

It's Time: Arizona Needs to Talk and Choose

Time to Choose

Arizona, a remarkably robust and still relatively young state, is graying. *The Coming of Age* candidly captures many mixed messages; it is honest about the uncertainties that lie ahead. But it is no false alarm. The aging of Arizona's people uncorks a cascade of consequences on public and private systems, on institutions and their finance and on families and individuals.

No one knows how the scene will look by 2030. Who, though, can deny that 2030's conditions will be shaped by the choices Arizonans make in the next few years? Some put more faith in market choices than in government decisions, while others would reverse the two. Neither is separate from the constraints and incentives that stem from the myriad decisions of families, communities, businesses and public agencies. Decisions about health, savings, insurance and investments in infrastructure and institutions all add up. Can the people of Arizona, who care deeply about the state and quality of life, manage these choices to ensure the most positive outcomes for all?

Choices or Consequences

The easiest course is to do little or nothing. Confident that the future will work out, many would be tempted to follow the physician's maxim: "do no harm." The challenge, however, that aging presents to Arizona may be one of those times when doing nothing brings the greatest harm.

Doing nothing almost guarantees that significantly greater public costs for health care will eat their way through Arizona's treasury, devouring commitments to educating kids, taking care of roads and transit, and investing in infrastructure that nourishes the knowledge economy. The trend is headed that way, and no data suggest a change in direction or velocity.

Doing nothing assures an even wider gap between people with the resources to buy good care and those without. Governments, always under pressure to close these gaps, will find they are stuck with more rationing and triage formulas.

Doing nothing inevitably will damage the state's quality of life. That could influence the future in-migration of younger people, something crucial for sustaining the vitality of the state. It used to be that any good place to work was a good place to live. These days, with footloose firms and choosy knowledge workers, only good places to live are seen as acceptable places to work. Arizona cannot afford to see its appeal eroded by unwillingness to act on the facts.

But isn't health care fundamentally a federal issue? Aren't Social Security (again) and Medicare up for review and reform? Amid the clamor by seniors for incorporating prescription drugs into Medicare and the push by professionals for flexibility to support home and community-based care and genuine case management, won't there be changes at the top? Can't we wait for that?

Not when health care already consumes eight percent of Arizona's state budget. Even as leaders lobby for federal changes, states such as Florida, Minnesota and Pennsylvania are experimenting with shifting resources from acute care to preventive and self-care approaches.

The time has come for choosing how the state will prepare itself. What strategic investments are smartest at the state level, at the local level? It's time to realize that even the most intensely local decisions, such as zoning ordinances, either support or undermine smart strategy.

TALKING POINTS

Arizona needs to gather round and discuss the issues and choices of aging.

The big issues on the table should be:

- Leadership
- Infrastructure
- Dedicated funding
- Elder independence
- Individual financial preparation

Arizona's communities should prepare now by building their capacity to be elder friendly.

Strategic Investments

This analysis of trends should compel governments at every level and individuals of every age to tune in as advocates of change. The tendency of our national government to postpone even certain reckonings is playing out again, particularly on issues affecting our capacity to manage aging. We seem to be cutting programs (such as graduate medical education – in the face of a shortage of physicians) rather than reforming Medicare, even as public officials promise to add expensive new prescription drug benefits. There is talk of expanding Medicaid to address the needs of the working poor, but not much evidence of commitment to raising the required resources. So, while admitting the complexities of this “Rubik’s Cube” of public policy, the stage does seem to be set for a more powerful organizing of voices demanding that the federal government own up to the fiscal realities of these programs.

Meanwhile, the search should be at full speed for strategies that would position the state and local communities to manage the coming challenges of aging. The Minnesota Department of Human Services’ report, *Baby Steps to 2030*, has three simple but far-reaching goals:

- Provide older persons simplified and streamlined access to the wide range of care and support options available.
- Provide elder people with necessary information to make self-care decisions.
- Provide access and links to consumer advocates who advise older people on the services and organizations that best fit their needs and financial capacity.

The Internet already offers one of the foundations of preparation. From www.caregiver.org to www.senior.com to www.aarp.org and thousands of other credible specialized sites, help and information are just a click away. Such sites are certain to expand, and making sure of elders’ connections to them should be a role for the right agency in Arizona.

Other investment ideas:

- Improve Arizonans’ health to promote successful aging.
- Reduce the percentage of middle-aged residents without health insurance.
- Expand Healthy Arizona 2010 and positive public health messages.
- Provide incentives for family caregiving.
- Create a health care and service equivalent to “911.”
- Encourage home and community-based solutions.

Certainly, it is critical to boost Arizona’s economy and education options throughout the state to ensure a dynamic, high-wage future. In addition:

- Step up efforts to compete in the new economy and make Arizona a technology leader.
- Increase achievement and reduce drop out rates among all students.
- Encourage continuing education in all forms.
- Continue to revamp workforce training programs in health care.
- Create a new measure of GSP — gross service product — for Arizona to account for unpaid caregiving and community service.
- Encourage and train businesses on options for an elder workforce.
- Put the state government on a sound financial footing.

Even this short list of ideas, which surfaced during The Coming of Age project, reveals an important truth about the Arizona aging challenge: everything’s connected to everything else. People tend to think of public policy issues in isolation. Today we worry about a tax structure with perverse

incentives; tomorrow we wring our hands over poor education outcomes. Next week we are shaking our heads over some community that straps a gate over its exclusive enclave and declares its autonomy. All these issues, and more, come together on the aging question.

So, in a state known for frugality with the public's money, it is vital to mold public investments into an integrated strategic whole to:

- Change the incentives and rules to make all communities friendly to people of all ages.
- Rebuild the tax-collecting machinery to be congruent with a 21st century economy.
- Make the infrastructure investments and policy changes conducive to developing the knowledge-based businesses that assure the greatest prosperity.
- Invest in the preparation of every willing resident for as sophisticated a job as each can handle.
- Insist on the policy modifications and funding necessary to make public programs for elders increasingly effective as the numbers grow.
- Identify practical personal long-term care insurance options and make them common knowledge.

Role of Elders in a World Short of Workers

Today's and tomorrow's elders are candid about the desire of some to continue working, and the necessity of it for others. But even in a world beset by shortages of workers, especially in health care, the public sector will have to make a series of strategic investments to facilitate basic opportunity. The key targets are technology and training. The same technology that makes medical diagnosis possible at a distance enables an elder to work at home, or from countless other locations.

This investment challenge is not limited to cable or telephone lines. There are barriers to remove, such as the disincentives to work imbedded in many government programs. Pensions and health care, as benefits, need to be designed to complement Social Security and Medicare, and these instruments have to be portable. Creative forms of reinsurance have to be developed, such as pools for businesses to facilitate coverage of part-time or seasonal workers.

Building Community Capacity

Senators and scholars and policy pundits hold conferences about the graying of America, and to listen to what's said, one would conclude that the puzzles and their solutions lie entirely in the realms of macroeconomics and complex public policy. This is true to an extent. But often the best response turns out to be the simplest one. In the neighborhoods of Prescott, Yuma, Mesa, Lake Havasu City, Winslow, Page or Tucson, one might find the most innovative ideas.

America has presided for fifty years, without any conscious plan, over a pattern of incipient separatism — the affinity principle running rampant over traditional community form. For many Americans with the affluence to choose, homogeneity is a real estate goal. It's been seen as the key to safety and stable property values.

In recent years, however, recognition has taken root that such places may not be communities with the capacity to support residents. While many will continue to prefer that lifestyle, there are serious signs that the market is shifting. Now, people are looking increasingly for places to live that are not anonymous house collections, where it is possible to walk without competing with cars, where some of life's amenities don't require an automobile to get you there. This "new urbanism" has become the hottest trend in real estate. It's not all that new, since, it is really a return to the traditional structure of a community. Even older suburbs are scrambling to retrofit community gathering places where none ever existed.

It's time to nurture a changed culture that supports elongated lives in much more creative, thoughtful and respectful ways.

*Aging in the 21st Century
Consensus Report,
Stanford University.*

We can't deal with things we won't talk about.

Robert J. Samuelson.

What's the connection of this trend to aging Arizonans? These are communities that accommodate the full life cycle of housing. They're comfortable with differences. You expect to see old people, along with young. The grocery store and dry cleaners are within walking distance, as are the library branch, drug store, post office and maybe a small clinic or a school with continuing education courses. Today's elders remember these communities. Most grew up in them. Many are nostalgic about the old neighborhoods, while others who are younger are seeking to capture a sense of community they feel they've lacked.

The problem is that typical city planning remains hostile to nearly every aspect of this kind of community development, from the width of streets to lot and house sizes and to mixing the uses in a town center.

This can be changed, as can any other policy problem, with political pressure. Pressure to replace those ordinances with a code that describes the kind of community people want. These codes are now beginning to be adopted in cities and towns across the country.

In addition to rebuilding a sense of community through the design of housing, streets and town centers, communities could do a hundred other things to make themselves friendly places for elders to live – better lighting and larger type on critical signs, for example.

Communities are where volunteers live, too, and where community organizations whose mission it is to assist elders can best reach them. Most Arizonans responded to this project's survey with a strong sentiment to stay where they are. Strengthening communities may be the most cost-effective strategy for shoring up Arizona's capacity to care.

We Have to Talk

This report provides a starting point. What has to follow is a steady tracking of core data, by categories of care and cost, by indicators of changes in individual and family preferences, by demographic shifts and fiscal capacity. Changes made in public policy must be measured for apparent impacts.

Serving the Age in Information Age

Information, however accurate, relevant and up to date, is worthless in this cause if it fails to connect with today's elders and those on the threshold. This calls for an interactive system that is accessible, transparent and visible. If it is a good system, people will find it and use it.

Talking To, Not Past, Each Other

In addition to quality information, Arizonans must find a forum for talking about choices. Many choices, such as whether to purchase long-term care insurance, are clearly personal. But information and support have to be there, even to contemplate the prospect of a purchase.

Some choices carry broader community implications. Can the public sector succeed in reframing the entire effort to reflect a commitment to "long-term support," rather than "long-term care"? What will people say if the state embraces a strategy that relies more on self-sufficiency, assumes better health in later years and encourages greater independence on the part of those who are able?

We need to assemble the multiple perspectives among elders, boomers, adults contemplating the potential frailty of their parents and others around a single discussion table. In a second ring, closely attentive to this conversation, we should find the leaders of institutions and organizations in the vast and growing health care sector, whose programs need to fit the market these perspectives produce. In the next ring come the policy makers who have to wrap the whole

arrangement into some reasonable statement of what's in the public interest, and sign the checks for what the taxpayers are willing to support.

Choices Come Hard

Our democratic system has many strengths. Unfortunately, efficiency of decision-making is not among them. So dedicated are we to checks and balances and due process that on many fronts we find a severely strained capacity for coming to a conclusion.

Generally, only crisis intervenes. Then the rules bend, hard lines of argument soften, and we find a working consensus. Somehow our society must learn to see crisis in waiting too long on something so important as aging. The issues swirling around the developing demographics of Arizona are a perfect case in point: by the time the general public would see the situation as a genuine crisis, it would be too late to do what needs to be done. Moreover, our slow, plodding and usually satisfactory governance habits may not be in harmony with the way the world works now. With communication happening instantaneously and flexibility, continuous innovation and rapid response the tools of social and economic survival, can governance not change too?

Arizona's pattern of aging is not a storyline for a play coming soon to a stage near you. It's a real-life certainty, hurtling toward a crash landing in this state's collective lap. If institutions are going to change, if budget directions are going to be reshaped, choices will need to be made soon. Later, will simply be too late.

Only by engaging people in direct conversations on aging is there any hope of overcoming the prominence of interest-group-driven politics. Only if the ground shifts under a stubborn status quo through the forming of a popular consensus will the change-oriented leaders of major institutions be able to overcome organizational inertia and the patterned paternalism of today's practices. Then it might be possible to see older people, not as clients, or "problems," but as partners in a new statewide community enterprise.

We Must Catch Up, Then Learn to Lead

Other states with similar challenges are acting. Florida, with its Department of Elder Affairs, has launched a multidimensional approach with an emphasis on helping local communities to become "elder ready." Similar work is under way in California and Texas. Minnesota's collaboration among the Department of Human Services with its *Aging Initiative: Project 2030*, the Citizens League of the Twin Cities and the Minnesota Board on Aging is pushing a wide range of policy changes. In March 2001, the American Society on Aging and the National Council on Aging cosponsored a conference showcasing best practices on the topics around which The Coming of Age project was organized. No Arizona examples were on the program.

This can and must change. Arizonans have to commit to an agenda for action. Otherwise, where are we, except trapped in a meaningless cycle of conversations, raising the same issues, providing recommendations, and seeing nothing adopted. Does anyone remember the Pritzlaff Commission of 20 years ago? They named the problems we still have.

Here, then, is an agenda for action:

- Develop leadership and public awareness.
- Decide on the needed public and private infrastructure and determine how to define success.
- Devise a dedicated funding source for aging issues.
- Commit to keeping elders in their homes and to community support.
- Make long-term care insurance a viable option for individuals.

Leadership and public awareness should lead an action agenda for Arizona.

Will you still need me, will you still feed me, when I'm 64?

Paul McCartney.

It seems obvious that people want a different result, even as they behave as though they don't want anything to change. And that, of course, is part of the problem. On most complex issues, people want a significant difference in results without expecting any substantial change in how they do things.

One thing surely must change: the quality of public dialogue. If this report is to have value, it should become the subject of many public meetings in the coming months. Organizations should make it the subject of annual meetings. Service clubs should ask for speakers. It should navigate even the treacherous shoals of talk radio, and stay there long enough for facts to surface and get a little respect. After a period of reporting and talking, those who would be the leaders on this issue have to bring the disparate voices into a reasonably consonant choir.

Public opinion expert Daniel Yankelovich argues persuasively that only an informed public has any chance of tackling the problems that confront us today. He says the need is for well-framed dialogues, the kind that “come to public judgment.”⁹⁶

The Coming of Age captures a picture of today as it contemplates tomorrow. It presents a complex issue to the good people of Arizona. It expects a response. Perhaps this is the issue through which Arizona politics, like its people, truly will come of age.

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For a comprehensive reference list, see *The Coming of Age Reference Guide* at www.slhi.org

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www.census.gov

Medical and Clinical Sources

- Agency for Health Care Policy and Research
www.hcpr.gov
- American Federation for Aging Research
www.afar.org
- American Geriatrics Society
www.americangeriatrics.org
- Healthcare and Aging Network
www.asaging.org/han/
- National Institute on Aging
www.nih.gov/nia

Advocacy for Aging and the Elderly

- AARP
www.agenet.com
- ElderWeb
www.elderweb.com
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www.graypanthers.org
- Long-term Care Campaign
www.ltccampaign.org
- National Association of Area Agencies on Aging
www.n4a.org

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Survey Methodology

The survey of Arizona residents reported in this study was conducted by O’Neil and Associates between October 18 and November 12, 2001. A total of 501 Arizona residents were interviewed by telephone: 213 men and 288 women between the ages of 40 and 59.

First, 401 of the interviews were conducted randomly throughout the state. Then a supplemental sample of 100 interviews was done in the 13 non-metropolitan counties to assure that the views of residents of those counties were represented adequately. Following this over-sampling in the rural areas, 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 types of sampling error, with the so-called “margin of error” — being the most commonly discussed. It is the difference between the results obtained from a sample and those that would be obtained by surveying the entire population under consideration. The size of sampling error varies, to some extent, with the number of interviews completed and with the division of opinion on a particular question. For this survey, the overall sampling error at the 95% confidence level is $\pm 4.4\%$.

Projections Note

As described by the U.S. Census Bureau, projections are estimates of the population for future dates. They illustrate plausible courses of population change based on assumptions about future births, deaths and domestic and international migration. The projections used in *The Coming of Age* come from the Arizona Department of Economic Security Population Statistics Unit, the state’s official affiliate of the U.S. Census Bureau. The data used here were the most commonly cited and best statistics at the time this report was prepared. New projections for Arizona and additional data from Census 2000 are expected sometime in the future. These new sources will provide more details about Arizona’s dramatic population growth and clarify aging issues further.

School of Public Affairs

The School of Public Affairs is well known nationally. It’s comprehensive programs include masters and doctoral studies, the Advanced Public Executive Program and Morrison Institute for Public Policy. The School of Public Affairs’ faculty, staff and students contribute frequently to research and service projects that benefit metropolitan Phoenix and Arizona. The School of Public Affairs also works hand in hand with the Urban Data Center at the ASU College of Extended Education.

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The Coming of Age Project Products

Four Scenarios of Arizona's Future

Rob Melnick, Ph.D.
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Health Care Capacity for Arizona Seniors

William E. Arnold, Ph.D.
Hugh Downs School of Human Communication
Arizona State University

Geo-demographics of Aging in Arizona: State of Knowledge

Patricia Gober, Ph.D.
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The View from Middle-Age: Professionals and the Public Look at Aging Statewide Survey and Focus Group Summary

Christopher J. Herbert
President
The Insight Group

Meeting Community-Based Care Needs in Arizona

Carol O. Long, Ph.D., R.N.
College of Nursing
Arizona State University

The Coming of Age Reference Guide

Mary Anne Miller
School of Public Affairs
Arizona State University

Do We Care About Caring for an Aging Population?

Mary Anne Miller
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Arizona Health Economics and Aging

Patrick A. Rivers, Ph.D., M.B.A.
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Long-Term Care Financing: Can the Centers for Medicare and Medicaid Services Restate the Paradigm?

Patrick A. Rivers, Ph.D., M.B.A.
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The Reasons Behind Rapidly Increasing Pharmaceutical Expenditures and the Policy Implications for the U.S. and Arizona

Ronald J. Vogel, Ph.D.
Center for Health Outcomes and PharmacoEconomic Research
University of Arizona

The Future Outlook for Social Security, Medicare and Medicaid

Ronald J. Vogel, Ph.D.
Center for Health Outcomes and PharmacoEconomic Research
University of Arizona

The Coming of Age is a multi-faceted project with many contributors.

Scholars and researchers created the items to the left as part of the yearlong effort.

Materials are available at www.slhi.org

The purpose of *Arizona Health Futures* is to unravel an important health policy topic of relevance to Arizonans, provide a general summary of the critical issues, background information and different perspectives on approaches to the topic; tap into the expertise of informed citizens, and suggest strategies for action.

Our mission is to improve the health of people and their communities in Arizona, with an emphasis on underserved populations and building the capacity of communities to help themselves.



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