimize and acknowledge the success stories that can be identified so more production of affordable assisted living can be forthcoming. For example, such efforts would allow more routine combining of tax-exempt bonds, Housing Credits, HOME dollars, Risk Sharing, HUD mortgage insurance, Section 8 vouchers, and other housing programs with Medicaid waivers and Medicare wherever possible.

Analysis of some of the current regulatory barriers that exist for this coupling to more easily occur should be carried out in a national forum that would allow easier implementation at the state and local levels. A set of best-practice programs that are replicable should be identified. A joint effort between HUD and the U.S Department of Health and Human Services (HHS) is recommended. The benefit of meeting and solving this challenge is higher quality senior care and the creation of efficiencies that would produce overall economic savings, enabling our state and national resources to go further.

#### **INCREASE THE NUMBER OF MEDICAID WAIVERS AVAILABLE NATIONALLY**

Among the most pressing issues in the field of elderly housing and health services is the need for elderly health services in residential settings. The most sought after delivery mechanism is the Medicaid waiver system, which can prevent seniors from having to move to more institutional and expensive nursing home settings prior to their need to do so. Several states have piloted and successfully implemented residential waiver systems, including guarding against the so-called 'woodworking effect' wherein too many people could become eligible. National budgetary efforts should be made to increase the supply of the waiver using best-practice systems that are resulting from successful program efforts.

In addition to Medicaid waivers, a cafeteria voucher system for assistance with activities of daily living would be beneficial. The cafeteria voucher system would allow individuals who do not meet the Medicaid waiver threshold to age-in-place. According to the study completed by the Area Agency on Aging Office 1B in Oakland County, Michigan, most people in MSHDA-financed developments need assistance with daily living, but do not meet the threshold requirement for a Medicaid waiver.

#### **RESTRUCTURE THE SECTION 202 PROGRAM AS A BLOCK GRANT TO STATES**

The Section 202 program has been a relatively successful model for the development of senior housing at very affordable levels. By combining deep rental subsidy with development funding or financing, it has produced decent housing for the lowest income seniors. However, the time has come to change it from a national competition administered by HUD to a block grant run by the states. States, through state HFAs, are the predominate providers of housing assistance, whether federal or other public financing. HFAs know best the needs of seniors locally, and have demonstrated an extraordinary ability to bring together a wide range of partners in developing solutions to meet the needs of the senior population. HFAs have demonstrated an ability to develop innovative housing solutions. Block granting the Section 202 program will provide an opportunity for states to leverage the program with other funding and financing resources.

Additionally a growing number of older Section 202 developments are in danger of foreclosure, particularly in the inner city. These projects have two scarce benefits: Section 8 project subsidies and local property tax relief that make these units among the most affordable housing resources available. Many of the projects are in need of physical rehabilitation, upgrading, and refinancing. Some of this inventory can be transformed again into viable, affordable housing and services for the elderly. The alternative is the loss of the Section 8 subsidies and property tax benefits, and the displacement of seniors. Practitioners

agree that a well-thought-out Section 202 redevelopment program initiative is needed, one that is made available to reconstituted owners that are willing and able to turn these developments around. This would include a proactive HUD initiative to preserve certain of these projects through mechanisms such as provision of mortgage insurance for new mortgages associated with project reconfiguration. The benefit would be the revitalization and preservation of a major affordable housing resource.

#### **DEVELOP/REHAB AFFORDABLE SENIOR HOUSING THAT IS DESIGNED TO ACCOMMODATE AGING-IN-PLACE**

HFA financing of housing for seniors has evolved from housing designed for independent elderly to include the addition of programs that can facilitate full service dining and congregate services. In recent years, HFAs have become involved with housing that provides enhanced care and services for various levels of Activities of Daily Living (ADL) service needs. As tenants age-in-place, often the most elementary needs for personal care services cannot be met. Frequently a senior must move to alternative, more expensive housing and lose the shelter subsidy from which they benefited. Too often the only alternative move is to a nursing home. A more practical approach is to encompass design features into new developments that facilitate the use of third-party care providers so initial levels of ADL delivery can be accommodated. While some design options require additional financing, many options can be achieved via better, smarter use of construction dollars. MSHDA, for example, has recently developed a "Congregate Plus" program that implements these principles. In addition to serving people as they age-in-place, the market for this type of project is broader because these developments are not 100 percent assisted living and do not rely on the necessity of serving only an assisted living market. This type of design also may accommodate any type of current or future, private or public, subsidy program for care services as these programs evolve, including Medicaid waivers.

With regard to existing subsidized senior housing, the tenants have a financial need to preserve their on-going housing subsidy as they age-in-place. New ways must be developed to adapt buildings, common space, and units to facilitate the delivery of services. Some experiments with adaptation are underway. In many cases pre-existing affordable housing may be modified to provide design and management amenities whereby residents who develop a need for services can remain in place with an affordable rent structure and receive necessary services. Programs and funding should be made available to adapt older, existing housing to facilitate service provision as the residents age. Public and private service providers would be more encouraged to consider developments that have made appropriate adaptations, and where their delivery efforts are matched with ease-of-operation and economy-of-scale.

#### **RESIST ADDITIONAL LICENSURE REQUIREMENTS**

Industry studies have shown that licensure requirements vary significantly among the states. These variations have resulted in a multitude of individual characteristics, safety codes, and service regulations. There is often discussion of standardizing licensure requirements at the federal level, or requiring most forms of service delivery to be licensed at the state level. However, movement in this direction would add even more layers to regulations that are currently adequate. The open market has demanded products to fill the gap between nursing

homes and independent senior living through assisted living solutions. The industry has responded with a large variety of assisted living products that coexist with state variations in licensure. This has allowed for a tremendous amount of successful creativity, innovation, and product delivery. The federal government and the states should be cognizant that additional layering of licensure requirements can weigh against producing a higher volume of affordable assisted living as these requirements begin to increase the costs of construction beyond feasible rent levels.

#### **EXPAND THE USE OF SECTION 8 VOUCHERS WITH THE MEDICAID WAIVER**

The growth of the elderly population needing services contains a very low-income segment with few financial resources. When the seniors in this population begin to have ADL needs, they are often destined for a nursing home setting. This is an expensive, publicly financed option. This population can be housed and served in residential settings that do not have the full nursing home complement of services. Financial need circumstances are such that these seniors need maximum rental and service subsidies. Industry leaders are expressing a demand for a coupled Section 8 voucher and Medicaid waiver to respond to this need. Federal and state government should be encouraged to implement this particular program combination, and to remove impediments toward more pilot programs.

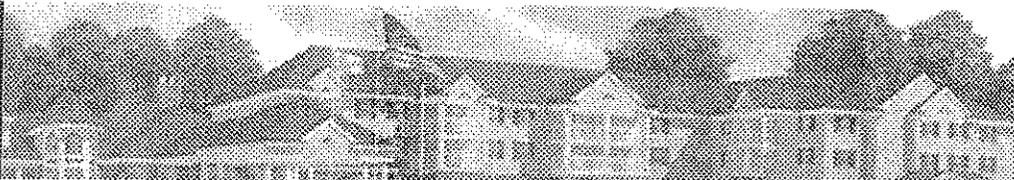
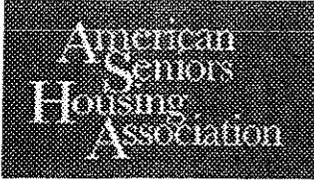
#### **RESTORE FAIRNESS IN THE MRB AND HOUSING CREDIT PROGRAMS**

Three obsolete provisions prevent many people qualified to receive housing help under these programs from getting it. Eliminating the Ten-Year-Rule, creating an easier way of establishing income limits in the MRB program, and reforming Housing Credit income and rent rules in rural areas will allow more people, including seniors, with lower incomes to receive housing assistance. HR 951 and S 677 have been introduced to make these changes. I recommend that the Commission endorse the passage of these important housing reforms.

All of these recommendations provide choice to seniors with lower incomes. But the recommendations will require a flexible delivery system.

Thank you for this opportunity to testify.





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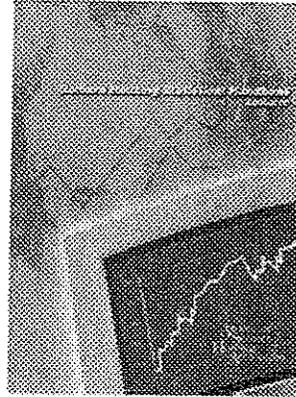
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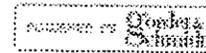
This 43-page handbook presents data and statistics of importance to the seniors housing industry including: aging demographics, industry benchmarks, and seniors housing resident demographics from sources ranging from national trade organizations to the federal government to Wall Street. The 2004 edition includes over 150 tables and is considered an authoritative desk reference for industry professionals.

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- Multi-Disciplinary Collaborations
- International Collaborations

The University of Michigan Center on the Demography of Aging maintains this website to promote networking and collaboration among the Centers and as an access channel for the Federal government and policy making community, researchers, congressional staff, the media, educators, service providers, and the general public.

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## INDUSTRY DATA

Key Financial Indicators | Frequently Asked Questions | Industry Links | Valuation Measures | Industry Calendar

## Frequently Asked Questions

### What is NIC MAP™?

NIC MAP™ is a quarterly data and analysis service that tracks revenue, occupancy, property and demographic information on over 7,400 seniors housing properties representing over 1 million units/beds located within America's 30 largest metro areas (MSAs). The subscription based service covers market rate (25+ units/beds) Independent Living, Assisted Living, CCRC, Dementia Care and Nursing Care properties. For more information on MAP please visit [www.NICMAP.org](http://www.NICMAP.org) or contact Michael Hargrave at 410-267-0504 or [mhargrave@nic.org](mailto:mhargrave@nic.org).

In the fall of 2006, The NIC MAP data and analysis service is expanding it's supply and construction database to the 75 largest metro markets.

### What is the total national number of facilities/properties in seniors housing and long term care?

The NIC National Supply Estimate of Seniors Housing & Care Properties enumerated a total of 46,131 seniors housing properties with supportive services in the U.S. with a capacity to hold more than 3.4 million seniors as of 1999-2000. Of these 46,131 properties (3,411,891 beds), 50% were assisted living communities, 34% were nursing facilities, 7% were independent living communities, 4% were continuing care retirement communities (CCRCs), and 5% offered a combination of property types. Seniors apartments (that is, seniors housing properties without supportive services) were estimated at 11,726 properties and 821,173 units. The 2004 Update to the Size, Scope, and Performance of the Seniors Housing & Care Industry estimated 33,000 market rate professionally managed properties (independent living, assisted living, nursing homes, and CCRCs) with a capacity to hold 3,675,000 seniors. For more details, see the Supply Estimate or Size, Scope, and Performance of the Seniors Housing Industry in the NIC Publications.

### Where can I find a list of managers, operators, providers, or lenders involved with the seniors housing and care industry?

Subscribers to the NIC MAP™ data and analysis service receive access (to the markets they subscribe to) the NIC MAP Supply Database which lists properties, as well as corporate owners and operators.

The National Real Estate Investor magazine (Oct. '06) in conjunction with the American Seniors Housing Association has lists of the largest 50 owners and the largest 50 managers in seniors housing.

Published by ALFA (Assisted Living Federation of America), Assisted Living Executive magazine (April. '06) has a listing of the largest 50 assisted living providers.

Billians Health Data maintains a yearly list of nursing home and assisted living chains.

Provider magazine lists the largest 40 assisted living chains and largest 50 nursing facility chains (June '06).

To find a lender who is active in providing financing to the industry, see the Lender Locator section.

### Where can I find a listing of seniors housing and care facilities?

The American Association of Homes and Services for the Aging (AAHSA) publishes a directory of CCRCs.

Solucient (formerly HCIA Sachs) published a directory of both nursing homes and retirement facilities, that was last updated in 2001.

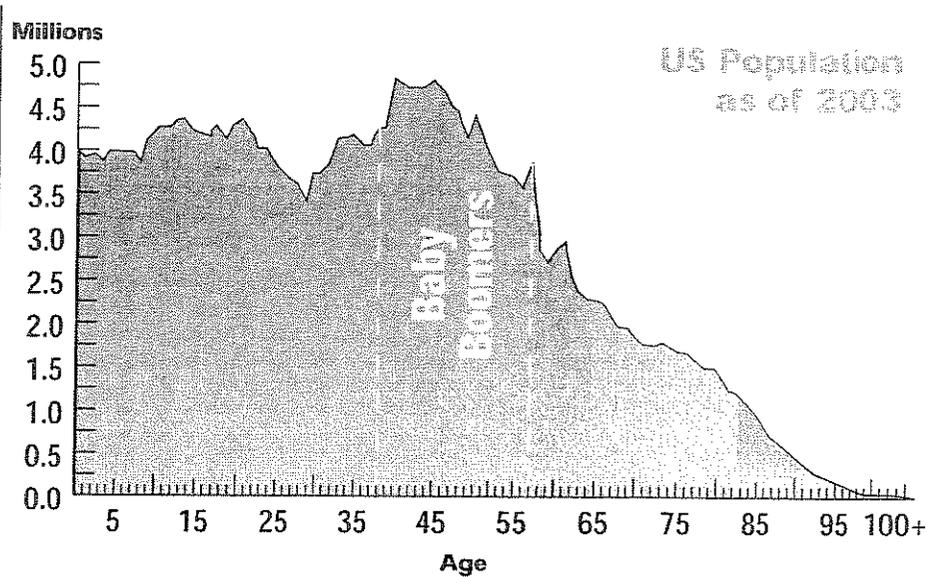
Billians Health Data maintains a yearly list of nursing homes and assisted living properties. A listing of facilities within the 30 largest metro areas of the country can be found within NIC's Market Area Profiles™. For a list of the 30 largest metro areas or details on MAP™, [click here](#).

NIC Insider

# DEMOGRAPHIC PROFILE

A SERIES OF  
 DEMOGRAPHIC  
 PROFILES

## AMERICAN BABY BOOMERS



Source: MetLife Mature Market Institute Analysis  
 Population Projections Program  
 US Census Bureau, 2000

### THE BABY BOOMERS IN 2003

**Aged 39 years to 67 years  
 born 1946-1964**

- 39-43 born 1960-1964—23,005,812
- 44-48 born 1955-1959—21,891,470
- 49-53 born 1950-1954—19,331,673
- 54-57 born 1946-1949—13,543,850

**Total number—77,702,865**

- Represent 27.5% of the population
- 49.1% male
- 50.9% female
- Over 24 million baby boomers are over age 50
- By the year 2030, the baby boomers will be ages 66—84 and make up about 20% of the total population

## Population Projections

Sponsor: U.S. Census Bureau

Data Collection Agency/Organization: U.S. Census Bureau

Purpose: Information about the possible future race/origin/age/sex composition of the United States.

Research Design: The population projections for the United States are interim projections that take into account the results of Census 2000. These interim projections were created using the cohort-component method, which uses assumptions about the components of population change. They are based on Census 2000 results, official post-census estimates, as well as vital registration data from the National Center for Health Statistics. The assumptions are based on those used in the projections released in 2000 that used a 1998 population estimate base. Some modifications were made to the assumptions so that projected values were consistent with estimates from 2001 as well as Census 2000.

Fertility is assumed to increase slightly from current estimates. The projected total fertility rate in 2025 is 2.180, and it is projected to increase to 2.186 by 2050. Mortality is assumed to continue to improve over time. By 2050, life expectancy at birth is assumed to increase to 81.2 for men and 86.7 for women. Net immigration is assumed to be 996,000 in 2025 and 1,097,000 in 2050.

Race and Hispanic origin: Interim projections based on Census 2000 were also done by race and Hispanic origin. The basic assumptions by race used in the previous projections were adapted to reflect the Census 2000 race definitions and results. Projections were developed for the following groups: (1) non-Hispanic white alone, (2) Hispanic white alone, (3) black alone, (4) Asian alone, and (5) all other groups. The fifth category includes the categories of American Indian and Alaska Native, Native Hawaiian and Other Pacific Islanders, and all people reporting more than one of the major race categories defined by the Office of Management and Budget (OMB).

For a more detailed discussion of the cohort-component method and the assumptions about the components of population change, see U.S. Census Bureau, Population Division Working Paper No. 38, "Methodology and Assumptions for the Population Projections of the United States: 1999 to 2100," by Hollmann, Mulder, and Kallan. While this paper does not incorporate the updated assumptions made for the interim projections, it provides a more extensive treatment of the earlier projections, released in 2000, on which the interim series is based.

For more information:

Contact: Population Projections Branch

Phone: 301-763-2428

Website: [www.census.gov/population/www/projections/popproj.html](http://www.census.gov/population/www/projections/popproj.html)

# Michigan Center on the Demography of Aging

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NIA Demography Centers

## News

Postdoctoral Fellowships sponsored by NIH available in 2007.

The Research Network on HIV/AIDS and the Elderly connects researchers and provides information on developments in this important field.

TRENDS, is a new NIA-supported network of researchers working to accelerate scientific understanding of old-age disability trends.

NIH is moving from paper to electronic submission of proposals for funding. The portal for electronic submissions is Grants.gov. As specific mechanisms (R03, R21, R01) go electronic, NIH revises older announcements and issues new announcements to coordinate with Grants.gov. Watch for frequent updates to funding opportunities listed on the NIA web site.

The University of Michigan Center on the Demography of Aging (MICDA) is one of eleven centers on aging sponsored by the National Institute on Aging. It specializes in research on:

- Retirement, health and well-being of the elderly
- Socioeconomic status and health
- Demographic and survey methods
- Dynamics of intergenerational exchanges
- Aging of disadvantaged populations
- Impact of public policies on retirement

Michigan is home to the:

- The Health and Retirement Study (HRS)
- Panel Study of Income Dynamics (PSID)
- National Archive for Computerized Data on Aging (NACDA)



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