



**Policy Implications of Michigan's
Aging Population for Long-term Care
and Abuse Prevention**

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Demographic Trends

- The proportion of persons > 65 years is growing at a rapid rate.
- In 2007, the first baby boomers have reached the age of retirement.
- By 2030 (end of the baby boom retiring), the number of persons > 65 will double and the average age will increase by 5 years.

Michigan's Population

- Longer life expectancy
- Delayed childbearing
- Fewer children
- By 2030, there will be a relatively smaller working population to support the elderly

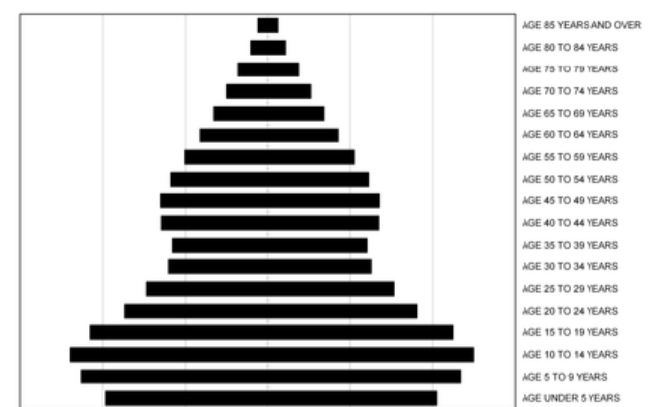


Figure 1: Michigan Population Pyramid from 1970

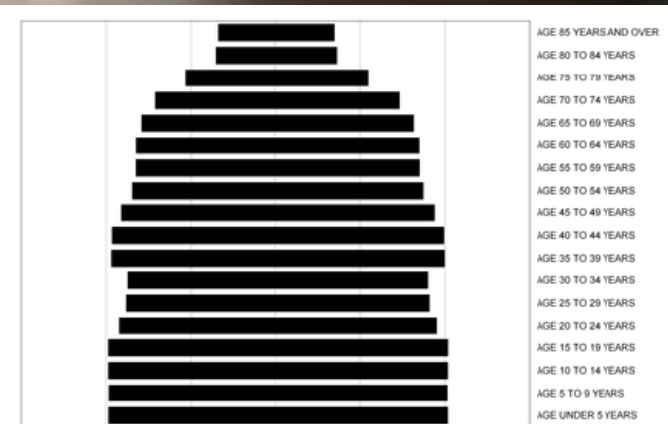


Figure 4: Projected Michigan Population Pyramid for 2030

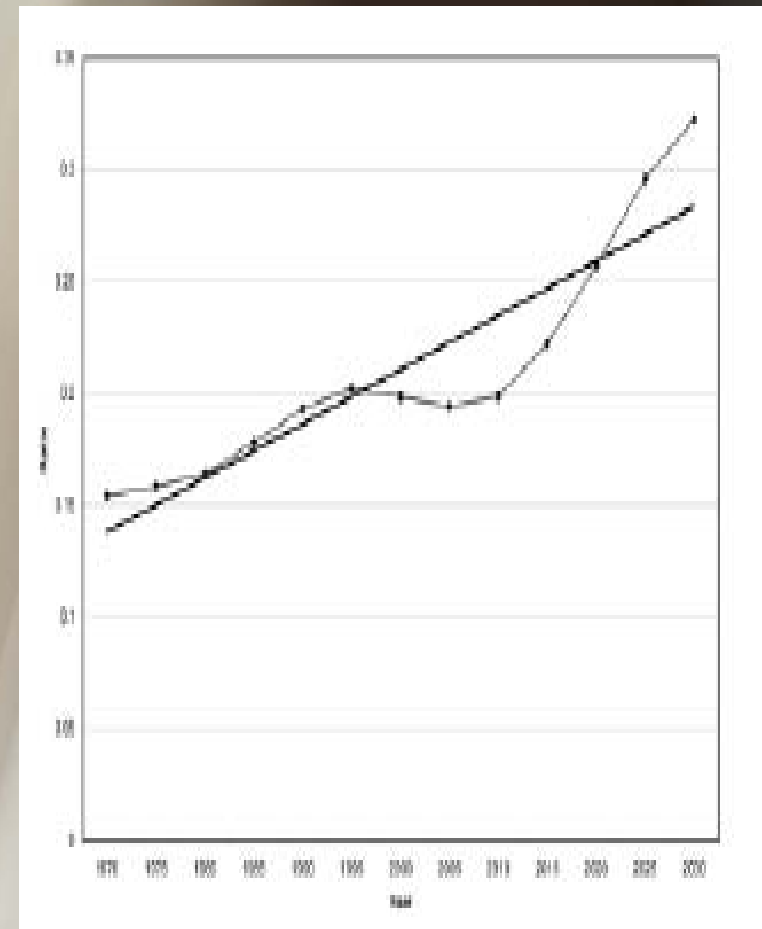


Top Heavy Population

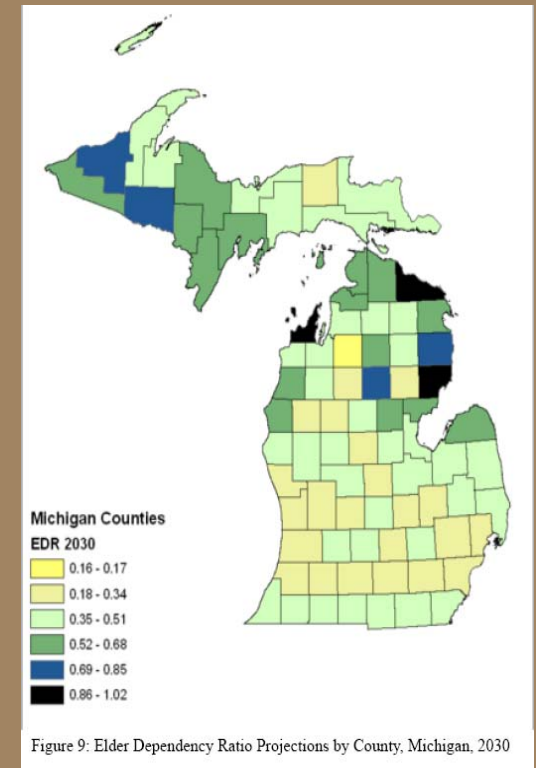
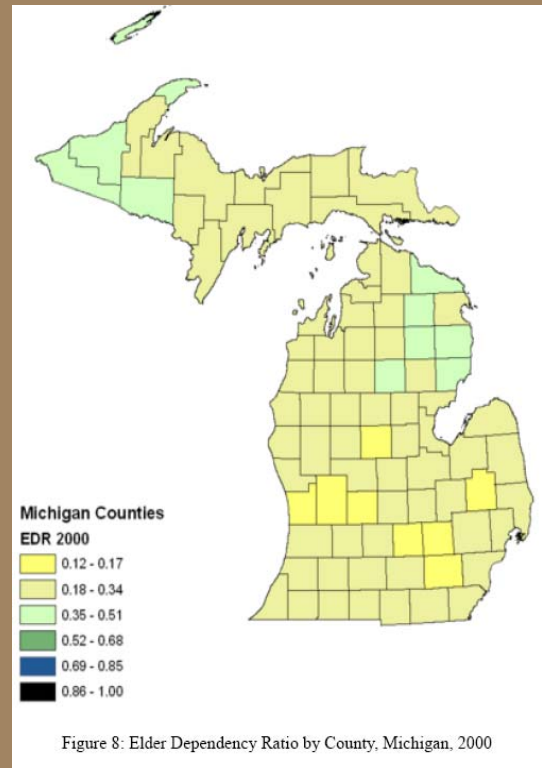
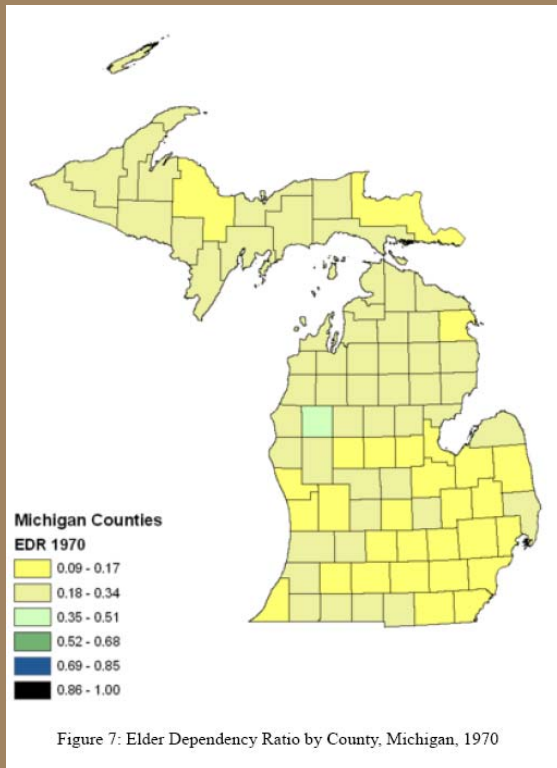
- Fewer caretakers
- Smaller tax base
- Exacerbated by economy where younger population leaves the state for employment opportunities

Elder Dependency Ratio

- Represents the ratio of elderly to working age population
- By 2030, most counties will have more elderly than working population
- Rural counties are outpacing urban counties

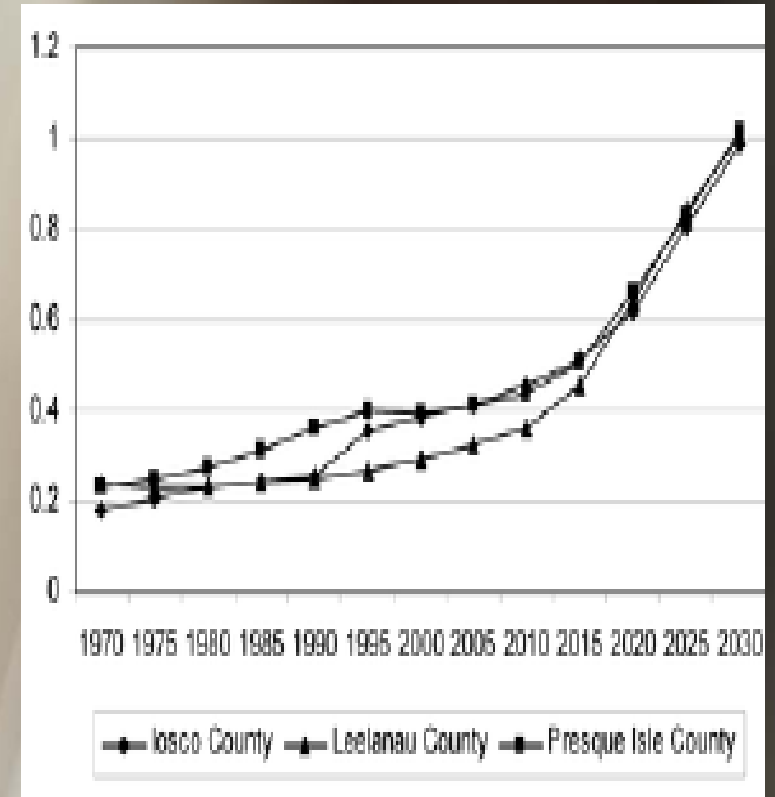


EDR 1970 - 2030



Highest EDR in Michigan

- Most people do not move to Arizona and Florida
- Elderly migration trends – new old, middle old, and old old
- The middle old return to family and the familiar

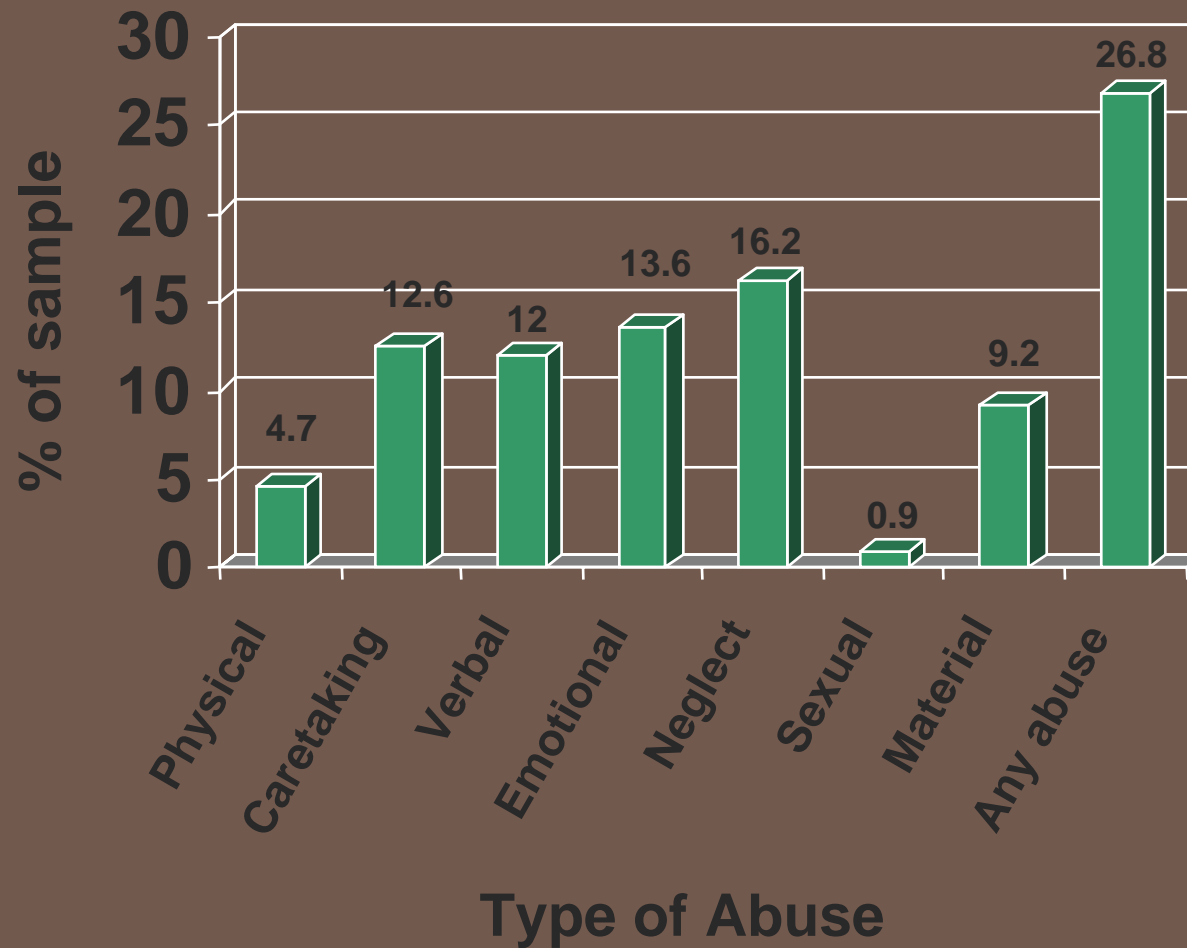




Implications

- Fewer resources
- Increased need for services as a result of aging and obesity
- Projected labor shortages
- Expected increases in abuse, neglect, and Exploitation

Prevalence of Abuse in Past Year





Policies to insure an adequate supply of qualified caregivers

- Maximize improvements in health care delivery, home health care, skilled nursing care, community services
- Ensure adequate pay for nursing staff
- Educate workers about abuse, neglect, and exploitation
- Background checks for direct care providers
- Appeals Process

A low-angle photograph of a tall skyscraper with a grid of windows, viewed from the side. The building is the background for the text.

Costs of Crimes

- Victim and family and community
- Institutional (training, legal, licensing, insurance)
- Costs to Medicaid/Medicare (injuries, rehab, prescriptions)
- Criminal justice processing (police, trials, law suits)
- Precautionary Costs

A low-angle, upward-looking photograph of a modern skyscraper with a grid of windows, set against a clear sky. The building's facade is light-colored, and the perspective creates a sense of height and scale.

Total Crime Cost (2007 \$)

Homicide	\$3,859,245.00
Rape	\$116,714.00
Assault	\$25,297.00
Larceny/theft	\$3,512.00
Fraud	\$3,037.00



WORKFORCE BACKGROUND CHECK



**MICHIGAN STATE
UNIVERSITY**



*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

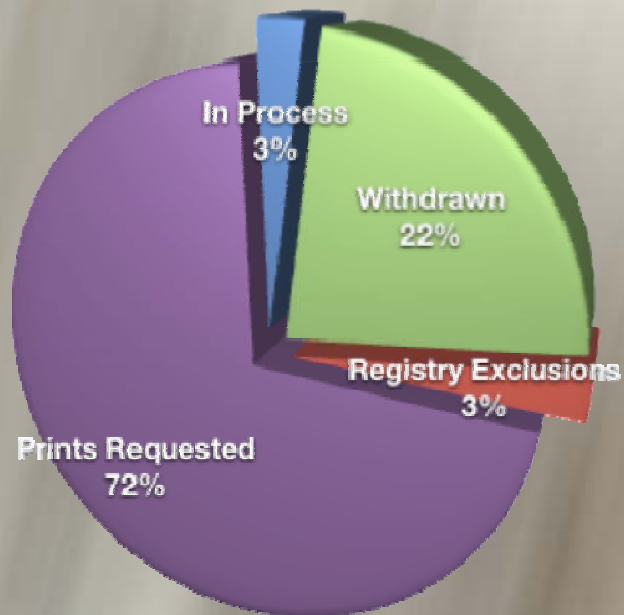


Department of
Information Technology

**VULNERABLE
POPULATIONS
RESEARCH**

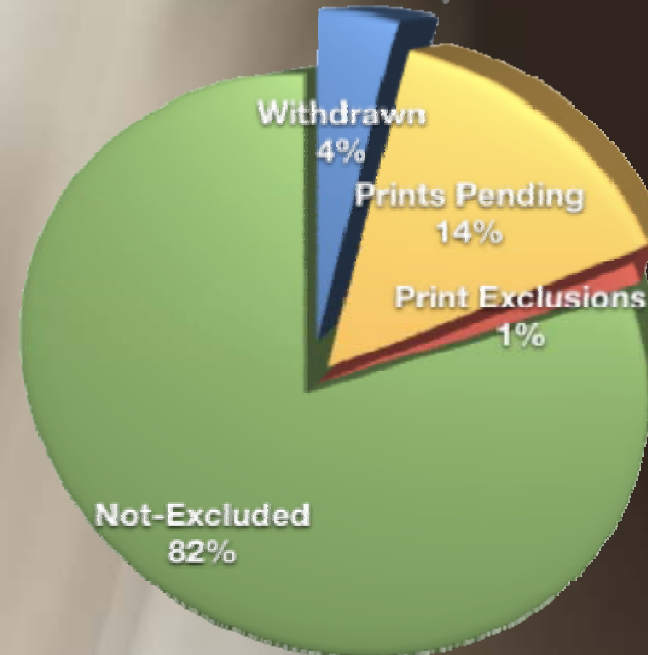
Process Stage Statistics

Provider Preliminary Steps



202,450
Applications

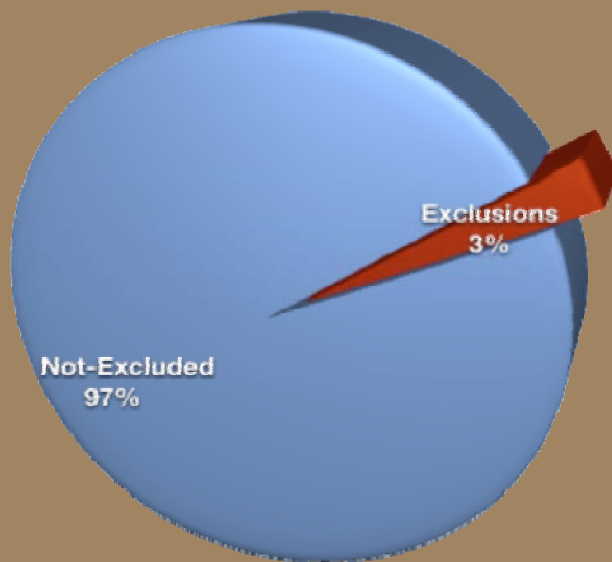
After Print Steps



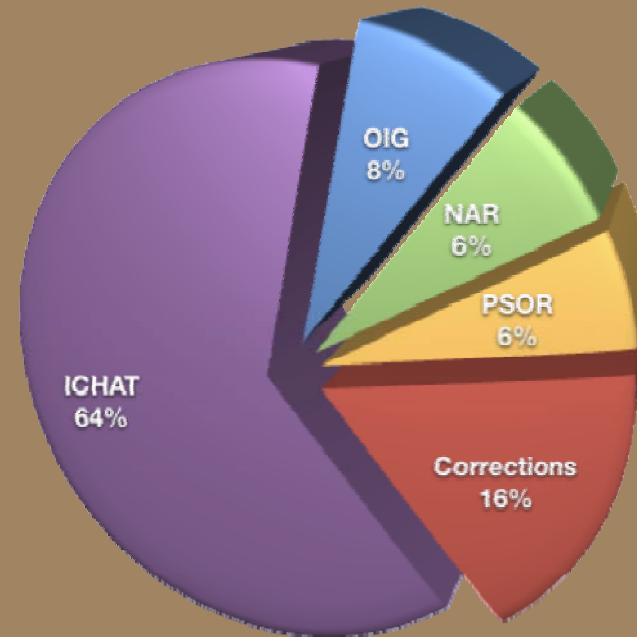
92,361
Applications

Registry Checks

Registry Search Results



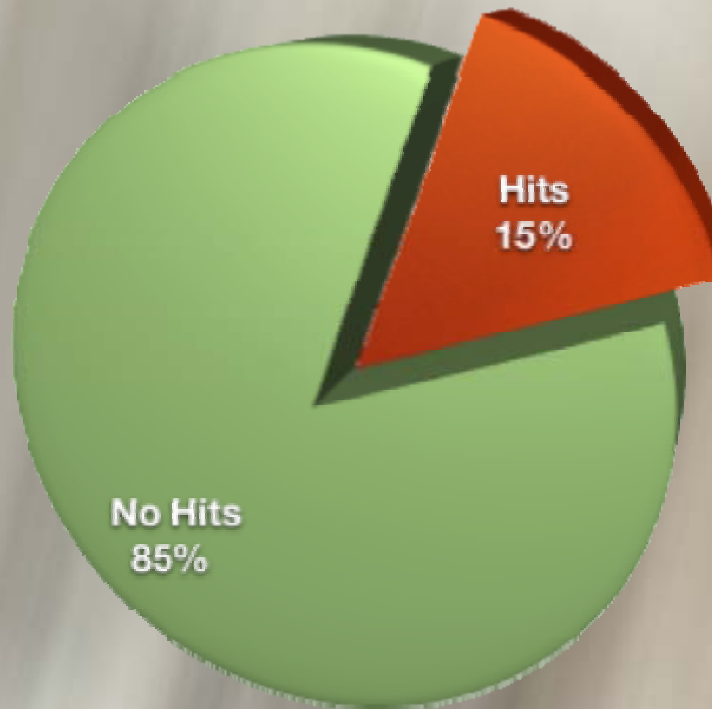
Registry Exclusion Source



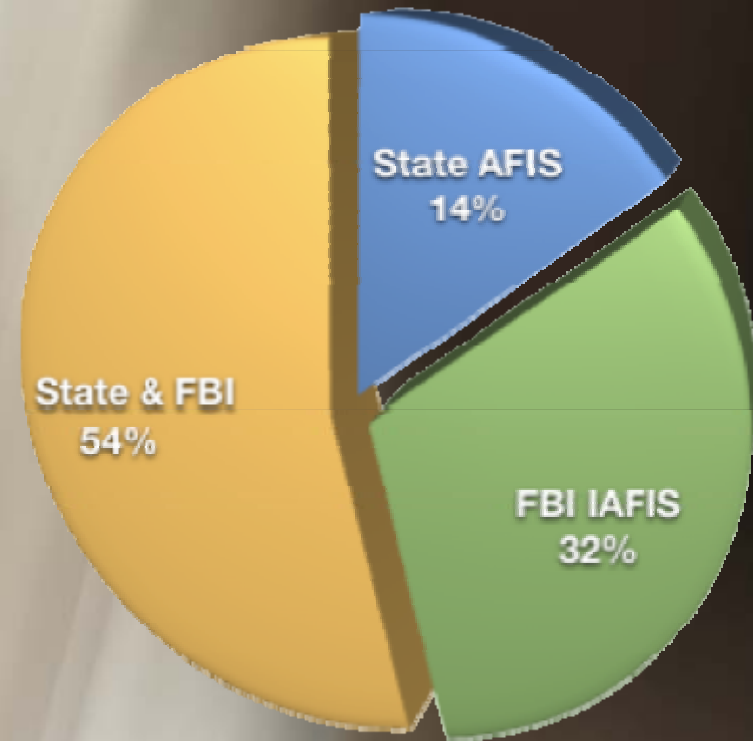
202,450 Applications Registry Searches Completed

Fingerprint Hits

Hit Rates



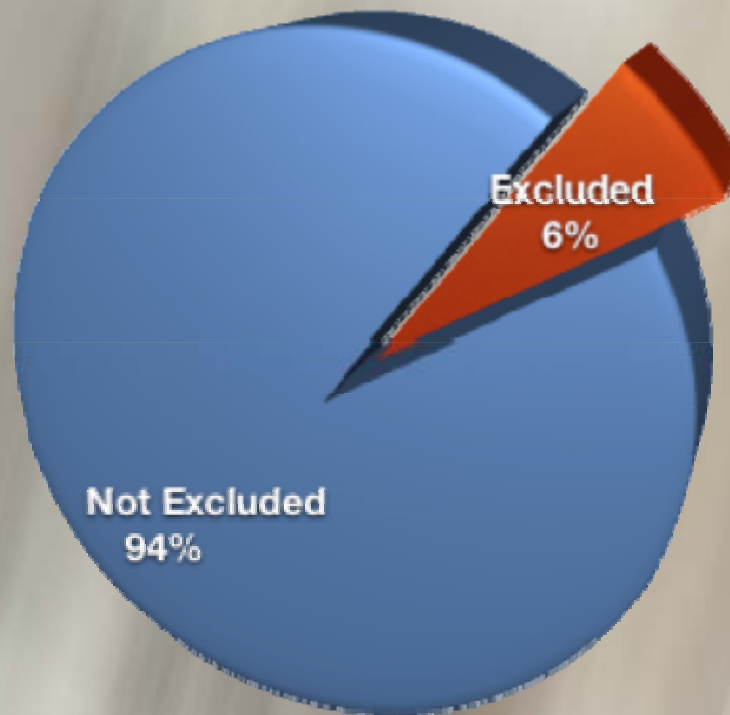
Hit Source



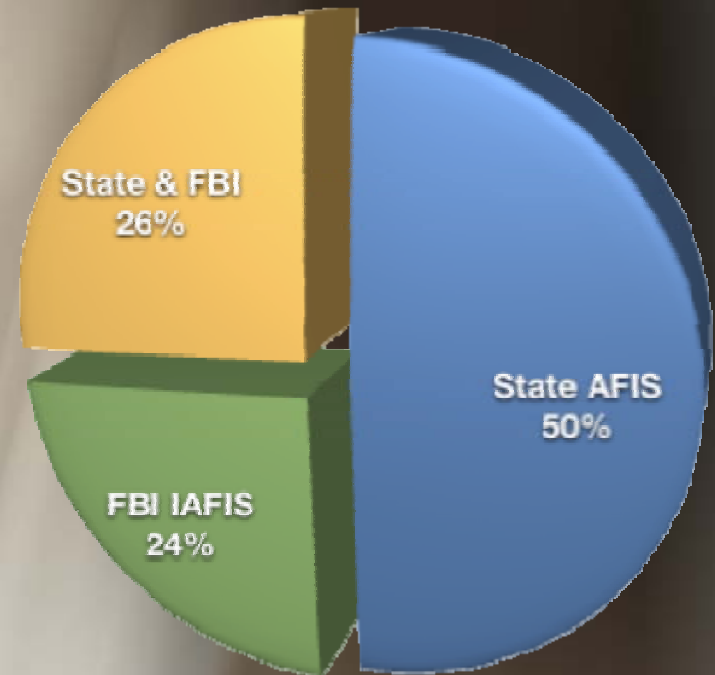
111,354 Fingerprints Taken

Exclusions

Exclusionary Rate



Exclusion Source



13,483 Fingerprint Hits

Appeals

- ┌ **Bases for appeal are limited to an inaccurate record or expunging the disqualifying conviction. Michigan legislation integrates the rehabilitation process through a tiered system of exclusionary periods.**



Crime Policy Implications

- Most crime is committed by youthful offenders
- Many criminals never re-offend
- Consider an appeals process whereby one time juvenile offense is separated from serious or habitual offenders



Conclusions

- *Vulnerable Medicaid Population Study* was funded by CFDA 93.778
- This study provided the impact evaluation of the Michigan Program for Background Checks
- The MPBC was a collaborative project headed by MDCH. Other partners included DHS and MSP