

UNLOCKING RESILIENCE



The Key to Healthy Aging in Arizona

AUGUST 2010

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UNLOCKING RESILIENCE

The Key to Healthy Aging in Arizona

PREPARED FOR
ST. LUKE'S HEALTH INITIATIVES

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EXECUTIVE SUMMARY

You know the usual way of thinking about aging: Older people have only decline to look forward to; only the young have hopeful futures; health is only the absence of disease. In contrast, resilience presents a world of possibility for all ages, even despite different social and economic realities. Resilience accepts the stress of aging while encouraging people and communities to identify desirable futures, prepare for them, and grow from the inevitable setbacks. It integrates insights from human development to produce forward-looking policies for all ages. It focuses on people as members of communities as they move from being “young” to “young old” to “old old.” Resilience is not a new concept or a new field of study, but it is a different foundation from which to develop public policy.

The hallmarks of resilience are:

- **Recovery** – Rebounding from stress and returning to a balanced state of health and well-being.
- **Sustained Purpose** – Continuing to achieve goals thanks to having vision, causes, and passions.
- **Growth** – Emerging better from stressful experiences.

These characteristics are embedded in 11 policy principles for resilient aging:

- Support recovery from crisis
- Prioritize prevention
- Develop greater human and social capital
- Engage in asset based planning
- Sustain vision and purpose
- Encourage growth of capacity
- Benefit residents of all ages
- Promote long-term cost effectiveness
- Strengthen systems
- Expand proven models
- Act from evidence

Arizona is a particularly good place in which to consider aging and resilience. Del E. Webb invented the “active adult lifestyle” in the 1960s, while throughout the 2000s the Virginia G. Piper Charitable Trust and the Arizona Community Foundation have pioneered connecting baby boomers with “encore careers” and “communities for all ages.” All of this is against a backdrop of an Arizona in the midst of a budget crisis that is forcing leaders, voters, and practitioners to reinvent public policies and services.

This *Unlocking Resilience* report follows *The Coming of Age* report, which was produced in 2002 by some of the principals involved in this project, and published by St. Luke’s Health Initiatives. That research showed that Arizona had much to do to get ready for the baby boomer age wave. The results of *Unlocking Resilience* from new survey data, interviews, and secondary research underscore two things: 1) Arizona still has

much to do to prepare for aging; 2) Arizona must make concrete policy decisions about aging. This report provides policy directions for the short and long-term future.

FROM DEMOGRAPHICS:

An older Arizona is a reality now. Nearly 40% of residents are 65+ or baby boomers who are at or near traditional retirement age.

Kids and seniors will dominate Arizona’s population. A relatively high birth rate and rapid aging mean children and elders will dominate Arizona’s population. Public policy attention and resources across the age spectrum.

FROM SURVEY RESPONSES:

A survey of the Arizona Indicators Panel, a representative sample of Arizona adults 18 and over was done for *Unlocking Resilience*.

Arizonans see aging as a given with advantages and disadvantages. Arizonans are aware of aging as a long-term trend and see more pluses than minuses from an older population. Knowledge and wisdom are the assets they want to utilize. However, more health costs and crowding out of other ages are viewed as potential problems by younger Arizonans.

A majority of Arizonans say they expect to age in place. Arizonans report their communities have much of what they expect as they age, but concerns for walkability and mobility stand out. At the same time, forecasts of high costs from chronic illnesses should motivate a redoubling of efforts to ensure health for all ages.

Caregiving is a natural step and an assumed task. Many Arizonans anticipate caring for an older adult. This very common experience should be another catalyst for innovations that lead to stronger communities.

Senior costs raise concerns. Arizonans worry about the dollars needed to support others and themselves with age. Financial concerns are a recurring theme.

When times get tough, Arizonans rely first on inner resources, rather than community support systems. Arizonans said they look inward to their personal relationships first to deal with aging’s trials. Worries about cost, relatively little notice of community supports, and an almost go-it-alone approach to aging call for new approaches to increasing awareness about services and structuring support networks for Arizonans’ independent outlooks.

Arizonans are optimistic, yet realistic, about aging. All ages are more optimistic than pessimistic about getting older.

Still, boomers are unsettled and uncertain even as they are optimistic. Older Arizonans look back to better lives than they expected. Younger Arizonans look to brighter futures.

Many boomers are uncertain and anxious thanks in part to the effects of the Great Recession.

Relationships, faith, friendships, and neighborhoods are central to Arizonans. These intangible assets may be some of the state’s greatest tools for adapting to an older population.

Work and service will be part of older lifestyles. Work will be a choice for many, while many more expect to do more to serve their communities.

Arizonans view themselves as resilient. Even with concerns about costs, faith and friendships help fuel an overall optimism, and a measured confidence.

Arizonans tend to look toward individual and grassroots resources. The focus on relationships and neighborhoods and the link between social connections and health point toward strengthening neighborhoods, along with opportunities for work and service and support for healthy choices.

FROM COMMUNITIES:

Models of resilience are evident in the state. With Arizonans’ outlooks and a variety of models already in place, Arizona has assets on which to build. Good examples of resilience solutions demonstrate that public policies can support recovery, sustained purpose, and growth across communities.

Given the times, characteristics of resilience, and Arizonans’ outlooks, the policy priorities for aging should be:

- A focus on work and service
- A focus on good places to age in place
- A focus on healthy aging

A host of policy implications and opportunities for resilience policies are suggested by each of these significant areas. The public, private, and nonprofit sectors all have important parts to play.

FOUR STEPS TO PUTTING RESILIENCE TO WORK ON A LARGE SCALE

Resilience is our “ace in the hole,” an inoculation of well-being against the many sources of personal ill health and community decline. Thus, the value of resilience is high, making it a sound foundation for public policy and the investments needed to implement them. Putting it into practice starts with four steps

- 1) Ask questions about recovery, sustained purpose, growth, and planning.
- 2) Make systems stronger for the long term.
- 3) Increase and improve public dialogue.
- 4) Plan for an enduring vision of health and well-being across ages.

Arizonans could ignore the warning signs. The better choice is to embrace the vision Arizonans have of caring for elders and quality of life for themselves. Education, planning, and collaboration among governments, across sectors, and within communities, if done well, will unlock opportunities for all residents.

The aging of the baby boom generation has been described as a tsunami. This shore-line metaphor for the coming tide of aging Arizonans is misplaced. Perhaps aging will come in waves, but these waves bring a precious resource to the desert: A surge of maturity, actions anchored more by reasoning than impulse. Older populations know more about who they are, a perspective seasoned from a lifetime of experience, and the potential to care deeply about the life they have left to live. Boomers, may have a greater sense of entitlement, but they also bring with them a greater sense of empowerment. They have a history of advocating for themselves and for causes they feel are just. Awareness of the growing numbers of elderly simply starts the conversation, which should not end with the negative implications for such programs as Medicare and Social Security.

The opportunity for Arizona is to understand the capacity for resilience and harness implicit strengths to ignite a crusade of good works. To unlock resilience requires action based on the significant potential of realistic asset-based community mobilization. This action does not necessarily require large new sources of public revenues, but it does include an intense focus on development of individual and collective human potential.

The social worlds and economic conditions for elders in one community can be vastly different from those in another. For many, it is the best of times to be older thanks to changing attitudes, medical science, and new technology. For others, it is the worst of times characterized by losses in health, finances, and social connections. Somewhere between loss and gain is a balance point that allows people to structure the future while preparing for unknown crises. Resilience offers a way forward. There is much merit in what Santayana once said: “To be interested in the changing seasons is a happier state of mind than to be hopelessly in love with spring.”

Work and Service Policy Implications

Updating workplaces
Providing flexibility
Matching workers and jobs
Creating quality jobs for all
Measuring social good economically
Preparing next generation workers

Good Places to Age in Place Policy Implications

Integrating smart growth, community revitalization, and aging support
Creating incentives for aging support
Developing models for neighborhood associations for elders and youth
Remaking revenue models for older communities
Expanding transit and walkability

Healthy Aging Policy Implications

Preventing and managing chronic diseases
Controlling costs
Providing incentives for wellness
Providing incentives for elder care
Supporting research and development
Supporting community-based services
Expanding electronic records
Supporting alternative medical choices
Supporting caregiving

UNLOCKING RESILIENCE



LONG-TERM DEMOGRAPHIC TRENDS AT WORK

Aging The U.S. population has been trending older for decades.

Diversity Minority groups are growing more quickly than the majority White population.

Population Growth The U.S. will grow from a relatively high birth rate, immigration, and longer lives.

70 is the new 50. 80 is the new 60. Reinvention is in. Decline is out. Old age clearly isn't what it used to be thanks to longer, healthier lives. That's good considering some 1.5 million Arizona baby boomers are nearing retirement age and nearly 1 million Arizonans are already 65+. At the same time, the news is not all good. Aging still brings real challenges and high costs. The "young old" do become the "old old", requiring care more often than not. The question is: How can public policies help this nearly 40% of Arizonans make the most of their long lives, maximize the benefits to the state of more elders, and minimize the disadvantages for younger Arizonans? Resilience is one big, new answer.

RESILIENCE IS THE GRAND IDEA – UNLOCKING IT IS THE TASK

Unlocking Resilience follows *The Coming of Age*, which was produced in 2002 by some of the principals involved in this project and published by St. Luke's Health Initiatives. Then, analyses of aging and the implications of retirement among the nation's 78 million healthier, wealthier baby boomers were just beginning to be in the spotlight. Questions about whether boomers' longevity would reinvent seniority for the better or simply create crises for employers and public programs were hot new topics.

Since then, the authors of this report and St. Luke's Health Initiatives (SLHI) have delved into many aspects of health and well-being – especially resilience. Resilience is *“the remarkable capacity of individuals and communities to bounce back from adversity and even thrive in a world of turmoil and change. It is our capacity for resilience that provides cause for hope and optimism in the world and not only our capacity to delineate and solve tough problems.”*²¹ Working with the Resilience Solutions Group at Arizona State University (ASU) and through its own “Health in a New Key” initiative, SLHI has promoted public policy changes to increase resilience among Arizonans and their communities so that all are healthier, stronger, and better now and in the future. *Unlocking Resilience* provides concrete public policy options as it updates the data and ideas from *The Coming of Age*.

Few concepts make as appealing a foundation for public policy as resilience. But using it as an overarching policy direction requires a shift from worrying about deficits and a single group's problem of the day to building on assets and allocating resources to make a variety of people stronger and more connected. Unlocking resilience is the major theme of this report because:

- 1) Thanks to the state's history, culture, and environment, Arizonans have a capacity for resilience that public policy has not taken advantage of.
- 2) The next elders – the baby boomers – have high levels of opportunity and uncertainty.
- 3) Resilience and related ideas, such as prevention, have been talked about in the past but not used significantly for public policy.
- 4) The Great Recession has forced Arizona to reconsider its future.

LONG LIVES ARE THE REALITY

“One of the greatest accomplishments of humankind in the last 150 years is the increase in life expectancy at birth....”² A recent report, *Aging Populations: The Challenges Ahead*, noted that more than half of all children born in the United States and other developed nations this decade will become centenarians.³ Because life expectancy has increased, people have more years of life at every age.⁴ But as Stanford University’s Dr. Laura Carstenson has noted, public attitudes and policies have not kept pace. “The way the life script is written now, the young study, the middle of life is packed with work and raising families, the old rest or volunteer, and everybody is doubled over with anxiety about Social Security drying up...The culture hasn’t had a chance to catch up. All the added years of life have been put into leisure, and that’s crazy.”⁵

Baby boomers have been the catalyst to consider the impact of a grayer society, but really the issue is longer lives. Longevity is the force behind our concern for an aging society on one hand and our delight at the potential for reinvention on the other.

But Arizonans and Americans do not age identically. Variety in genetics, resources, and personal histories make for unique stories. As a result, just one approach to aging will not work. At the same time, common outlooks and experiences that can be supported readily by public policy are evident too. For example:

- **Many boomers want work, service, and flexibility in their new stage of life.** “We hear constantly that boomers are reinventing retirement. But the real story

is about invention, not reinvention. Men and women in midlife and beyond are crafting a new phase of work that offers not only continued income but the promise of greater meaning and the chance to do work that means something beyond themselves.”⁶

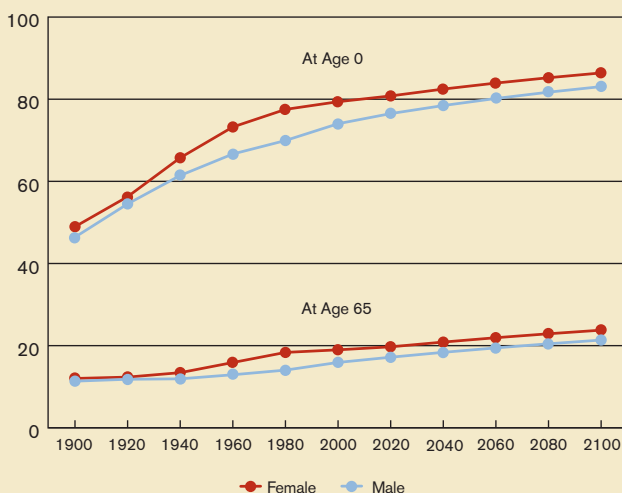
- **Communities matter because most people age in place.** Loneliness shapes neighborhoods⁷ and is associated with negative health outcomes.⁸ But happiness is much like loneliness.⁹ Individuals surrounded by happy people tend to grow happier over time. Where people live influences how they feel, and vice versa. The vitality of communities and residents are interdependent.
- **Healthy aging counts because of the high costs of poor health, value of conserving human capital, and the economic and societal benefits of good health.** “Aging is not only about the fact that people in a population are, on average, older. It also means that these older people are healthier and have longer remaining life expectancies than their earlier counterparts.”¹⁰ That is the good news. Conversely, concerns about high rates of chronic diseases and disabilities are reasonable too.

Unlocking Resilience concentrates on these areas and their potential for immediate and long-lasting differences:

- Focus on Work and Service
- Focus on Good Places to Age in Place
- Focus on Healthy Aging
- Focus on Unlocking Resilience

Lives Have Been Growing Longer for the Past Century

Life Expectancy at Age 0 and 65, by Sex and Calendar Year



Source: F. Bell & M. Miller, “Life Tables for the United States Social Security Area, 1900-2100,” Actuarial Study No. 120.

“The way the life script is written now, the young study, the middle of life is packed with work and raising families, the old rest or volunteer, and everybody is doubled over with anxiety about Social Security drying up...The culture hasn’t had a chance to catch up. All the added years of life have been put into leisure, and that’s crazy.” — Dr. Laura Carstenson

Unlocking Resilience updates the facts and figures from *The Coming of Age*, provides insights from interviews with some service professionals, and presents findings from a survey of the statewide, representative Arizona Indicators Panel.* Examples from throughout Arizona show how resilience is shaping some policies and programs and could be used in many more.

DEVELOPING A RESILIENCE MINDSET

You know the usual way of thinking about seniorhood: People have only decline to look forward to; only the young have hopeful futures; health is only the absence of disease.

In contrast, resilience presents a world of possibility for everyone, despite the differences in social realities and economic conditions among Arizonans. Resilience:

- Accepts the stress and costs of aging while encouraging people and communities to identify desirable futures, prepare for them, and grow from setbacks.
- Integrates insights from human development to produce forward-looking policies for all ages in nearly all situations.
- Focuses on people as members of communities as they move from being “young” to “young old” to “old old.”

Resilience is rooted in the fact that even though adversity is unpredictable and inescapable, people and places have the capacity to bounce back. A study by the Resilience Solutions Group at Arizona State University, which is underway in metro Phoenix, is showing that residents’ responses to calamity are more often to see “the silver lining” than to despair. Some within the clinical sciences have overlooked the natural capacities among most people, even those with serious health challenges, to learn from their mistakes, resolve problems, and find ways to live well.

Resilience has three hallmarks that provide a new policy framework:

Recovery – Rebounding from stress and returning to a balanced state of health and well-being. Nearly everyone knows a person who has returned from a crisis 1) stronger than ever; and 2) able to prevent future negative situations. In turn, coming back from being “sacked, shaken, burned, bombed, flooded, starved, irradiated, and poisoned”¹¹ is an important theme in the history of communities and cities.

Sustained Purpose – The capacity to continue moving forward and achieve because of having causes and passions. A growing body of research on elder vitality shows that purpose is the blessing and boredom

is the curse. Among communities, those with long-term visions can continue achieving goals, even in tough times.

Growth – Emerging better from stressful experiences. Interviewees in ASU’s resilience study have said they “discovered what really mattered in life,” “found out how much others cared,” and “uncovered hidden strengths within (or hidden capacities for generosity in others)” when dealing with hardships.¹² Communities have shown they can “build back better” if the opportunity for change is taken.

Leadership expert Warren Bennis has also described the growth phenomenon. “The leaders I met, whatever walk of life they were from, whatever institutions they were presiding over, always referred back to some failure, something that happened to them that was personally difficult, even traumatic, something that made them feel that desperate sense of hitting bottom – as something they thought was almost a necessity. It’s as if at that moment the iron entered their soul; that moment created the resilience that leaders need.”

PSYCHOLOGICAL THEORY APPLIES TO THE REAL WORLD

Theorists and scholars have developed various systems of classifying the stages of life, which are helpful for understanding resilience and aging. In the 1960s, “disengagement theory”¹³ came into vogue as one of the earliest models of aging. It held that older adults withdraw from society as they age, and society disengages from them as well. This frees them from societal roles, giving them an opportunity to reflect and transfer their knowledge to the young.

“Life span theory”¹⁴, at about the same time, identified 8 distinct stages, each with a central conflict to resolve. Scholars emphasized childhood but 2 of the stages focused on older ages. Middle adulthood, 35-65, is concerned with producing something for the betterment of society either through work or children. In short, do people feel like they are really making a difference? Later adulthood, 65+, is a period of life review and what individuals have contributed to society. Do individuals feel they have done enough?

“Activity theory”¹⁵ some years later took a different perspective. It noted that maintaining activity through volunteerism or other activities improves satisfaction and protects individuals from the negative aspects of old age. This model is closer to how older people really live than some of the others. These theories all have some truth, but they have been criticized as mismatched to 21st century trends, attitudes, and lifestyles, especially since family structures, work lives, and leisure pursuits have changed dramatically, and retirement may last decades.¹⁶ For example, the U.S. Bureau of Labor Statistics estimates that the number of full-time workers 65+ nearly doubled from 1995-2007. The number of workers 65-74 could increase by 83% by 2016.¹⁷ The majority of workers 65+ say they are employed primarily¹⁸ “to feel useful; to give

* A total of 668 Arizonans age 18 and over participated in the panel survey, which was administered by Knowledge Networks, a nationwide academic primary research manager in October 2009. See page 50 for details on the survey method. These respondents are often referred to as the *Unlocking Resilience* panelists later in the report.

myself something to do; and to be with other people.”¹⁹ In turn, “intensely active” describes a new older adult market devoted to the “tens of millions of longer-lived men and women with more youthful vitality than ever imagined.”²⁰ These consumers want ever-more adventurous travel experiences. Again because of longevity, the nonprofit Population Reference Bureau has suggested new ways to describe “old” based not on how much someone is over or under age 65, but on the number of years individuals are likely to live after a given age.²¹

Still, all is not sweetness and light. Aging still uncovers strong emotions, worries, and troubles. There is grief over the death of loved ones, loneliness among those who become isolated, and anxiety over financial futures. Moreover, for many seniors new health issues are frequently encountered, aches, pains and serious new problems seem to grow. Illness can become a frequent topic of conversation among aging families and friends, raising the question of whether focus on the topic might lead to more general social contagion concerning likelihood of health decline while aging. Finally, aging brings the awareness of the inevitability of death. In the clinical view, that is a great source of dread for people as they age. No wonder no one wants to be old. Everyone, even seniors, can look down on seniority.

Still, research in metropolitan Phoenix and the work of many social scientists worldwide have uncovered ample evidence of a greater sense of purpose in later life, and happiness that surpasses the levels reported by many younger residents. Older people, in a recent Phoenix-based study, were optimistic generally about their life course and exhibited a seeming boundless capacity to brighten the darkest moments in their lives. It is common to hear older adults talk about a benefit, some lesson learned, from life’s tragic moments. Perhaps over popularized, but nonetheless evident in research on older people, is wisdom, a characteristic often missing at other ages.

When it comes to their own mortality, awareness often inspires an understanding, perhaps for the first time, of the preciousness of life, a relaxation of ego demands, a greater concern for staying true to one’s principles, and a desire to make each moment count.

Critics might dismiss these responses as wishful thinking – a way people fool themselves into complacency about their losses and a pursuit of happiness at the cost of reality. Is a disabled elder’s comment about his/her current situation as the most meaningful period in a lifetime simply a cover for feelings of despair? Some are skeptical, and without data, it is right to ask whether such positive beliefs really are how people feel. Yet what is remarkable is that those who see themselves as having grown from stressful experiences are often those who are the most happily engaged with family and friends or at paid or unpaid work. When the blinders are lifted off to reveal people’s strengths, the keys to healthy aging become evident. To embrace aging as a season that advances peoples’ lives as well as challenges them allows resilience to be the narrative that can build successful public policies and programs.

ARIZONA OFFERS A SIGNIFICANT LABORATORY FOR RESILIENCE

Arizona is a particularly good place in which to study aging and resilience. Del E. Webb invented the “active adult” lifestyle at Sun City. Due to his innovation – along with climate and a tourism tradition – retirees have played a major part in shaping the state’s culture and economic image. In recent years, Arizona Community Foundation and the Virginia G. Piper Charitable Trust have been recognized as national leaders for such initiatives as “communities for all ages” and Experience Matters Consortium, a new organization to help baby boomers connect to opportunities for work and service. Their efforts, as well as the work of others, provide models for other communities and the state as a whole. (See page 24 for some of these leading initiatives.) At the same time, public services for seniors who need significant support already have begun to shift to emphasize innovations in home and community-based care.



Arizona is also in the midst of fiscal and governance crises due to the combination of the effects of the Great Recession and past public policy choices. The loss of more than 300,000 jobs, one of the country’s highest foreclosure rates, and the collapse of state and local public revenues just when demand for services is greatest have made Arizona’s future look bleak indeed. Human services have been downsized significantly. More reductions are possible given the time needed for public revenues to recover. Arizonans have no choice but to innovate, make the least negative tradeoffs, and rethink roles and tasks to state and local governments, the private and nonprofit sectors, and individuals.

Arizona has been one of the nation’s fastest-growing states for decades. But growth from in-migration has slowed to a trickle. Fewer newcomers mean more attention on current residents. The state’s greater poverty levels and lower incomes, compared to national averages, suggest that many Arizonans may have

fewer resources in their later years than the affluent retirees the state is used to attracting.

Still, Arizona may be where breakthroughs come in age-related diseases such as Alzheimer's, thanks to significant R&D institutions, an emphasis on commercializing scientific advances, and psychological studies that show how to expand community capacity and development. Arizona's reputation as a retirement destination gives it clout in identifying new ways to ensure longer, healthier lives.

Across the country in recent years, pending baby boom retirement and reports such as *The Coming of Age* motivated statewide plans and local, state, and federal initiatives. Governor Janet Napolitano directed Arizona agencies to prepare *Aging 2020: Arizona's Plan for an Aging Population*. Many community professionals reinvented their programs to prepare for baby boomers' different outlooks, while others continued to serve current elders in traditional ways. Policies have shifted in some areas, and expectations today are different than a decade ago. However, less has changed in programs and policies than might have been expected. Denial has continued to be a common response to the entire issue.

As Arizona works to recover from the downturn and looks to a future in which approximately a quarter of residents are 65+ with nearly 24 years to fill, it's time to reexamine aging and put resilience to work. *Unlocking Resilience* is expected to reinvigorate community dialogue and consideration of public policies for aging and community vitality.

Of course, the recent passage of health care reform will affect health, finances, and communities throughout the nation. March 21, 2010 will go down in history as the end of a century-long quest for something close to comprehensive insurance coverage and the beginning of a grand experiment in how to provide it. This major shift in public policy raises new questions for an aging society. This report cannot address the many unknowns of the new law. However, the potential for boomers and those younger to

come to older ages in better health may have been strengthened, expanding choices for individuals, healthcare providers, and communities. At the same time, changes in Medicare and other programs may present new challenges for those 65+ and a variety of health and community service providers.

The Coming of Age presented scenarios for an older future. Now age is here with all of its advantages and disadvantages. Fortunately, as boomer expert Marc Freedman has noted, "the history of aging in America is a history of spectacular innovation."²² The potential of unlocking resilience is something Arizona cannot afford to miss.



WHY 65?

"Old" has been defined socially rather than scientifically. The Social Security Act of 1935 set the minimum age for receiving full retirement benefits at 65 after observing that about half of the pension systems then used age 65 and about half set the age at 70. Actuarial studies showed that 65 resulted in a system that could be sustained with modest tax levels because Americans did not live as long then. The full benefit age is rising incrementally to help maintain the system's viability. More than 1 million Arizonans collect all types of Social Security benefits today.

Source: OASDI Beneficiaries by State and County, 2008. Social Security Administration, August 2009.

The Proportion of Old Old Arizonans Rose Faster than Other Ages

Population and Percent Change Arizona and U.S. from 2000 to 2008

	2000	2008	% Change
Arizona – Total	5,130,632	6,500,180	27%
U.S. – Total	281,421,906	304,059,724	8%
Arizona – Less Than 18 Years	1,366,947	1,707,221	25%
U.S. – Less Than 18 Years	72,293,812	73,941,848	2%
Arizona – 18 to 64 Years	3,095,846	3,930,386	27%
U.S. – 18 to 64 Years	174,136,341	191,248,160	10%
Arizona – 65 Years and Over	667,839	862,573	29%
U.S. – 65 Years and Over	34,991,753	38,869,716	11%
Arizona – 85 Years and Over	68,825	122,985	79%
U.S. – 85 Years and Over	4,239,587	5,721,768	35%

Source: U.S. Census Bureau, Annual Estimates of the Resident Population by Sex and Selected Age Groups for the United States: April 1, 2000 to July 1, 2008.

A CLEAR VIEW OF ARIZONA AND AGE

RECESSION REALISM IS ARIZONA'S NEW NORMAL

“Few can argue with the central premise of demographics – people get older one year at a time.”²³ Arizonans are aging in interesting times. For example, 1-person households are on the rise, as are multi-generational households. Mobility is declining nationwide. Age at retirement is increasing after decades of decrease. Technology continues to remake work and communication. Workers increasingly expect to have multiple employers over a career and to retool their skills to stay competitive in a dynamic economy. Entrepreneurism and commitment to public service are increasing among young adults. In contrast, trust in government has reached its lowest point in decades. Public opinion continues to be polarized about most topics, but interest in supporting “people, place, and profit” simultaneously has gained ground too.

The fluid environment in which people are living longer has been affected most recently by the economy. Arizona’s new normal includes higher unemployment, constrained public sector services, expanded demand, and a reexamination of government priorities. Arizona’s economic forecasters see job growth picking up some only late in 2011 and significant public sector deficits until at least 2015.²⁴ Consumers remain wary. Recent experience has shown again that Arizona is not as competitive economically as it should be. The push is on to do more to increase the state’s capacity long term to attract, produce, and sustain high-wage jobs. The call is loud too for a state-level public finance overhaul to create a stable system capable of supporting the jobs, educational quality, and environmental and personal health Arizonans say they want. Downturns do not last forever, but the effects of the Great Recession will be long-lived, making resilience a key point in recovery.

Compared to much of the rest of the developed world, the U.S. is better positioned for the graying of the population because the nation also benefits from young immigrant and minority populations. Arizona illustrates the national trend. The state ranks 3rd for the rate of increase of 65+ residents, according to the U.S. Census Bureau. At the same time, the state also has the nation’s 3rd-highest birth rate. Unlike many states, Arizona has the distinction of becoming younger and older at once. Together, young and old will put pressure on working-age adults to generate the tax dollars needed for public services. This combination could pit one generation against the other, particularly if economic growth is limited, or it could spur changes to benefit Arizonans of all ages. As baby boomers age, they will become a less prominent portion of the population. In 20-30 years, boomers will no longer be in the spotlight. However until then, boomers will demand and command attention.

The following section describes the state today and in 2030. Some statistics may be revised in coming years as data from Census 2010 become available, the American Community Survey expands, and the effects of the recession are detailed. The information presented here is the best available now.



THE STATE OF AGE THE PYRAMID BECOMES A RECTANGLE

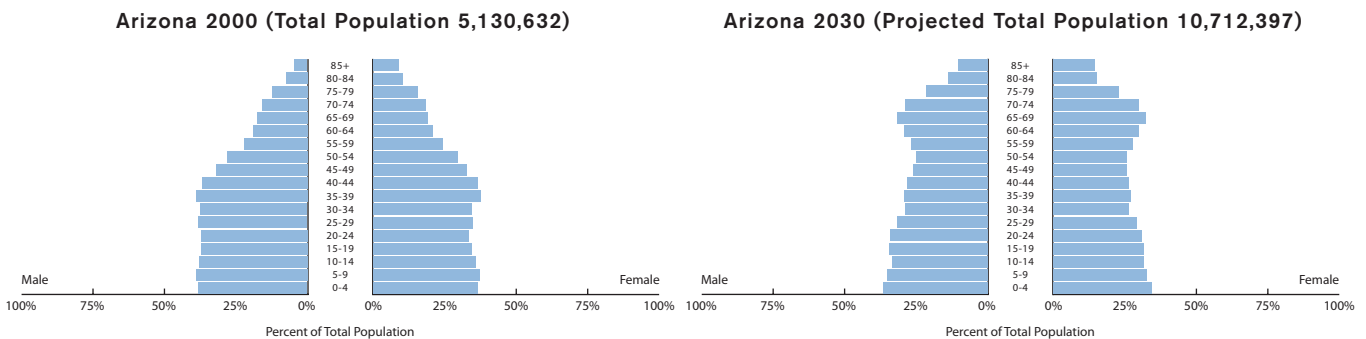
- **Rising median age shows Arizona is getting older.** In 2000, Arizona's median age was 34.2 (U.S. 35.3). By 2010, it will be 36.4, and by 2020 it will be 38.2.
- **Nearly 2 million children reside in Arizona.** Those age 18 and under outnumber those 65+.
- **Approximately 1.5 million boomers call Arizona home.** Nearly 900,000 boomers live in Maricopa County. Pima County has the next highest boomer population.
- **Nearly 900,000 seniors are Arizonans now.** Rural counties have the oldest populations.²⁵
- **Seniors tend to be White.** Youth and young adults represent minority groups. 8 out of 10 Arizonans 65+ are White. 60% of Hispanic residents are under 24 and these Arizonans account for 38% of the population.

- **If projections hold true, seniors will outnumber those 45-64.** Older residents will count for nearly 1 in 4 Arizonans in 2030.
- **Arizona will have a higher proportion of children and seniors than the U.S.** Taken together, 46% of Arizonans will be 65+ or <18 in 2030.



Arizona's Age Pyramid is Becoming a Rectangle

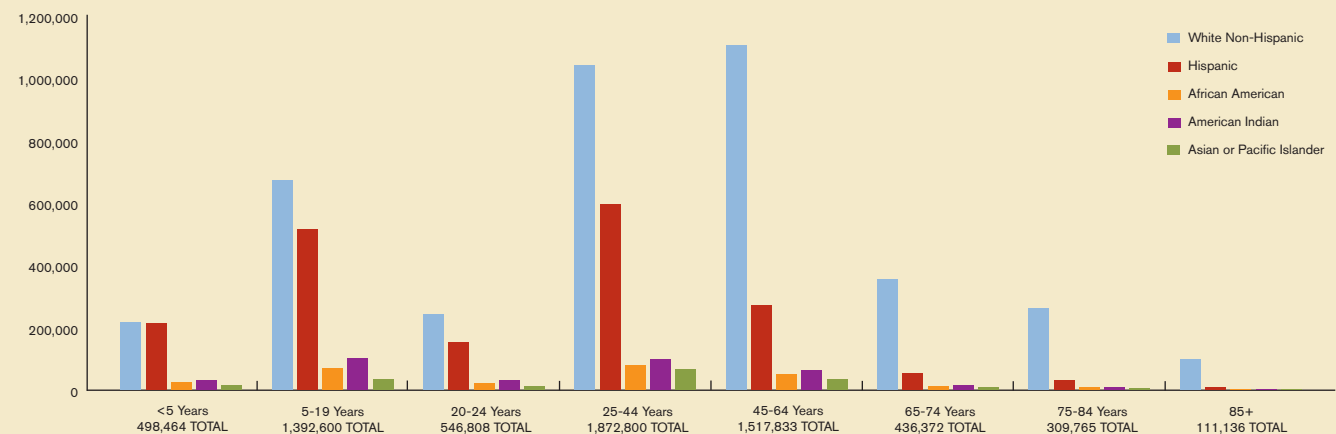
Age as a Percent of Total Population, 2000 and 2030



Source: U.S. Census Bureau.

Arizona's Diversity is Apparent Among Youth

Population By Age and Race/Ethnicity, 2009



AGE IS A FACTOR IN ARIZONA'S WORKFORCE AND ECONOMY

Concerns have been common in the past decade that some vital economic areas, such as healthcare and education, would see an exodus of baby boomers and thus a shortage of workers. The fact that fewer Arizonans participate in the labor force than the national average amplifies that concern. Some observers have noted two reasons for the lower participation, including a relatively large proportion of residents with limited skills and two groups of early retirees. One leaves the labor force by choice and has sufficient resources to do so. The other is forced out for some reason and cannot find another position, particularly in the current recession. Older workers represent the proverbial blessing and curse. On one hand, moving older workers to retirement opens up jobs for younger workers. On the other, keeping older workers maintains skills and capacity among employers.

- **Arizona's labor force is nearly 3 million strong.** Participation drops with age. At age 25, 80% of Arizonans are in the labor force. By age 55, the proportion is 64%. By age 65, it is 17%.
- **Arizona's industries reflect an aging workforce.** Age profiles suggest opportunities to retain and retrain workers. They also show why the push has been to keep older workers in the labor force.
- **Arizona seniors tend to have more education than younger age groups.** Relatively low graduation rates among younger Arizonans compared to in-migrants and stubborn minority/majority disparities are important reasons reasons.
- **Arizona seniors are relatively affluent compared to the U.S.** Affluent in-migrants may be replaced by current Arizonans who have earned less over their lifetimes.
- **Half of Arizonans say they volunteer now.** Clearly with that starting level, more service is possible.

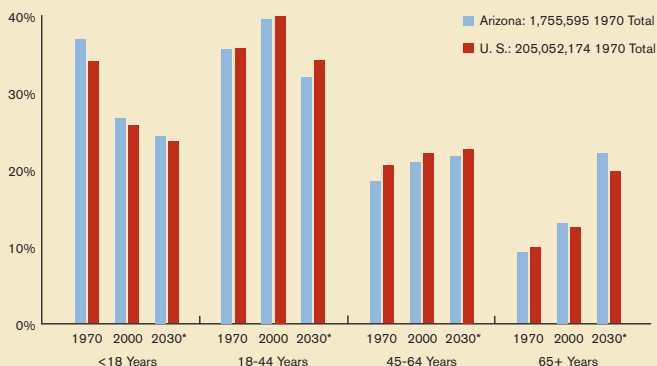
ARIZONANS ARE MOSTLY URBANITES BUT RURAL AREAS DEAL MOST WITH AGE

Arizona is among the most urbanized states in the nation with approximately 9 out of 10 Arizonans living in urban areas. In the late 2000s, the phrase "Sun Corridor" entered Arizonans' vocabulary to describe the region comprised of the state's major urban centers and related areas. Largely because of the integration of metro economies, a "megapolitan" area centered in Maricopa, Pinal, and Pima counties is emerging but also extending further north and south. This corridor is home to the bulk of Arizona's residents and most of the state's economy. The Sun Corridor may be an important catalyst for a shift to regional action including substantial changes in large-scale planning and transportation. This could be good too to fill the traditional rural/urban gaps. Rural counties will be hit first, and hardest, by age.

- **Seniors are more numerous in urban counties but more visible in rural ones.** La Paz County has Arizona's oldest population.
- **Rural/urban disparities remain notable.** Incomes, educational achievement, and economic opportunity outside Maricopa and Pima counties lag.
- **Rural transit lags, while urban options have expanded for some.** In recent years, light rail opened in Phoenix, while Pima County approved a transportation tax for multi-modal development. Until the recession, transit development was proceeding step by step. While stimulus funds will allow downtown Tucson's trolley to run again, other projects throughout the state have been stalled. Rural areas continue to struggle most with transportation and mobility, and thus isolation, for elders.

The Decades Show the March of Age

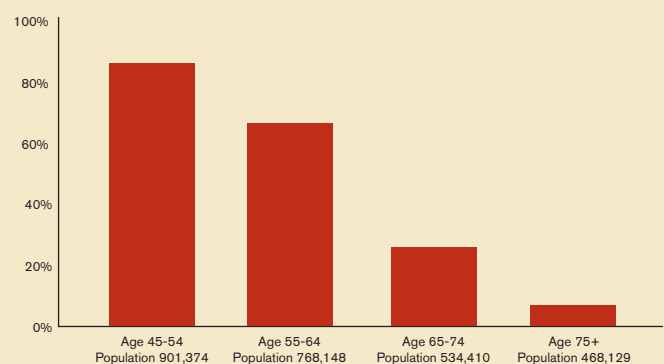
Arizona/U.S. Population Trends By Age, 1970-2030



* Projected Sources: Population Division, U.S. Census Bureau, Projections of the Population by Selected Age Groups and Sex for the United States: 2010 to 2050 (NP2008-T2), Release Date: August 14, 2008, 1970 Release: 10/1/2004.

Labor Force Participation Drops With Age

Workforce Attachment Arizona, 2010



Source: Arizona Department of Commerce; US Bureau of Labor Statistics; 2009.

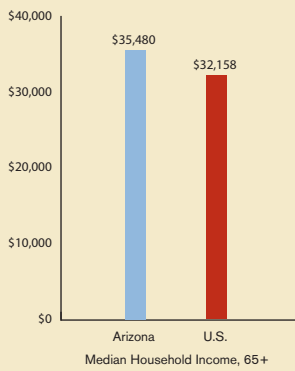
ARIZONANS ENJOY BETTER HEALTH THAN SOME OTHER AMERICANS, BUT DISPARITIES STILL PRESENT HARDSHIPS

- **Arizona ranks 27th among the 50 states and District of Columbia on the 2009 United Health Foundation index of 22 indicators.** Overall, Arizona’s health is in the middle of states.
- **Health gaps among Arizona’s population groups have narrowed but disparities are stubborn.** African American, American Indian, and Hispanic residents experience greater health issues in many areas.

- **More than 80% of Arizonans have health insurance.** That leaves more than 1 million Arizonans without. In 2008, according to the Arizona Health Survey, 1 in 5 Arizona adults lacked health insurance coverage at least part of the year. For adults 18-64, this number increased to 25%, or 950,500 Arizona adults. A quarter of Arizona children also lacked health insurance. Although federal reforms may help, the effects of lack of health insurance today may have implications for soon-to-be seniors.
- **Chronic conditions affect over 2.7 million Arizona adults, or 58% of the state’s adult population. Chronic**

Arizona’s Seniors Have Higher Incomes Overall Than the U.S.

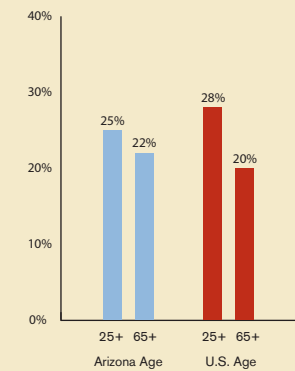
Median Household Income, 2007



Source: U.S. Census Bureau, American Community Survey, 2007.

Arizona’s Seniors Have More Education Than the U.S. Average

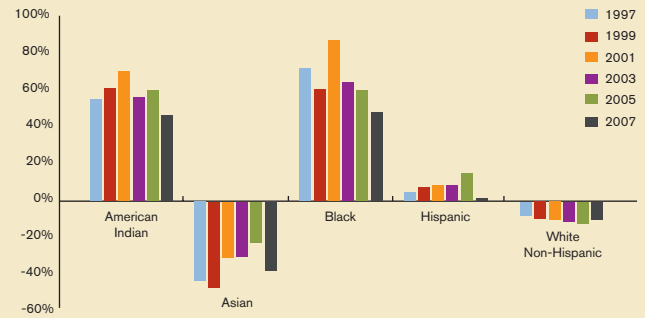
Arizona and U.S. Population with a Bachelor’s Degree+



Source: U.S. Census Bureau, American FactFinder, 2008.

Negative Numbers Are Better on the Index Showing Arizonans’ Health Disparities

Average Scores* by Race/Ethnicity, 1999-2007

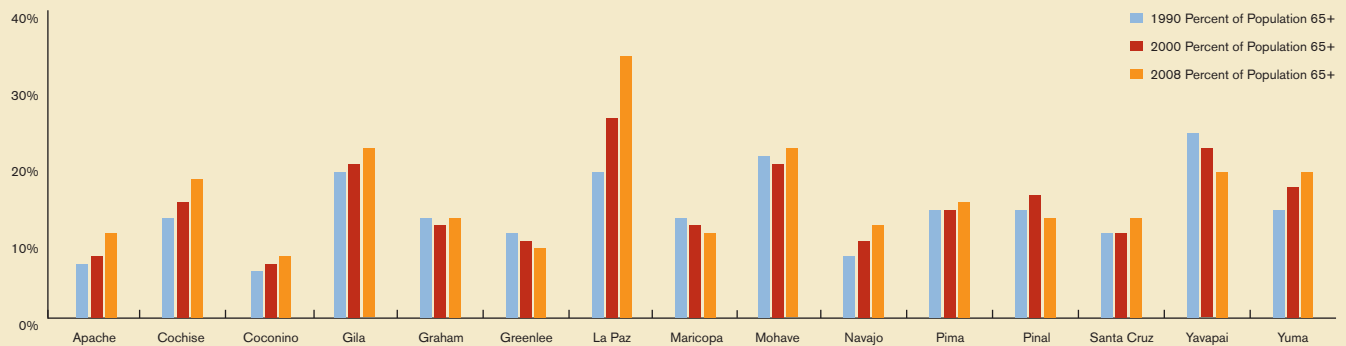


* The Arizona Department of Health Services compares the relative standing of racial/ethnic groups on 70 indicators of health status including: teen pregnancies, maternal lifestyle and health characteristics, utilization of prenatal care services, newborn health, mortality from natural causes, mortality from injuries, age-specific mortality, patterns of premature mortality, and the incidence of reportable diseases. This index provides a summary measure representing the relative standing of each racial/ethnic group. Scores indicate the percentage a population is above or below the statewide average. A negative score indicates better than average and a positive score is worse than average.

Source: Arizona Department of Health Services, *Differences in the Health Status Among Race/Ethnic Groups*, 2007.

Rural Counties Tend to Have Older Populations

Proportion of Population 65+, Arizona Counties, 1990-2008



Source: U.S. Census Bureau, 1990, 2000, and 2008.

issues increase with age. According to the Arizona Health Survey,

- 89% of Arizonans 80+ have at least one chronic condition. 31% have 3 or more conditions.
- Among Arizonans 50-64, chronic disease affects 71%, and the percentage of adults with 3 or more conditions doubles (20%) relative to adults in their 40s.
- For those 65-79, 85% have at least one chronic disease, and 28% have been diagnosed with 3 or more conditions.
- 72% of Arizonans with chronic conditions, nearly 2 million people, are of working age, 18-64. 55% of people in their 40s report having been diagnosed with at least 1 chronic condition.

ARIZONA WILL COPE WITH CUTS TO SERVICES

- **Cuts to health services for adults and children have reduced access to services and medications for many.** Behavioral health services have been reduced for thousands, while KidsCare is in a holding pattern. Federal health care reform may be an answer but Arizonans currently have fewer resources upon which to draw.

- **Health effects of long-term unemployment may affect baby boomers.** Research has shown the ill health effects of extended employment. Baby boomers and young people have borne the brunt of unemployment in the Great Recession.



SOCIAL MEDIA CROSSES AGES

More than half of the respondents reported using social media such as Twitter and Facebook. The 20-somethings were most connected to these tools (88%) but more than half of baby boomers and nearly 40% of the 65+ group also used them.

Source: *Unlocking Resilience Survey*, ASU Resilience Solutions Group and Morrison Institute for Public Policy, 2009.



Arizona's Labor Force Participation at a Glance

Civilian Labor Force

Age Group	Total Arizona Civilian Labor Force	Percent of Total Labor Force
16-19	157,352	5%
20-24	318,770	10%
25-44	1,448,433	46%
45-54	679,317	22%
55-64	418,069	13%
65+	111,142	4%
Total	3,133,083	100%

Note: Percentages rounded.

Source: U.S. Census Bureau, 2008 American Community Survey.

SERVICE PROFESSIONALS SEE PLUSES AND MINUSES FOR ARIZONA WITH AGING

Is Arizona better prepared for aging than in 2002? Yes and no. Service professionals interviewed provided insights on the state's challenges and opportunities now in terms of baby boomers and traditional senior services.

Arizona is in Transition

Arizona, like every state, is in transition among generations of workers, leaders, and residents. Institutions and services are motivated to change as they accommodate baby boomers' different outlooks and preferences, while maintaining traditional services for the "old old." The greatest resource for Arizona in these circumstances may be baby boomers themselves, according to the professionals. "It will be interesting to see what kind of social change they inspire, demand, create, and organize as they retire and see and understand what is going on." Their impact has already been felt in the development of such new institutions as Communities for All Ages and Experience Corps.



Policy makers and communities should seek out boomers' expertise and capacity as they have more time to give and look for new sources of satisfaction, tools for greater health, and business and work opportunities. These benefits will be difficult to reap if age bias remains as strong as it is currently however. Still, boomers are expected to speed the transition from 20th to 21st century services with their desires for:

- More opportunities for work and service
- Health promotion and prevention
- Technologies for communication, independence, and connections
- Expansion of family caregiving models and technologies

Public Preferences and Public Policies Have Met in At-Home Care

Aging in place has been called the best social strategy, and Arizonans and professionals have embraced it. For Arizona's current older adults, shifts in federal, state, and local policies have bolstered self-directed care, which puts more control in residents' hands. The 2007 waiver from the federal Centers on Medicare & Medicaid Services allowing spouses to be paid caregivers for up to 40 hours a week has been a step forward in realizing individuals' goals. The at-home trend reportedly has played a part in slowing growth of nursing care facilities and bolstered Arizona's preference for assisted living. However, a few stressed that at-home care has limits as health declines. In situations where substantial support is needed, integration across Medicare and Medicaid reportedly has improved situations for many. For example, acute services and long-term care have been brought together so that movement between facilities is smoother and assisted living is used more than nursing facilities. Acute services and long-term care have been brought together so that movement between facilities is smoother and assisted living is used more than nursing facilities.

MILLENNIALS LOOK TO BE DIFFERENT THAN BOOMERS

Millennials, the teens and 20-somethings who are coming of age at the start of the 21st century, have been described as "self-expressive, liberal, upbeat, and open to change. They respect their elders. A majority say that the older generation is superior to the younger generation when it comes to moral values and work ethic. Also, more than 6 in 10 say that families have a responsibility to have an elderly parent come live with them if that parent wants to. By contrast, fewer than 4 in 10 adults ages 60 and older agree that this is a family responsibility."

Millennials

Are more than twice as likely to have a profile on a social networking site. (75% to 30%)

Are twice as likely to be Hispanic. (19% to 10%)

Are half as likely as a group to believe they will be at the same job their entire career. (42% to 84% of Boomers)

Were twice as likely to be raised by a single parent. (31% to 16%)

Boomers

Sent half the median number of texts in the last day compared to Millennials. (5 texts to 10)

Are twice as likely to have been married between ages 18-28. (42% to 21%)

Are much less trusting that they will earn enough in the future. (46% of Boomer believe they will to 88% of Millennials)

More likely to be regular voters (89% to 69%) who expressed they "always" or "almost always" vote.

Source: *The Millennials*, Pew Research Center, 2009.

Technology is Proven and Has Still More Promise

Telemedicine, electronic records, and the take-up of technologies ranging from social media to monitoring gadgetry are trends that have been unfolding for more than a decade. Arizona's rural areas increasingly see local services augmented by telemedicine tools, making the best services accessible even in small communities. Several professionals noted how communicating electronically with pharmacies, tracking medications online, and using a wide range of assistive technologies are now commonplace and expected. "Telehealth" (using technology to manage chronic conditions and support healthy lifestyles) is finally coming into its own and is viewed widely as one of the most important ways of filling still wide gaps between urban and rural areas. E-mail and social networking link families across great distances.

People Don't Appreciate the Infrastructure Until it is Gone

Arizona has had a reputation as a good place to retire. Now, many who came to Arizona 15-20 years ago as early retirees or late-stage workers have transitioned from the "young old" to the "old old" with implications for health and social supports. This group will be affected by what several professionals described as the dismantling of the systems that have supported health and elder services due to the recession and reductions in public revenue. As one person noted, "People don't really appreciate the infrastructure system until it's gone." Another suggested that Arizona is slipping backward. "When the ability to carry out primary functions decreases, it creates backlogs, practitioners doing double and triple duties, cutting a variety of programs, and cuts to service providers which have indirect effects on other sectors of the economy. Nonprofits and other community organizations can collaborate and help fill the gaps in service that are inevitable with the current level of state cutting. However, such agencies must be careful to balance their role as gap-fillers otherwise, states will expect all agencies to do more with less and funding will be cut further." Concerns ran high that Arizona's capacity to care was in such a negative state that reinventing it was the only way out.

Others cited coming impacts on Medicaid programs because of Arizona's fragile financial condition. However, the effects are not clear yet. There has not been a good way to measure whether the state's support programs prevent people from going on to more expensive programs. ALTCS (Arizona Long-Term Care System, an AHCCCS program) has not been cut as the acute side of AHCCCS has but the stress of state funding reductions is still felt. Decreases in city programs such as senior center hours and home delivered meals are strong indicators of the greater needs that could soon be presented to ALTCS. Other challenges include:

- While many say that most senior services and centers are out of sync with baby boomers' preferences, demands for assistance among today's advanced elders continue to increase. Demand is outpacing supply in rural areas. Urban areas are not much better off. With many communities, particularly rural areas, still suffering from a lack of medical care and the effects of being underserved, communities reportedly may not be able to provide a safe, age-friendly environment and necessary services.
- Arizona still has a shortage of trained personnel for an older population. Reductions to medical residency and training programs push current and would-be practitioners to leave for better programs in other states. Meager incentives, such as loan repayment programs, make it difficult to recruit some types of workers, including Native American practitioners. There has not been sufficient priority placed on recruiting, retaining, and retraining workers.
- The looming costs of providing services through Medicaid and Medicare are not sustainable but efforts to realign the system for less cost and preventative care have been insufficient.
- Stereotypes and ageism persist, holding back desired changes. Many people still do not want to talk about aging – much less prepare for it.
- Arizona has some significant barriers to supporting more elders. Funding is down significantly. Good plans have not been funded or given time to work. Arizona's focus on long-term care policy, rather than a broader framework for aging, is too narrow to match the situation.
- Evidence-based programming holds promise if it can be used at sufficient scale.
- Building new leadership in a time of crisis is tough to do. A revolving door and little progress are the results.

Professionals Are Still Hoping for the Shift to Prevention and Resilience

Several reported that the biggest opportunity in this challenging time is to reorient Arizona's policies and programs to prevention and resilience. The emphasis should change from the treatment of disease to prevention and from assuming things work to measuring outcomes. Professionals renewed the call heard in *The Coming of Age* for an institutional and individual embrace of prevention and early intervention. An outlook persists that a "system is taking care of you." The point is for Arizonans to see themselves as responsible for their own health and as partners with providers. "If they want to travel, be independent, volunteer ... they have to have health to do that. They treat their health like it's a car with no maintenance. When we speak of aging, focus all the way down to the 40s and divide up age groups. They have different needs and desires."

Employers reportedly have an even greater role to play than they have thus far. Work-based wellness programs could help people enter their 50s-70s with better health. Those interviewed do see demand for prevention information and support increasing. New programs are being designed to increase the capacity for effective chronic disease self-management. Yet, much more remains to be done.

The related change is for Arizonans to view older adults as the resource they are, instead of a problem. The initiatives developed to certify good workplaces for mature workers and the variety of programs for civic engagement, encore careers, and evidence-based health promotion are beginning to grow. With these and other efforts, Arizona can take advantage of aging instead of being disadvantaged by it. Managing risk, writing “prescriptions” for volunteer activities, and integrating services on line and in person could all play bigger roles in prevention.

Aging 2020: Arizona’s Plan for an Aging Population, the blueprint developed under Governor Janet Napolitano’s administration, reviewed state agencies’ policies and programs. But the follow through needed, reportedly, did not become a reality. Several suggested that it is time again to convene leaders from all sectors to look at the system we have and what we need, particularly if prevention and resilience are ever to become the drivers of policies and programs.

PENSIONS, SOCIAL SECURITY, SAVINGS, AND WORK SUPPORT RETIREES

Incomes in later life have been comprised of pensions, Social Security, savings and investment income, and work. Married couples traditionally receive higher earnings from Social Security, pensions, and savings than their non-married counterparts. Today, nearly 90% of retirees receive Social Security income.

Elders’ incomes are a dynamic mix of public, private, and individual sources. The most obvious shift now is from “defined benefit” retirement plans to “defined contribution” plans. Public sector employers tend to still have “defined benefit” plans; private sector plans are more often “defined contribution.” In 1983, for example, the majority of workers with a pension plan had a “defined benefit” plan, which set out returns for an employee’s lifetime. In 2007, the majority of workers had a “defined contribution” plan, which depends on contributions to an individual account and investment earnings over time.

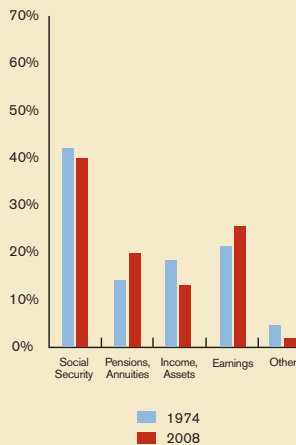
Public pensions, including state and local governments, have been in the news recently as the recession has highlighted the pension liabilities of public and private employers. In Arizona in 2006, 113,322 state residents collected \$2.36 billion in pension benefits from state and local plans. The majority of the funds, \$1.89 billion, was paid from plans within the state and the remainder originated from plans in other states. The average pension benefit received was \$1,735 per month or \$20,823 per year.

System changes, such as the increase in the age for full Social Security benefits to age 67, are expected to prompt those who are nearing retirement to diversify their incomes and more often include at least part-time work. The increase in work is already evident in a comparison of 1974 and 2008.



Work is Taking on More Importance in Retirement Incomes

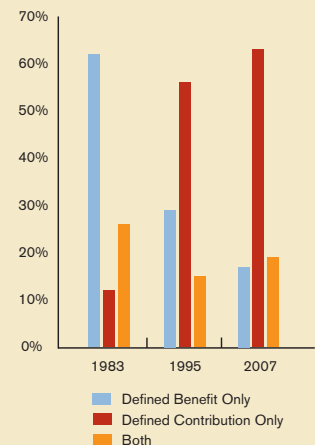
Sources of Income for U.S. Population 65+, 1974 and 2008



Source: Employee Benefit Research Institute, “Sources of Income for Persons Aged 55 and Over,” EBRI Databook on Employee Benefits, October 2009.

Americans’ Pensions Are Increasingly Defined Contribution Plans

Types of Pensions for U.S. Population 65+, 1983-2007



Source: *Working Scared: The American Worker in the 21st Century*, John J. Heldrich Center for Workforce Development, February 18, 2010.

EXAMPLES IN OUR COMMUNITY

Long-time Phoenix resident Nora Hannah exemplifies a key trend. This mid-50s seasoned CEO has taken on a new job as head of the Experience Matters Consortium, a philanthropically supported start-up in which the main task is “connecting talent with community.” This new type of “labor force intermediary” will foster paid and unpaid service opportunities for older adults who want meaningful work with social purpose.²⁶

Mike Hutchinson managed the City of Mesa for more than 5 years as the capstone of a nearly 30-year career with Mesa. After his retirement, he followed his interests in the Melikian Center at ASU, a research institute focusing on Russia and Eastern Europe, and helped develop the Marvin Andrews Fellowship Program at ASU. Then, he was tapped by East Valley Partnership to direct its Superstition Vistas planning initiative.

Barbara Ralston moved from being a bank president to retirement to the CEO’s office at Fresh Start Women’s Foundation. The founder of Camelback Community Bank in 1998, Barbara had also led the Fresh Start board. After serving as interim CEO, Barbara Ralston accepted the position of Fresh Start’s President and CEO in January of 2008.

MOMENTUM IS WITH WORK AND SERVICE

Thanks in part to the “golden years” and “active adult” images, retirement for decades has been all about leisure. Longevity and baby boomer preferences are changing that. These days, retirement is far more about employment and productive activity than it used to be. Older workers are one of the fastest-growing categories in the labor force, and “encore careers” are increasingly the norm. The U.S. Bureau of Labor Statistics estimates that the number of full-time workers 65+ nearly doubled from 1995-2007. The number of workers 65-74 is projected to increase 83% by 2016.²⁷ In 2005 in one of the first national surveys of boomers about their employment preferences, the findings showed the desire for new careers. The 3 major findings included:

- Half of all Americans age 50 to 70 want work that helps others.
- Preferences for second careers in retirement years relate to people, purpose, and community.
- Many think it won’t be easy to find second careers doing good work and strongly support public policy changes to remove obstacles.²⁸

In the past decade, the potential of labor shortages due to the combination of fewer young workers, pending boomer retirement, and the demands of a knowledge-based economy got analysts’ and employers’ attention. Disparities between boomers and the generations expected to replace them highlighted the shortcomings of schooling and a downturn in public investment in skills, as well as the value of high- and low-skill international migrants. At the same time, age discrimination remained a reality while economic shifts made it harder for dislocated workers 55+ to get back into the labor market. On one hand, elder workers have become prized for their experience,

POLICY IMPLICATIONS FOR RESILIENCE

Updating Workplaces

Providing Flexibility

Matching Workers and Jobs

Creating Quality Jobs for All

Measuring Social Good Economically

Preparing Next Generation Workers

Personnel and compensation policies

Training and certification for experienced workers

Expanding the meaning and activities of traditional labor exchanges and intermediaries

Help for organizations to adapt to a new workforce

Different measurements of economic output

Knowledge transfer among firms

Educational attainment for civic engagement and service

Quality workforce development for upcoming generations



dedication, and potential to fill social gaps, while on the other, they experienced longer periods of unemployment or retired before they wanted to because they could not find suitable work.

Boomers and elders’ desire to remain in paid or unpaid work, the high level of social need, worker dislocation, and enduring concerns for a mismatch between workers and jobs have converged to spark a drive in Arizona and nationwide to reinvent employment for a new age. Employment is being redefined to include unpaid as well as paid positions and different forms of compensation. Time, interest, and numbers are the catalysts behind new systems for a more resilient workforce and a labor market better able to use and retain them.

As a result, boomers have been inventing new careers, while programs, such as the Mature Worker Connection and Experience Matters Consortium, have been developed to help workers be successful in a volatile, competitive environment. Some employers have revamped practices to keep boomers, while others have developed formal knowledge transfer programs and new training initiatives for young workers. Advocacy groups, including AARP, have toiled to convince private and nonprofit employers of the value and cost effectiveness of older workers to counteract the perceptions of higher costs and lower productivity. Studies that refuted the perception of cognitive declines and higher costs have helped the effort.

Older Arizonans represent a dramatic potential increase in human capital for employers and communities. But work and service will not look the same for everyone in their 50s, 60s, 70s, or 80s. Some will want traditional jobs, while others will want to change careers. For others, the emphasis will be on service. Nearly all can be assumed to want flexibility.

A 2008 survey from Civic Ventures and the MetLife Foundation showed that nationally about half of those 44-70 are interested in “social purpose careers” in education, health care, and the nonprofit sector.²⁹ The Health and Retirement Study³⁰ is another one of now numerous studies that indicate a positive view of community service among soon-to-be retirees.

The Harvard School of Public Health and MetLife Foundation made similar conclusions but provided more detail on potential segments. Again, approximately half of boomers expressed interest in service. The study identified 5 types

of future boomers, categorizing their potential for community volunteering. The “traditionalists” and “self-reliants,” who represented just over half of boomers, were most likely to engage in formal and informal service.

Of course, increasing the pool for work and service by 30-55% would be significant. Applying the segment proportions to Arizona’s projected older population suggests that 1.1 million traditionalists and self-reliants may be in the state by 2030, an increase of approximately 630,000 of these probable service personnel. Growth in this population group alone provides a potential of 47-81 million person hours per year for community service. If these hours were included in measurements of the state’s economy, future community service contributions conservatively could be worth between \$1.5 billion and \$2.6 billion per year, based on Arizona’s average wage.³¹

ARIZONANS WANT TO WORK AND SERVE TOO

Aging Arizonans have outlooks on jobs similar to those detailed in national studies. While most look to retirement years as opportunities to spend more time with family, travel, and pursue hobbies, service and work remain prominent. For example among the Arizonans surveyed:

- 56% anticipate doing more volunteering and community work (63% of those 45-64)
- 29% look to work and another 43% would consider it
- 24% envision themselves starting a new job or career

The *Unlocking Resilience* panelists expect to work primarily out of choice. However, income and benefits will be important also. The strong interests in other activities suggest that work and service will have to be flexible, fulfilling, and competitive to keep older adults in the game.

The *Unlocking Resilience* panelists viewed older adults’ participation in service as an important asset for Arizona and a counterbalance to the costs of supporting an aging population. Panelists most often cited wisdom and experience as valuable assets. For example:

- “Older adults have so much more life experience and could be contributing but society does not value that as it should.”

Not All Boomers Will Want to be Involved in Community Service, But Many Will

Segmentation U.S. Baby Boomer Population

Group	%	Characteristics	Potential for Volunteering
Strugglers	9	Financially challenged; compromised by health, education, job loss, and divorce	Low
Anxious	23	Stable employment but pessimistic about health and income solvency	Low
Traditionalists	25	Moderate income, ethnically diverse, involved in extended family support network	High, informal
Self Reliants	30	Upscale, significant savings. Involved and connected with work and community	High, formal
Enthusiasts	13	Upscale, significant savings but seeking freedom from work and responsibilities	Low

Source: *Reinventing Aging: Baby Boomers and Civic Engagement*. Center for Health Communication, Harvard School of Public Health. 2004.

- “The contribution that today’s active seniors can make is not measurable. Many of them have had successful careers and now that they are retired, they can mentor the next generation.”
- “Older people have time to volunteer. I do volunteer work for Habitat for Humanity and I was a good 20 years younger than most of the volunteers, which I thought was great and inspiring.”
- “I have always felt that we can always learn from those who are older and wiser because of what they have learned from their experiences. We can learn how to survive our problems by learning how they have survived through their tough times.”
- “Older populations can provide significant wisdom and guidance to younger generations. If we keep the seniors active and involved in society, they can be of great value.”

WORK IS MOST ATTRACTIVE TO LOWEST- AND HIGHEST-INCOME ARIZONANS

Arizonans most concerned about having enough income and those with greater financial resources are the most likely to embrace continuing to work or starting something new in later years. Likewise, Arizonans with less than a high school education or a bachelor’s degree or higher appear to be the new job seekers. Work is attractive for its financial and intrinsic rewards.

Men outnumber women in looking toward a new job or career, but more women intend to increase their community work. Minority residents are anticipating working in a new situation more than majority respondents. Those who are currently working are the ones most likely to look to starting a new job or career, while already retired residents are least likely to return to the job market. The new job group, not surprisingly, looks ahead optimistically, agreeing that things generally would be better 10 years out compared with now.

Looking just at Maricopa County, three quarters of boomers intend to keep working in retirement and beyond age 65, which could swell the ranks of workers beyond current levels.³² For each percentage point increase in labor force participation by boomers now, the state could gain approximately 17,000 workers. In 2030, each point of gain would reflect 19,000 new workers.

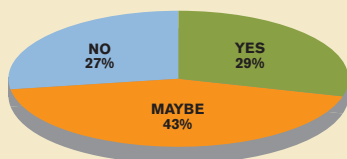
RECESSION HAS AFFECTED RETIREMENT PLANS AND FEELINGS OF SECURITY

In Arizona, the Great Recession brought job growth to a standstill and pushed personal income down by 3.3%.³³ Forecasters expect employment to begin to return at the end of 2011³⁴ and into 2012. Pre-recession levels are not anticipated until about 2014. Nationally in March 2009, more than half of those 50-64 surveyed by the Pew Research Center indicated they had thought about delaying their retirement because of the downturn, with 16% stating they believed they would never retire. Of those thinking of delaying, 59% stated they had lost more than 40% of the value in their retirement investments.³⁵ By summer 2009, 63% of those about the same ages noted they may have to delay their retirement because of the recession.³⁶ In addition to perhaps working longer, boomers and retirees are increasingly tapping their financial resources. An AARP survey of adults 45 and older found that 35% of respondents age 45-54 and 38% 55+ had stopped putting money into retirement accounts.³⁷ The stock market and investment funds have posted gains since the depths of the U.S. financial crisis, but experts say it will still take time for portfolios and confidence to return to their earlier values.



1 out of 3 Arizonans Anticipate Working After Retirement

Q: Still work/think you will work when you retire?

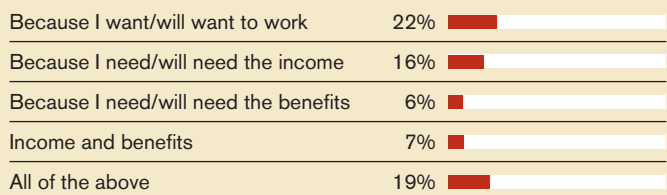


Percentages may not total 100 due to rounding. “No response” not presented.

Source: *Unlocking Resilience Survey*, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

Work Will Reflect Choice and Desire for Income

Q: Why will you want to work?



Source: *Unlocking Resilience Survey*, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

The Retirement Confidence Survey, administered for more than 10 years by the Employee Benefit Research Institute, annually measures workers' perspectives and concerns. The 2009 results also show workers are expecting to stay at their jobs longer. More than a quarter (28%) reported that the age at which they expect to retire had changed in the last year. More workers are also planning to work post-retirement, 72% of the survey's respondents.³⁸ Just 13%, an all-time low, called themselves "very confident" about having enough money to retire comfortably. Slightly more of those already retired, 20% – another record low – said they are confident about having a financially secure retirement.³⁹

Slightly over 1 in 4 Arizona panelists felt the economic downturn had affected their retirement "very much so," while 3 out of 4 perceived some impact. Nine out of 10 of those ages 45-64 felt the recession's weight. Regardless of age, Arizonans are not very confident they will have sufficient income for retirement, with the youngest, 18-29, and the oldest, 65+, expressing the most concern, with only 4% and 5% respectively noting they were "very confident." Considering that Arizona posts the 15th-highest median income in the country for people 65+ and most boomers are currently in their highest-earning years,⁴⁰ concerns for financing the future stand out. In today's economic climate, it would be surprising if residents were not staying in their jobs or starting "bridge jobs" to retirement.⁴¹

The recession has changed the employment possibilities for older workers too. For example, until recently, the rate at which older workers were displaced from their jobs was lower than for their younger counterparts. However, the Center for Retirement Research recently reported that the displacement differences between younger and older workers had disappeared for two reasons. First, older workers were being laid off in greater numbers across industries. Second, the loss of manufacturing positions particularly affected older workers. The positive effects of more education among older workers "in reducing the risk of displacement has all but disappeared."⁴²

RECESSION HAS SWELLED SOCIAL SECURITY ROLLS TOO

Nationally, figures from the Social Security Administration show that many older workers have chosen to retire at earlier

ages than they expected because of not being able to find other jobs. Social Security income became their fallback position even though they would rather be working.

Older residents thus offer a substantial pool of workers, many of whom want to be back on a job. As the economy begins to grow, the effects of these early retirements may help to spur the public policy changes needed to take advantage of sidelined human capital. According to a federal estimate, 93% of the growth in the U.S. labor force from 2006 to 2016 will be among workers ages 55 and older, continuing a recent trend.⁴³ In 1995, 57% of those 55 to 64 were working. By the first part of 2009, 65% were still in the labor force.⁴⁴ The downside of older workers staying on, according to some labor economists, has been greater difficulties for young workers to join the labor force and obtain career pay, career path jobs. Only more jobs will help all generations to be successful economically.

GOOD WORKS MOTIVATE MANY

National data on volunteering show the largest proportion of volunteers is 35-54 (30%), but those 65+ give the most time. The median 96 hours is equal to 5% of a full-time job. Data show that higher levels of educational attainment are positively linked to more service. In fact, 42% of the population that volunteers has a bachelor's degree or more compared to just 19% with only a high school diploma. Currently, about one-third of Arizonans overall volunteer and the number is rising.⁴⁵ Residents 65-74 are the most likely to volunteer in Maricopa County with 20% of those volunteers contributing 10 hours or more per week.⁴⁶ Engaging even 20% more boomers in service would translate into 180,000 more people.⁴⁷ Furthermore, the projected percentage of 60+ residents in Maricopa County is estimated to be 22% by 2030. With such a pipeline of potential volunteers, attracting and retaining this population in service will increase social capital significantly.

Motivations for Service

Altruism motivates most volunteers, but many also want to sharpen and stretch job skills, test out new careers, and build

Recession Has Made Arizonans Reconsider Retirement

Q: Will/has recession affected retirement plans?

Very much so	28%	<div style="width: 28%;"></div>
Somewhat	46%	<div style="width: 46%;"></div>
Not very much	14%	<div style="width: 14%;"></div>
Not at all	10%	<div style="width: 10%;"></div>
No answer	2%	<div style="width: 2%;"></div>

Percentages may not total 100 due to rounding.

Source: *Unlocking Resilience Survey*, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.



resumes. With these objectives in mind, 40% of volunteers approach the organizations in which they want to be involved on their own initiative. This rate increases to 45% within the 45+ age group. That leaves more than half of potential volunteers perhaps needing help finding the right fit. Matchmaking is a niche needing to be filled to get the greatest return from the desire for service.

Older Arizonans volunteer in three primary areas. Among those 45+, work on behalf of religious organizations is most prevalent, followed by educational and youth-related charities. For people 55+, social or community service groups also rate highly. The main volunteer activities boomers and seniors report doing are fundraising, providing professional or management services, collecting, preparing, distributing, and serving food, and teaching or tutoring.

While boomers and seniors are positioned to volunteer at increasingly high rates in Arizona over the next few years, older adults face some barriers, including a lack of transportation and finding the right fit with organizations. Nonprofit organizations are just now figuring out how to take advantage of these new service workers. The old days of “stuffing envelopes” are long gone, but the transition to high-performance teams of paid and unpaid workers is still in process.

EVERYONE HAS A STAKE IN OLDER ADULTS’ CHOICES

The success older adults have in work and service matters to every Arizonan for some very basic reasons.

Dependency Ratio

In the next 30 years, Arizona’s proportions of older adults and children are expected to increase dramatically, leaving the state with one of the highest dependency ratios in the country. In short, high proportions of non-working youth and elders will have fewer working-age adults to depend on for public services. The longer people stay in the workforce, or return to it, the more advantageous the outcomes for the economy and for public services.

Workforce Challenges

Delayed retirement will expand the time employers have to prepare for substantial numbers of retirements. Such important segments as aerospace, health care, utilities, and education have a preponderance of older employees. The desire among boomers to change jobs will help increase the quality and quantity of Arizona’s workforce. An influx of new workers may help some industries to catch up in areas that are expected to be short of talent again as the economy recovers.

Benefits from Working

Research has highlighted such returns as happiness and mental acuity from longer work lives. Work provides a sense of purpose and a majority of older adults who work say the biggest motivation is to feel useful and productive. Helping to improve society is reason enough to continue working for many. These benefits also play a part in maintaining health.



Effects of Long-Term Unemployment

The Great Recession has been notable for the number of Americans who have joined the ranks of the long-term unemployed, including more than 100,000 Arizonans. Periods of unemployment longer than 6 months have been shown to be negative for family ties, reemployment, and community stability.

WORK, SERVICE, AND RESILIENCE

Putting mechanisms in place to facilitate boomers’ work and service will be the next steps in taking advantage of the human capital they will continue to offer. Steps such as the recent expansion of AmeriCorps show that advocacy is leading to policy. For example, President Obama in 2009 signed the *Edward M. Kennedy Serve America Act*, tripling the size of the AmeriCorps program. Notably, the act included a “senior corps” to address poverty, education, energy efficiency, health care, and assistance to veterans. Other changes have been suggested to Social Security and pension policies. State rules will need to change as well to promote flexibility, retraining, and ready match-making between nonprofit organizations and workers. When the U.S. created “labor exchange” programs in the 1930s to match employers and workers, few could have anticipated that one of the most valuable sources of labor would be older people rather than younger. Changes could be made readily so that positions for means and meaning would become the norm for more older Arizonans.

Experience Matters Consortium started from a year-long, countywide initiative that aligned and expanded current efforts in Maricopa County to engage older adults' time, talent, and experience to help meet the county's growing needs in the public and nonprofit sectors. The Consortium is comprised of organizational and individual members and works strategically with allies and partners throughout Arizona. It is designed to connect every experienced adult wanting a social purpose with an organization in need of people's time and talent. This project has built on what has been learned from the **Next Chapter Centers** and **Experience CORPS**, which are initiatives of the Virginia G. Piper Charitable Trust and Civic Ventures. Next Chapter Centers offer a designated space for retirees or those nearing retirement to learn about volunteer, work, and educational opportunities and provide links to supportive services and wellness information. Developed in public libraries and community colleges, the centers have been at the forefront of work and service and community connections. Supported and now spun off from Civic Ventures, Experience CORPS in Mesa is hosted by Hands On Greater Phoenix, Mesa Community College, and Mesa Public Schools, and sponsored by the Virginia G. Piper Charitable Trust. The program serves students in fourth grade, where Experience Corps members work at the direction of the teacher to increase students' literacy and academic achievement. The members receive a stipend for their efforts and currently the program operates in two Mesa elementary schools.



Workforce Transition Center at Gateway Community College is a re-careering program for boomers interested in beginning encore careers in fields outside of their previous experience. The types of training modules provided to boomers are for career fields experiencing workforce shortages, such as health-care and social services. The program helps boomers transition into flexible working positions, like consulting or project management, so that they are still able to enjoy the benefits of retirement.



Arizona's Mature Worker Friendly Employer Certification was created to acknowledge employers that maintain fair and equitable employment policies, practices, and programs for people age 50 and older. This certification indicates an employer's recognition of the unique value of age 50+ workers as well as their commitment to take action to provide meaningful employment, professional development opportunities, and competitive pay and benefits.

Mesa United Way continues to be successful in engaging older adults in the community. Working with **AmeriCorp VISTA**, United Way recruits volunteers over age 55 who can earn a small stipend by working fulltime for a year for a local nonprofit agency, Mesa Public Schools, or the City of Mesa.

Arizona Science Center depends on older volunteers and the experience, creativity and knowledge of retired scientists, mathematicians, and engineers to help set up, demonstrate and explain the complex displays throughout the center to visitors of all ages.

FOCUS ON

GOOD PLACES TO AGE IN PLACE

EXAMPLES IN OUR COMMUNITY

Ajo was once a thriving copper town. The mines closed in 1985 leaving residents to figure out how to reinvent their place. Now the approximately 3,500 Ajoans are one of the state's Communities for All Ages. Still a place of hardship with about a quarter of the population with low incomes and a tax base a quarter of what it used to be, the Communities for All Ages team has been leveraging people's strengths to make Ajo a great place in which to grow up and grow old. The strategy has been to use the power of the arts to bring people together across cultures and generations. From festivals to public art to renovating historic buildings, Ajo is on its way back to prosperity through intergenerational work.

Surprise used to be a small agricultural town. Now its approximately 100,000 residents are looking at a suburban future. A revitalization initiative in the original, historic square mile of Surprise is the hub of a Communities for All Ages project which brought together the City of Surprise, Interfaith Community Care, Rio Salado College, and Dysart School District to create the Hellen and John M. Jacobs Independence Plaza. The center offers services for young children, youth, and elders with a park, arts center, and lifelong learning center just a few steps away. A community garden has provided another outlet for all ages, while Bert's Bistro and Bookstore serves the entire community. Senior volunteers from Sun City, Sun City West, and surrounding areas help staff center programs and bring youth and elders together.

Scottsdale's median age is already past 41. The city of more than 200,000 didn't set out to attract elders but its upscale profile has been a good match for boomers who want to balance work and personal lives. City service needs have shifted to more fitness and classes for those who are still working as well as volunteers doing more at city hall and other institutions. Scottsdale Boomerz connects residents to opportunities in the community. Scottsdale's experience may point the way for many communities with boomers' different expectations about their later years. They may work. They'll want different services and ways to stay engaged. They will change "the city from the inside out."

COMMUNITIES ARE CALLED ON TO RESPOND TO AGING

Arizona has been known as a good place to retire – attracting its fair share of younger, wealthier, and more educated retirees and their spouses. But older residents have been just one type of in-migrant. Young adult migrants actually have outnumbered older ones, but elders tend to put down roots in Arizona, while younger residents are willing to move on. Whether Arizona will continue to attract large numbers of older newcomers as the housing bust makes it harder to sell homes elsewhere and financial insecurity alters plans remains to be seen. Nationwide, approximately 3% of households are expected to move to another state for retirement. Arizona will capture some of these, but the reality is that most people will simply stay put as they get older. Because seniors tend to own their homes, aging is as much a community matter as it is a personal one.

POLICY IMPLICATIONS FOR RESILIENCE

Integrating Smart Growth, Community Revitalization, and Aging Support

Creating Incentives for Aging Support

Developing Models for Neighborhood Associations for Elders and Youth

Remaking Revenue Models for Older Communities

Expanding Transit and Walkability

Smart growth and community design go hand in hand for all ages

Incentives for community innovations

Financing for communities may be constrained in coming years

Retrofitting communities

Maintaining vibrant economies

Keeping a mix of ages through housing choices

Planning for all ages

Ensuring transit and mobility choices

Increasing civic dialogue

Opportunities for neighborhood organizations to support NORCs



Aging in place and the phenomenon of “naturally occurring retirement communities,” (NORC) certainly will have benefits and drawbacks. Local support networks and familiarity are strong points. Yet as buying patterns change, local businesses may decline. With limited turnover in housing, young families may be pushed to fringe areas. Communities may deteriorate as residents’ resources for home maintenance and repair decrease. Schools and institutions that depend in part on the influx of new residents may not be able to maintain a presence. Redevelopment may take priority over development. However with planning and foresight, aging in place can provide new opportunities to maintain, and even increase, livability and engagement.

AGING IN PLACE HAS BECOME A FOCAL POINT FOR LIVABILITY

Nationwide, aging in place initiatives have resulted in comprehensive community-driven strategies to “give Americans the services, opportunities and infrastructure so that they can grow old with dignity in their own homes while remaining active and engaged members of their communities.” The goal has been to make communities “ageless.”⁴⁸ These strategies usually focus on housing affordability, maintenance and accessibility, mobility, work, wellness, volunteerism, and intergenerational programs. Across the country, aging-in-place projects have:

- Changed zoning policies to increase mixed use development, accessibility of services, and walkability
- Redesigned intersections and sidewalks for easier crossing and walking
- Designed or remodeled homes with universal design
- Enlarged road signs
- Developed new work and service options
- Created social programs and civic engagement

Evaluations of such initiatives have shown positive outcomes including greater health, increased awareness and use of community resources, greater volunteerism, and more positive attitudes about aging and community living.⁴⁹ Aging in place and “smart growth” go hand in hand. Both concepts put a premium on walkable communities with amenities and opportunities for services and social life close at hand.

As fairly homogenous communities age, groups with similar situations and needs emerge. Now, NORCs are beginning to organize their own mechanisms for day-to-day support. Their innovations bring services to communities, whether in a high-rise apartment building, a suburb, or a downtown neighborhood, rather than forcing residents to move to obtain assistance.

Formal NORC programs usually include such activities as case management and social services; health management and prevention; education, social outings and events, recreational



activities; and volunteer opportunities for program participants and the community. Often supported by membership fees or public and private sector funds, NORCs may be in high-income or low-income neighborhoods. Most NORCs have fixed geographic membership boundaries to allow for a deeper understanding of area residents. Organizers often build a network of local merchants offering discounted services and develop resident councils to guide and govern the activities. Leadership by seniors themselves is a vital feature of most formal NORCs. Of course, any current neighborhood could do the same by identifying community partners and planning services and activities. As seen in New York and other areas, services to a NORC can lead to a strong, healthy, connected community.

MASTER-PLANNED COMMUNITIES ARE ARIZONA-STYLE NORCS

Over the years, Arizona’s age-restricted communities have been praised and pilloried. They have been viewed as rewards for lifetimes of hard work as well as islands segregated from other communities, depriving neighborhoods of the social capital this population can provide.⁵⁰ They have been criticized for not wanting to pay for “young” services, such as school taxes, while also providing substantial community service in surrounding areas.⁵¹ In every part of the state, master-planned communities, whether age restricted or not, are NORCs Arizona style. Baby boomers have said they are less likely than their parents to choose age-restricted communities, but this type of NORC is now a testing ground for aging in place.

Some scholars have described limited social ties among residents in age-restricted communities. Furthermore, some research notes that in-migrants are reluctant to invest in relationships that are thought to be temporary.⁵² Their closest bonds remain with those “back home.”⁵³ Friends tell others to move there setting up a chain migration,⁵⁴ but the “tell a friend plan”

does not necessarily promote deep roots or strong bonds. A population of part-time residents or new retirees is less likely to volunteer and is often reluctant to build and maintain new friendships beyond a superficial level.⁵⁵ In contrast, studies have shown that the smaller and less age-segregated a community is, the greater the connections built between elders and other generations.⁵⁶ Those in smaller, economically and socially diverse communities reported gaining new friendships, knowing their neighbors, and having more working friends and acquaintances than residents of larger areas.⁵⁷

In Arizona, NORC-type programs and aging in place initiatives have created plans, organizations, and projects. Helped along by the complementary push for smart growth, Arizona's cities and towns are beginning to change to accommodate long lives. This is good news since most Arizona boomers expect to stay put, as seen in the Arizona Indicators panel.

MOST ARIZONA BOOMERS SAY THEY'LL AGE WHERE THEY ARE

More than 6 in 10 Arizonans said they expect to age in their current communities, although opinion about moving to another house in retirement split half and half. It is no surprise young adults are the least likely to say they will grow old in their current communities. Some observers have suggested that many Arizona elders move "back home" as they need more support. Yet, the eldest panelists were the most likely to anticipate staying just where they are.

ARIZONANS ARE UPBEAT ABOUT THEIR COMMUNITIES AS PLACES TO AGE

The majority of Arizonans feel they have chosen their communities wisely in terms of aging, although concerns surface about cost of living, jobs, and mobility. For example:

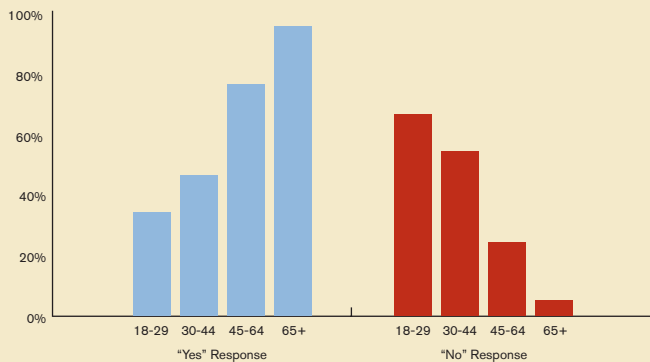
- 2/3s thought health services, grocery stores, other businesses, and family and friends would be close enough as they aged.
- 3/4s of respondents expected to have sufficient access to such amenities as museums, culture, educational facilities, and sports teams.
- Approximately 1/2 expressed concerns about the cost of living in their communities as they age. 1/2 of respondents are concerned about limited chances for employment.
- Mobility worried the majority of respondents however. Getting to facilities was a troubling issue in the minds of many. 4 out of 10 noted their communities' limited walkability.

Respondents overall perceive amenities and health services to be available and accessible. However, a 1/4 to 1/3 of respondents is consistently concerned about these issues. This not insignificant portion shows that Arizona communities have more to do to ensure that amenities, transportation, and other services are well matched to residents' needs and outlooks.

Of course, many of the concerns brought up in this survey are familiar, particularly those about jobs and mobility. For example, the 2009 Gallup Arizona Poll highlighted similar issues. The *Unlocking Resilience* survey is in sync with *The Arizona We Want* in several ways.⁵⁸ For example, the question was asked "how good is your community for different groups of people." Nearly 1/2 (47%) of seniors said that Arizona was very good for older residents, which was higher than any other group. Arizonans viewed the state as far less favorable for youth. In fact, *The Arizona We Want* pointed to a potential brain drain as talented young people decide to move on. *Unlocking Resilience* echoed that possibility.

Younger Arizonans Will Be on the Move, But Elders Will Stay Put

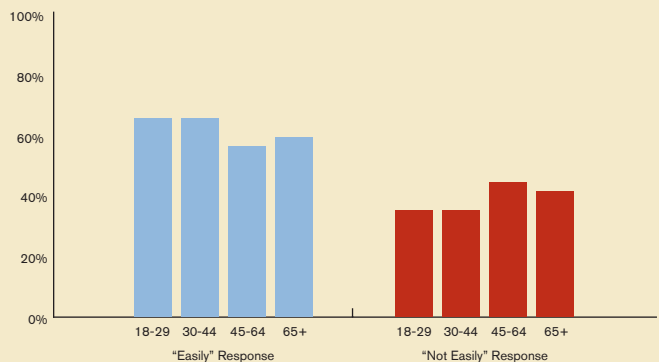
% Who Expect to Grow Old in Current Community, By Age



Source: *Unlocking Resilience* Survey, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

Most Arizonans Readily Find Connections in Their Communities

Q: How easily are you able to find like-minded people in your community?



Source: *Unlocking Resilience* Survey, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

ARIZONANS LOOK TO RELATIONSHIPS AND NEIGHBORHOODS

Relationships are what count among Arizonans now. Respondents found greater satisfaction in their families, friends, and homes than with their finances. Those 65+ are most satisfied with finances and friendships, while boomers are most satisfied with housing and neighborhoods. Those who are 30-44 are most satisfied with their relationships with children (85%) and parents (69%).

Relationships may be carrying many Arizonans through this tough economic time. Certainly, the younger respondents noted their dissatisfaction with finances and uncertainty about the future, although even many boomers question Social Security's future viability. For example, just 10% of those 30-44 and 37% of those 45-64 believe Social Security will be available when they retire. Similar portions see Medicare being ready to accept them. In contrast by the time Arizonans get to the post-65 period, their financial situations are relatively clear and certain, even though money concerns are still real for many.



THE POWER OF FRIENDSHIP AND FAITH BODES WELL FOR LESS STRESS AND STRONGER COMMUNITIES

Research has shown strong bonds help individuals and communities cope with stress and bounce back from adversity. The panel survey underscores the point. Faith and satisfaction with friendships affect optimism or pessimism and how residents look at the future. Optimism or pessimism about coping with aging challenges and outlooks on stress were related to friendships. Those who expect less stress think things will be better in the future. Faith and optimism lead to higher expectations for volunteering or working in a new job or career. Since friendship is such a vital aspect of Arizonans' lives, it stands to reason that new friends can be made readily. The data bear this out since, for the majority of residents, locating like-minded people is fairly easy.

ARIZONANS HAVE OPTIMISTIC, REALISTIC OUTLOOKS ON AGING'S ASSETS AND PROBLEMS

When asked whether more seniors are an asset or problem, Arizonans are optimistic, yet realistic, about aging's impact on the state. Those who viewed a growing senior population as an asset outnumber those who saw it as a problem by nearly 2 to 1. Half of the respondents saw the situation as both an asset and problem. For example: "I think seniors have enough to offer that will offset any problems they add. I think we need to learn to deal with reality, not try to change it." But some respondents noted that they don't often think about the issue. "Actually... I don't think about seniors that much."

Assets

- "The senior population seems to have more disposable income while the younger population is having employment problems."
- "Seniors represent a value-added resource to the state, additional income and investments for Arizona."

Arizonans Are Most Satisfied with Relationships and Least with Finances

Q: How satisfied would you say you are with...

	% Very Satisfied	% Somewhat Satisfied	% Somewhat Dissatisfied	% Very Dissatisfied	% NA
Personal financial situation	10	44	30	12	4
Housing situation	33	32	28	3	2
Your neighborhood	28	48	21	2	2
Number and quality of friendships	38	41	17	2	3
Relationship with children	45	25	6	<1	23
Relationship with parents	38	15	10	7	30

Percentages may not total 100 due to rounding.

Source: *Unlocking Resilience Survey*, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

Problems

Others voiced concerns about seniors no longer paying their fair share as they consumed more services and possibly crowded out others for such services as health care.

- “We spend a lot of tax dollars on them. They’ve earned it, and I don’t begrudge that, but it will be a problem with the state budget.”
- “Many seniors are set in their ways and don’t like change. Arizona needs change in many areas, but senior voters generally vote down change.”
- “A burden on the taxpayers to provide more and more services for those who cannot afford them, but who use more than the average citizen.”
- “As the population grows and ages, the medical system will be even further taxed. We already have a shortage of specialists; it can take you 6 months to see a neurologist, endocrinologist, etc. That’s a problem.”

Some observers have suggested that younger generations feel they must now solve problems left unaddressed by boomers. Could this outlook play into whether or not communities can effectively organize to maintain quality of life for all ages? When Arizonans were asked about the previous generation’s stewardship of the community, “better” outweighed “worse” by 54% to 45%. Those figures underscore perhaps an uneasy relationship among generations in some areas.

AGING IN PLACE MAY BRING FINANCIAL CHANGES TO COMMUNITIES

As people age, values tend to shift from “goods” to “experiences,” and from accumulating resources to creating a legacy.⁵⁹ Seniors tend to spend more time than money. Overall, Arizona’s older adults remain fairly affluent since so many moved to the state to retire, which required significant financial wherewithal. These retirees have been attractive economically because they brought new assets to communities and used few services.

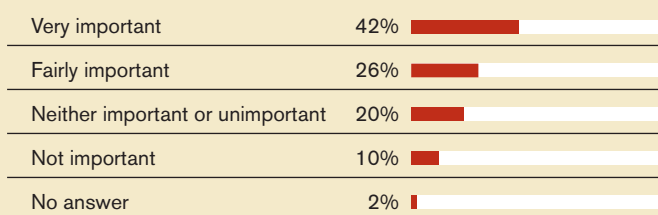
However as Arizonans age, cities and towns’ treasuries could be affected as residents buy fewer goods and generate less in sales tax. Nationally, spending by persons 65+ is 27% lower than the average for all consumers.⁶⁰ Although the data reflect national trends, Arizonans are demographically quite similar to the typical U.S. consumer.⁶¹ Spending in Arizona on taxable goods and services is a third lower for persons 65+ compared to younger age groups.⁶² If in-migration returns to past levels however, the impact of less spending could be blunted by the volume of newcomers.

Forecasts of tax impacts are imprecise because sales tax rates⁶³ vary among jurisdictions and products and collections have been decimated by the Great Recession. Until the passage of Proposition 100 to raise the state’s sales tax by a penny and various municipal increases, the prevailing rates⁶⁴ on retail sales ranged from 6.1% to 9.1% within Arizona. Even with previous figures, the changes of aging can be seen. The minimum range of tax collections was expected to grow from \$10.8 billion per year in 2010 to \$15.7 billion per year statewide in 2030. Collections from elders are projected to make up 12% of this amount in 2010 and increase to 17% in 2030, compared with their proportion of the total population in these years of 14% and 22% respectively. Fluctuations in elder spending of even 10% could ripple through taxing jurisdictions as a loss of approximately \$264 million.

Potential reductions in property tax revenues because of more elders may be a more significant issue. Local property tax is historically a stable source of government revenue.⁶⁵ To help support elders with few resources, Arizona voters adopted a constitutional provision that allows the valuation of property owned by some seniors to be frozen.⁶⁶ In 2010, an estimated 4,964 households qualified with a total valuation of \$98.3 million,⁶⁷ representing approximately \$44 million in reduced valuation. As the number of seniors increases, the valuation and tax revenue loss of qualifying households is expected to rise. A conservative estimate puts the reduction in assessed valuation of “frozen” residences held by qualifying elders at \$3.9 billion by 2030.⁶⁸

More than 4 in 10 Arizonans Say Faith Helps Them Meet Challenges

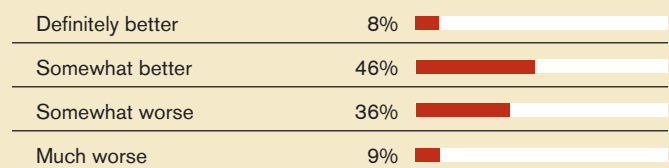
Q: When faced with a challenge, how important is your faith?



Source: *Unlocking Resilience Survey*, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

Lukewarm Endorsement of Older Generations’ Stewardship Shows Plenty of Public Issues Still to Address

Q: Do you believe the generation before you is leaving your community in good shape for future generations?



Percentages may not total 100 due to rounding and <1% of no answer.

Source: *Unlocking Resilience Survey*, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

RECOGNIZING THE GAP BETWEEN HAVES AND HAVE NOTS

Arizona currently has a smaller percentage of senior residents living in poverty than the U.S. However, Arizona's lower-than-average incomes, deep recession, and shifts in pension coverage and health care may leave more boomers strapped for resources. With less in-migration expected, lower incomes may become more prevalent. In 2008, nearly 91,900 elders lived in poverty with the majority of these residing in rural areas and on the state's tribal reservations. A warning sign is that Arizona has a higher number of older adults experiencing hunger than most other states.⁶⁹ Arizona increasingly may have two populations of older adults: haves and have nots.

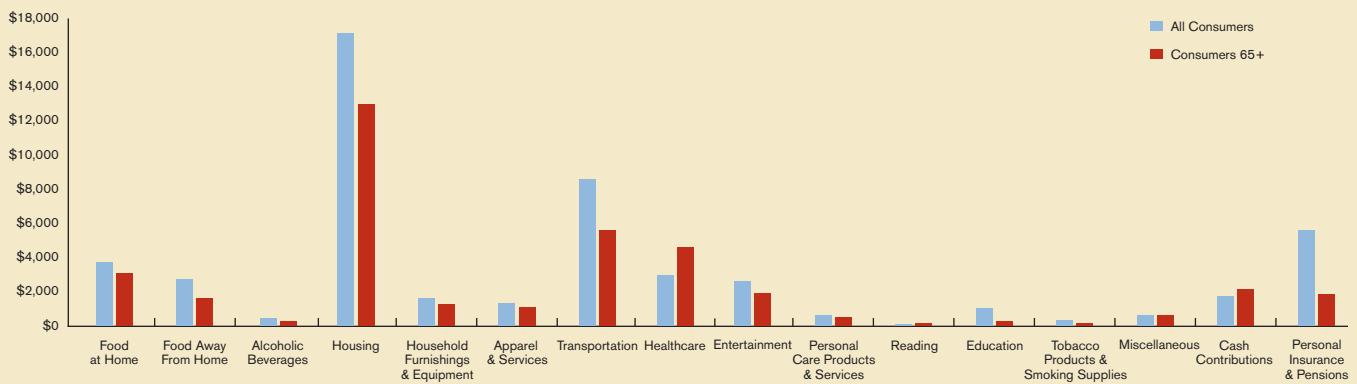
ARIZONA POLICIES INCREASINGLY SUPPORT AGING IN PLACE

Arizona is 1 of 4 states with less than 2% of its current seniors living in nursing homes and a leader in shifting

federal and state funding from institutional care to home and community-based options.⁷⁰ In 2007, according to AARP, for those ages 75+, placement in nursing homes was the lowest in the nation and the second lowest for ages 65+.⁷¹ Since 2004, more AHCCCS consumers have been served in their homes than in institutions. Over the last few years, steady growth in providing home and community-based services and a decline in nursing home admissions among older adults has been evident. As the population ages, growth in home and alternative residential communities is expected to pick up even more. Assisted living facilities are especially prominent in the state. In 2007, AARP statistics showed that Arizona has the 5th-largest number of assisted living facilities per 1,000 residents 65+. Yet as many states including Arizona deal with severe budget shortfalls, home care and independent living programs are being cut even though research shows that in the long run they save money and are effective because they keep people out of nursing homes.

Spending Patterns Change with Age

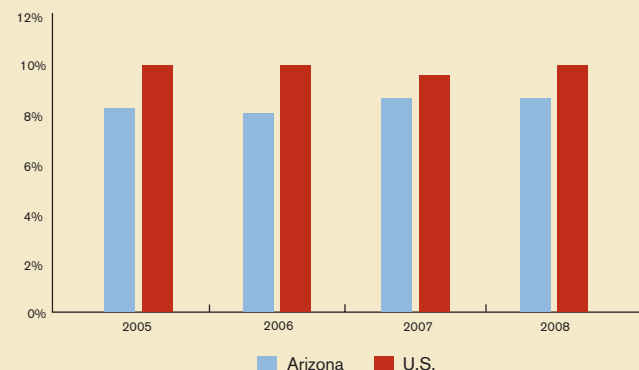
U.S. Consumer Expenditures by Age and Major Category



Source: U.S. Bureau of Labor Statistics.

Fewer Arizona Seniors Live in Poverty Compared to the U.S.

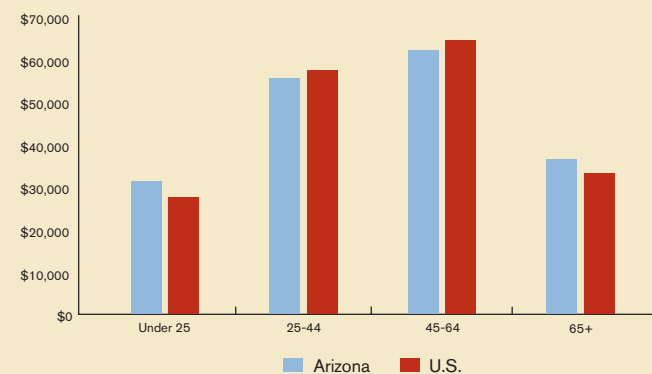
Percentage of Seniors 65+ in Poverty



Source: U.S. Census Bureau, American Community Survey.

Median Income by Age

U.S. Consumer Expenditures by Age and Major Category



Source: U.S. Census Bureau, 2006-2008 Community Survey.

Arizona’s leadership is in part the result of choices and planning. Arizona’s Olmstead Plan, a federally required plan, was developed in 2001 and was the impetus for changes made within the Arizona Long Term Care System (ALTCs) over the years.⁷² The Olmstead Plan was based on a 1999 Supreme Court decision that required federal, state, and local governments to provide more opportunities for home and community-based services (HCBS) for older adults and people with disabilities. Arizona has chosen a strategy that “strongly supports the opportunity for individuals enrolled in the ALTCs program to live in HCBS settings.”⁷³ This less costly approach promotes choice, self-determination, independence, and community inclusion by allowing consumers to remain in their own homes and communities while receiving needed care.

COMMUNITY WILL BE KEY FOR WELL BEING

Scholar John Bruhn defined community in *The Sociology of Community Connections* as “close relationships that are fostered by shared goals, common values, and, perhaps a way of life that reinforces each other, creates positive feelings, and results in a degree of mutual commitment and responsibility.” Community implies a “degree of constancy in fellowship and belongingness among members.” People living in close-knit communities tend to provide a positive environment for dealing with disruptions such as those that occur due to aging or other life changes. These communities have been shown to have lower rates of certain diseases and increased longevity. Furthermore, the strongest societies are those that find opportunities for residents to connect with others through areas of common interest.⁷⁴ These close community connections actually carry over to longer, healthier, and happier lives. Author Dan Buettner detailed why residents in some regions of the globe live longer than others. The study indicated that a healthy diet, active lifestyle, optimistic personality, strong personal connections, and a sense of purpose contribute to longevity and well-being.⁷⁵ It stands to reason that older adults and communities are interdependent.

Arizona research bears this out. Using the results of the Arizona Health Survey, scholars noted that knowing, spending time with, and helping neighbors relates positively to health and well-being, even in Arizona’s often high mobility communities. Scholars have known for years that where people live affects their health. Social characteristics are strongly associated with health issues. Factors such as poverty, employment, urban form, family structure and race/ethnicity are just some items that can help predict how healthy residents are, even when individual attributes and behaviors are taken into account. Much of the research, however, has focused on health disadvantages. But many socially disadvantaged people do achieve optimal health. ASU scholars showed that strong communities, where people feel connected to their neighbors, have a positive effect on health. How well people know, trust, and feel connected to their neighbors is linked to their overall health and well-being.

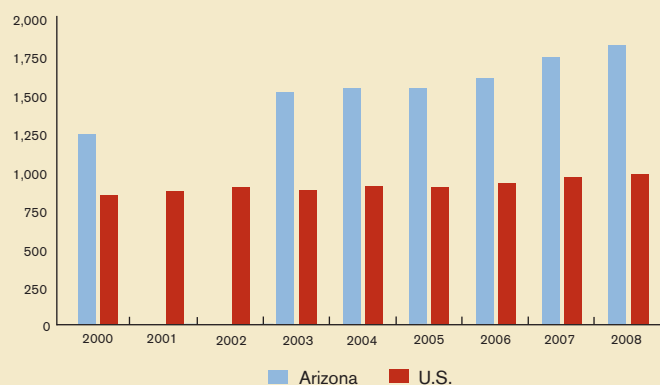
Researchers looked at the answers to questions about whether they trusted people in their neighborhood, whether they felt they could count on them, and whether people in their neighborhood help one another out.

The researchers found:

- A positive relationship exists between how people perceive their connections to their neighbors and their reported health and well-being.
- People who are non-Hispanic, older, married, and in higher socioeconomic positions are more likely to perceive their communities as being socially cohesive.
- While communities with higher socioeconomic status are more likely to be socially cohesive, neighborhood connectedness plays a larger role in self-reported health status among people with lower socioeconomic status.
- There is a strong relationship between culture and neighborhood connectedness. Neighborhoods that are more ethnically homogeneous are more likely to trust and feel connected to their neighbors, benefiting their overall health and well-being.

Arizonans Look More Often to Assisted Living

Total Number of Assisted Living Facilities

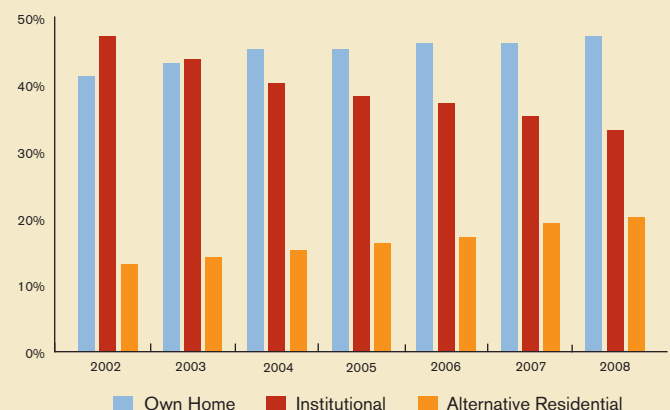


Note: Arizona data not available for 2001 and 2002.

Source: The National Ombudsman Reporting System. Arizona Indicators.

Institutions Are Used Less by Elders

Statewide Placement Percentage by Setting



Source: Arizona Health Care Cost Containment System, 2008 Annual HCBS Report.

- People are more likely to consider feeling connected to their neighbors if they live in a community where residents have higher education levels.
- Factors such as the people moving in or out of a community, the median income of households, and the percentage of owner-occupied housing did not affect feelings of connectedness.

This research also suggests that cultural homogeneity within a community can be a strength. While sameness, taken to extremes, can foster isolation and social separateness between cultures and income groups, it can also benefit social cohesion and overall health and well-being. Failing to recognize some of these benefits misses why many people can achieve optimal health – even within a community with a variety of disparities. That said, it is one thing to be and stay well in a culturally homogeneous community, and quite another to deliberately exclude oneself and others from coming together to participate in the



public life of the wider society. The research also found that education plays a role in how neighbors feel about one another. This research suggests that efforts that support both the connectedness of neighbors and the educational attainment of community members may contribute to improved health and well-being.⁷⁶

Becoming more elder friendly, however, is challenging given the complexity and cost of transportation, housing, health, shopping, safety, and recreation to arts. A MetLife-funded initiative called the *Maturing of America* surveyed 10,000 local governments in 2006 to determine their age readiness.⁷⁷ The results showed that local governments then lacked the policies, programs, or services to promote the ability of older adults to live independently and contribute to their communities. Fewer than half of the communities had begun to ask older residents what changes to local government services may be needed to enhance their quality of life and ensure that they successfully age in place.⁷⁸ In Arizona, the *Smart Growth Scorecard* allows a municipality to assess their community across 6 topics. Two questions specifically mention housing and services for seniors. Approximately 80 of the state's 91 municipalities have completed the assessment, giving Arizona's places a leg up in accommodating age.

Most Arizonans expect to age in place. They are most satisfied with their relationships and neighborhoods; faith and friendship play a strong role in their lives. Residents see their communities in mostly positive terms, although concerns about mobility are clear. At the same time, research shows the power of close communities and the potential of linking smart growth principles, aging, and resiliency. The reasons for enhancing livability and strengthening communities at all levels are clear. State and local leaders can enhance the capacity to age in place through smart planning and innovative redevelopment across municipalities and at the neighborhood level. The collaborative process of building these inclusive neighborhoods itself will build resilience and make areas attractive to all generations.

THE TALE OF TWO PLACES: PERSONAL INVESTMENTS MAY MAKE THE DIFFERENCE BETWEEN COMMUNITIES

One in-migrant reported: "We had a lot of guests come down last year, because we have a lot of golfing friends and we live near a very nice golf course, a real treat to play on. But this year, I don't think we'll have so many guests, which makes me a little worried socially. My husband doesn't mind so much, he knew for sure he didn't want to settle into one of those retirement communities where everything is planned for you. Because I am the more social one, I feel a void in Arizona. Some of our friends do make real investments in friendships down there. But I guess I just don't see the point. I love to entertain my friends from Minnesota, who come down, but we can do that up there, and in fact we usually fly back and forth between Arizona and here several times in a winter, and spend a few weeks here and there. So, I always enjoy just coming back up here to family and friends in Minnesota."⁷⁹

Another in-migrant reported she was opposed to moving to an age-restricted master-planned community because they were segregated and homogeneous. But it was the only walkable community. "When you set up an environment that is designed to keep people active, you will draw them," she said. Roads have bigger street signs, they are well lit, and offer high contrast making them easier to see. Everything is laid out to be easy to find and convenient. Classes, fitness, and volunteer opportunities are within walking distance. To her, few parts of metro Phoenix offer the livability communities targeting older adults have. Houses are often universally designed with adaptive features that come into play when they are needed. It is the perfect community for her. Only a broader mix of people would make it better.

ARIZONA'S COMMUNITIES FOR ALL AGES

This national model, developed by the Arizona Community Foundation and led by the Temple University Intergenerational Center, was launched in Arizona in 2003 and focuses on the challenges and opportunities facing younger and older populations in Arizona. It brings together community leaders, youth, and older adults to develop action plans that address common concerns, such as lifelong learning, civic engagement, transportation, housing, and individual/family support. There are now 25 sites, 10 of which are in Arizona. The effort is now drawing on the lessons learned and information-sharing to make communities for all ages sustainable over time.

ARIZONA SMART GROWTH SCORECARD

The Arizona Legislature approved “growing smarter” initiatives in 1998 and 2000 to improve local planning policies and foster vibrant communities, strong economies, and a healthy environment. The Arizona Department of Commerce’s planning department and the Growing Smarter Oversight Council developed the Smart Growth Scorecard as a tool for communities to assess themselves. It includes items about senior housing and medical and social services in addition to accessible transportation; nearby shopping and services; job opportunities; a safe and secure environment; a physical environment that fosters walking, recreation, culture and positive intergenerational exchanges; and nearby quality health facilities.

ELDER MOBILITY AT MARICOPA ASSOCIATION OF GOVERNMENTS

Mobility is one of the most important aspects of livability and one of Arizonans’ chief concerns about aging. Arizona’s councils of governments and metropolitan planning organizations are charged with planning for population changes, transportation, and human services, among other areas. The Maricopa Association of Governments (MAG) developed the Elderly Mobility Stakeholders group in 2001 to address the anticipated growth in the number of seniors and create a regional plan to address transportation issues and the many aspects of livability that depend on it. The 25 stakeholders developed recommendations for Infrastructure and Land Use, Alternative Transportation Modes, Education and Training, and Older Driver Competency. To follow up on the initial plan and projects, MAG has updated pedestrian policies and design assistance, developed new signage standards, and encouraged active living through community design.

COMMUNITIES FOR A LIFETIME IN FLORIDA, MINNESOTA, AND MICHIGAN**Florida**

Florida has passed a statute encouraging and setting criteria for “communities for a lifetime.” The state’s initiative assists cities and towns implement changes that will benefit young and old alike. The goal is to help Florida communities become better places for elders to live and provide all residents the chance to help improve their communities.”⁸⁰ A “community” can be a county or even a subdivision with a homeowners’ association. Communities must meet certain criteria to achieve this designation. Once identified, they are eligible to compete for an annual recognition award based on improvements made. Community assessments and collaborations are critical to the process.

Minnesota

Minnesota has the most comprehensive “lifetime” statute in the U.S. mandating that a community achieve the required standards, in order to be considered a community for a lifetime. Communities for a lifetime are partnerships of counties, municipalities, and other entities whose citizens want to ensure that 65+ residents continue to be contributing, civically engaged residents. Minnesota’s 2008 statute offers senior residents opportunities to contribute time and talents through volunteer community service and employment; wellness programs; choices among a variety of affordable, accessible housing and long-term care options; and access to public transportation and community-wide mobility. This statute promotes collaboration among community members by mandating the establishment local advisory commissions, and providing training and learning opportunities for any community members that frequently interact with seniors.



Minnesota's Communities for a Lifetime must help senior residents live independently as they age through:

- remote medical technology
- nutrition programs, including home delivered meals
- comprehensive caregiver support system
- respite care with temporary substitute care and supervision for frail seniors
- personal assistance in accessing services
- high-quality assisted living and nursing facilities
- a publicly operated adult protective service.

Michigan

Michigan's focus is primarily on walkability and convenience of services. The policy's driving question is "If a resident can no longer drive, are they able to access all services in their own communities so that they will not have to move?" Michigan maintains that regardless of age, the ability to conduct the "business of life" and participate in the social life of the community is often determined by the community design and assets that allow residents to get to shops, banks, health care, restaurants and entertainment.

Service Exchanges

Service exchange programs capitalize on the idea that everyone's time is worth something, whether it is paid or volunteered. With service exchanges, older adults give their time to help others and in return, they obtain assistance when they need it. For example, CareShare in Atlanta would locate a volunteer in the network for someone who needs transportation to a doctor's appointment or help with grocery shopping. This model attaches value to volunteer service and removes the stigma of asking for help, because seniors have the opportunity to share their talents and contribute to the community by helping others.⁸¹ Hour Dollars in St. Paul, Minnesota reportedly has about 100 members⁸² and Care Share has been in existence and flourishing since 1992. CareShare and Hour Dollars unite the community in a "pay-it-forward" approach that reportedly keeps the region's elders more independent and involved in the community where they live.



EXAMPLES IN OUR COMMUNITY

Andrew Weil is the University of Arizona’s healthy aging guru. Known by the public and scholars alike, he is just one of many professionals campaigning for positive individual choices and public policies to support health. Diet, exercise, and spiritual practice are his basic keys to health. Healthy Arizona 2010 is another effort. It underscores many of the same perspectives as the state’s prevention and health blueprint. Following a national model which began in 1979, the project is carried out by all types of public and private sector organizations. It focuses on 12 areas that are critical to life-long health, such as physical activity, and concentrates on the fact that individual behavior determines much of one’s health.



Prosumer Mujeres have been described as “empowered consumers” who have shaped the work done with older women by the College of Nursing and Health Innovation. The impact of Prosumer Mujeres has been in part a shared commitment to community and collaboration to address health disparities and healthy aging. Part of the Center for Healthy Aging at ASU’s College of Nursing and Health Innovation, Prosumer Mujeres is just one way health, aging, and community come together.



Banner Sun Health Research Institute is working to unlock the secrets of such age-related conditions as Alzheimer’s disease, as one of 31 Alzheimer’s Disease Core Centers in the U.S. The combination of basic science and clinical work offers metro Phoenix and collaborators around the world insights that are changing the ways these diseases are understood, prevented, and treated.



Between 2008 and 2050, the 85+ population is expected to more than triple in the U.S. from 5.4 million to 19 million.⁸³ The “old old” are one of the fastest-growing age groups in Arizona too. Granted, the 85+ set is starting from a small base, but its rapid growth underscores the policy concerns for healthy aging and resiliency.⁸⁴ In Arizona from 2000-2008, the 85+ population increased by 77% compared to a 28% increase in the 65+ population. By 2030, 22% of Arizonans (nearly 2 million) will be 65+ with 3% (about 265,300) 85+.

Although chronic health issues affect nearly 60% of Arizona adults today, for many, older years are assumed to be defined by chronic conditions. Indeed by age 65, most Americans will harbor some significant risk for a life-threatening illness or have been diagnosed with a chronic condition. For example, national data show that among the 65+:

- 49% will experience arthritis
- 41% hypertension
- 31% heart disease
- 22% cancer
- 18% diabetes

POLICY IMPLICATIONS FOR RESILIENCE

Policy Implications for Resilience

Preventing and Managing Chronic Diseases

Controlling Costs

Providing Incentives for Wellness

Providing Incentives for Elder Care

Supporting Research and Development

Supporting Community-based Services

Expanding Electronic Records

Supporting Alternative Medical Choices

Supporting Caregiving

- Implementing personalized medicine
- Managing chronic diseases
- Regaining health
- Expanding social connections
- Development of caregiving networks



In addition, some type of disability will affect approximately 38% of those 65+, with the percentages rising to 56% for those over 80.⁸⁵

In Arizona, chronic conditions will also leave their mark. According to the 2008 Arizona Health Survey:

- 9 out of 10 (89%) Arizonans over the age of 80 have at least 1 chronic condition, and 3 out of 10 have 3 or more conditions.
- As many as 85% of those 65-79 have at least 1 chronic disease.
- Among boomers ages 50-64, 71% already experience a chronic disease.⁸⁶

Chronic conditions will cost big dollars too. Losses in productivity alone in Arizona have been estimated by the Milken Institute at \$13.4 to \$18.6 billion to individuals by 2023, approximately one third of which are potentially avoidable. Indirect costs will range from \$58.4 - \$78.8 billion per year, and \$20 billion could be avoided. Approximately 944,000 chronically ill individuals in Arizona could, if appropriately treated, steer clear of the hardships. The implications for Arizonans 65+ in 2030 are significant since costs totaling more than \$4 billion per year could be avoided.

The proportion and costs of those experiencing serious disabilities will increase as the young-old boomers (who have fewer children to care for them than in previous generations) age into the old-old. The facts on chronic disease are sobering, even frightening. They should also be highly motivating. However, traditional counts and cost estimates depend on a narrow definition of health “as the absence of illness and pathology” rather than the “harmonious integration of mind and body within a responsive community.”⁸⁷ No one wants to make light of chronic conditions, but it isn’t the ailments that are important. It’s Arizonans’ resilience and the capacity to prevent chronic illness and adapt to promote quality of life, even with serious illnesses, that makes the difference.

Even the most successful resilience programs will not prevent all disabling conditions from affecting older adults. However, resilience initiatives can help Arizonans plan for advanced age, create incentives and choices for individuals and families, and provide fertile ground for innovations in person-to-person care and the translation of scientific breakthroughs into new options.

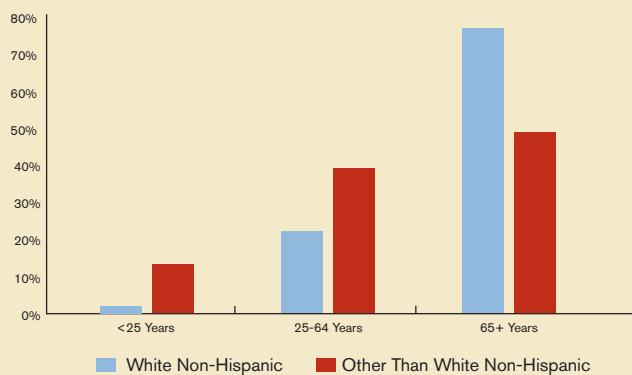
Global research on longevity suggests that attitude is a significant key to well-being and happiness in old age. One study examined 500 independent Americans ages 60-98 who had lived with various age-related diseases. These seniors rated their happiness close to the top of the scale.⁸⁸ Research at the University of California San Diego revealed that optimism and “effective coping styles” were the most important factors in happiness in aging, not perfect health and undisturbed wellness.⁸⁹

The standard approach to aging and health focuses on the burdens of social life, seeking to protect those with a chronic illness from the “strain” of taking an active role in care of family members, and working whether for pay or as a volunteer. But engagement most often enhances their lives, leading to more energy, and less disability.⁹⁰ Biologically, both positive and negative experiences look like stressors at first. In real life, though, positive experiences stimulate meaning and motivation toward future goals in ways not accounted for when simply counting them as stressors. Plenty of evidence exists for the life-sustaining benefits of positive emotions that arise from enjoyable, purposeful activities and from mutually beneficial social exchanges.⁹¹ This reciprocity sets in motion a social system that reinforces the positive, putting into practice patterns of give and take that define resilient relationships. These kinds of relationships build capacity that is held in reserve for difficult times.⁹²

Since attitudes matter so much, Arizonans might come out better than expected even with fair to middling health status overall and significant disparities between majority and minority groups. Arizona ranks just 27th on the 2009 United Health

Disparities Between Majority and Minority Are Seen in Mortality at Different Ages

Percent Distribution of Deaths by Age Group and Race/Ethnicity, Arizona, 2007



Source: Arizona Department of Health Services.

By and Large Arizonans See Themselves as Resilient

Resilience and Levels of Psychological Distress

Resilience Index Score	Level of Psychological Distress		
	Little/None	Some	All/None
High	96%	3%	0%
Moderate	74%	25%	1%
Low	33%	43%	24%

Source: Arizona Health Survey, St. Luke's Health Initiatives, 2008.

Foundation index of 22 indicators.⁹³ The better news is that Arizonans see themselves as quite resilient, according to the 2008 Arizona Health Survey. Nearly all (96%) of residents without any identified psychological stressors, reported having high levels of resilience. Even though a sizable number of Arizonans report feeling helpless at times, when the distressed group was asked about their purpose in life and capacity to bounce back, 76% described themselves as highly or moderately resilient. The number improved to 99% among those reporting just moderate distress. Most Arizonans perceive themselves as able to face life's tribulations by calling on their internal strengths.⁹⁴ The *Unlocking Resilience* survey sheds more light on Arizonans' resilience.

ARIZONANS ARE SLIGHTLY MORE OPTIMISTIC THAN PESSIMISTIC ABOUT AGING

Nearly half (49%) of Arizonans chose "very optimistic" or "somewhat optimistic" to describe their outlooks on getting

older in comparison to 18% who described themselves as "very pessimistic." The neutral third represents Arizonans who may be open to new perspectives or may not have thought yet about aging. This positive foundation extends to confidence about dealing with the challenges of aging. Arizonans appear to face aging with some hopefulness. Of course, no one wants to appear incapable of taking what comes their way, but the strong numbers reveal a solid base of capacity and even better than expected lives for many.

OLDER ARIZONANS FEEL BETTER LOOKING BACK ON THEIR LIVES, BUT YOUTHFUL ARIZONANS SEE THE FUTURE AS BETTER

Asked to look back on how their lives had turned out thus far, 40% said things are better than they expected with half that figure (21%) saying things are worse. The remainder were just about where they expected to be. A similar question asked the

More than 8 in 10 Arizonans Feel Confident in Their Capacity to Cope with Aging's Challenges

Q: Likelihood of being able to cope with challenges aging can bring, such as decreased mobility, illness or the possibility of memory loss?

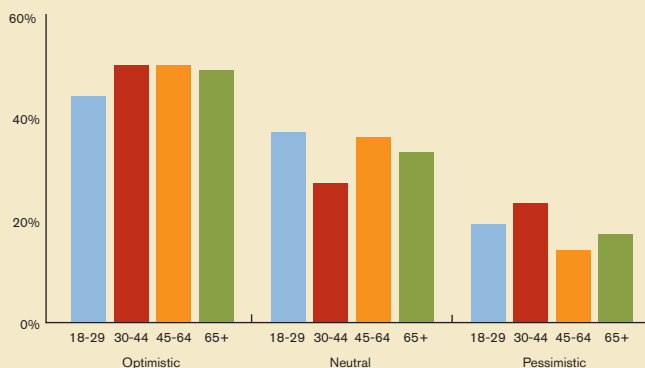
Very likely	17%
Somewhat likely	65%
Unlikely	13%
I will not be able to cope	5%
No answer	< 1%

Percentages may not total 100 due to rounding.

Source: *Unlocking Resilience* Survey, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

Optimism Leads Among All Age Groups

Q: How would you describe your outlook regarding getting older?

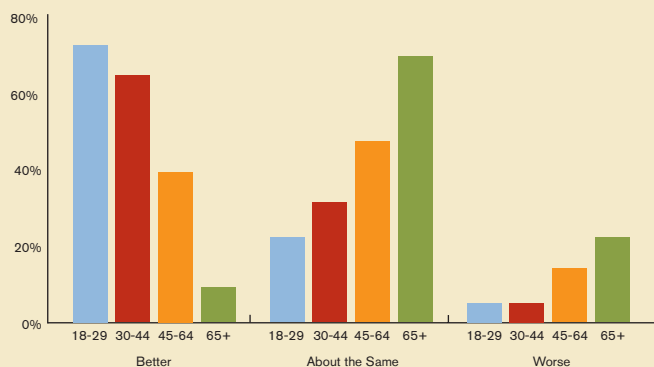


Percentages may not total 100 due to rounding.

Source: *Unlocking Resilience* Survey, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

Younger is Better When Looking Forward

Q: Looking at the next 10 years of your life, how do you think you will judge how it turned out at that point?

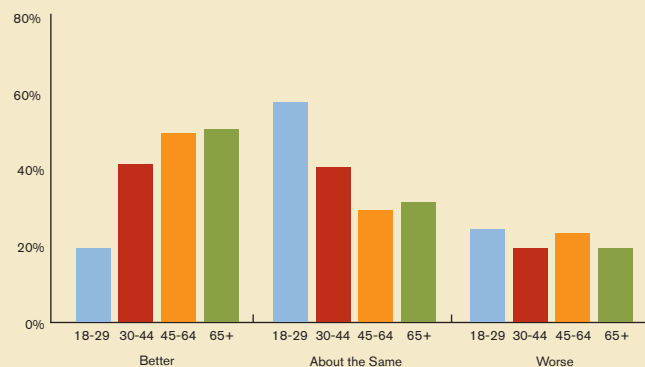


Percentages may not total 100 due to rounding.

Source: *Unlocking Resilience* Survey, ASU Resilience Solutions Group and Morrison Institute for Public Policy, 2009.

Older is Better When Looking Back

Q: Looking back at your life so far, how would you say it has turned out?



Percentages may not total 100 due to rounding.

Source: *Unlocking Resilience* Survey, ASU Resilience Solutions and Morrison Institute for Public Policy, 2009.

respondents to look forward a decade. In the next 10 years, 46% expect things to be better with 42% about the same, and a drop to 11% of those who see things as worse. Uneasiness among the oldest respondents may reflect the challenges they expect with advanced age. The relationships among life turning out better, being able to cope, optimism, and quality friendships underscore the bonds that support individuals at any time of life. Those who think they will be worse off are more likely to be dissatisfied with their friendships and less positive overall.

THE MAJORITY OF ARIZONANS SAY THEY EXPECT TO CARE FOR AN ELDER

Multi-generational households have taken a dramatic upward swing in recent years. According to the Pew Research Center, an estimated 16% of Americans, some 49 million people, in 2008 lived in a family household with at least two adult generations or a grandparent and at least one other generation. In 1980, just 12% of the population had these types of arrangements, and between 1940 and 1980 the share of multi-generational households had declined by more than half.⁹⁵ Arizona illustrates this phenomenon with a growing number of grandparents caring for grandchildren. Approximately 60,000 Arizona grandparents are raising their children's children.⁹⁶ *Unlocking Resilience* respondents echo the connection from generation to generation even if they do not live in the same household. 60% of respondents reported there are older adults for whom they might have responsibility. These Arizonans appear to take their potential task seriously, and about the same number (63%) report they are "very" or "somewhat" concerned about their ability to care for an older adult.

60% also responded that if a parent or older adult important to them tried to remain in their homes, and was unable to care for themselves, the panelists would be the primary caregivers. 40% of respondents viewed other family members as helping, but assisted living outweighed other choices. Spouses, neighbors,

and friends were looked to surprisingly little. Community services were a likely option for just more than a quarter of respondents (27%). Nursing homes were the least-favored option. Young adults (82%) were most likely to see elder care in their futures, although boomers were not far behind (68%). Among these respondents, caring would require personal internal resources, rather than external community resources. Given Arizonans' satisfaction with relationships and neighborhoods and generally positive outlooks on their communities, the relatively minor role community services are expected to play seems incongruous and may reflect a lack of awareness of options that may not have been needed thus far.

ARIZONANS WORRY ABOUT VARIOUS ASPECTS OF FINANCING CARE

Costs were a substantial concern, which may reflect on the assumption of assisted living and the possible lack of awareness of community services. Just 3% of the respondents said they felt "very able" financially to care for an elder. Concerns are highest among those in their 20s, 30s, and early 40s. Of course, this is when Arizonans are likely to be caring for children and making less as they establish their careers. Not surprisingly, 38% strongly agreed that government should provide tax benefits for individuals caring for parents or other elderly people, while another 44% somewhat agreed. The concerns about cost here echo Arizonans' dissatisfaction with their financial condition and highlight the potential for community support systems that reduce costs and increase options – if Arizonans will choose them. Awareness may be the first step.

Concerns rise dramatically when respondents reflected on paying for the care they might need personally. Yet despite this, preparations for age are more in line with denial than with acceptance, although it stands to reason that younger respondents have done little to investigate options. Across all ages:

- 60% have set up a retirement account of some type

Arizonans Say They Have Limited Financial Capacity to Care for Elders

Q: Rate your ability to cover the costs of care for a parent or other older adult if they were unable to do so

Very able	3%	
Somewhat able	32%	
Somewhat unable	23%	
Not able at all	28%	
Not applicable	13%	
No answer	1%	

Source: *Unlocking Resilience* Survey, ASU Resilience Solutions Group and Morrison Institute for Public Policy, 2009.

Arizonans' Concerns Extend to Their Own Futures Too

Q: Concerns for paying for self when older

Very concerned	37%	
Somewhat concerned	51%	
Not at all concerned	12%	
No answer	<1%	

Source: *Unlocking Resilience* Survey, ASU Resilience Solutions Group and Morrison Institute for Public Policy, 2009.

- 32% have investigated government services, including Medicare
- 30% have discussed the help they might need with a child, other family member, or close friend
- 22% have put money aside for long-term care, although just 10% have purchased
- 19% have explored community services
- 15% have looked into assisted living

With the worries about cost, the relatively low interest in community services, and the nearly go-it-alone approach among the panelists, support and outreach for Arizona’s families may need to be reexamined along with community approaches to aging in place. Outlooks among some respondents show another side of concern about costs.

- “Seniors will be more demanding on services that may already be overwhelmed like emergency services, specialized medical services, healthcare costs and special needs.”
- “Families do not take care of the elderly the way they used to so it falls on the community.”
- “Old people raise insurance rates. Soon, they will be a burden on society by not being able to take care of themselves and with the economy the way it is, their children won’t be able to afford to care for them either.”

Of course, worrying about health and health costs is nothing new. From 1980-2004, health care costs nationally and in Arizona increased 8.6% and 10.0% per year respectively.⁹⁷ If individual health care spending in Arizona continues at this clip, direct health care costs per person will rise from \$2,976⁹⁸ (2008) to \$9,465 over the next 20 years. For Arizonans 65+, the 2008 health care cost of \$4,605⁹⁹ would increase to \$14,646 by 2030.¹⁰⁰

Growth in future Arizonans’ health spending will be limited by income growth, which is expected to grow more slowly than health costs. Consequently, expenditure growth will either be mitigated through cost control or reduction in consumption or crowd out other household expenditures. Most likely the outcome will reflect a combination of these responses and lead to an increase in health spending as a percent of gross state product, although the effects of federal reform cannot yet be estimated. Based on these trends, health care spending by Arizonans 65+ could reach \$34.4 billion per year by 2030 and total \$319 billion over the 20-year period. This change could increase the per capita share of health expenditures by Arizona’s elders from 16.6% in 2010 to 18.9% in 2030.¹⁰¹

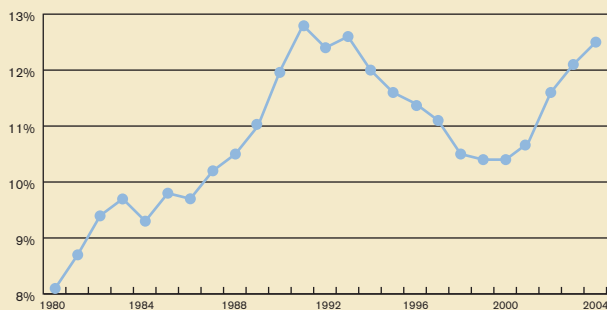
Arizona’s existing health care facilities have the capacity to deal with only some of the anticipated growth in health care demand. Arizona’s current ratio of hospital beds per 1,000 residents is approximately 2.4 compared with a national average of 2.9.¹⁰² The total investment in health care expansion will create additional jobs and income in Arizona, but may result in lower spending in other sectors. Some economists suggest that the reallocation of financial resources to the health care sectors will drag down personal incomes and the economy over the next 20 years.¹⁰³ Others argue the benefits of reducing chronic health costs more than compensate for new investments.¹⁰⁴ Federal health reform may make a substantial difference in costs and outcomes by extending coverage and increasing affordability for some residents. However, it will also require the state to maintain costly programs, leaving taxpayers vulnerable to having to plug gaps.

LONGEVITY DISEASES AND OTHER CONDITIONS ARE WAKE UP CALLS

A substantial portion of new costs will come from age-related conditions that are surfacing more often in part because people are living longer. For example, Alzheimer’s disease affects

Health Spending Has Ebbed and Flowed in Arizona But is Rising Again

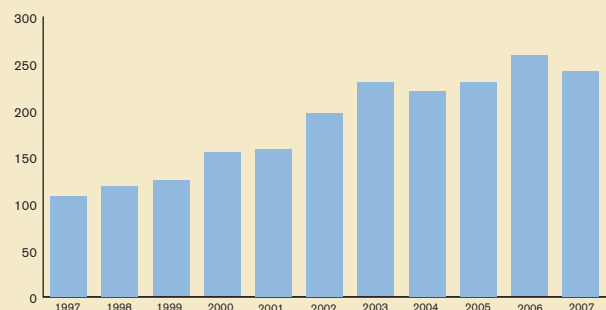
Health Spending as a % of Arizona Economy GSP



Source: National Health Expenditure Data, Health Expenditures by State, Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, released February 2007; available at <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/nhestatesummary2004.pdf>.

With Awareness and Longevity, Alzheimer’s is More Common

Alzheimer’s Disease Mortality Rate per 100,000 Arizonans Age 65+



Source: Arizona Department of Health Services, Vital Statistics. Arizona Indicators.

approximately 1 in 8 people over 65. This condition has been estimated to triple health care costs for elders. Nationally, as many as 5.3 million people were living with Alzheimer’s disease in 2009.¹⁰⁵ In a 2006 Centers for Disease Control report, Arizona ranked as the 5th-highest state for the number of Alzheimer’s-related mortalities for those 65+.¹⁰⁶ The rise in Alzheimer’s-related deaths stems from: physicians more frequently attributing death to Alzheimer’s; improved diagnostic procedures; changes in classification of causes of mortality; longer lives; migration of older adults to the state; and decreases in several other leading causes of death. While researchers look for cures, it is now possible to treat symptoms and delay onset to better promote quality of life and reduce the costs and stress of hospitalizations and/or institutionalizations.

Arizona ranks 8th nationally for older adult deaths from suicide. Those 65+ are the most at-risk for suicide with white men as the most vulnerable population.¹⁰⁷ Many will not seek mental health assistance due to stigma. The high suicide rate in Arizona could be aggravated by a fragmented mental health system, substance abuse, or the isolation of rural areas. As with other aspects of health, the quality of social connections could help reduce the number of deaths. While those ages 75-85 tend to have narrower social networks than younger people, they are more likely to socialize with their neighbors, attend church, and volunteer. The more closely connected a person is, the less likely they are to be depressed and suicidal.¹⁰⁸

LOCATING AND KEEPING CAREGIVERS WILL BE A TASK FOR EVERY COMMUNITY

AARP counted nearly 66 million caregivers in the U.S in 2009.¹⁰⁹ Some 43% of caregivers are over 50 themselves – 13% are over 65 – and they spend good portions of their weeks on everything from medication management and bathing to feeding, clothing, and arranging health care services.¹¹⁰ The

Unlocking Resilience survey showed that almost 70% of boomers are caring for or anticipate caring for an older adult. Personal assistance (the care recipient hires someone they know) is the most requested type of home and community-based service in Arizona. Just as elders want to remain in their homes, they also desire help from a familiar person. Because Arizona’s older adults are living with family members more often on average than in other states, family is a primary source of care.

Most insurance covers only some home-care assistance, despite becoming more consumer-driven in recent years. Family caregivers spend an average of \$5,531 a year on related expenses, including household goods, food, transportation, medical co-payments, prescription drugs, and medical equipment and supplies.¹¹¹ Many also pass up job transfers and promotions, abandon hobbies, skip vacations, and give up the very relationships that are the single most important factor in keeping health problems at bay.¹¹²

As long-term care has shifted to home and community-based services, family caregivers have been at the center of providing more demanding, complex types of care for longer periods of time. Family caregivers receive little training and, research shows, scant relief even when other services are at hand. For example, a study of stroke caregivers found that when agency home care services were in place, families still provided 70% of the care.¹¹³

Caregiving can have health impacts of its own. Caregivers are more prone to depression, anxiety, injury, heart disease, arthritis, diabetes, cancer, and other diseases. Notably those levels are still high three years after caregiving duties end, especially among caregivers over 65.¹¹⁴ Two thirds of family caregivers report conflicts with employment, resulting in reduced work hours or unpaid leave.¹¹⁵ Informal caregivers personally lose an estimated \$659,139 over a lifetime: \$25,494 in Social Security benefits; \$67,202 in pension benefits; and \$566,443 in foregone wages.¹¹⁶

Unlocking Health and Resilience

	Desired Results	Interventions
Individual	Adaptive coping responses, optimism, emotion regulation, (re)engagement in valued activities	Mastery training Mindfulness meditation Empowerment programs to enhance choice and control
Families	Family cohesion, mutuality, reciprocity, caregiving, conflict and abuse	Family workshops to resolve conflicts, and restore mutuality Internet-based educational interventions to enhance empathy, social awareness, social skills, and attention to relationship strengths. Social resilience programs to encourage caregiving
Communities	Extent of collaborative ties, fairness in distribution of resources, social capital, community involvement and leadership	Strength-based initiatives, grassroots collaboration fostering community development, sustainable online social networks, and greater volunteerism. Diversity training to foster inclusion. Incentive systems to reduce social isolation and inactivity

STRESS CAN BE THE GATEWAY TO ABUSE AND NEGLECT

Caregiver stress can lead to abuse of loved ones – sometimes intentional, sometimes not. A recent report notes that residents’ recession-related stress is leading to more physical, emotional, financial and sexual abuse incidents involving elders in that state.¹¹⁷ As residents are laid off, for example, lose their savings, and their homes, they often take out their stress on senior citizens who live with them. The programs that act as safety nets to help people in crises, such as senior centers, home care, and adult day care, are also reeling from reductions in public revenue, leaving them able to help fewer and fewer people. In recent budget reduction efforts, Arizona sliced independent living support and respite programs for family caregivers.¹¹⁸

In Arizona, Adult Protective Services (APS) cases are trending up as they are in other states. Cases of all areas of neglect, abuse, and exploitation have increased. Changes in living situations may be one reason. Until 2007, the largest percentage of APS clients lived alone with little or no assistance. By 2008, those that had unknown living situations or were in developmental disability (usually under 65 years old) service placements were the largest percentage of APS cases, while the lowest number of cases reported were of those who were living alone but receiving some assistance. This supports the idea that community supports in the home can reduce the risk of neglect.

From the age of 60, the percentage of abuse cases climbs with age. The most common APS clients are 80+ and live alone. The most frequent reports are self-perpetrated neglect, while neglect by family members ranks second.¹¹⁹ As age increases, so does the potential for functional and cognitive decline, which can lead to increased reports of self neglect. One contributing factor is the number of older adults with dementia/Alzheimer’s disease living alone. According to APS in 2008, “neglect continues to be the leading cause for protective service investigations. 33% are self-neglect and 28% are neglect by family members.”

Many family caregivers and care receivers are at risk, but with the proper actions in place, these risks can be mitigated. Family caregiver programs have been shown to reduce hospitalizations and institutionalizations and to improve coordination and quality of care.¹²⁰ While nationally \$375 billion of care is provided by family caregivers, public agencies spend \$225 million for family caregiver programs, including training, respite, care coordination and counseling.¹²¹ The resilience potential is to mobilize communities to share in this care.

TECHNOLOGY IS INCREASINGLY A SOLUTION FOR HEALTH AND CONNECTION

In 2008, two thirds of Arizona’s seniors lived in urban/suburban areas with the remaining third in rural areas.¹²² For many residents, access to affordable health care and other services is an ongoing struggle, although fewer areas are officially “medically underserved” than in the past. Most counties with a large percentage of seniors, including Gila, Cochise, Mohave, La Paz, and parts of Pima and Yavapai, continue to lag in providers and services.¹²³ A shortage of primary care physicians (just 91.4 primary care physicians per 100,000 ranking it 43rd in the country) is just one aspect of the issue.¹²⁴

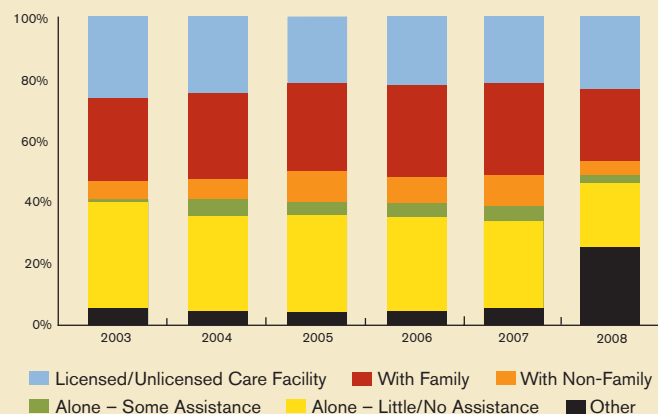
Technology is bridging some gaps by delivering medical information, diagnosis, and treatments over great distances. According to one health official, technology provides rural areas with the expertise they may lack. Furthermore, social networking through technology provides older adults and their family members the ability to keep up with each other remotely. Fully 171 clinics use telehealth throughout the state.¹²⁵ The T-Health Institute at the University of Arizona debuted in late 2009. The institute uses its telemedicine exam rooms, conference rooms, and 12 theatre screens to treat patients in remote locations and train practitioners.¹²⁶ The connections reportedly foster better communication among pharmacists, nurses, and doctors, reducing the risk of errors among other benefits.¹²⁷

Intel is just one of many companies extending technology from the medical world to the home. “Smart home” innovations include walkers that come when called, pillboxes that remind people to take their medications and alert them when they make be taking the wrong one and telephones that help people with memory loss by displaying photographs of incoming callers and notes about their relationship, and previous conversation. Lifeline pendants alert emergency responders to an exact location, while tracking monitors for persons with Alzheimer’s keep caregivers informed of a person’s location. The promise of technology is increasingly a reality to make aging easier and independence more likely.

EVIDENCE-BASED ACTIVITIES BEGIN TO BE THE NORM AS FEDERAL POLICIES SHIFT

Health systems continue to concentrate too many resources on preventable or manageable chronic diseases and disabilities, according to numerous practitioners and scholars. As one of the Arizona opinion leaders mentioned, “Billions of dollars is spent in the last 6 months of life. We can do so much more with this money if we can start earlier in maintaining good health.” Changes in federal policy are helping to put prevention and

Home and Family Living Remain Most Common Living Situations of Adult Protective Services Clients in Arizona



Source: Arizona DES, Division of Aging & Adult Services, APS Annual Activity Reports.



NEW RESEARCH HIGHLIGHTS OPPORTUNITIES FOR ELDER

Each day's news seems to bring more breakthroughs for treating disease and sometimes surprising insights into healthy aging. For example:

Elders Really Are Wiser

Wisdom is perhaps the trait most often associated with elders but scant research actually has been done on it. A recent study, however, detailed in psychological terms how wisdom works. Scholars from the University of Michigan and University of Texas at Dallas asked representative community members to read stories about conflicts and predict how they would come out. The researchers showed that "relative to young and middle-aged people, older people make more use of higher-order reasoning schemes that emphasize the need for multiple perspectives, allow for compromise, and recognize the limits of knowledge...Social reasoning improves with age despite a decline in fluid intelligence. The results suggest that it might be advisable to assign older individuals to key social roles involving legal decisions, counseling, and intergroup negotiations. Furthermore, given the abundance of research on negative effects of aging, this study may help to encourage clinicians to emphasize the inherent strengths associated with aging."

Active Social Life May Delay Memory Loss

Harvard School of Public Health researchers showed that those with the highest degree of social integration showed the slowest rate of memory decline from 1998 to 2004. Data came from the Health and Retirement Study, a large representative national sample of individuals 50+.

Retirees Were Willing to Stay on the Job

Almost half of retirees (48%) responding to a recent Employee Benefit Research Institute survey indicate being truly needed for an assignment would have been extremely or very effective in encouraging them to work longer. Half of those collecting a full pension noted they would have stayed if they could collect their pensions while working part time.

People and a Sense of Humor are Key

Centenarians told the 100@100 survey by insurer Evercare that staying close to friends and family, keeping your mind active, laughing and having a sense of humor, staying in touch with your spirituality, and continuing to follow current events and news are keys to healthy aging.

Source: "Reasoning about Social Conflicts Improves into Old Age," *Proceedings of the National Academy of Science*, April 20, 2010. *QuickFacts*, MetLife's Mature Market Institute, October 2008.

resilience in place. For example, the federal Administration on Aging added the promotion of health and well-being, activity, and engagement of older adults to their goals. In Arizona, evidence-based health promotion programming is cropping up throughout the state between Area Agencies on Aging and counties to measure health care effects of preventative services, such as functional assessments, physical therapy, and bone density screens. These types of programs help identify issues that may be brewing before a crisis occurs or health begins to decline. Once issues are identified, individuals are connected to services to address their needs. Preliminary outcomes from these programs show that older adult health improves. As a result, aging experts contend that the system needs to give higher priority to prevention so that older adults could live healthier lives and enrich our state's social capital while perhaps reducing health care costs.

AARP released *Across the States 2009: Profiles of Long Term Care and Independent Living*,¹²⁸ which provided comparable state and national data on 140 indicators. The study revealed that while the majority of Arizona's public funding is still dedicated to nursing homes (as are most other states), the state ranks 7th in the nation on reallocating costs towards services that allow people to remain in their homes. Arizona also spends fewer Medicaid dollars on long-term care than the national average – 49th in the nation. Unlike other states, Arizona places no cap for how many people are allowed to move from nursing homes.

The *Older Americans Act*, the major vehicle for delivery of social and nutrition services to older adults and their caregivers, has traditionally supported the development and implementation of a comprehensive, coordinated state system of long-term care that enables older individuals to receive support in home and community-based settings. Amendments in 2006 included support for community building efforts. It now provides funding for senior employment, civic engagement, assistive technology and caregiving, and supports called "Community Innovations for Aging in Place." The Community Living Program is intended to "modernize and transform the funding they receive under the Older Americans Act, or other non-Medicaid sources, into flexible, consumer-directed service dollars."¹²⁹

HEALTH, AGE, AND RESILIENCE

The good news is Arizonans are more optimistic than pessimistic about aging. Those attitudes will be needed to age well and could be the foundation for better choices about health. On the other, Arizonans may not see the need to prepare. Arizonans expect to care for elder family members and to be able to take care of themselves as they age. But they also worry about money and seem to expect to tap their own resources for resilience before looking to community networks and services for assistance. This go-it-alone outlook is a concern because the costs of caregiving to all parties are high. Federal and state efforts have put Arizona in a positive position on long-term care, but other issues remain before Arizona can be viewed as healthy, although programs underway, if expanded, could expand the state's potential to be not just healthy, but healthy, wealthy, and wise.

**UNIVERSITY OF ARIZONA TELEMEDICINE –
TECHNOLOGY FOR HEALTH**

More than 170 clinics use telemedicine to support elders and residents of all ages. The T-Health Institute opened in 2009 to extend the reach of medical and public health services from University of Arizona. The Institute uses its telemedicine exam rooms, conference rooms and its twelve theatre screens to treat patients in remote locations, as well as to teach health care practitioners how to use telemedicine technology.¹³⁰ It also fosters better communication between pharmacists, nurses and doctors that use this technology to collaborate on patients, reducing risks of medical errors.¹³¹

ARIZONA HEALTH E-CONNECTION

Nonprofit Arizona Health-e Connection (AzHeC) leads Arizona’s establishment of an e-health infrastructure to create better and safer health care. AzHeC educates Arizonans on e-health, develops statewide policies and agreements, and promotes clinicians’ adoption of electronic medical records, e-prescribing, and other health information technology. AzHeC serves as an educator and statewide clearinghouse for information; researches and develops statewide policies, and model legal agreements; and supports health information exchange and provider adoption of health information technology.

**TOHONO O’ODHAM COMMUNITY ACTION –
RENEWAL OF HEALTH**

Founded in 1986, Tohono O’odham Community Action (TOCA) is a community-based organization dedicated to creating a healthy, culturally vital, and sustainable Tohono O’odham Nation. TOCA encourages residents to develop homegrown solutions by encouraging community self-sufficiency and strengthening the material roots of the O’odham culture. TOCA has developed four program areas on the southern Arizona reservation: Basketweavers Organization, Food and Wellness System, Arts and Culture Program, and Youth/Elder Outreach Program. TOCA has played a part in renewing culture and the roots of health as the debate and battles about border crossings and smuggling through tribal land continue and social systems have been strained.

HEALTH IN A NEW KEY

St. Luke’s Health Initiatives has provided financial support to 9 partnership grants for collaborations of public and private

nonprofit organizations throughout metropolitan Phoenix. These efforts promote resilience and community health by nurturing existing organizations, instilling a new approach to health in the region, and developing stronger networks for improving health outcomes. For example, projects have:

- Identified assets in communities that could be used to improve community health for seniors and all ages
- Increased the number of Hispanic families providing foster or adoptive homes for Hispanic children
- Identified *promotoras* to improve maternal and infant outcomes in low-income communities



**SUN HEALTH/
BANNER HEALTH RESEARCH**

Research is another critical aspect of healthy aging since many advances are needed to solve the mysteries of Alzheimer’s and other diseases. Sun Health Research Institute is just one of Arizona’s facilities to engage in cutting edge research and develop programs and services to extend insights to individuals and families. A recent brain-imaging study published in the Archives of Neurology suggested that the major genetic risk factor for Alzheimer’s disease in the Anglo population is also a risk factor for the disease in Latinos. Latinos are about 1.5 times more likely than Anglos to develop Alzheimer’s disease, according to the Alzheimer’s Association. Latinos may be at higher risk due to health disparities and the risk factors for Alzheimer’s disease.

**EVIDENCE-BASED PREVENTION
AND WELLNESS PROGRAMS**

The goal of an evidence-based prevention program is to increase seniors’ access to effective interventions in reducing their risk of disease, disability, and injury. Effective interventions are delivered in community settings in collaboration with the Aging Network. In Arizona, evidence-based health promotion programming is emerging throughout the state between Area Agencies on Aging and counties, which measure health care effects of preventive services, such as functional assessments, physical therapy, bone density screens, etc. These types of

programs help identify issues that may be brewing before a crisis occurs or health begins to decline. In collaboration with the **Centers for Disease Control and Prevention**, the **Agency for Healthcare Research and Quality**, the **Centers for Medicare and Medicaid Services**, and a variety of private foundations, the **Administration on Aging** is implementing its states-based Evidence-Based Disease and Disability Prevention Program for seniors. Through public and private partnerships, 27 states, including Arizona, have served older adults with prevention and self-management of chronic disease, physical activity, falls, nutrition, depression, and substance abuse.

An **Arizona Department of Health Services** program, called **Arizona Living Well**, is administered in 3 counties. The evidence-based health promotion programs supported by Arizona Living Well coordinate and train community providers to assist individuals with chronic conditions, develop self-management skills, and conduct a community-based group exercise course for older adults. The goal is the development of a statewide infrastructure for evidence-based health promotion programming.



Much has happened in Arizona since *The Coming of Age* was published in 2002 – and much has stayed the same. Arizonans still see more elders as more positive than negative. But the recession has heightened concerns too. The research here has shown:

Age is already a factor in Arizona. Nearly 40% of residents are 65+ or approaching retirement age.

Arizona will become older and younger with time. With kids and seniors dominating Arizona’s population in the near future, Arizona will have to divide attention and resources across the spectrum of age.

Aging is a given with advantages and disadvantages. Arizonans see more pluses than minuses from an older population. Knowledge and wisdom are the assets Arizonans want to utilize. More health needs and costs and potential crowding out of other ages are the predicted problems.

Arizonans are optimistic, yet realistic, about aging. All ages are more optimistic than pessimistic.

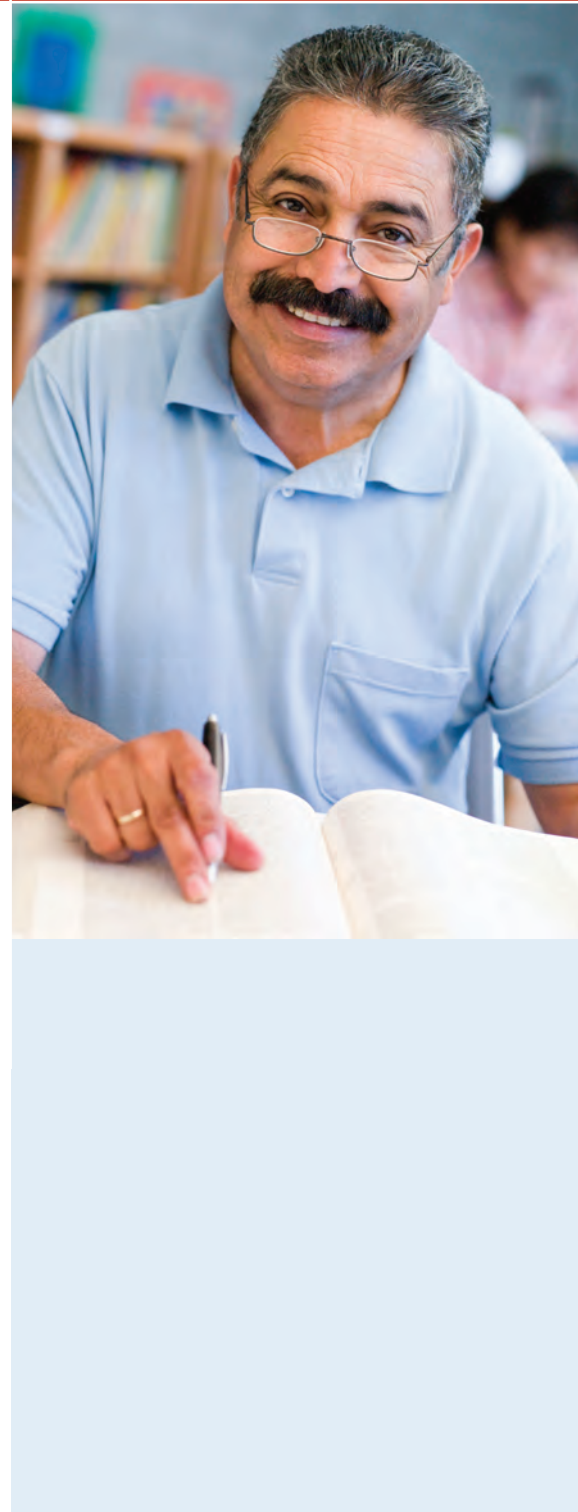
A majority of Arizonans expect to age in place. Communities have much of what Arizonans expect, but concerns for walkability and mobility stand out. High human and financial costs of chronic illnesses should be sufficient motivation for strengthening communities and healthy options for boomers and all ages.

Relationships, faith, friendships, and neighborhoods are central to Arizonans’ well-being. Personal resources and other people matter more than community institutions.. These intangible assets may be one of the state’s greatest tools for adapting to an older population. Aging is a given with advantages and disadvantages.

Caregiving is a natural step and an assumed task. Many Arizonans anticipate caring for an older adult. This very common experience could also be a base for the greater connections that lead to stronger communities.

Senior costs raise concerns. Arizonans worry about the dollars needed to support others and themselves. Financial concerns are a recurring theme for many. Yet from a systemic perspective, tackling chronic illness is not so daunting as it may appear provided we do not treat this as primarily a “clinical” issue requiring professional hands-on intervention. By conferring not only with more than the professional/medical community, including for example web-designers building innovative internet-based interventions, we can implement highly useful public health programs that engage those in need to help themselves and others with similar afflictions.

Challenges call first for inner resources. Arizonans first look inward and to relationships to deal with aging’s trials and tribulations. Worries about cost, relatively low interest in and knowledge of community services, and an almost go-it-alone approach to aging call for new approaches to increasing awareness about services and structuring support networks to be in tune with Arizonans’ independent outlooks.



Boomers are unsettled at the same time they are optimistic. Older Arizonans look back to better lives than they expected. Younger Arizonans look to brighter futures. Many boomers are uncertain, thanks in part to the recession.

Prevention of despair in later life requires early awaking of inner motivations. We can also envision programs that provide an early means of alerting Baby Boomers to the life they have yet to lead with guidelines to follow to find and strengthen the bridge that connects their daily lives to their hopes, dreams, and social values.

Work and service will be part of older lifestyles. Work will be a choice for many, while many more expect to do more to serve their communities.

Arizonans view themselves as resilient. Faith and friendships help fuel optimism, realism, and tentative confidence. Satisfaction is highest with relationships.

Arizonans tend to look toward individual and grassroots resources. The focus on relationships and neighborhoods and the link between social connections and health point toward strengthening neighborhoods, along with opportunities for work and service and support for healthy choices.

Resilience models are evident in the state. Arizona has assets on which to build. Public policies can be used to support recovery, sustained purpose, and growth across communities.

Discussion of aging’s scope and impact can be alarming. A future of more people with chronic illnesses is not an attractive one. In turn, however, the aging process is so familiar – and caregiving so engrained in our culture – that it does not register for many on a statewide scale. It’s simply the way things are. However, with Arizona’s financial situation, Arizonans’ outlooks, and the power of community and connections for health, putting aging and resilience on policy makers’ radar should be an easy step.

The view of aging as inevitable decline, frailty, and ending is the past. The resilient way sees aging as a time of opportunity, accomplishment, and satisfaction. This new view is logical given the wisdom and experience that are accumulated with

age. *The research done for Unlocking Resilience indicates that aging patterns and attitudes in Arizona are somewhere in transition between old and new.*

Resilience is a crucial ingredient to a better future for aging because “it seems that there is a sort of calamity built into the texture of life.”¹³² Resilience is about the ability to cope with adversity, recover from shocks, sustain a sense of purpose and vitality, and emerge stronger from stressful experiences. Resilience is a social and medical “ace in the hole,” an inoculation against unknown sources of personal ill health and community decline. Thus, the value of resilience is high, making it a sound foundation for public policy and investments.

4 STEPS TO PUT RESILIENCE INTO PRACTICE

Resilience can be revealed in many ways across its 3 primary dimensions: recovery, sustained purpose, and growth. Each could provide a target for new policy or a method for evaluating current ones. The best innovations build capacity across domains while benefitting individuals. For example, Experience Corps on one level brings personal benefits to older adults and school children. On another level, the program applies a community’s assets to several issues at once. On still another level, it provides a model for addressing the community’s problems. Success is measured by indicators of well-being among the seniors as well as achievement levels among students. Resilience programs, thus, can change the structure of social exchange within communities.



Putting Resilience into Practice

	Individual Resilience	Collective Resilience
Recovery	Overcoming chronic pain, bereavement, economic hardship	Overcoming disparities in safety net support and health care
Sustained Purpose	Increasing choice, creativity, self-efficacy, and vitality	Increasing participative democracy, collaboration, and shared identity Promoting employment and service
Growth	Recognizing wisdom, maturity, and sense of purpose	Building common purpose, empowerment, collective wisdom, and leadership

ASK QUESTIONS ABOUT RECOVERY, SUSTAINED PURPOSE, GROWTH, AND PLANNING

The starting point is to ask questions about the components of resilience and how people's capacity can be improved through community dialogue and public policies. Most individuals have capacity for resilience, but it is unevenly distributed among the population. As people interact in families or neighborhoods, they may or may not become more resilient. It is likely that collective behavior is a necessary but not sufficient condition for several reasons. First, individual resilience is strengthened with the accumulation of social capital and human connections. Collective behavior, by definition, requires some amount of interaction with others which may result in more formal networks and social groups extending support to individuals. Resilience works in similar ways among people and communities. Thus, progress may occur as individuals learn about their potential from others, experience benefits from collaborations and partnerships, and have opportunities to try new solutions.

On recovery – How do businesses, agencies, and governments approach and resolve problems? Is prevention given priority? Is civic participation a given?

On sustained purpose – To what extent does the community retain its identity, vision, and investments during times of hardship? Are the activities that foster human development and achievement of common vision, such as quality education and employment, sustained over time so that residents do not lose hope that their aspirations for a better life are attainable?

On growth – Do jurisdictions analyze what created a crisis, what led to recovery, and how to do better in the future? Is innovation valued sufficiently to push residents and leaders to find new solutions and faster recovery? Are both young and old relied on for energy, freshness of approach and wisdom? Are implementation and evaluation of initiatives monitored so that growth and learning are continuous?

On planning – Is planning directed toward increasing the number of seniors who adapt to aging in ways that promote the highest possible quality of life for themselves and their families? Is the capacity for autonomy and choice present at all levels? Is training available to utilize existing tools and support to invent better ones?

New tools may be needed so that family members and communities perceive they are receiving as well as giving. Workshops to improve skills in fundamental aspects of forming and sustaining rewarding relationships are often needed. For example, the U.S. Army is developing online programs to build social resilience among new recruits through illustrative stories and online games. The same kind of training could be used to enrich existing programs to prepare family members to be caregivers in ways that benefit the person needing help and the family member providing it.

MAKE SYSTEMS STRONGER FOR THE LONG TERM

Despite the fact that issues and problems are interconnected, a systemic view of intervention is often not taken. Resilience calls for systems that can:

- Absorb shock and remain in a positive productive state
- Self-organize and reorganize
- Learn from and adapt to situations as they occur
- Use a combination of activities at once and generate alternatives as lessons are learned
- Solicit and utilize feedback from many sources

Unfortunately, public policy interventions often avoid the system level altogether. The tendency is to “morselize” or focus on narrow aspects and quick fixes rather than long-term well-being. This is particularly evident in the proliferation of community activities designed to help people cope with such chronic problems of community health as poverty, educational underachievement, and public safety. Marginal tinkering with programs and minor investments in neighborhoods are unlikely to foster resilient communities and may even reduce their capacity.¹³³

In advocating resilience as a central organizing theme for city management, one scholar recommends “conserving and investing in the human, social, intellectual, and physical capital which constitutes its protective factors, rather than expending a large part of the energy of its leadership in short-term efforts.”¹³⁴ Investing in resilience is by definition investing in the future. Hence, its practice includes thinking through and analyzing the full costs and multi-level benefits over time, not just for the next year. The ‘resilience approach of bringing people together and using policies and programs to enhance partners’ strengths is likely to cost less in the long run.

INCREASE AND IMPROVE PUBLIC DIALOGUE

Deeper, richer public dialogue is an integral part of increasing resilience. Communities should focus on expanding opportunities for positive social interaction by bringing people together to work toward common goals. Many of the community building efforts described in this report are relatively small and need to be brought to scale to have the kind of systemic impacts that will pay off in big ways for the state and its residents. There are no simple solutions to expanding public dialogue over these issues, however noble. Yet what is plainly needed is broader dialogue that serves to connect citizens of all ages with experts who understand such crucial elements of aging as self management of chronic conditions, telemedicine, worksite wellness, volunteer mobilization community planning, and civic engagement. Several of the community building efforts ongoing today represent steps toward a new and resilient process for aging Arizona. Resilient solutions will be the result of budgeting and planning driven by genuine participation. This requires sustained public dialogue of the quality and dimension recommended by *The Coming of Age*. But that dialogue has yet to happen on the needed scale, leaving Arizona still struggling

with a lack of consensus about how to bridge generations and fragmented interests. With citizen panels and expert guidance we need to find ways to further the social ecological benefits of intergenerational ties that are mutually beneficial and self-sustaining.

One tool for the dialog would be a “resilience budget,” a counter document to official budgets that would give decision makers ideas and alternatives. Such an effort by individuals and organizations inside and outside government could supply new options based on a policy framework of resilience. The vision would be a budget document that was deep and powerful enough to help change the way programs and policies were implemented. Budget proposals from traditional sources could be evaluated by the same resilience criteria.

PLAN FOR AN ENDURING VISION OF HEALTH AND WELL-BEING ACROSS AGES

People age in a dynamic social and political context. And as people age they influence others. Health, economics, family, religion, community, and many other aspects of life are critical to human well-being just as an individual’s choices impact these different arenas. So the question for individuals and communities is how to prepare for the many changes linked to aging. Awareness combined with planning can create greater social capital and cohesion, overlapping networks and associations, and stronger connections. These features serve as bedrock for community building for the long term and are often developed and shaped by an inclusive community planning processes.

More and better planning may not be immediately popular in a state that often rejects public initiatives, particularly in this time of severe economic retrenchment. But good planning and budgeting do not necessarily mean greater public costs and could result in more efficient use of public resources.

Ultimately, Arizonans and their institutions must choose among several directions. One is the path of least resistance. It involves making few changes despite clear warning signs. The alternative is to do more to prepare and adapt according to the vision Arizonans have of caring for elders and quality of life for themselves. Education, planning, budgeting, and collaboration among governments and across sectors, if done well, will unlock opportunities for all residents, not just seniors. Minnesota, Florida, and other states are framing incentives to make communities more elder friendly because such investments will improve community quality and health for everyone.

Arizona is still in a tough spot right now. Yet in part because of the economic and fiscal crises, there is a true opportunity to become a better place. Resilience principles provide a starting place for dialogue that should lead to better public policies, including:

- Support recovery from crisis
- Prioritize prevention
- Develop human and social capital
- Engage in asset-based planning
- Sustain vision and purpose
- Encourage growth of capacity

- Benefit residents of all ages
- Promote long-term cost effectiveness
- Strengthen systems
- Expand proven models
- Act from evidence

Metaphors can inform, but also misinform. The aging of the baby boom generation has been described as a tsunami. This shore-line metaphor for the coming tide of aging Arizonans is misplaced. Perhaps aging will come in waves, but these waves bring a precious resource to the desert: A surge of maturity, actions anchored more by reasoning than impulse, planning based more on principles than opportunism. Older populations know more about who they are, and what they are capable of, a perspective seasoned from a lifetime of experience, and the potential to care deeply about the life they have left to live. Boomers may have a greater sense of entitlement, but they also bring with them a greater sense of empowerment. They have a history of advocating for themselves and for causes they feel are just. The opportunity for Arizona is to understand their capacities for resilience and harness their implicit strengths to resolve the pressing challenges of aging and ignite a crusade of good works.

The social worlds and economic conditions for elders in one community can be vastly different from those in another. For many, it is the best of times to be older thanks to changing attitudes, medical science, and new technology. For others, with apologies to Charles Dickens, it is the worst of times characterized by loss in health, finances, and social connection. Even within the same person there are opposing forces. There is vulnerability and risk, but there is also enduring strength and sustained capacity for growth. Somewhere between loss and gain is a balance point that allows people to structure the future while preparing for unknown crises.

Resilience thinking offers a way forward. This new perspective on elders and their world accepts the inevitabilities of stress and disrepair in aging, but also is aware of the resourcefulness of people and their communities. These are natural capacities that are woven through our relations with one another. These relationships, fortified with civic lessons and culture, build resilient communities. Individuals and institutions have survived because they exhibit this motivation to find solutions that allow recovery from ills, sustainability of their best values, and growth from stressful times. Resilient people and communities find ways to solve their problems that leave them feeling better off than they would have been without the hardships.

There are expressions, some shop-worn, that have been used to capture the essence of our approach. “What does not destroy us will make us stronger.” comes to mind. There is also merit in what Santayana once said:

“To be interested in the changing seasons is a happier state of mind than to be hopelessly in love with spring.”



ENDNOTES

- 1 Resilience in a New Key, Arizona Health Futures, St. Luke's Health Initiatives, Fall 2003.
- 2 W. Sanderson, S. Scherbov, Rethinking Age and Aging, Population Bulletin, Population Reference Bureau, December 2008.
- 3 K. Christensen, G. Doblhammer, R. Rau, & J. Vaupel, "Aging Populations: The Challenges Ahead", *The Lancet*, 374, 9696, 1196-1208, 3 October, 2009.
- 4 W. Sanderson, S. Scherbov, Rethinking Age and Aging, Population Bulletin, Population Reference Bureau, December 2008.
- 5 S. Kershaw, "Ready for Life's Encores," *New York Times*, March 21, 2010.
- 6 Freedman, Marc and Phyllis Segal, Essay, *Encore Career Survey*, Civic Ventures, June 2008.
- 7 Framingham Heart Study, Cacioppo, Fowler, and Christakis, 2009.
- 8 Cacioppo et al., 2009.
- 9 Fowler and Christakis, 2009.
- 10 PRB Rethinking Age and Aging.
- 11 L. Vale, T. Campanella, *The Resilient City*, 2005.
- 12 A. Zautra, 2003.
- 13 E. Cumming, L. Dean, D. Newell, & I. McCaffrey, "Disengagement: A Tentative Theory of Aging", *Sociometry*, 23, 1, March 1960.
- 14 E. Erikson, "Identity and the Life Cycle: Selected Papers", *Psychological Issues*, 1, 1959.
- 15 P. Burbank, "Psychosocial Theories of Aging: A Critical Evaluation", *Advances in Nursing Science*, 9, 1, October 1986.
- 16 P. Burbank, "Psychosocial Theories of Aging: A Critical Evaluation", *Advances in Nursing Science*, 9, 1, October 1986.
- 17 J. McKinnon, "Baby Boomers Aren't Joiners, So Senior Memberships Dip," *The Press Enterprise*, 8 September 2009.
- 18 Pew Research Center, "Recession Turns a Graying Office Grayer", 3 September 2009.
- 19 Pew Research Center, "Recession Turns a Graying Office Grayer", 3 September 2009.
- 20 (Johnson, 2010, p.A-1).
- 21 Population Reference Bureau, Rethinking Age and Aging, December 2008.
- 22 M. Freedman, The boomers, good works, and the next stage of life, June 2005.
- 23 D. Myers, Immigrant Contributions in an Aging America, Communities and Banking, Federal Reserve Bank of Boston.
- 24 McPheters, J.P. Morgan Chase Economic Outlook Center, 2009.
- 25 American Community Survey, 2005-2007, 200-2008 3 Year Estimate by State and County.
- 26 Experience Matters Consortium April 21st Learning Lab message.
- 27 J. McKinnon, "Baby Boomers Aren't Joiners, So Senior Memberships Dip," *The Press Enterprise*, 8 September 2009.
- 28 New Face of Work Survey, MetLife Foundation/Civic Ventures Survey, June 2005.
- 29 "Groundbreaking New Survey Asks American Workers, Ages 44-70, About Longer Working Lives," *Civic Ventures*, June 18, 2008.
- 30 National Institute on Aging, National Institutes of Health; U.S. Department of Health and Human Services.
- 31 Calculated as product of the potential time contribution times current average offering wage rates in Arizona in 2010 (US Bureau of Labor Statistics; Department of Economic Security).
- 32 The Next Chapter Initiative, Virginia G. Piper Charitable Trust.
- 33 M. Vest, Economic Outlook 2010/2011; University of Arizona's Forecast Luncheon, December 11, 2009.
- 34 Fronstin, Paul and Salisbury, Dallas; Issue Brief No. 317: Savings Needed to Fund Health Insurance and Health Care Expenses in Retirement; Findings from a Simulation Model; EBRI, May 2008.
- 35 R. Morin, *Most Middle-Aged Adults are Rethinking Retirement Plans* Pew Research Center. Pew Research Center, May 28, 2009.
- 36 *America's Changing Workforce*. Pew Research Center, 2009.
- 37 *America's Changing Workforce*. Pew Research Center, 2009.
- 38 EBRI Retirement Confidence Survey, 2009.
- 39 EBRI Retirement Confidence Survey, 2009.
- 40 AARP, 2008.
- 41 The Bureau of Labor Statistics estimates between 2006 and 2016, the U.S. labor force ages 55+ will increase 47% from 25 million to 37 million, while the labor force ages 16 to 54 will increase less than 1%. The 55+ population will account for almost 93% of the net increase in the U.S. civilian labor force. This means there will be millions of Baby Boomers looking for work to prolong their careers in the years ahead. The Met Life Study of the New Realities of the Job Market for Aging Baby Boomers; The MetLife Mature Market Institute, October 2009.
- 42 *Recessions and Older Workers*, Center for Retirement Research at Boston College, January 2009.
- 43 *Recessions and Older Workers*, Center for Retirement Research at Boston College, January 2009.
- 44 *America's Changing Workforce*. Pew Research Center, 2009.
- 45 Arizona Indicators, Giving and Volunteering. www.arizonaindicators.org.
- 46 The Next Chapter Initiative, Virginia G. Piper Charitable Trust.
- 47 The Next Chapter Initiative, Virginia G. Piper Charitable Trust.
- 48 Aging in Place Initiative.org, Partners for Livable Communities.
- 49 B. Bedney & R. Goldberg, "Health Care Cost Containment and NORC Supportive Service Programs: An Overview & Literature Review", 22 April, 2009. <http://www.norcs.com/page.aspx?id=198924>.
- 50 J. Matthews & G. Turnbull, *Housing the Aging Baby Boomers: Implications for Local Policy*, Andrew Young School of Policy Studies, Georgia State University, 2008.
- 51 J. Matthews & G. Turnbull, *Housing the Aging Baby Boomers: Implications for Local Policy*, Andrew Young School of Policy Studies, Georgia State University, 2008.
- 52 E. Gadek, "Flocking Together: Bridging and Bonding Ties in Retirement Migration", *Honors Projects*, 2008.
- 53 E. Gadek, "Flocking Together: Bridging and Bonding Ties in Retirement Migration", *Honors Projects*, 2008.
- 54 E. Gadek, "Flocking Together: Bridging and Bonding Ties in Retirement Migration", *Honors Projects*, 2008.
- 55 E. Gadek, "Flocking Together: Bridging and Bonding Ties in Retirement Migration", *Honors Projects*, 2008.
- 56 E. Gadek, "Flocking Together: Bridging and Bonding Ties in Retirement Migration", *Honors Projects*, 2008.
- 57 E. Gadek, "Flocking Together: Bridging and Bonding Ties in Retirement Migration", *Honors Projects*, 2008.
- 58 Center for the Future of Arizona, "The Arizona We Want", 2009.
- 59 Erikson, Erik H. *Identity and the Life Cycle*. New York: International Universities Press, 1959. Maslow, Abraham H. *Motivation and Personality* (1st edition: 1954, 2nd edition: 1970).
- 60 U.S. Bureau of Labor Statistics Consumer Expenditure Survey.
- 61 A BLS report 1008 dated October displaying data for 2004-2005 showed the following differences between Phoenix MSA and the national consumer profile in 2005; age: 45.7(Phoenix), 48.5(US); income before taxes: \$60,726(Phoenix), \$58,712(US); average expenditures: \$49,009(US), \$46,409(US).
- 62 U.S. Bureau of Labor Statistics, Consumer Expenditure Survey, 2008.
- 63 Rates vary among jurisdictions. See Arizona Department of Revenue for explanation.
- 64 The governments imposing sales taxes are State of Arizona, county and city. In addition, franchise fees, lodging fees, transportation and miscellaneous tax rates may be imposed by specific jurisdictions.
- 65 Leezie Kim, Primer on State and Local Government Revenue, Chapter 3: Riding the Fiscal Roller Coaster: Government Revenue in Arizona, 95th Arizona Town Hall, November 2009.
- 66 Their homes must serve as the primary residence for the last two years and income limits residents total income from all sources cannot exceed \$32,352 for a single owner/\$44,440 for two or more owners; one of the owners must be at least 65 years of age; and, the home may not be subject to exterior alterations or additions after the valuation lock.
- 67 Development Economics developed projections of the property assessed valuation freeze impact.
- 68 Development Economics developed projections of the property assessed valuation freeze impact.
- 69 J. Ziliak, C. Gundersen, & M. Haist, "The Causes, Consequences, and Future of Senior Hunger in America", March 2008.
- 70 U.S. Census Bureau, "65+ in the United States," December, 2005.
- 71 AARP Public Policy Institute, "Across the States: Profiles of Long Term Care and Independent Living", 2009.
- 72 AHCCCS, "Arizona's Olmstead Plan". 2001. www.azahcccs.gov/reporting/Downloads/OlmsteadPlan.pdf.
- 73 AHCCCS, "Annual HCBS Report CY 2008", www.azahcccs.gov/reporting/Downloads/HCBS/AnnualHCBS_CMS_ReportCYE2008.pdf.
- 74 J. Bruhn, *The Sociology of Community Connections*, 2005.
- 75 D. Buettner. www.bluezones.com.
- 76 Zautra, Alex and Rebecca Rios, Get to Know Your Neighbors: Social Cohesion and Health, HealthTakes, St. Luke's Health Initiatives, January 2010.
- 77 MetLife, "The Maturing of America: Getting Communities on Track for an Aging Population," 2006.
- 78 MetLife, "The Maturing of America: Getting Communities on Track for an Aging Population," 2006.
- 79 E. Gadek, "Flocking Together: Bridging and Bonding Ties in Retirement Migration", *Honors Projects*, 2008, pp.20-21.
- 80 Communities for a Lifetime, Florida, 2009.
- 81 www.scsatl.org/careshare.htm.
- 82 www.hourdollars.org.
- 83 US Census. "An Older and More Diverse Nation By Mid Century", 14 August, 2008. www.census.gov/Press-Release/www/releases/archives/population/012496.html.
- 84 US Census Bureau, American Community Survey, http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuld=&_lang=en&_ts=
- 85 US Administration on Aging, 2009.
- 86 AHS HealthTakes 1, St. Luke's Health Initiatives, 2009.
- 87 R. Hughes, *Health in a New Key*, 2005.
- 88 R. Britt, "Happiness in Old Age Depends on Attitude", *Live Science*, 12 December 2005.
- 89 K. Savage, "Happiness is a State of Mind," <http://www.bluezones.com/outlook/315?task=view>.
- 90 See Marks, 1977; Rozario et al, 2004.
- 91 See Zautra, Hall, & Murray, 2010.

- 92 The study of reserve capacity figures prominently in studies of resilience within the field of ecology (Holling, Schindler, Walker, and Roughgarden, 1995).
- 93 United Health Foundation, America's Health Rankings, 2009.
- 94 Arizona Health Survey, St. Luke's Health Initiatives, 2009.
- 95 The Return of the Multi-Generational Household, Pew Research Center, March 2010.
- 96 Arizona Indicators, Families, www.arizonaindicators.org.
- 97 National Health Expenditure Data, Health Expenditures by State, Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, released February 2007; available at <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/nhestatesummary2004.pdf>.
- 98 U.S. Bureau of Labor Statistics, Table 3: Consumer Expenditure Survey 2008.
- 99 U.S. Bureau of Labor Statistics, Table 3: Consumer Expenditure Survey 2008.
- 100 ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/Health_US/hus08tables/table123.xls. Computed growth rate is 5.4% per year over the period 1997 – 2006.
- 101 Projections based upon growth in healthcare expenses of 5.4% per year as discussed above; per capita income 65+ based from Arizona ACS data in 2008 and total per capita personal income per capita and growth in personal income based upon University of Arizona, Eller School, Forecast Project, May 2009; and, health care expenditures sourced above.
- 102 W.P. Carey School of Business/Arizona Hospital and Healthcare Association; The Economic Impact of Arizona's Hospitals on the State & Its Counties; January 2007.
- 103 Fronstin, Paul and Salisbury, Dallas; Issue Brief No. 317: Savings Needed to Fund Health Insurance and Health Care Expenses in Retirement; Findings from a Simulation Model; EBRI, May 2008.
- 104 MetLife; The MetLife Caregiving Cost Study: Productivity Losses to US Businesses, July 2006.
- 105 Alzheimer's Association, "2009 Alzheimer's Disease Facts and Figures: Executive Summary", http://www.alz.org/national/documents/summary_alzfactsfigures2009.pdf.
- 106 Kaiser State Health Facts. "Number of Deaths Due to Alzheimer's Disease Per 100,000 Population, 2006", <http://statehealthfacts.kff.org/>.
- 107 B. Park, "The Stigma of Suicide", *Tucson Weekly*, 29 May 2008.
- 108 Population Reference Bureau, "Social Support, Networks and Happiness", *Today's Research on Aging*, 17, June 2009.
- 109 National Alliance for Caregiving in collaboration with AARP, "Caregiving in the U.S. 2009", December 2009.
- 110 S. Crute, "Caring for the Caregiver", *AARP The Magazine*, November/December 2007.
- 111 AARP Public Policy Institute, "Valuing the Invaluable, The Economic Value of Family Caregiving", 2008 Update.
- 112 S. Crute, "Caring for the Caregiver", *AARP The Magazine*, November/December 2007.
- 113 C. Levine, D. Halper, A. Peist, & D. Gould, "Bridging Troubled Waters: Family Caregivers, Transitions, and Long Term Care", *Health Affairs*, 91,1, January 2010.
- 114 S. Crute, "Caring for the Caregiver", *AARP The Magazine*, November/December 2007.
- 115 Family Caregiver Alliance, "2009 National Policy Statement", http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2279.
- 116 Family Caregiver Alliance, 2009 National Policy Statement", http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2279.
- 117 All Headline News, "Massachusetts Reports Rise in Elderly Abuse", 9 February 2009, <http://www.allheadlinenews.com/articles/7014004047>.
- 118 J. Leland, *New York Times*, 7-21-10 p. A-11.
- 119 Arizona Adult Protective Services, "APS Annual Activity Reports".
- 120 C. Levine, D. Halper, A. Peist, & D. Gould, "Bridging Troubled Waters: Family Caregivers, Transitions, and Long Term Care", *Health Affairs*, 91,1, January 2010.
- 121 C. Levine, D. Halper, A. Peist, & D. Gould, "Bridging Troubled Waters: Family Caregivers, Transitions, and Long Term Care", *Health Affairs*, 91,1, January 2010.
- 122 U.S. Census Bureau, "2008 Population Estimates", factfinder.census.gov.
- 123 Arizona Department of Human Services, "Arizona Federal Medically Underserved Areas & Populations", April 2009.
- 124 United Health Foundation, "America's Health Rankings", 2009, www.americashealthrankings.org.
- 125 A. Maclean, "Telemedicine Institute Trains Doctors, Helps Patients in Remote Areas", *Capital Times*, 4 November, 2009.
- 126 A. Maclean, "Telemedicine Institute Trains Doctors, Helps Patients in Remote Areas", *Capital Times*, 4 November, 2009.
- 127 A. Maclean, "Telemedicine Institute Trains Doctors, Helps Patients in Remote Areas", *Capital Times*, 4 November, 2009.
- 128 AARP Public Policy Institute, "Across the States: Profiles of Long Term Care and Independent Living", 2009.
- 129 Administration on Aging, "Community Living Program Grants", www.aoa.gov/AoARoot/AoA_Programs/HCLTC/NHD/index.aspx.
- 130 A. Maclean, "Telemedicine Institute Trains Doctors, Helps Patients in Remote Areas", *Capital Times*, 4 November, 2009.
- 131 A. Maclean, "Telemedicine Institute Trains Doctors, Helps Patients in Remote Areas", *Capital Times*, 4 November, 2009.
- 132 Amy Bloom, *New York Times*. January 31, 2010.
- 133 Chaskin, Brown, Venkatesh, & Vidal, 2001; Churchill, 2003; Peirce, 2005.
- 134 Churchill, 2003.

SURVEY METHODOLOGY

Data reported here come from the Arizona Indicators Panel. This is a statewide representative sample of Arizonans. Panel members have agreed to be surveyed online several times a year across many topic areas. This enables great depth and exploration of topics with the same sample group and solves some of the problems experienced in random sample telephone surveys. The results summarized here contain the statistically significant differences on selected demographic characteristics of panel participants. Data are weighted to be representative of Arizona as a whole. Knowledge Networks, a nationwide academic primary research firm maintains the Arizona Indicators Panel. This survey was done in October 2009. A total of 668 Arizonans age 18 and over participated in the panel survey.

The survey was conducted using the web-enabled KnowledgePanel®, a probability-based panel designed to be representative of the U.S. and Arizona populations. Initially, participants are chosen scientifically by a random selection of telephone numbers and residential addresses. Persons in selected households are then invited by telephone or by mail to participate in the web-enabled KnowledgePanel®. For those who agree to participate, but do not already have Internet access, Knowledge Networks provides at no cost a laptop and ISP connection. People who already have computers and Internet service are permitted to participate using their own equipment. Panelists then receive unique log-in information for accessing surveys online, and then are sent emails throughout each month inviting them to participate in research. More technical information is available at www.knowledgenetworks.com/ganp/reviewer-info.html.

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FOR MORE INFORMATION ON AGING, VISIT THESE SITES

Experience Matters Consortium

www.experiencemattersaz.org/

Communities for All Ages at the Intergenerational Center at Temple University

communitiesforallages.org

National Institute on Aging

www.experiencemattersaz.org/

Arizona Department of Health Services Healthy People 2010

www.eatsmartgetactive.org/

U.S. Environmental Protection Agency Aging Initiative and Smart Growth

www.epa.gov/aging/bhc/growth.htm

Arizona Center on Aging

aging.medicine.arizona.edu/

Kaiser Family Foundation

www.kff.org

Smart Growth Network

www.smartgrowth.org

AARP Population Reference Bureau

www.prb.org

www.agenet.com

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