The first baby boomers are now in their 70s, though the youngest, born in 1964, will reach the traditional retirement age of 65 in 2029. The aging of this generation, which makes up 23 percent of the nation’s population, has ramifications for everything from the labor market to health care to housing. The role of housing, in particular, is central, as it has the potential to be a platform for meeting people’s health, economic, and social needs (Brennan and Galvez 2017). But as people age, needs change. Adapting to those changing needs requires resources and strategic thinking. How do we improve access to health care and other needed services? How do we retrofit and maintain an aging housing stock? How can we establish strong policy connections that integrate health into housing?

In Southeast Michigan, the effects of an aging region are already being felt, and the challenges are in some ways greater compared with the nation as a whole—the regional population is aging more quickly, the housing stock is older and presents greater challenges to older residents, and residents are more likely to have physical disabilities affecting their ability to live independently.

This brief analyzes the relationship between an aging population and the housing market in Southeast Michigan. It, along with companion briefs on the rental market and African American homeownership, is part of a broader project examining the housing challenges facing Southeast Michigan. These topics come from analyses Treskon and colleagues (2017) present in Southeast Michigan Housing Futures. That report analyzes regional population and household projections to identify developing patterns of household formation and tenure, which, in turn, indicated the three
shared challenges for the region these briefs address. Building on this work, Urban conducted workshops and interviews with stakeholders in the region to discuss the topic areas, efforts already under way to respond to these issues and roadblocks to success. In this series of briefs, we generally define this region as the seven counties of Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne. However, the American Housing Survey, which we reference below, uses the Detroit-Warren-Dearborn Metropolitan Statistical Area (which we will refer to as the Detroit MSA) definition, which excludes Monroe and Washtenaw and includes Lapeer.

BOX 1
The Urban Institute’s Collaboration with JPMorgan Chase

The Urban Institute is collaborating with JPMorgan Chase over five years to inform and assess JPMorgan Chase’s philanthropic investments in key initiatives. One of these is a $150 million commitment to support and accelerate Detroit’s economic recovery. The goals of the collaboration include using data and evidence to inform JPMorgan Chase’s philanthropic investments, assessing whether its programs are achieving desired outcomes, and informing the larger fields of policy, philanthropy, and practice. Building on a body of work in Detroit and Southeast Michigan, the goal of this project is to examine the common challenges of an aging population, declining African American homeownership, and increasing renter housing demand from a regional perspective, all to further the dialogue and inform future collaboration among stakeholders throughout Southeast Michigan.

In this brief, we first lay out some salient trends and identifying communities within the region where populations are older or getting older more quickly. We then discuss what communities are doing to respond to the housing needs of seniors and highlight some creative efforts. Finally, we explore what needs to happen next. The following are our main takeaways:

- There is increasing awareness of the growing housing needs of aging residents and many innovative policies and developments under way in Southeast Michigan that target the needs of an aging population. However, the growing demand for these programs in the years ahead will far outpace existing approaches, capacities, and resources.

- Collaboration and coordination across the region will help to spread innovative ideas across sectors and political boundaries. Government, nonprofits, and business leaders and organizations will need to find better ways for sharing resources and developing collaborative strategies in an increasingly resource-constrained reality. The Coalition of Legislators for Affordable Senior Housing (CLASH), started in 2017, is the sort of model that stakeholders and policymakers can use to share information and propose solutions at both the local and state levels.
The Context of a Changing Region

An Aging Region

Projected household trends from the *Southeast Michigan Housing Futures* report (Treskon et al. 2017) show that regional growth in the upcoming decades will continue to be driven by increasing numbers of older households—not new entrants into the area, but existing residents becoming older (figure 1).

**FIGURE 1**

Households in Southeast Michigan by Age

*Existing and projected*

Southeast Michigan’s housing stock is relatively old and getting older. The median age of a housing unit in Detroit is 1966, over a decade older than the US median of 1976. As housing units age, they deteriorate and require rehabilitation. For lower-income residents or those on fixed incomes, finding the funds required for such rehab can be difficult. New needs for an aging population add to the often high costs such renovations, making the financial burden heavier. Modifications, such as no-step entries, grab bars in bathtubs, and wheelchair accessible rooms, often entail substantial costs. Though some smaller improvements, such as handrails or doorway widening, can be made for closer to $1,000, more...
extensive changes, like in-home elevators or bathroom or kitchen remodeling, can cost tens of thousands of dollars (Will 2015).

Given the age and nature of the housing stock, seniors in Southeast Michigan are more likely to face the high costs of home renovations than the average senior in the US. In the Detroit MSA, 74 percent of householders 65 or older live in single-family detached homes compared with 68 percent nationally. One effect of this is homes in the region are more likely to have stairs to enter the building (figure 2a) and within the home (figure 2b). Stairs within the home present a special challenge, as modifications addressing navigation within the home, such as stairlifts or elevators, are more cost-intensive than external ramps.

Older residents in Southeast Michigan are also more likely than the national average to have physical disabilities (figure 3a): of 410,000 households in the region with a head of household age 65 or older, 182,000, or 44 percent, have a disabled person. The share of households with disabilities goes up as people age: 61 percent of households with a member age 75 or older in the region have a disabled person. Similarly, the share of older residents having difficulty doing errands alone (defined in the AHS as a “go-outside-the-home disability”) jumps sharply to 34 percent for those 75 or older (figure 3b). This illustrates the mobility implications of aging in place, as older seniors are much more likely to need assistance with everything from grocery shopping to doctor’s visits.
**Needs within the Region**

Though Southeast Michigan overall is getting older, the change is not uniform—some communities have higher shares of older residents than others, some are aging more quickly than others, and some have higher shares older residents with limited resources to adapt than others. We looked at communities with greater shares of older people and those communities where the older residents have higher rates of poverty (as a proxy for those with fewer resources). To do this, we present a cluster analysis of various demographic indicators across the region at the subcounty level. A cluster analysis is a method of grouping observations together based on their characteristics. This cluster analysis uses five-year American Community Survey (ACS) estimates from 2007–11 and 2012–16 for the following:

- the share of the population 65 or older in a given period
- the percentage change in the share of the population 65 or older (from 2007–11 to 2012–16)
- the share of the population 65 or older (in a given period) in poverty
- the share of housing units built before 1970

Figure 4 is a map of the resulting clusters (See appendix table A.1 for the full list).

- The communities with the highest share of elderly residents are in cluster 2: nearly 20 percent of the residents of these communities were 65 or older in 2015.
Though cluster 2 also had the highest percentage change in the number of seniors, those with the largest absolute growth were in cluster 3 (which also had the second fastest senior growth).

Cluster 4 has the highest share of seniors in poverty and the highest share of buildings built before 1970, and cluster 5 has the second-highest total in these categories. Cluster 4 is mostly made up of Detroit and inner-ring suburbs.

**FIGURE 4**
Communities by Older Population Share and Growth, Seniors in Poverty, and Older Housing Stock

Clusters 2 and 3 have the highest share of older residents; cluster 4 has the highest share of seniors in poverty.


**Note:** Variables are share of population 65 or older, share of those age 65 or older in poverty, share of housing units built before 1970, percent change in share of population who are 65 or older, 2007–11 to 2012–16.

This analysis supports what people know about the region: poorer communities tend to have poorer seniors and older housing stocks. This older housing stock tends to have features that make aging in place more difficult. Some communities with greater needs may have greater challenges while having fewer resources. Though Detroit itself may be the largest community facing these challenges, there are also several inner-ring suburbs in Macomb, Oakland, and Wayne Counties in similar positions but that
may lack some of the positive economic trends or resources currently taking place in Detroit. As such, they can learn from programs going on in Detroit, but they may have limited personnel or capacity to implement such programs. In the years ahead, county government in Macomb, Oakland, and Wayne, especially, may need to take on a more active role in supporting these older communities.

The challenges in suburban communities with the larger and growing senior populations may be less acute but still merit consideration. In Southeast Michigan, the growth in older households has not happened because of in-migration. It is the result of an aging of the population already there. This indicates that these communities need to focus on aging in place and decide how to incorporate assisted living facilities and services into their planning processes.

What Is Being Done?

Given the multifaceted needs of an aging population, policy interventions also need to take a diverse approach, both in terms of the types of interventions and in terms of the jurisdiction. Though our focus in this brief is on policies that are taking place at the local and, to a lesser extent, at the state levels, federal-level policies also play a role (box 2). However, in a limited-resource environment, states and municipalities will need to take the lead.

In the remainder of this brief, we discuss four intervention categories that municipal and state actors are undertaking, with a focus on those under way in Southeast Michigan. The goal is to highlight initiatives that could be of interest across the region (and elsewhere) and to review the challenges they face. Issues of “getting to scale” are salient—these things cost money, and often communities with the greatest needs may have the fewest resources. We use the following categories (table 1):

1. **Housing**: policies designed to create new housing or assist already-existing housing to better meet the needs of senior inhabitants and their families;

2. **Legal protections**: prevention and recourse against discrimination;

3. **Land use, regulation, and neighborhood design**: tools like zoning and building codes that promote more accessible communities; and

4. **Supportive services**: the network of services and local facilities that meet the needs of area residents.

In many ways, these topics build on one another, starting with housing itself to the physical relationship of that housing to the surrounding community to how housing is embedded within a broader network.
BOX 2
Federal Support

Federal-level interventions designed to provide affordable housing include the following:

- **US Department of Housing and Urban Development’s (HUD’s) Section 202 Supportive Housing for the Elderly** are no-interest capital advances for nonprofits developing housing with project-based rental assistance component and supportive services for very low-income elderly residents.

- **HUD’s Title I Home and Property Improvement Loans program** insures private lenders for loans to make property repairs and improvements.

- **USDA Section 504 home repair direct grants** can be used by seniors in rural areas.

- **Community Development Block Grants and HOME Investment Partnerships Program**–grant resources can also go toward home repair modification.

- **HUD’s Supportive Services Demonstration Program** provides owners of HUD-assisted senior housing resources for service coordinators and wellness nurses to help low-income seniors better age in place. Seven of the sites are in Michigan.a

- **Federal Housing Administration’s Home Equity Conversion Mortgage program**, a reverse mortgage program.b

- **Medicaid waivers, Money Follows the Person, and the Community Living Program** provide supports for home- and community-based care.c

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TABLE 1
Policy Categories

<table>
<thead>
<tr>
<th>Topic</th>
<th>Category</th>
<th>Policy</th>
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<tbody>
<tr>
<td>Housing</td>
<td>Supports for aging in place</td>
<td>Modifications and maintenance</td>
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<td></td>
<td></td>
<td>Financial supports</td>
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<td></td>
<td></td>
<td>Tax incentives</td>
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<tr>
<td></td>
<td>New development</td>
<td>Funds for new housing development</td>
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<tr>
<td></td>
<td></td>
<td>Speeding up approvals process</td>
</tr>
<tr>
<td>Legal protections</td>
<td>Antidiscrimination</td>
<td>Understanding the scope of the issue</td>
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<tr>
<td>Land use, regulation, and neighborhood design</td>
<td>Neighborhood design</td>
<td>Mixed-use developments</td>
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<tr>
<td></td>
<td></td>
<td>Senior cohousing</td>
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<tr>
<td></td>
<td>Diversity of residential uses</td>
<td>Accessory dwelling units (ADUs)</td>
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<tr>
<td></td>
<td></td>
<td>Accessibility standards and universal design</td>
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<tr>
<td></td>
<td>Development and building codes</td>
<td>Transportation (e.g., transit and paratransit, parking requirements, complete streets)</td>
</tr>
<tr>
<td>Supportive services</td>
<td>Public safety and health</td>
<td>Weather-related interventions (e.g., heating/cooling centers, targeted services)</td>
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<td></td>
<td></td>
<td>Emergency assistance (e.g., local voluntary registration, mail carrier alert)</td>
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<tr>
<td></td>
<td>Services</td>
<td>Service delivery</td>
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<td></td>
<td></td>
<td>Facilities (e.g., libraries and parks) and programming (e.g., classes)</td>
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<td></td>
<td>Coordinate local service providers</td>
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</tbody>
</table>

Housing

Housing is a physical asset—it needs to be built and maintained. This presents ongoing challenges to older residents, both owners and renters, and to property owners and developers who house older residents. The challenge becomes more acute when developing new or preserving existing housing that is affordable to older residents with limited resources.

MAINTAINING THE SINGLE-FAMILY HOUSING STOCK

Seventy-four percent of householders age 65 or older in the Detroit MSA live in single-family detached housing, compared with 68 percent for the nation as a whole. For older residents, aging in place means not only modifying housing to better meet the needs of aging residents but also ensuring the housing maintains a base level of livability. Given the region’s older housing stock, this means upkeep of roofs, windows, insulation, and heat and water systems. Financial supports play a role as well: tax foreclosure protection (Treskon et al. 2017), property tax caps and assessed value limits, homestead exemptions, and (with safeguards) reverse mortgages can maintain housing as affordable.

Detroit’s 0% Interest Home Repair Loan Program, which was funded through $4 million in Community Development Block Grant funds and $4 million from the Bank of America, is one such example. Detroit is partnering with Local Initiatives Support Corporation to administer the program with the support of other local groups and allows eligible homeowners (up to 80 percent of local area median income or in certain neighborhoods in the city) to take out loans from $5,000 to $25,000 for home repairs and improvements, interest free. Though the program was developed to respond to a market failure in the city, in that decreasing property values have made traditional credit in short
supply, it is an initiative that may be useful throughout the region in assisting older homeowners improve their homes.

MAINTAINING SUBSIDIZED HOUSING
Though most of the region’s older population lives in single-family unassisted housing, subsidized housing plays an important role as well. According to the Affordable Rental Housing Directory, there are 227 state- or federally assisted developments in the seven-county region, making up 26,516 units, that either entirely or partially serve older populations. Fifty-five percent of these units are in Wayne County, and developments in Oakland make up another 21 percent followed by 15 percent in Macomb.\(^7\)

Ensuring that these developments remain affordable and available to lower-income seniors in the years ahead is an important part of any regional housing policy. Two of the major funding subsidies come in the form of low-income housing tax credits (LIHTCs) and project-based rental assistance contracts. LIHTCs fund affordable housing by allocating tax credits to local or state agencies. In Michigan, the Michigan State Housing Development Authority, or MSHDA, is responsible for allocating these funds, which are available for preservation, not just new construction. The Project-Based Rental Assistance program, administered by HUD, provides funding to multifamily housing owners to bridge the difference between the project’s rent and what low-income families can afford to pay. These funding sources can be linked in a given project to provide more affordability to lower-income households than would otherwise be possible.

However, these subsidies can end when property owners decide not to renew their contracts. This has been a growing concern in stronger housing markets (Khadduri et al. 2012). Though this has historically been less of an issue in Southeast Michigan given its relatively weaker housing market, in the past few years, certain stronger submarkets have begun to see examples of these market rate conversions. Ypsilanti’s Cross Street Village, with 104 apartments for lower-income seniors, is one such example, as the owner in 2017 activated a clause in their LIHTC agreement with MSHDA to move the development to market rate 20 years into a 99-year affordability agreement. Existing tenants only have three years before rent increases to market rates.\(^8\)

BUILDING NEW HOUSING
There are various ways that municipalities and the state can help spur new development, whether simplifying and speeding up approval processes, removing some regulatory burden, providing tax incentives, or providing funds for new developments. Any one option involves resources or trade-offs for stakeholders. MSHDA, as the state agency allocating federal LIHTC funds both selects LIHTC developments and funds other programs supported by state funds (see Treskon and Hedman 2018 for more on this topic). MSHDA’s current draft allocation plan sets aside 25 percent of its credits for permanent supportive housing and has a statutory set-aside of 10 percent for projects where 100 percent of units serve elderly tenants.\(^9\)

CHALLENGES
One of the central challenges for preserving or creating new housing is the question of how to get to scale. The Thome Rivertown Neighborhood development, discussed below (box 4), is one such
community that has the potential to be scaled. The development is a multimillion dollar investment requiring a multiplicity of stakeholders, including local and state government, foundations, and lenders, that has resulted in 150 on-site units and services for a few hundred additional older residents off site in the neighborhood to help them remain in their homes. By comparison, the 2015 American Housing Survey estimates that there are 24,800 unassisted renter householders in the region who are 65 or older have incomes below 50 percent of the area median and have worst-case housing needs. Finding ways to create more housing throughout the region will take multiple parallel efforts.

In an aging region, helping people age in place for as long as possible is comparatively cheaper and results in a better-maintained and rehabilitated housing stock. Though the demand for assisted living developments, such as nursing homes and other elder care facilities, is growing and will continue to grow, and these projects fill an important role, finding ways for aging households to comfortably remain in their homes as long as possible is crucial. In neighborhoods facing population loss, when a person moves from their home to an assisted-living community, there is no guarantee that there is someone ready to buy their home. Efforts to help people age in place also help to maintain communities. Setting aside services (discussed in more detail below), programs providing resources for housing renovation are important. However, they need funding and visibility in their local communities. Understanding how these programs are being implemented across the region, the extent to which there are roadblocks to implementation, and what makes for successful implementation will be an important task in the years ahead.

Regulatory frameworks may hinder new housing development. In Michigan, the Department of Human Services licenses and regulates two categories of assisted living facilities: homes for the aged (HFA) and adult foster care (AFC). Homes for the aged provide care to those age 55 or older, and adult foster care homes can provide care to any adult in need of foster care services. AFCs are limited to 20 or fewer people, and HFAs are for 21 or more (unless operated as a part of a nursing home). AFCs, unlike HFAs, require 24-hour service 5 days a week (or more) for two or more consecutive weeks. Unlike nursing homes, AFCs and HFAs are prohibited from providing continuous nursing care (Carder, O’Keeffe, and O’Keeffe 2015; Mirkus 2002).

Housing finance models are yet another challenge that can affect markets. For instance, private placement bond activity is not allowed in Michigan (with housing-related bond issuance going through MSHDA), but some developers we interviewed thought that such issuance could help lower issuing costs and help fund smaller projects. Other elements involve trade-offs. MSHDA, for instance, scores developments for their walkable attributes. Though walkable communities are an important component in building independence, this preference has made it more difficult to obtain credits in part of the region where there may be need for development but there is a lack walkable infrastructure.10 MSHDA’s new proposed qualified action plan has revised how walkability and other related indicators are scored, to better reflect the realities of urban, suburban, and rural locations.
Legal Protections

The US Fair Housing Act prohibits discrimination in any activity relating to the sale or rental of housing, financing or insuring of housing, or terms or conditions related to housing based on a person's race, color, religion, disability, familial status, national origin, or sex. In Michigan, state law also prohibits discrimination based on an individual's age. Nonprofit organizations such as the Fair Housing Center of Metropolitan Detroit assist in investigating complaints of unlawful housing discrimination and, in some cases, pursue litigation against fair housing violators. Complaints of age-based discrimination can be filed to the Michigan Department of Civil Rights. Although legal protection around housing access extends to seniors in Michigan, estimating the extent of age-based housing discrimination is difficult. HUD sponsors national research to measure the presence and extent of housing discrimination against different populations (e.g., racial and ethnic minorities, people who are disabled, same sex couples). However, there has yet to be a comprehensive study of age-base discrimination, which is not a federally protected class.

Land Use, Regulation, and Neighborhood Design

Municipalities play a role in developing neighborhoods to meet the needs of older residents. Existing zoning codes limit building multifamily housing in single-family neighborhoods and pose other restrictions, such as unrelated adults living together, which end up prohibiting some models of senior living. Zoning for a diversity of residential uses can allow for senior cohousing, single-room occupancy developments, mixed-use developments, or accessory dwelling units (ADUs) in a community. This could expand housing options for seniors and help maintain their proximity to extant services.

ADUs, sometimes referred to as “granny flats,” have been increasingly touted as a way to increase affordable housing stock. ADUs are secondary housing units generally built on the property of a single-family residence as either a separate dwelling or out of a part of the primary residence. Further, ADUs can help more people remain in built-out communities and connect to neighborhood services and infrastructure. For seniors, this can mean easier access to transportation, health care, and other services. However, current homeowners often oppose the loosening of zoning regulations that restrict ADUs or proposed ADUs for their neighborhoods. Classic concerns include traffic congestion and safety (such as alley access for emergency responders), noise, and general anxieties related to having new people on their block and overall neighborhood change. In Michigan, ADUs are only permitted in Traverse City, Detroit (limited to carriage houses built before 1940) and Ann Arbor. In Ann Arbor, the ordinance allowing ADUs was passed with some restrictions and a fair bit of debate about its potential effects on affordability and neighborhood character.

Municipalities can also reform building codes by including accessibility standards or “universal design,” the idea that the built environment should be accessible and usable to the greatest extent possible by all potential users. Such efforts have been implemented in Ferndale, a community bordering Detroit to the north (box 3). These include an inclusionary policy and a “Complete Streets” ordinance designed to link transportation, infrastructure, and design into efforts to promote health and independence.
BOX 3

Ferndale and Designing an Inclusive Community

Ferndale, a municipality of 20,000 in Oakland County bordering Detroit, has been working to encourage more inclusive development. This includes an inclusive housing policy, adopted in late 2017, which requires developers building 25 or more units on city-owned land or receiving tax incentives to reserve at least one-quarter for affordable housing. With a current area median income (AMI) of $56,142 in 2017, the mix would mean making 10 percent of units affordable to households making 80 percent or less of AMI, 10 percent affordable to households making 60 percent or less of AMI, and 5 percent affordable to households making 50 percent or less of AMI.

Ferndale also created a master plan that pushes for a broad range of inclusionary policy and design guidelines. The plan discusses multiple ways that Ferndale can better support the needs of older residents, encouraging senior living housing options in urban districts and commercial corridors (H4.2, H4.3, and L2.3). The plan notes that assisted housing and multifamily housing is often height and density restricted and often limited to less ideal locations. It proposes allowing assisted living in more neighborhoods closer to the urban core.

Although local regulatory or zoning efforts may seem to be a cost-effective way to build communities conducive to older residents, they often face local opposition. Many of the policies discussed here have the potential to help older residents, but they are not limited to older residents. So broader questions of how additional development will affect local finances, transportation networks, and city services need to be addressed. Even developments targeted to seniors meet local resistance. To take one example, the Michigan Veterans Foundation, which recently opened a new facility in the city’s Woodbridge neighborhood, initially met local resistance because of its location and design.

Localities also have limited local authority to actually implement some policies. Some communities across the country have been using inclusionary zoning, which links together affordable- and market-rate housing production, either encouraging or requiring developers to make a certain share of units created affordable to lower-income residents (Furman Center 2008). Michigan law prohibits mandatory inclusionary zoning (which would, for example, require all new developments to include an affordable component), so communities interested in promoting inclusionary practices, such as Detroit and Ferndale, are linking affordable housing creation to developments receiving public subsidies.
Supportive Services

One of the greatest challenges in supporting older residents is linking them up with needed services, and ensuring those services are coordinated effectively. Here we touch on three programs showing progress and discuss two developments that link housing directly to services.17

A new program in Michigan working in this support service space is the Program for All-Inclusive Care for the Elderly (PACE), which provides comprehensive and coordinated health care to seniors with the goal of helping them live in their own houses as long as possible. Eligible participants live in a PACE service area, are 55 or older, certified as needing nursing home care, and are able to live safely with PACE support. PACE Centers provide all health care using Medicare and Medicaid funds. Seniors eligible for both pay no out-of-pocket funds, and those not qualifying for Medicaid are charged a monthly fee. Annual costs to participants have been about one-quarter lower for PACE participants than for nursing home care.18

The Community Aging in Place – Advancing Better Living for Elders (CAPABLE) program is a national model implemented as MiCAPABLE in Michigan.19 This links occupational therapists, client-centered nurses, and home modification specialists (“handyman”) to help seniors better age in place. Clients receive at-home visits over five months from a registered nurse, an occupational therapist, and, as implemented in Michigan, a social worker. The therapist works with the client to assess needs and goals and contracts with a nonprofit handyman/handywoman to make targeted improvements. Clients pay no out-of-pocket costs, which are covered by supporting agencies. Originally funded by the National Institutes of Health and then Center for Medicare and Medicaid Innovation, private stakeholders have since expanded the model. In Michigan, the Rita and Alex Hillman Foundation provided this funding to Detroit, Flint, and Saginaw as part of a Michigan Medicaid pilot. Researchers found fewer falls, lower depressive symptoms, and fewer emergency room visits and hospitalizations after receipt of CAPABLE compared with a like group (Spoelstra et al. 2017). As of early 2018, stakeholders are working to expand MiCAPABLE statewide using the Home and Community Based Services Medicaid waivers.

Another program is HomeShare, an arrangement where two or more unrelated people, one of whom is 55 or older, share a dwelling with both private and shared spaces. The nature of the arrangement is flexible, as it works for either renter or owner housing, and can be arranged as either a formal rental agreement or exchange of services for some or all of the housing costs. The home provider can receive extra rental income and help with household chores, and the home seeker can obtain affordable housing. Ann Arbor’s Housing Bureau for Seniors operates a HomeShare program locally.20

Finally, some developers are building colocated housing with service providers. The Neighborhood Service Organization provides supportive housing for formerly homeless adults in Detroit’s NSO Bell Building, colocating 155 units with mental health services, addiction treatment, case management, and other on-site supports and amenities. The Presbyterian Villages of Michigan’s Rivertown Neighborhood development on Detroit’s riverfront created a community for low-income seniors with a full continuum of care and coordinated service delivery, both for residents on site and in the surrounding community...
It achieved this by integrating into the development a Program of All-Inclusive care for the Elderly (PACE) as well as two “Green Houses” that provide more home-like settings for residents than do traditional nursing homes. The Green House Project model is a trademarked approach designed to ensure homes under its umbrella meet standards for size, layout, staff training, and resident-to-staff ratios.²¹

CHALLENGES

Michigan has seen a large number of innovative programs serving older residents in recent years. Looking ahead, the largest challenge may be in finding resources and ensuring continued service coordination as existing programs scale up or are replicated. Waiting lists for in-home services are 3,000 for the MiChoice Medicaid waiver and 6,000 for non-Medicare-funded at-home care services.²² Reaching a dispersed population is difficult. Most older residents in the region live in their own homes, so it is imperative to figure out how to help them reach services or have services come to them. Services that promote at-home living have been shown to be cost-effective, so the next step will be to figure out how best to scale up these efforts.
In 2008, Presbyterian Villages of Michigan began planning for a new development in Detroit’s Rivertown neighborhood, just east of the city’s downtown. This was a complex undertaking, involving not only housing, but also a range of services for residents in the development and the surrounding community. Presbyterian Villages partners with United Methodist Retirement Communities as a co-manager and runs a joint operation with the Henry Ford Health System, which operates the on-site PACE. PACE combines a range of health and other services and operates local transportation to the site and at-home services. Rivertown is one of four PACE sites in Southeast Michigan.

By combining services and housing, Rivertown not only helps serve the needs of residents, but it also helps to keep those in the surrounding community living in their homes. This was an enormously complex undertaking, involving brownfield remediation of former Parke Davis pharmacy manufacturing buildings, new construction, and multiple layers of financing from state and federal government sources, private lenders, and foundations. The Community Foundation of Southeast Detroit helped develop local support for the project and provided $2 million in seed money, leading to additional foundation support from the Kresge Foundation, the Edward N. and Della L. Thome Memorial Foundation, and the Harry and Jeanette Weinberg Foundation.

The first renovated building, with the PACE center and 80 units, opened in 2013. A new building with 50 units of independent-living senior housing opened in 2014, while the second renovated building, the Weinberg Green Houses, each with 10–12 private rooms and other amenities, opened in late 2016. Though Green Houses are generally licensed as nursing homes, these were licensed as “homes for the aged,” a simpler and faster process that helped move the financing process along.

Presbyterian Villages needed to bring in a diverse set of stakeholders to and funders to make this development happen. Foundation support was crucial, but so was the ability to bring in a range of government supports to fund the construction, rehabilitation, and service provision necessary to make the project a success.

What Needs to Happen Next?

There is already a wide range of policies and initiatives under way in Southeast Michigan designed to better meet the needs of the region’s older residents. One challenge in the upcoming years will be to scale up these activities to meet a quickly growing need throughout the region. Another challenge is that some of most acute needs will be faced by poorer older residents who live in communities with limited resources to respond. Identifying these communities and targeting resources effectively should be a goal of work going forward.

- **Understanding communities and their needs.** This is an issue of data and organization. Organizations like the Housing Bureau for Seniors of Washtenaw County, which operates the local HomeShare program, has robust eviction and foreclosure prevention activities, and works more broadly to identify the changing needs of seniors in the area, play an important role in identifying need, coordinating with housing providers, and advocating for local policy change across jurisdictions. Building out other organizations with the capacity to take county- or regional-level approaches to the housing needs of older adults should be a goal for the region.

- **Making housing as a physical asset work for older residents.** Home repair and alterations can help older residents successfully stay in their homes longer. Programs, such as Detroit’s 0% Interest Home Repair Loan Program or MiCAPABLE, that identify needs and assist with financing and build-out can help promote aging in place and community stabilization.

- **Scaling up successful programs.** Many at-home care programs have been shown to be effective and cost-efficient, but they have been limited in scale. As programs like MiCAPABLE and PACE scale up, figuring out sources of sustainable funding that can sustain their growth will be paramount. Also, understanding implementation challenges will ensure that these programs continue to provide valued services as they expand to new sites.

- **Marshalling philanthropy.** Foundations are already deeply engaged in the region, providing support both for individual developments (such as the four foundations supporting the development of Thome-Rivertown) and for social programs (such as the Hillman Foundation’s support for MiCAPABLE). However, even with suburban poverty as growing issue (Kneebone and Berube 2014), philanthropic resources have tended to remain focused on urban centers (Reckhow and Weir 2011). Though Foundations cannot, on their own, provide sufficient resources to meet the growing needs of an aging region, they can support demonstrations of promising interventions, such as HomeShare programs, plug development financing gaps, and support data and information sharing across the region. As mentioned below, foundations have often hosted and convened regular roundtables and dialogues that can to set the stage for developing cross-sector, cross-jurisdictional strategies.

- **Addressing regulatory barriers.** This will give municipalities more room to experiment and innovate while keeping in mind the trade-offs such efforts may have. At the state level, this may involve rethinking licensing practices for supportive housing to better account for new models.
For instance, some new models, such as the Green Houses in Thome-Rivertown, may benefit from a rethinking of licensing requirements more clearly targeted to their design and goals.

- **Coordinating for success.** Efforts should be made to coordinate across a range of intervention types and across communities to reinforce their success (such as Ferndale’s master plan). Creating a public forum to discuss these issues will help to set the agenda. Understanding how these resources fit together, where there are gaps, how they can be more effectively administered, and how they reach their targets are important for all communities.

### Appendix

**TABLE A.1**

**Communities by Cluster**

<table>
<thead>
<tr>
<th>County</th>
<th>Municipality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster 1</strong></td>
<td></td>
</tr>
<tr>
<td>Livingston Cluster 1</td>
<td>Brighton city, Brighton township, Conway township, Deerfield township, Green Oak township, Handy township, Howell city, Howell township, Tyrone township, Unadilla township</td>
</tr>
<tr>
<td>Macomb Cluster 1</td>
<td>Armada township, Bruce township, Clinton charter township, Fraser city, Harrison charter township, Lenox township, New Baltimore city, Ray township, Richmond township, Shelby charter township, Sterling Heights city, Utica city</td>
</tr>
<tr>
<td>Monroe Cluster 1</td>
<td>Bedford township, Berlin charter township, Dundee township, Exeter township, Frenchtown township, Ida township, La Salle township, Monroe charter township, Raisinville township, Whiteford township</td>
</tr>
<tr>
<td>Oakland Cluster 1</td>
<td>Addison township, Auburn Hills city, Bloomfield charter township, Commerce charter township, Farmington Hills city, Holly township, Independence charter township, Milford charter township, Northville city, Novi city, Novi township, Orchard Lake Village city, Orion charter township, Rochester city, South Lyon city, Southfield city, Troy city, Walled Lake city, Waterford charter township, West Bloomfield charter township, White Lake charter township</td>
</tr>
<tr>
<td>St. Clair Cluster 1</td>
<td>Algonac city, Berlin township, Brockway township, Burtchville township, Casco township, Clay township, Clyde township, Emmett township, Fort Gratiot charter township, Ira township, Kenockee township, Kimball township, Marysville city, Mussey township, Port Huron charter township, Riley township, St. Clair city, St. Clair township, Wales township</td>
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<tr>
<td>Washtenaw Cluster 1</td>
<td>Ann Arbor charter township, Ann Arbor city, Augusta charter township, Bridgewater township, Dexter township, Lima township, Lodi township, Manchester township, Saline city, Scio township, Sharon township, Superior charter township, Webster township, Ypsilanti charter township</td>
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<tr>
<td>Wayne Cluster 1</td>
<td>Flat Rock city, Gibraltar city, Grosse Ile township, Huron charter township, Plymouth charter township, Riverview city, Romulus city, Sumpter township</td>
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<tr>
<td><strong>Cluster 2</strong></td>
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<tr>
<td>Livingston Cluster 2</td>
<td>Cohoctah township</td>
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<tr>
<td>Monroe Cluster 2</td>
<td>Luna Pier city, Milan city</td>
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<tr>
<td>Oakland Cluster 2</td>
<td>Groveland township, Rose township</td>
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<tr>
<td>St. Clair Cluster 2</td>
<td>China township, Cottrellville township</td>
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<tr>
<td>Washtenaw Cluster 2</td>
<td>Freedom township, Salem township</td>
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<td>County</td>
<td>Municipality</td>
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<td><strong>Cluster 3</strong></td>
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<td>Genoa township, Hamburg township, Hartland township, Iosco township, Marion township, Oceola township, Putnam township</td>
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<tr>
<td>Macomb</td>
<td>Chesterfield township, Macomb township, Washington township</td>
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<tr>
<td>Monroe</td>
<td>Ash township</td>
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<td>Oakland</td>
<td>Brandon charter township, Highland charter township, Lyon charter township, Oakland charter township, Oxford charter township, Rochester Hills city, Springfield charter township, Wixom city</td>
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<td>St. Clair</td>
<td>Columbus township, Grant township, Lynn township</td>
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<tr>
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<td>Lyndon township, Northfield township, Pittsfield charter township, Saline township, Sylvan township, York charter township</td>
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<td>Brownstown charter township, Canton charter township, Northville township, Van Buren charter township, Woodhaven city</td>
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<td><strong>Cluster 4</strong></td>
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<td>London township, Monroe city</td>
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<td>St. Clair</td>
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<td>Washtenaw</td>
<td>Ypsilanti city</td>
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<td><strong>Cluster 5</strong></td>
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<td>Macomb</td>
<td>Richmond city, Village of Grosse Pointe Shores city</td>
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<td>Monroe</td>
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<td>Washtenaw</td>
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<td>Wayne</td>
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<td>Fenton city</td>
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<tr>
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<td>Fenton city</td>
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<td>St. Clair</td>
<td>County subdivisions not defined, Richmond city</td>
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<tr>
<td>Washtenaw</td>
<td>Dexter city</td>
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</tbody>
</table>
Notes


6 See the 0% Interest Home Repair Loans website, http://www.detroithomeloans.org/.


17 There are a range of services that municipalities and other stakeholders should keep in mind in this space: access to medical services is one element of this, but interventions, such as heating or cooling centers during weather emergencies or healthy-living classes, can provide support. People working in this space also need to account for workforce support to build a sustainable health care support infrastructure. Voluntary registration or mail carrier alerts can help identify and reach older residents in need.


21 For more information, see the Green House Project website, https://www.thegreenhouseproject.org/.

22 Interview with Katie Wendell, Area Agency on Aging 1-B, February 16, 2018.

References


About the Authors

**Mark Treskon** is a research associate in the Metropolitan Housing and Communities Policy Center at the Urban Institute. His current projects include an evaluation of financial coaching programs and a study measuring the effects of arts-related initiatives on community development. His research interests include housing and homeownership policy as well as neighborhood development and change. Treskon has published peer-reviewed articles and book chapters on community-based planning, home lending policy advocacy, and the arts economy. He has a broad background in quantitative and qualitative research and geographic information systems.

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