

# Mixed Messages About the Coming of Age from Professionals and the Public

## Professionals and the Public on The Coming of Age

Talking with middle-aged Arizonans about aging brings up a variety of individual hopes and fears. For many, retirement and “elderhood” exist in the distant future. Busy caring for kids and earning a living, Arizonans, ages 40–59, have a lot on their minds, but stop them long enough to talk and there is a lot to learn. Professionals in health and aging fields also have much to say.

In October 2001, The Coming of Age project conducted focus groups in Phoenix, Tucson, Kingman and Safford with Arizonans ages 40–59. Recruited among the general public via telephone, the two-hour moderated discussions included men and women who are now caring, or anticipate caring, for elders, but also included some who did not expect to do so. Meetings with advocates and service professionals for the aged from throughout Arizona and another discussion among representatives from the Arizona Departments of Health and Economic Security, the Governor’s Council on Aging and the Arizona Health Care Cost Containment System completed the qualitative research.

Also in October, the project conducted a statewide, representative telephone survey with 501 Arizonans ages 40–59. This age range was chosen to obtain the views of the “super-sized” boomer group, which is now so close to retirement age. The survey methodology is described at the end of this report.

## Tomorrow’s Elders Discuss Aging: Focus Group Themes and Comments

The four focus groups with almost 40 Arizonans raised many issues, but offered few solutions. These respondents shared many characteristics with other Arizonans. Many still had children living at home. Everyone worried about money. Saving for retirement may be a good thing to do, but many seemed to think, “I’ve got a lot more important things on my mind right now and more important bills to pay. I’ll deal with that later.”

### “If You Don’t Feel Old, You Don’t Think about It Very Much”

The age that means “old” changes continually according to these Arizonans, and a person’s condition often provides a better measure than their chronological age. “Twenty years older than I am” or “as old as you feel” often defined “aged.” Those who gave a number put “old age” at about 75 years. Even though many respondents were caring for an elder relative, they had not thought about their own aging much.

Particularly for those with children at home, raising families ranked as their primary issue. Those, however, who had dealt with aging parents and other relatives, or were beginning to, were more likely to have thought about aging personally. Yet, denial is a persistent force in aging, health and even public policy. Those who are helping, or had helped, an elder relative often talked in terms of what they wanted to avoid. Preventing the negative situations endured by a loved one emerged as a strategy for aging more often than did a positive personal vision.

## TALKING POINTS

- Professionals in aging fields voiced concern that inadequate attention from top leaders, besides insufficient dollars and fragmented programs, has put Arizona on a collision course with aging.
- In a statewide survey of Arizonans 40–59 years old for The Coming of Age, only 18 percent said the aging of the population was a serious problem for the state, but it does present some personal anxieties to three out of four of those interviewed.
- Approximately 75 percent of those surveyed voiced some concern about their ability to care for an elder parent or relative, and 70 percent feared for their own financial futures. Arizonans with low incomes today expected to be the “have nots” of tomorrow.
- One-third of those in the survey cares for an elder now, and families are the most important source of care. Government (federal first, then state and local) has a part to play too, especially for those who are poor. Medicare, unfortunately, was seen as “iffy” for baby boomers. Many Arizonans worry that public programs for elders are of dubious quality.
- Despite concerns, 79 percent of the baby boomers surveyed felt optimistic about getting older.

If you don't prepare financially, you're going to be a burden on someone.

Phoenix Focus Group Member.

The prevalent belief was that, even though aging was a family matter, those who could not cope with the situation should expect government to help them.

### **Older Is Looking Better Than Ever**

“The older you get, the better old looks!” Respondents saw their aging as being qualitatively different from, and better than, the experience of their grandparents and parents. People take better care of themselves now, and older people today have more options. Technology and knowledge lead to better, longer lives.

### **Depending on Healthy Aging**

The benefits of diet, exercise and preventive measures were well known and widely associated with aging well. The great majority of participants talked about such things as “taking care of myself” in such ways as taking vitamins, exercising and eating well. Prevention appeared to function almost as a substitute for planning. People may have seen problems befall others close to them or been involved intimately in providing care. When that time ended, however, many seemed more likely to heave a sigh of relief and hope nothing similar ever happened to them than to make plans for themselves. For example, only one respondent spontaneously brought up long-term care insurance as a means of preparing for old age. Many had not even heard about such coverage and recoiled at its possible costs. The common belief that government, if necessary, would pick up the costs of elder care, made such an investment seem unnecessary. The bottom line is that health determines whether later years are good or bad and taking care of oneself is synonymous with long-term health.

### **Aging in Place, At Least for Now**

Most respondents had thought little about where they might live in their older years. Most seemed likely to stay in the same area — even the same house — as before retirement to be close to “roots and family and climate.” But the aging-in-place outlooks may have had more to do with their not having given the subject much thought than with a definite plan. Respondents in the urban areas sometimes mentioned moving to a rural area, usually as a get-away-from-the-rat-race strategy, although they were slow to reflect on the health care options in smaller towns. Safford residents wanted to stay put, despite the recognition that medical care likely would be better in bigger cities with more options for insurance. On the other hand, the fact that everyone knows everyone in a smaller community meant that it would be easier to get the care they needed and they would be less likely to suffer any type of abuse in a care center. Kingman participants, however, voiced concerns about their town as a good place to age. Some members had experienced problems with local health care providers and, as a result, did not see the area as offering quality medical care or support for elders, despite its traditional reputation as an inexpensive place to retire. Discussion touched on the difficulties of getting around the community at older ages in a place without transit or reasonable alternatives to cars. In addition, members told about acquaintances who were healthy when they moved to Kingman, but were now having money and health problems. Lack of information and support made their lives difficult.

### **Worrying about Future Losses**

Participants expressed vague concerns about growing older, including losing the ability to do what they today, not having sufficient money to enjoy their retirement years and fears of being a burden on their children. A few respondents also feared that they might have to be caring simultaneously for their parents and their children. Financial fears stemmed from not having enough money to enjoy retirement and not being able to afford the medical treatments that might prolong an active lifestyle. Many respondents, particularly those still in their 40s and early 50s, worried about whether Social Security and Medicare would provide them with the benefits that their parents received. Government played a big part in discussions about aging. The prevalent belief was that, even though aging was a family matter, those who could not cope with the situation should expect government to help them. But the potential costs to federal, state and local governments, and thus to them as taxpayers, were not well understood.

### **Aging Brings Physical and Mental Problems**

When people thought about aging, they referred first to physical and mental problems. Money was a secondary issue. These Arizonans referred to the costs of nursing care, prescription drugs and other items, but the common image of an older person coping with “the problems of aging” was of someone who to some degree was physically or mentally incapacitated (or both). A healthy individual who could not afford food, shelter or routine medical care rarely surfaced as someone suffering the problems of aging.

The greatest financial concerns emerged among those without health insurance. These participants appeared to belong to the working poor who could not afford coverage. These Arizonans were keenly aware of the high costs of health care and foresaw difficult times ahead because of their lack of health insurance.

### **Families Care First — Government Cares Last**

First and foremost, these participants saw families dealing with aging. When families cannot do so, complications set in. Most respondents said that government (federal government first) should then step in, although public programs were viewed as of dubious quality. There seemed to be little middle ground between family care and the risk of government-sponsored programs. Churches and community organizations were mentioned rarely, and only a very few who had dealt with family members with extensive needs knew of various options such as programs through local senior centers or the Arizona Department of Economic Security.

Government stood as the caregiver and the payer of last resort. A number of respondents quickly identified what government could do if we would just “get our priorities straight” as a nation. Costs of government programs or the consequences of many citizens needing care did not figure into their thinking. It was also acceptable among many to “spend down” resources to protect individual assets and take advantage of government programs. To one Safford respondent, if government helped families earlier, no one would have to “cheat the system.”

### **“An Opportunity, Not a Disaster” for Arizona**

Most did not see an aging population as a problem for Arizona. Indeed, some argued that entrepreneurs would rush in to serve a large market. Similarly, there was little concern that the health care system would be overwhelmed, although some mentioned the need for additional workers. Elders were perceived as needing care different from that required by other residents, so the two groups have limited effects on one another. After all these years of appearing to court seniors, Arizona should be prepared to deal with more older residents.

Respondents had difficulty articulating how an aging population would affect the state at all. A reduced tax base because of an older, nonworking population came up most often. Few acknowledged an older population’s need for more services that could strain that reduced tax base. Less need for schools would offset tax losses in part. Increases were seen in the need for senior housing, regulation of care centers and other senior services and perhaps in law enforcement. These did not, however, represent major costs. A few respondents pointed out that the elderly could be a potent voting bloc that could force the state to provide what they wanted. Most respondents, however, did not foresee problems for programs that an older voting bloc might not consider important.

The effects of rapid population growth colored opinions significantly. Growth was a top-of-mind topic statewide. All of the respondents had watched Arizona become home to more and more people. With the sheer number of new Arizonans being so big, few focused on the issues presented by changes within the state’s population. These respondents were not all antigrowth. Growth just loomed large in their experience. Having more residents in Arizona appeared to be a bigger deal than having more elders.

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### **Today's Caregivers Know the Challenges, But Not Many Resources for Assistance**

Those who had experience with an elderly relative (primarily parents or in-laws) talked about the many challenges inherent in elder care. Care limited the lifestyles of the caregivers, and they felt worn out, but few had looked very far for assistance. One Phoenix-area daughter expressed surprise and gratitude at having found help from a social worker at a local senior center. Hospices and food banks came up, but the list of helping organizations was limited, at best. As one respondent noted, caregivers do not even know what questions to ask. The recommendation was made for some sort of information center on aging. However, the feeling was more “we could use some help” than a demand for “somebody’s got to do something!” Everyone, as expressed in these groups, must simply endure aging and caregiving as best they can.

### **Professionals See a Different Picture of Aging**

#### **Denial as a Substantial Barrier**

Professionals in the aging, health and caregiving fields agreed that a potential disaster could be prevented if policies and programs were changed to emphasize prevention, independence and flexible, integrated services and if the public thought more about aging. Unfortunately, denial clouds the vision of too many Arizonans. Lack of interest in planning and the assumption that someone will care reportedly make it difficult to engage people in these issues. However, if Arizona stays on its current path, many of these professionals foresaw situations so bad that one person said, “It makes my blood run cold.” Arizona’s problems mirror those of the entire country. On nearly every topic — from health care costs to workforce to increased care needs of the mushrooming elder population — “there is no reason to think that Arizona is better than the nation.”

On the other hand, some professionals thought the baby boom generation is big enough to change systems for the better now that it is their turn to age. Regrettably, despite the “healthy, wealthy” stereotype, the diversity of Arizona’s boomers could lead to a deep divide between “haves” and “have nots” and reduce the next elders’ political clout.

Professionals complained that aging issues have been relegated to obscurity in Arizona. This lackadaisical outlook may be the downside of two laudable trends, namely improved attitudes about aging and more awareness of healthy lifestyles. But, professionals did not see “taking care of one-self” as a substitute for preparation or help when people need it. Today’s professionals feared the consequences of worker shortages on one hand and on the other hand residents being “trapped by a culture of independence” and thus unwilling to seek help. The “unlimited youthful spirit” that motivates people to move to out-of-the-way places without thinking about the resources they might need if their health fails further enhances a rosy vision of a problem-free old age.

Unfortunately, crisis is inevitable according to those whose clientele consists mostly of people who moved to Arizona, or to an isolated part of the state, when they were part of the “young old” and are now part of the “old old” without local support or family. These participants were disappointed that the commitment to serving people once they became residents seemed less than the effort perceived to be spent on attracting them.

Professionals dealt frequently with what they called the “if I get sick, I’ll get well...if not, Medicare will take care of me” myth. Residents fail to investigate or understand Medicare, but also do not want to spend their personal resources on care. Recent changes in federal rules have complicated the delivery of health services, and professionals reported coping with increasingly complex situations and the disappearance of service providers. As a result, personal resources are more important than ever before.

## A Leadership Challenge

Professionals see a clear set of critical issues for aging and health care, all of which cry out for leadership:

- Failure to develop a “cost-effective continuum of care”
- Fragmentation of dollars and services
- Artificial boundaries between programs
- Inadequate strategies to support successful, productive aging

Leadership needs to emerge on these issues. One suggestion was a broad-based, state-level commission that could “declare the system is broken” and then develop solutions for Arizona. State and local coordination should come before trying to make changes at the federal level, and raising public awareness should precede substantial public policy changes in Arizona.

Some professionals thought that those in the “aging business” had spent the past 40 years isolating themselves from advocates for other target groups with complementary agendas. Federal statutes, because of their funding for aging programs, have dictated how networks developed. Services based on “chronology” have split off professionals in aging from those helping children, when youth and old age should be seen as parts of the same process.

Fortunately, advocates, professionals and even neighborhoods are creating new capacity in Arizona in response to current situations. Some foresaw the current challenges as perversely positive because they would force organizations to “learn how to be community-based again.” For example, a Direct Caregiver Association now exists to support these workers. A state-level Older Workers Task Force with workforce professionals and business representatives meets regularly. The Pima Council on Aging is now acting on recommendations from a recent study commission. In Tucson, an established neighborhood’s association has implemented a Minnesota program that supports elder residents remaining at home through help from neighbors.

A success story about substantial changes in foster care provided an example that several thought could be a model for solving complex problems related to aging. Led by Governor Hull’s office, a few state agency representatives worked together to devise foster care solutions after advocates had helped to identify the issues. Development of new approaches took place out of the spotlight and solved what had seemed to be intractable issues.

The professionals who worked for the state’s major public programs and a large corporate provider of assisted living echoed many of the concerns of their community colleagues. Frustration with the lack of personal planning and too little high-level attention to aging issues surfaced quickly. For the future, Arizona must face workforce issues, a potential HMO crisis, widening gaps between “haves” and “have nots,” and a choice between cheaper community-based programs and more costly nursing homes.

The most important actions suggested for Arizona now included:

- Developing leadership and awareness
- Deciding what the state’s public and private infrastructure must be to provide the care needed in the future
- Earmarking a dedicated funding source for aging issues and services
- Committing to keeping people in their homes and providing community-based services
- Making long-term care insurance a viable option for residents
- Deciding how to define and track “success” in aging

Despite their frustrations with the present and their concerns about the future, these participants were not without optimism. They saw Arizona as still having the opportunity to change.

## Professionals Suggest the Following Changes in Arizona:

- Recruit and retain service providers
- Use paraprofessionals to experiment with ways of reducing dependence on scarce health professionals
- Raise the pay of caregivers or provide monetary, tax or other incentives to encourage it
- See elder care as an opportunity, rather than an end-of-life burden
- Combine physical and mental health in programs
- Support research on chronic diseases
- Promote the desired personal actions through financial incentives
- Streamline regulatory systems to reduce workforce pressures and allow faster responses to changing marketplaces
- Increase support for and research on aging issues at Arizona’s universities
- Strengthen current public and private, nonprofit institutions involved in aging work
- Recognize the differences between rural and urban areas in the scope and nature of issues and in potential responses to them
- Identify the differences between frequent users of health and aging services and others to allow for preventive treatments or new approaches to chronic illness for some and strategies to maintain wellness among others



Nationally, about a quarter of adults with a parent over 65 help with financial and health decisions.

Kaiser Family Foundation.

Approximately one-quarter of these Arizonans lacked any parents, siblings or children within a 30-mile radius. Over half, however, reported one to five immediate family members close by, and about one in five counted at least six family members in the area.

The respondents voted often, and approximately four in ten respondents volunteered at least four hours per month.

Nearly three-quarters of those interviewed expressed some concern about their ability to care for a parent or other elderly person important to them.

## The View from Middle Age: Attitudes of Arizona's Boomers

A statewide, random sample of 501 Arizonans, ages 40–59, participated in The Coming of Age telephone survey. The interviews focused on:

- Current or near-term family caregiving
- Care for themselves in the future
- Options for Social Security and Medicare
- Overall outlooks on aging and the future

The survey explored the thinking of those who are part of “tomorrow’s” elders. Not surprisingly for this age group, more than 80 percent of the survey respondents worked. Just six percent said they were retired already. Slightly more than eight out of ten have children or stepchildren. Nearly three-quarters of the respondents have one or both parents still living, although, of course, not all in Arizona. Indeed, approximately one-quarter of these Arizonans lacked any parents, siblings or children within a 30-mile radius. Over half, however, reported one to five immediate family members close by, and about one in five counted at least six family members in the area. Of those without living parents, one-third saw the potential to care for another elder person. Now almost one-third of respondents help an older person in some way.

The greatest number of respondents (37%) described themselves as politically moderate with another third saying conservative. About one in five considered themselves to be liberal. More than half noted their membership in a church, synagogue or other religious institution.

### More Aged Residents Won't Make Much Difference to Arizona

When asked to judge whether the large number of aging baby boomers was a problem for Arizona, respondents saw the situation almost as much of an opportunity for Arizona as it was a problem. Thirty-two percent viewed aging as a potential problem for the state compared with 23 percent who thought it offered an opportunity. The highest percentage (38%), though, did not think the demographic change would make a difference. Of the 32 percent who considered aging to be a problem for Arizona, more than half of these respondents (and thus 18% of respondents overall) considered it to be a serious one.

### Aging Presents Anxieties Though, Especially About Money

On a personal level though, aging presents anxieties about caring for others and for themselves, and alarm rises sharply for those with less income. Nearly three-quarters (74%) of those interviewed expressed some concern about their ability to care for a parent or other elderly person important to them. Money worries created anxieties for good reason. Only about one in four (28%) felt that the person for whom the respondent was concerned was “very able” to handle their own care needs financially. Just seven percent said they felt “very able” to cover the costs of care for a relative or friend themselves, as opposed to 33 percent who felt “not very able.”

For themselves, 70 percent answered they were very or somewhat concerned about their ability to pay for their own medical and living expenses when older. Fear related to income, with just 12 percent of those with household incomes over \$80,000 voicing strong concerns, compared to 62 percent of those with less than \$20,000 in annual income. The thought of being squeezed between children and aging parents (or some other elderly person) disquieted some respondents. More than four out of ten said they were very concerned or somewhat concerned about caring for elders and children at the same time.

### Respondents Care for Elders Now

Experience with elder care is widespread. One-third of respondents assisted an elder at the time of the survey, including running errands, housekeeping, maintaining property and the like.

One-third of the respondents had assisted a person financially with nearly as many (27%) having taken control of the person's finances. Slightly over one in five have brought a person to live with them, and 17 percent have admitted a person into a nursing home.

Care is a family matter, especially among Hispanic respondents. The most likely response to a need for care among all of the respondents (38%) was to have an older person live with them. Similar numbers of respondents (from 25 to 29%) said it is very likely a person would live in their own home, an assisted living facility, or with other friends or relatives. Asked what would happen if the person tried to remain in their own home but could not, only one in ten of these respondents felt that the person would be cared for in a nursing home, about the same number who thought the person would be cared for in their own home by hired professionals. Nearly all (92%) agreed that government should provide tax breaks for those individuals who care for an elderly person with 72 percent saying they strongly agreed.

### **Starting to Prepare for Aging, If There's the Money**

Respondents reported being at the beginning stages of preparing for their own aging. The largest percentage (47%) said they had saved for long-term care needs. Again, income made a difference. Just nine percent among those in the under-\$20,000 income bracket said they had put money aside, versus 68 percent in the over-\$80,000 income group. One in three had discussed the help they might need with children, another close relative or friend. Eighteen percent said they had investigated assisted living centers, the same percentage as said they had investigated government assistance programs. Two-thirds (64%) of the respondents indicated that they had created a financial plan beyond their employer or Social Security. Again, substantially more higher-income respondents said they had made a plan compared to the less-affluent respondents. In addition, 84 percent of those with a postgraduate degree said they had planned versus 49 percent of those who had not attended any college.

Most of those with children believed that their kids would be at least somewhat helpful in their old age. One-third (35%) anticipated their children would be very helpful; 45 percent, somewhat helpful. About one in five (17%) said they expected their children to be "not very helpful."

### **More Income and Education Mean More Optimism**

Respondents understand the phrase "healthy, wealthy and wise." Overall, these Arizonans perceived themselves as healthy. Twenty-five percent reported being in "excellent" health and 41 percent said their health was "very good." Only 10 percent called their health "only fair" (6%) or "poor" (4%). Those respondents in the lowest income group were more likely to say that their health was fair or poor than good or excellent. Among those with the highest incomes, fully 74 percent called their health excellent or very good. Those with the highest level of education more often described their health as "excellent" (42%).

Among all respondents, four of ten (39%) said that they were "very optimistic" and a like number (40%) said "somewhat optimistic" about getting older. Only 19 percent said that they were neutral (4%), "somewhat pessimistic" (11%), or "very pessimistic" (4%). Good health (33%) was the main reason for optimism. Good health led to an optimistic view of the future. Of those who said they were very optimistic, 83 percent also reported being in excellent or very good health. Only five percent of those who reported fair or poor health expressed optimism about the future, but 24 percent expressed pessimism.

Respondents' reasons for optimism about getting older read like a primer on successful aging: fine health, positive attitude, good medical coverage, future plans, financial security and strong families. The most important component is health. "As long as I am healthy" is the watchword for respondents.

More than four out of ten reported being very concerned or somewhat concerned about caring for elders and children at the same time.

Nearly all (92%) agreed that government should provide tax breaks for those individuals who care for an elderly person.

About one in five in the survey said they expected their children to be "not very helpful."

Most baby boomers don't expect big changes in lifestyle after retirement, but with increases in longevity and the current economic climate, that may not be true. In addition, we know that people are saving less than previous generations and that the move away from employer-sponsored pension plans could mean less income in retirement. Relatively few Americans are protecting their assets by investing in vehicles like long-term care insurance.

MetLife Mature Market Institute, 2001.

About 80 percent of Arizonans are optimistic about getting older. Overall, Americans feel good about elderhood as well. A 2001 nationwide survey showed 63 percent of Americans would like to live to be 100 years old. 60 percent of respondents expect to enjoy life more as they age by spending more time with family and friends.

Source: Zogby International, 2001.

**The Coming of Age Participants Were Optimistic – or Not – for the Following Reasons:**

- I am trying to make good health choices now to help assure good health as I get older. Also because I have good medical care to keep me healthy.
- I'm pretty good in my health, and I'm in school to fix computers.
- Because of my good health, the miracles of modern medicine and because I plan to be financially prepared for retirement.

**Some are not so positive:**

- My age and my disability... now I need the benefits and they keep switching the insurance around. If not for my disability, I would be very optimistic.
- I have to work until I drop.
- Because of my low income, I don't know how I will manage. I scrape by now. I don't think I make enough to survive.

Sources of concern or pessimism reflect the effects of health problems, the complexities of health insurance, fear of old age and current financial worries.

**Long-term Care Insurance Among Just Six Percent**

Over three-quarters (77%) of these respondents claimed to have heard at least something about the concept of long-term care insurance, with 33 percent saying that they had “heard a lot.” Six percent said they had purchased a long-term care policy, which is comparable to some national data, such as that from the Health Insurance Association of America, but far more than reported by the Arizona Department of Insurance.

**Government Owes Elders, But Medicare Is “Iffy”**

Government should see that all elderly people have adequate health insurance, regardless of their ability to pay, according to these Arizonans. Overall, 88 percent agreed with the statement with 63 percent agreeing strongly. However, almost half (45%) of those interviewed said they felt it was only “somewhat likely” that Medicare would be available for them in the future. The remainder split almost evenly between those who said “very likely” and “not very likely.”

Asked about what Medicare covers, 83 percent said that Medicare pays for hospital care; 75 percent said Medicare pays for routine doctor visits; 53 percent said it pays for home health services; 30 percent said Medicare pays for nursing home care for an extended period. When told that Medicare indeed does not cover the costs of all types of nursing home and home health care, respondents widely supported covering these costs. Fully 87 percent thought that Medicare should cover all home health care costs. These respondents were almost evenly split regarding whether the costs should be paid for all seniors (47% said they should) or only for those who are truly needy (50%). A smaller, yet still large, percentage of respondents believed that Medicare should cover the costs of nursing home care (77% yes, 16% no). Respondents were more likely to say that payment for nursing homes should be limited to those who are truly needy (53%) than to all seniors (44%).

**Table 9: Few Want to See Elders Pay More for Medicare.**

	% Favor	% Oppose	% Don't Know
Creating a sliding scale for Medicare premiums	70	25	5
Reducing payments to doctors and hospitals	55	37	7
Raising the age of eligibility from 65 to 67	41	56	3
Increasing the payroll taxes of workers	38	58	5
Limiting the amount Medicare contributes toward health insurance to a fixed amount per year	27	63	10
Charging more for seniors who use traditional Medicare programs to encourage a move to Medicare HMOs	24	62	13
Requiring seniors to pay a larger share of costs out of their own pockets	17	79	5

Source: The Coming of Age Survey, October 2001.

In some ways, then, asking others — more wealthy seniors, doctors and hospitals — to pay more of the cost of care for the elderly was favored, although respondents on balance rejected increasing the payroll taxes of workers. It is interesting to find that, although a sliding scale was widely supported, a variation of this idea — requiring seniors to pay a larger share of the costs out of their own pocket — was rejected. The survey does not tell us whether the wide difference in opinion is that the sliding scale implicitly referenced seniors with higher incomes, whether respondents saw a difference between “premiums” and “costs,” or whether some other factor was operating. Concerns about ability to pay, but the messages about who should pay decidedly are mixed.



### Some Want to Work — Some Want to Retire

Close to half (42%) of those interviewed indicated a plan to retire before becoming eligible for full Social Security benefits, and a like number (46%) said they planned to work past the age of full Social Security benefits. This may relate to the fact that almost half of the respondents (48%) indicated they were only “somewhat confident” that they would have enough income when they retire. In a national survey of baby boomers by the Del Webb Corporation, concerns about money were at the root of continuing to work for many. Two-thirds of the national respondents said they were likely to work 20 or more hours per week because they did not feel that they would have enough money to retire at 55.

### Health Insurance and Money Make Work Attractive

Of those respondents who said that they would continue working past the age of full Social Security benefits, more than half (53%) said that continuation of health insurance played a very important part in their decision (another 28% said that it was a somewhat important factor). Of those who said they will remain in the workforce, half (49%) said they would do so solely because they wanted to work. The other half (51%) indicated a need for income, for benefits or for both.

### The Federal Government Should Provide for Low-income Elders

Asked who should be most responsible for bearing the health care costs of low-income seniors, more respondents (36%) said that it was the federal government’s responsibility than any other group or level of government. Children were seen as the next responsible group (23%). State and local governments came up less often (9% and 3% respectively). Fifteen percent of respondents thought a combination of institutions and people should be responsible. For those who said that children should have primary responsibility, the question was asked who should be responsible if there were no children. In that situation, 30 percent said the federal government should step in, followed by state government (23%) and local government (9%). In a “childless” situation, 14 percent put the responsibility in the laps of religious institutions and 8 percent looked to community organizations. Government should provide health insurance to all elderly people, but make high-income seniors pay more in premiums, according to 63 percent of respondents. Slightly more than half (52%) of the respondents rejected the contention that government should provide adequate health insurance only to low-income seniors. However, 46 percent agreed.

### Rural Attractions for Retirement

Directly after retirement, more than half (52%) said they planned to live in the same house as before retirement, with 11 percent in a different house but in the same community. About one in four indicated plans to live in another community (13%), another state (12%), or another country (2%). Eleven percent did not know. Among the movers, planned retirement communities are not a favored destination in this survey by a wide margin (only 25% expressed interest in a retirement community). Communities with children also win out over those without. Fully two-thirds of these movers said that they expected to live in a rural area, rather than an urban environment.

Doctors and specialists ranked as the most important feature of a positive retirement place, and availability of an acute-care hospital was not far behind. The lowest importance was assigned to being close to big city amenities, such as an airport, museums and sports teams. Only 22 percent said that this was very important.

**Table 10: Health Care is a Vital Component of Any Retirement Place.**

Characteristics	% Very Important	% Somewhat Important	% Not Very Important
Availability of family doctors and specialists	66	28	6
Cost of living	61	32	7
Availability of an acute care hospital	56	34	10
Being close to one’s children	54	25	16
Being close to other family and friends	50	35	15

Source: The Coming of Age Survey, October 2001.

Arizonans are in tune with the nation on help for those with lower incomes and keeping Medicare costs down. A Kaiser Family Foundaton survey reflected essentially the same numbers nationally on the issues presented in Table 9.

Source: Kaiser Family Foundation.

Half of the Arizona survey respondents want to retire, and half want to continue working.

Among those who expected to move upon retirement, planned retirement communities are not a favored destination in this survey by a wide margin. Fully two-thirds of these movers said that they expected to live in a rural area, rather than an urban environment.

Some would see a contradiction between the attractiveness of a rural retirement home and the fact that availability of doctors is the most important characteristic of a positive place in which to age. Many rural areas may not have all types of doctors and specialists available in addition to a full-service hospital. As noted earlier by the professionals, responses to these questions may demonstrate that “unlimited youthful spirit,” as well as denial that there is a gap between wanting both easy access to medical specialists and an out-of-the-way retirement place.

### **Religious Differences in Elder Care**

Half of the respondents said they belong to religious institutions. These respondents are somewhat more likely to identify a religious institution as a source of help as they age. In addition, members of a church or religious institution are slightly more likely to be providing elder care now than other Arizonans.

### **Contradictions Abound**

Tomorrow’s maturing boomer/elder population is a diverse lot. Not surprisingly, these Arizonans hold some contradictory outlooks on aging. For example, aging isn’t a problem for Arizona, but personally it appears to be putting quite a few on edge. Respondents report (although it is easy to overstate actions to an anonymous telephone interviewer) having done more preparation than might have been expected based on the stories told by the professionals. Arizonans, however, do not seem to feel or to be well prepared financially for caring for another person or themselves, and those at the low end of the income scale clearly are worried about being tomorrow’s “have nots.” In fact, looking at today’s less educated, low-wage workers provides a snapshot of what tomorrow’s needy seniors most likely will be. While families now appear to be rising to the occasion of caring (or are ready to), having children is no guarantee of help for a sizeable number of people. Many may simply be assuming that their children will assist them.

Those who want to work and those who want to take it easy split evenly, but the actual need to work may be higher than realized considering the responses on savings and long-term plans.

Government has to play a role in aging according to these respondents. The message is mixed though about whether that role should be for everyone or just for those who cannot afford to care for themselves. Even if Medicare is “iffy,” the federal government is viewed as a primary source of payment for health and elder care.

Aging in place will be the norm for most Arizonans, although the desire to move to a small town is evident. The comparison of what makes a good retirement place, though, shows up some important contradictions.

For those with health and wealth, aging is the next stage of life. For those who lack both, the next decades do not appear as rosy. Even those with more resources have concerns and see government as a player in paying for care and supporting their quality of life. Thus, these respondents underscore the importance of planning as a state and exploring whether our communities are ready for more elders.