

ARIZONA**HEALTH**FUTURES

The Coming of Age

A Technical Paper on
Aging, Health and
Arizona's Capacity to Care

MAY 2002



**The View from Middle Age:
Professionals and the Public Look at Aging**

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Preface

Aging affects all dimensions of our society, but none so much as health. Because of this, St. Luke's Health Initiatives asked Arizona State University's School of Public Affairs and Morrison Institute for Public Policy to explore Arizona's capacity to meet the demands likely from an aging population.

This complex topic called for analysis from a variety of disciplines. Hence, as a key part of The Coming of Age research effort, we invited experts from different fields to explore and write about the topics essential to understanding public policy choices for an aging future. *The Coming of Age Technical Series* is the result. These papers provide in-depth, objective analyses of important trends and facts at the heart of the coming of age.

These technical papers provided the foundation for *The Coming of Age: Aging, Health and Arizona's Capacity to Care*, as well as *Four Scenarios of Arizona's Future*. All of the products from The Coming of Age project are available at www.slhi.org.

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The View from Middle Age: Professionals and the Public Look at Aging

In October 2001, The Insight Group, a Tempe-based public opinion research firm, conducted four focus groups on behalf of The Coming of Age project. Held in Phoenix, Tucson, Kingman and Safford with Arizonans ages 40–59, the groups were intended to identify issues and provide input for The Coming of Age survey. Recruited from the general public via telephone, the two-hour discussions included men and women who are now caring, or anticipate caring, for elders, and also included some who did not expect to do so.

Focus groups are a qualitative research technique that provides opportunities to talk with people about issues in-depth. While the results of the groups cannot be statistically projected to the entire population, the focus groups afford researchers an excellent opportunity to understand what is on people's minds and why they hold the opinions they do.

Focus Group Themes and Comments

The four focus groups with almost 40 Arizonans raised many issues, but offered few solutions to aging issues. 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. Denial, though, endured. 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.

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 parents and grandparents. People take better care of themselves now, and older people today have more options. Technology and knowledge has led to better, longer lives in the minds of these Arizonans.

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 “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, though, many seemed more likely to heave a sigh of relief and hope nothing like that 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 cost of elder care made such an investment seem unnecessary. The bottom line is that health largely determines whether later years are good or bad and taking care of oneself was seen as 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 might be easier to get the care they needed and less likely to suffer any type of abuse in a care center.

Kingman participants, on the other hand, 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 did 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 care 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 understood well.

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 with insufficient income for food, shelter or medical care, was rarely identified 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 can’t do this, 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 be 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 was a bigger deal than having more elders.

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 challenges inherent in elder care. Care limited caregivers' lifestyles. Caregivers 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 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 must simply endure aging and caregiving as best they can in the minds of these Arizonans.

Professionals See a Different Picture

Denial as a Substantial Barrier

Professionals in the aging, health and caregiving fields who participated in this research agreed that otherwise impending disasters 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 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." 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. Boomers already have left their mark on the marketplace and the political process. Unfortunately, as some reported, 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 greater awareness of healthy lifestyles. But, professionals did not see "taking care of oneself" 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 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 was small compared to the perceived effort spent 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, according to these professionals, do not want to spend their personal resources for care. Recent changes in federal rules have complicated the delivery of health services, and professionals reported coping with more complex situations and the disappearance of home health providers. As a result, personal resources are more important than ever before.

Leadership Challenge

Professionals saw 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 come before making substantial public policy changes in Arizona.

Suggestions for changes included:

- Recruit and retain 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 desired individual behaviors 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

Some professionals thought that those in the “aging business” had spent the past 40 years isolating themselves from advocates for other target groups, which actually should have complementary agendas. Federal statutes, because of their funding for aging programs, have dictated how networks developed. For example, services based on “chronology,” rather than need, have separated professionals who attend to aging from those helping children. This has happened despite the fact that professionals say they want to see youth and old age as stages of the same process. Unintended consequences of the Older Americans Act and the growth of institutions related to Medicare and Medicaid have contributed to the splintering of interests and services.

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

A success story about substantial changes in foster care provided an example that several thought could be a model for solving other complex problems. Led by Governor Hull's office, a very small group from major state agencies worked together to solve foster care problems after advocates had helped to identify the issues. The development work 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 major assisted living corporation echoed many of the concerns of their community colleagues. Frustration with residents' lack of personal planning and policy makers' lack of leadership on and attention to aging issues came out quickly. For the future, Arizona must face workforce issues, a potential HMO crisis, widening gaps between “haves” and “have nots,” and a choice between less expensive community-based programs and more costly nursing homes.

The most important actions suggested for Arizona now included:

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

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

The Coming of Age Survey

Also in October, the Coming of Age project launched a statewide, representative telephone survey with 501 Arizonans aged 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 and which will have such a large impact on the state when it reaches retirement.

The survey questionnaire was designed by Dr. John Hall. Christopher Herbert and Nancy Welch of The Insight Group provided input to questionnaire design based on the results of the focus groups. Dr. Michael O’Neil, whose firm conducted the survey, also suggested questions and advised on question wording and flow.

Methodology

O’Neil and Associates, a Tempe-based public opinion research firm, conducted the telephone survey between October 18 and November 12, 2001. A total of 213 men and 288 women participated in the survey with 54 percent of the respondents’ ages 40–49 and 46 percent ages 50–59.

First, 401 interviews were conducted randomly throughout the state. Then, a supplemental sample of 100 interviews was done in the 13 nonmetropolitan counties to assure that the views of residents of those counties were represented adequately. Following this, the data were scientifically weighted to assure that the responses reflected how residents across the state reacted to the questions asked.

All surveys are subject to a variety of sampling error, with the so-called “margin of error,” being the most commonly discussed. This is the difference between the results from a sample and those that would be obtained by surveying the entire population under consideration. For this survey, the overall sampling error at the 95 percent confidence level is plus or minus 4.4 percent.

The survey was administered using a computer-aided telephone interviewing (CATI) system. The questionnaire is reproduced here in essentially the same form as it was programmed into the CATI system so as to allow readers to follow various skip patterns among the questions and interviewer instructions. (The first two questions not shown were demographic screening questions to assure that only those in the 40–59 age range were interviewed.)

O’Neil and Associates coded the open-ended responses and tabulated the data for analysis. Data shown represent the overall response (i.e., all 501 respondents) to each question. Note that percentages may not always total 100% due to rounding. Further analysis of this data appears in the Coming of Age report.

The Coming of Age Survey Questions

3. Currently, because of the large number of baby boomers who are growing older in our state, the average overall population of Arizona is growing older every year. Do you consider the fact that Arizona's population is aging to be an opportunity for the state as a whole, a problem for the state as a whole, or something that really doesn't make any difference for Arizona?

23%	OPPORTUNITY	➔	SKIP TO Q5
32	PROBLEM	➔	CONTINUE
38	NO DIFFERENCE	➔	SKIP TO Q5
7	DON'T KNOW/REFUSED	➔	SKIP TO Q5

4. And would you consider it to be a serious problem or just a minor problem?

56%	SERIOUS
36	MINOR
7	DON'T KNOW

I. FAMILY CAREGIVING

5. Many people find themselves, at some time in their life, caring for an elderly person, often a parent or other relative. In your own case, are one or more of your parents still living?

73%	YES	➔	GO TO Q7
27	NO	➔	CONTINUE
0	DON'T KNOW	➔	CONTINUE

6. Are there any other elderly persons for whom you might have responsibility as they get older?

33%	YES	➔	CONTINUE
67	NO	➔	GO TO Q9
1	DON'T KNOW (Do not read)	➔	CONTINUE

7. And are you CURRENTLY providing any type of care or assistance to any elderly person, whether a parent, another relative, or some other person?

32%	YES
68	NO
0	DON'T KNOW

8. I'd like to read to you about several areas in which you may have taken care of a parent or elderly person important to you in the past. For each one of these, please tell me whether you have done this.

- 8A. Have you assisted them financially?

34%	YES
66	NO
0	DON'T KNOW

8B. Have you brought that person into your home to live?

22%	YES
78	NO
0	DON'T KNOW

8C. Have you taken control of finances by paying bills or making investments?

27%	YES
73	NO
0	DON'T KNOW

8D. Have you admitted that person into a nursing home or retirement center?

17%	YES
82	NO
0	DON'T KNOW

8E. Have you provided home health care in that person's home?

28%	YES
71	NO
1	DON'T KNOW

8F. Have you performed errands, light housekeeping or property upkeep for that person in that person's home?

60%	YES
39	NO
0	DON'T KNOW

9. Are you very concerned, somewhat concerned, not very concerned or not at all concerned about your ability to care for a parent or other elderly person important to you?

28%	VERY CONCERNED
29	SOMEWHAT CONCERNED
17	NOT VERY CONCERNED
25	NOT AT ALL CONCERNED
1	DON'T KNOW (Do not read)

11. The next several questions may refer to your parents, other elderly family members, in-laws, or some other elderly person important to you. In answering these questions, I would like you to think of the person you think you would most likely to care for.

I'd like to ask some questions about what might happen if one of your parents or some other elderly person important to you was no longer able to care for themselves, that is no longer able to perform routine activities of daily living such as bathing, dressing, and preparing meals for themselves.

11A. How likely is it that if a parent or some other elderly person important to you is unable to care for themselves, that person would live with you? Would it be very likely, somewhat likely, or not very likely that person would live with you?

38%	VERY LIKELY
27	SOMEWHAT LIKELY
31	NOT VERY LIKELY
3	DON'T KNOW (Do not read)

11B. How likely is it that if a parent or other elderly person important to you is unable to care for themselves, that person would remain in their own home? Would it be very likely, somewhat likely, or not very likely that person would remain in their own home?

29%	VERY LIKELY
27	SOMEWHAT LIKELY
39	NOT VERY LIKELY
5	DON'T KNOW (Do not read)

11C. How likely is it that if a parent or other elderly person important to you is unable to care for themselves, that person would live in an assisted living facility? Would it be very likely, somewhat likely, or not very likely that person would live in an assisted care facility?

26%	VERY LIKELY
25	SOMEWHAT LIKELY
45	NOT VERY LIKELY
5	DON'T KNOW (Do not read)

11D. How likely is it that if a parent or other elderly person important to you is unable to care for themselves, that person would live with other friends or relatives? Would it be very likely, somewhat likely, or not very likely that person would live with other friends or relatives?

25%	VERY LIKELY
28	SOMEWHAT LIKELY
43	NOT VERY LIKELY
3	DON'T KNOW (Do not read)

12. If a parent or other elderly person important to you attempted to remain in their own home but was unable to care for themselves, which ONE of the following would be MOST likely to provide their care? Would that be you, neighbors and friends, other relatives, hired professionals in that person's home, community programs like senior centers or meals on wheels, that person's spouse or a nursing home or similar institution?

(PROBE: Which ONE of those would be most likely to provide their care?)

- 29% YOU
- 3 NEIGHBORS AND FRIENDS
- 21 OTHER RELATIVES
- 9 HIRED PROFESSIONALS IN THAT PERSON'S HOME
- 5 COMMUNITY PROGRAMS LIKE SENIOR CENTERS OR MEALS ON WHEELS
- 4 THAT PERSON'S SPOUSE
- 10 A NURSING HOME OR SIMILAR INSTITUTION
- 14 MORE THAN ONE OF THE ABOVE (VOLUNTEERED)
- 4 DON'T KNOW (Do not read)

13. Think about the person that you would be most likely to have responsibility to care for as they get older. How prepared do you consider THAT PERSON is to financially handle a time when they are no longer able to care for themselves? Do you think that they would be very able to pay for the cost of their care, that they would be somewhat able to pay for the cost of their care, that they would be somewhat unable to pay for the cost of their care, or that they would be not very able to pay for the cost of their care?

- 28% VERY ABLE ➡ GO TO Q15
- 40 SOMEWHAT ABLE ➡ GO TO Q15
- 7 SOMEWHAT UNABLE ➡ CONTINUE
- 19 NOT VERY ABLE ➡ CONTINUE
- 6 DON'T KNOW (Do not read) ➡ CONTINUE

14. How would you rate your ability to cover the costs of care for a parent, OR other elderly person important to you, if they were unable to do so? Would you consider yourself very able, somewhat able, somewhat unable, or not very able to cover those costs?

- 7% VERY ABLE
- 39 SOMEWHAT ABLE
- 14 SOMEWHAT UNABLE
- 33 NOT VERY ABLE
- 7 DON'T KNOW (Do not read)

CARE OF SELF

15. Are you very concerned, somewhat concerned, not very concerned or not at all concerned about YOUR ABILITY to pay for your own medical and basic living expenses when you are older?

34% VERY CONCERNED
36 SOMEWHAT CONCERNED
28 NOT VERY CONCERNED
2 DON'T KNOW (Do not read)

16. Do you believe that you are healthier at your current age than people of your parent's generation were at the same age?

71% YES
24 NO
5 DON'T KNOW (Do not read)

17. How would you describe your own health, in general, today? Would you say your health is excellent, very good, average, only fair or poor?

25% EXCELLENT
41 VERY GOOD
24 AVERAGE
6 ONLY FAIR
4 POOR
0 DON'T KNOW (Do not read)

18. I'd like to read you a list of things that people sometimes do as they prepare for getting older. For each one, please just tell me whether you have or have not done that.

18A. Have you discussed the help you might need with children or some other close relative or friend?

32% YES
68 NO
0 DON'T KNOW (Do not read)

18B. Have you investigated assisted living centers?

18% YES
82 NO
0 DON'T KNOW (Do not read)

18C. Have you put money aside for long-term care needs?

47% YES
53 NO
0 DON'T KNOW

18D. Have you investigated government assistance programs?

18%	YES
81	NO
0	DON'T KNOW (Do not read)

18E. Long-term care insurance is a type of insurance that pays the cost for someone to be cared for in a nursing home, or sometimes to be cared for by professionals in the elderly persons own home. Before I mentioned it to you just now, had you heard a lot, heard a little, or heard nothing at all about the availability of long-term care insurance?

33%	HEARD A LOT
4	HEARD A LITTLE
23	HEARD NOTHING
1	DON'T KNOW (Do not read)

18F. How likely would you be to purchase long term care insurance to cover the costs of nursing home care, or long term care in the home? Would you say you are very likely to purchase such insurance, somewhat likely, not very likely, or have you already purchased such insurance?

10%	VERY LIKELY
29	SOMEWHAT LIKELY
52	NOT VERY LIKELY
6	ALREADY PURCHASED
3	DON'T KNOW (Do not read)

19. Have you created a financial plan to make sure you have enough money for retirement other than the retirement benefits from your employer or social security?

64%	YES
35	NO
1	DON'T KNOW (Do not read)

20. I will now read to you a list of groups and organizations. For each one, please indicate whether or not you believe that organization WOULD provide substantial assistance to you if you could no longer care for yourself as you grow older.

20A. Community groups

34%	YES
5	NO
7	DON'T KNOW (Do not read)

20B. A church, synagogue, or other religious institution

38%	YES
58	NO
4	DON'T KNOW (Do not read)

20C. Local government

28%	YES
66	NO
7	DON'T KNOW (Do not read)

20D. State government

31%	YES
61	NO
8	DON'T KNOW (Do not read)

20E. Federal government

35%	YES
56	NO
9	DON'T KNOW (Do not read)

20F. Your family

78%	YES
21	NO
1	DON'T KNOW (Do not read)

20G. Neighbors and friends

36%	YES
61	NO
2	DON'T KNOW (Do not read)

20H. A trained health assistant in your home

59%	YES
36	NO
6	DON'T KNOW (Do not read)

20I. A nursing home or similar institution

46%	YES
49	NO
5	DON'T KNOW (Do not read)

21. Which ONE of the following SHOULD be MOST responsible for bearing the cost of health care for low income seniors? The person's children, the person's church, community organizations, local government, state government or federal government?

Probe: Which ONE of those should be MOST responsible?

23%	CHILDREN OR CHILDREN + STEPCHILDREN	➔	CONTINUE
6	CHILDREN + SOME OTHER CATEGORY	➔	CONTINUE
0	CHURCH	➔	SKIP TO Q23
0	COMMUNITY ORGANIZATIONS	➔	SKIP TO Q23
3	LOCAL GOVERNMENT	➔	SKIP TO Q23
9	STATE GOVERNMENT	➔	SKIP TO Q23
36	FEDERAL GOVERNMENT	➔	SKIP TO Q23
15	MORE THAN ONE CATEGORY NOT CHILDREN	➔	SKIP TO Q23
7	DON'T KNOW	➔	SKIP TO Q23

22. Who should be responsible if that person has no children?

14%	CHURCH
8	COMMUNITY ORGANIZATIONS
9	LOCAL GOVERNMENT
23	STATE GOVERNMENT
30	FEDERAL GOVERNMENT
17	DON'T KNOW

23. I'd like to read you four statements about government's responsibility for health care for an aging population. For each one, please tell me whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with that statement.

23A. Government should see that all elderly people have adequate health insurance regardless of ability to pay.

(PROBE: Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?)

63%	STRONGLY AGREE
25	SOMEWHAT AGREE
5	SOMEWHAT DISAGREE
6	STRONGLY DISAGREE
0	DON'T KNOW (Do not read)

23B. Government should provide adequate health insurance to all elderly people but make high-income seniors pay more in premiums.

(PROBE: Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?)

34%	STRONGLY AGREE
29	SOMEWHAT AGREE
17	SOMEWHAT DISAGREE
18	STRONGLY DISAGREE
3	DON'T KNOW (Do not read)

23C. Government should provide adequate health insurance only to those elderly people who are low-income.

(PROBE: Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?)

19%	STRONGLY AGREE
27	SOMEWHAT AGREE
24	SOMEWHAT DISAGREE
28	STRONGLY DISAGREE
2	DON'T KNOW (Do not read)

23D. Government should provide tax breaks for individuals caring for parents or other elderly people

(PROBE: Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?)

72%	STRONGLY AGREE
20	SOMEWHAT AGREE
3	SOMEWHAT DISAGREE
2	STRONGLY DISAGREE
2	DON'T KNOW (Do not read)

24. Do you have children, stepchildren, or no children?

72%	CHILDREN	➡	CONTINUE
3	STEP CHILDREN	➡	CONTINUE
10	CHILDREN + STEPCHILDREN	➡	CONTINUE
14	NEITHER	➡	SKIP TO Q27
0	DON'T KNOW	➡	CONTINUE

25. How much help do you expect from your children in confronting the challenges of old age? Do you expect them to be very helpful, somewhat helpful, or not very helpful to you as you grow older?

35% VERY HELPFUL
45 SOMEWHAT HELPFUL
17 NOT VERY HELPFUL
3 DON'T KNOW (Do not read)

26. How concerned are you that you might need to simultaneously take care of your children and also take care of a parent or other elderly person important to you in the future? Are you very concerned, somewhat concerned, or not very concerned about that possibility?

20% VERY CONCERNED
25 SOMEWHAT CONCERNED
55 NOT VERY CONCERNED
1 DON'T KNOW (Do not read)

27. Where do you plan to live in the year or so after retirement? Do you expect to live: in the same house as before retirement; in a different house, but in the same community; in a different community in Arizona; in some other state; or in a different country?

Probe: Where do you think you would be MOST LIKELY to live?

52% THE SAME HOUSE ➡ SKIP TO Q32
11 DIFFERENT HOUSE ➡ SKIP TO Q32
13 DIFFERENT COMMUNITY ➡ CONTINUE
13 SOME OTHER STATE ➡ CONTINUE
2 ANOTHER COUNTRY ➡ CONTINUE
11 DON'T KNOW (Do not read) ➡ CONTINUE

28. In your early retirement years, say between 60 and 70 years of age, would you most prefer to live in a newer neighborhood, or in an existing neighborhood?

25% NEWER
60 EXISTING
15 DON'T KNOW

29. In your early retirement years, say between 60 and 70 years of age would you most prefer to live in a planned retirement community?

25% YES
70 NO
5 DON'T KNOW

30. Would you most prefer to live in a neighborhood with many children, or without children?

56% WITH CHILDREN
31 WITHOUT CHILDREN
14 DON'T KNOW

31. Do you expect to live in an urban environment or in a rural area?

25%	URBAN ENVIRONMENT
67	RURAL AREA
8	DON'T KNOW

32. How many members of your immediate family live within a 30-mile radius of your home?

(NOTE: Immediate family means your parents, siblings, and children)

24%	NONE
29	1-2
28	3-5
13	6-10
6	11+
0	DON'T KNOW (Do not read)

33. Here are some factors that people sometimes say are important to them in choosing a community in which to live early in retirement. For each factor, please tell me how important it is to you.

33A. The cost of living in that area.

(Is this very important, somewhat important or not very important to you?)

61%	VERY IMPORTANT
32	SOMEWHAT IMPORTANT
7	NOT VERY IMPORTANT
0	DON'T KNOW (Do not read)

33B. Being close to big city amenities like an airport, museums, and sports teams.

(Is this very important, somewhat important or not very important to you?)

22%	VERY IMPORTANT
32	SOMEWHAT IMPORTANT
46	NOT VERY IMPORTANT
0	DON'T KNOW (Do not read)

33C. Availability of an acute care hospital.

(Is this very important, somewhat important or not very important to you?)

56%	VERY IMPORTANT
34	SOMEWHAT IMPORTANT
10	NOT VERY IMPORTANT
0	DON'T KNOW (Do not read)

33D. Availability of both family doctors and specialists.

(Is this very important, somewhat important or not very important to you?)

66%	VERY IMPORTANT
28	SOMEWHAT IMPORTANT
6	NOT VERY IMPORTANT
0	DON'T KNOW (Do not read)

33E. Nearness to your children.

(Is this very important, somewhat important or not very important to you?)

54%	VERY IMPORTANT
25	SOMEWHAT IMPORTANT
16	NOT VERY IMPORTANT
5	DON'T KNOW (Do not read)

33F. Nearness to other family members and friends.

(Is this very important, somewhat important or not very important to you?)

50%	VERY IMPORTANT
35	SOMEWHAT IMPORTANT
15	NOT VERY IMPORTANT
0	DON'T KNOW (Do not read)

34. Now we have a few questions about Medicare, the federally funded health insurance program for the elderly. How likely do you feel it is that Medicare will be available for you to take advantage of when you are eligible for Medicare. Do you feel Medicare is very likely, somewhat likely, or not very likely to be available for you to take advantage of?

24%	VERY LIKELY
45	SOMEWHAT LIKELY
26	NOT VERY LIKELY
5	DON'T KNOW (Do not read)

35. I'd like to read you a list of some types of services that people often require as they get older. For each one, please tell me whether you believe Medicare does or does not pay for that service.

35A. Hospital care

83%	YES
11	NO
5	DON'T KNOW (Do not read)

35B. Routine doctor visits

75% YES
19 NO
6 DON'T KNOW (Do not read)

35C. Nursing home care for an extended period

30% YES
53 NO
17 DON'T KNOW (Do not read)

35D. Home health services

53% YES
34 NO
13 DON'T KNOW (Do not read)

36. Currently, Medicare does not cover long-term care, such as an extended nursing home stay or home health services. Do you think that Medicare should cover nursing home care?

77% YES ➔ CONTINUE
16 NO ➔ SKIP TO Q39
6 DON'T KNOW ➔ SKIP TO Q39

37. Do you think that Medicare should pay for nursing home care only for those who are truly needy or for all seniors?

53% TRULY NEEDY
44 ALL SENIORS
2 DON'T KNOW

38. Do you think that Medicare should cover home health services?

87% YES ➔ CONTINUE
9 NO ➔ SKIP TO Q41
4 DON'T KNOW ➔ SKIP TO Q41

39. Do you think that Medicare should pay for home health services only for those who are truly needy or for all seniors?

50% TRULY NEEDY
47 ALL SENIORS
2 DON'T KNOW

40. Please tell me whether you favor or oppose each of the following methods for covering increased Medicare costs.

40A. Requiring seniors to pay a larger share of Medicare costs out of their own pockets.
(If necessary: Do you favor or oppose?)

17% FAVOR
79 OPPOSE
5 DON'T KNOW (Do not read)

40B. Creating a sliding scale for Medicare, so that the more income seniors have, the more they pay in Medicare premiums (If necessary: Do you favor or oppose?)

70% FAVOR
25 OPPOSE
5 DON'T KNOW (Do not read)

40C. Reducing payments to doctors and hospitals for treating people covered by Medicare
(If necessary: Do you favor or oppose?)

55% FAVOR
37 OPPOSE
7 DON'T KNOW (Do not read)

40D. Charging seniors who want to stay in the traditional Medicare program higher copayments to encourage them to switch to Medicare HEALTH MAINTENANCE ORGANIZATIONS (HMOs) (If necessary: Do you favor or oppose?)

24% FAVOR
62 OPPOSE
13 DON'T KNOW (Do not read)

40E. Increasing the payroll taxes workers now pay to fund the Medicare program (If necessary: Do you favor or oppose?)

38% FAVOR
58 OPPOSE
5 DON'T KNOW (Do not read)

40F. Gradually raising the age eligibility for Medicare from 65 to 67 for future retirees (If necessary: Do you favor or oppose?)

41% FAVOR
56 OPPOSE
5 DON'T KNOW (Do not read)

40G. Limiting the amount Medicare contributes toward health insurance for each person to a fixed amount per year (If necessary: Do you favor or oppose?)

27% FAVOR
63 OPPOSE
10 DON'T KNOW (Do not read)

41. And now a few questions about Social Security. Do you plan to retire before you are eligible for full Social Security benefits?

42% YES
54 NO
5 DON'T KNOW (Do not read)

42. Do you plan to work past the age of full Social Security benefits?

47% YES ➡ CONTINUE
46 NO ➡ SKIP TO Q46
7 DON'T KNOW (Do not read) ➡ SKIP TO Q46

43. Will you work because you want to work, because you need the income, or because you want the benefits, like health insurance?

49% BECAUSE I WANT TO WORK
19 BECAUSE I NEED INCOME
7 BECAUSE I NEED BENEFITS
13 INCOME AND BENEFITS (Volunteered–Do not read)
12 WANT TO WORK AND INCOME AND/OR BENEFITS (Volunteered)
0 DON'T KNOW (Do not read)

44. How important of a factor is health insurance coverage in making your decision to work past the age of full Social Security benefits... is it very important, somewhat important, or not very important?

53% VERY IMPORTANT
28 SOMEWHAT IMPORTANT
18 NOT VERY IMPORTANT
1 DON'T KNOW (Do not read)

45. When you think about retirement, how confident are you that you will have enough income when you retire ... are you very confident, somewhat confident or not very confident that you will have enough income when you retire?

24% VERY CONFIDENT
48 SOMEWHAT CONFIDENT
26 NOT VERY CONFIDENT
2 DON'T KNOW (Do not read)

THE FUTURE

46. Before I ask just a couple questions to categorize responses to this survey, I'd like to ask how optimistic you are regarding your own aging.

46A. Are you very optimistic, somewhat optimistic, somewhat pessimistic, or very pessimistic about getting older?

39%	VERY OPTIMISTIC
40	SOMEWHAT OPTIMISTIC
4	NEUTRAL (Volunteered—do not read)
11	SOMEWHAT PESSIMISTIC
4	VERY PESSIMISTIC
2	DON'T KNOW (Do not read)

46B. And why are you optimistic/pessimistic?

PROBE FOR DETAILS. WRITE OUT TEXT RESPONSES!
(PROBE: TELL ME MORE, COULD YOU ELABORATE?)

33%	Comments about good health
21	Comments of a generally optimistic nature
5	Comments about being in good financial condition
8	General fears
6	Financial concerns
5	Comments about bad health
2	Fear of death
15	Other responses (not categorized)
3	Don't know

BACKGROUND INFORMATION

47. Do you vote at every election, at most elections, at some elections, or never?

37%	EVERY ELECTION
34	MOST ELECTIONS
16	SOME ELECTIONS
12	NEVER
2	DON'T KNOW (Do not read)

48. Do you communicate with elected officials frequently, sometimes or never?

8%	FREQUENTLY
39	SOMETIMES
51	NEVER
2	DON'T KNOW (Do not read)

49. Do you participate in political party activities frequently, sometimes, or never?
- 4% FREQUENTLY
 - 21 SOMETIMES
 - 73 NEVER
 - 3 DON'T KNOW (Do not read)
50. When you retire, would you expect yourself to be more politically active than you are now, about the same, or less politically active?
- 27% MORE ACTIVE
 - 59 ABOUT THE SAME
 - 9 LESS ACTIVE
 - 6 DON'T KNOW (Do not read)
51. In politics, do you generally consider yourself a liberal, a moderate, or a conservative?
- 21% LIBERAL
 - 37 MODERATE
 - 33 CONSERVATIVE
 - 9 DON'T KNOW / REFUSED
52. Do you generally consider yourself a Democrat, a Republican or an Independent?
- 33% DEMOCRAT
 - 33 REPUBLICAN
 - 23 INDEPENDENT
 - 11 DON'T KNOW/ REFUSED
53. Are you currently a member of any church, synagogue, or other religious institution?
- 56% YES
 - 41 NO
 - 3 DON'T KNOW
54. DO YOU CURRENTLY VOLUNTEER FOR ANY TYPE OF COMMUNITY ORGANIZATION OR ACTIVITY FOR AT LEAST 4 HOURS PER MONTH?
- 38% YES
 - 60 NO
 - 3 DON'T KNOW
55. Do you expect to retire from an organization or institution that provides health benefits?
- 49% YES ➡ CONTINUE
 - 47 NO ➡ SKIP TO Q58
 - 5 DON'T KNOW (Do not read) ➡ SKIP TO Q58

56. Is it a government agency, large corporation, small business or a not for profit organization?

37% GOVERNMENT AGENCY
37 LARGE CORPORATION
14 SMALL BUSINESS
10 NOT FOR PROFIT
1 DON'T KNOW

DEMOGRAPHICS

I have a few final questions about you and your household. We need this information to group responses of individuals and households with similar characteristics. All your information will remain completely confidential.

[IF NECESSARY: All of the information you give me is strictly confidential and will not be released to anyone. We ask these questions only so that we can be sure we are getting a group that is representative of the population at large.]

57. Are you currently working full time, working part time, retired and not working, retired and working, or unemployed and seeking work?

67% FULL TIME EMPLOYED
13 PART TIME EMPLOYED
6 RETIRED, NOT EMPLOYED
2 RETIRED, BUT WORKING
10 UNEMPLOYED (AND NOT RETIRED)
3 REFUSED

58. What is the highest grade of school or year of college you completed?

30% HS GRADUATE OR LESS
30 AT LEAST TWO FULL YEARS OF COLLEGE
20 BACHELOR'S DEGREE
15 POSTGRADUATE DEGREE
3 DON'T KNOW/ REFUSED

59. What is your race or ethnic background? Do you consider yourself Hispanic, White, Black, American Indian or Asian?

11% HISPANIC [SKIP FOLLOW-UP ETHNIC QUESTION]
79 WHITE
2 BLACK
2 AMERICAN INDIAN
1 ASIAN
1 OTHER (SPECIFY: _____)
4 DON'T KNOW/ REFUSED

60. Are you of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban or other Spanish background?

4%	YES
92	NO
5	DON'T KNOW/REFUSED

61. What is your zip code?

62. Now, thinking about your family's total income from all sources before taxes during the last twelve months, was your family income less than \$20,000, between \$20,000 and \$40,000, between \$40,000 and \$60,000, between 60,000 and 80,000 or over \$80,000?

7%	LESS THAN \$20,000
19	\$20,000-\$40,000
23	\$40,001-\$60,000
15	\$60,000-\$80,000
20	OVER \$80,000
16	DON'T KNOW/ REFUSED