

The Coming of Age

Four Scenarios of
Arizona's Future

MAY 2002



St. Luke's Health Initiatives

The Coming of Age

Welcome to *The Coming of Age*

When a steamroller is coming down the road, you have three choices: Get out of the way, run to stay ahead of it, or lie down and get your clothes pressed.

The steamroller is age — old age — and it will remake our society in the first half of the 21st century. Everything from census numbers to personal experiences underscores the aging of our state and nation. *The Coming of Age* explores Arizona's capacity to handle this soon-to-be "gerontocracy" in positive ways.

Aging affects all dimensions of our society, but none so much as health care. Thus, St. Luke's Health Initiatives (SLHI) decided to dedicate part of its *Arizona Health Futures* program to exploring Arizona's capacity to meet the health care demands of an aging population. SLHI asked the Arizona State University School of Public Affairs and Morrison Institute for Public Policy to collaborate on *The Coming of Age* to inform Arizona's policy leaders and residents about these critical issues.

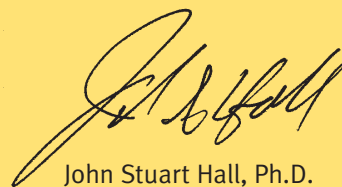
The Coming of Age engaged demographers, economists, public policy analysts, human service and medical professionals and citizens. Through its research, the team developed a realistic picture of Arizona's "capacity to care" for an elder population. The results of the research are presented in *The Coming of Age: Aging, Health and Arizona's Capacity to Care*.

This publication offers possible futures that are based on the research. (See www.slhi.org or www.morrisoninstitute.org.) Other project products, available on these web sites, include team members' technical papers, an interdisciplinary reference guide and results of the project's public opinion research.

We hope that *Four Scenarios of Arizona's Future* and *The Coming of Age* report spark discussion among family members and in businesses and organizations as well as city halls and the legislature. Given the best thinking of all Arizonans, new ideas will emerge on how we can — and must — prepare for an older population. Whether or not today's information age gives way to the "age of wisdom," where longer lives mean better lives for individuals and a higher quality of life for everyone, may depend on those discussions and our decisions.



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PATIENT NAME: Arizona Senior

DATE: January 2013

GENERIC NAME: Health care for increasing numbers of elderly citizens.

DOSAGE: As much as you can afford, or until you just can't take it anymore.

INDICATIONS: To be used after a period of low personal savings in combination with increased health care costs.

HOW TO USE THIS MEDICATION: After a reduction in public health insurance coverage, extensive research will result in limited options. Then, work well beyond retirement age to afford rising premiums - if you can get coverage at all.

POSSIBLE SIDE-EFFECTS: Strained family relations, shortage of cash. Frequent headaches are normal. If symptoms persist, contact your local government.

DATE OF EXPIRATION: Upon the collapse of strained state budgets.

CAUTIONS: If problems persist, nurses and other health care professionals may not be available to assist you.

KEEP OUT OF REACH OF LEGISLATURE!

The Coming of Age

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Four Scenarios of Arizona's Future

MAY 2002

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and insights into
Arizona's future.*



St. Luke's Health Initiatives

A Catalyst for Community Health

Four Possible Futures for Arizona

In 2025, Arizona's population will be about 8 million. Almost 20 percent of Arizonans will be over age 65 then; nearly 365,000 residents will be over 80 years old. This is our demographic destiny.

What kind of lives will Arizona's elders lead in 2025? Will health care be affordable for them and their families? What role will technology play in health? What will be Arizona's priorities and capacity to care for its elders?

The future is never a straight-line extrapolation of the past. Instead, it zigs and zags around such a line. But we do have many clues about the future from the facts and trends we can examine today. Unforeseen events, too, certainly will affect our future, as will the conscious decisions we make now.

These four scenarios, written specifically for *The Coming of Age*, present possible futures for Arizona. One or more of them could very well turn out to be true. More likely, though, aspects of each will occur in the 20-year horizon between now and then.

Futurists want scenarios to provoke thought and stimulate action. Thus, we encourage you to read them as active participants in decision-making in Arizona, rather than as passive observers. The collective wisdom and will of Arizonans today will be the most important determinant of what it will really be like to be an older resident of the state in 2025.

The health care, economic, social and demographic trends that drive these scenarios are described further in the companion report *The Coming of Age: Aging, Health and Arizona's Capacity to Care*. But these four stories go to the heart of the issues that will affect every Arizonan very soon.



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Research Report

Boomers Bust the Budget

In 2025, Arizona's demographic mix made the difference in the governor's race. The state's baby boomers put their political clout on display for their issue — elder health care — and their candidate — Julia Hernandez, age 56.

In the post-election analyses, campaign advisors and pundits agreed: baby boomers and their relatives determined the Election Day outcome. Winner Julia Hernandez expected this though. Her polling data showed early on that affordable, quality health care for elders would win the hearts and minds of the Arizonans most likely to vote, namely those in their 60s and 70s. The 2025 special census showed that of nearly 8 million Arizonans, 20 percent are age 65 or over.

But Governor-Elect Hernandez has been an elder advocate for some time. Eight years ago, as a single parent in her late forties, she put her accounting career on hold to care for her aged parents. In fact, that experience motivated her to get into politics.

The Arizona Republic told the story of her transformation from dutiful daughter to dedicated advocate to politician with an agenda.

“Julia Hernandez’s parents moved to Prescott when they retired. As most economic development professionals know, Arizona was actively and effectively recruiting retirees then, especially the smaller communities of Payson, Williams, Lake Havasu, Globe, Green Valley, and Douglas. These growing, but still relatively rural areas, promised to provide retirees with a good quality of life. Making the case for Arizona as a place for seniors to live the good life as they aged was easy.

Unfortunately, after lifetimes of good health, Rosa and Ernesto Hernandez started to experience problems in their 70s. Reliant on Social Security and one small pension, they depended on Medicare and an inexpensive “Medigap” policy to cover their health costs. But Medicare was not any better for Mr. and Mrs. Hernandez than it had been for millions of other Americans in recent years. It was baffling and financially unstable thanks to a flat national economy and a rapid increase in the number of beneficiaries. Since Medicare wasn’t enough to cover the basics, not to mention the high cost of drugs, the Hernandezs tried to get help from various state and federal programs, but they had too many assets to qualify. Julia Hernandez’s parents had to seek help from their only child.

Julia rose to the occasion, as so many of her friends and colleagues had. But, as time went on, her parents’ health needs increased to the point where they needed more than their daughter’s money; they needed her to care for them. As a mother herself, Julia Hernandez became a certified member of the ‘sandwich generation.’ She quit her lucrative job in Tucson and moved to Prescott Valley. The change was unpopular with her two teenagers and tough financially, but it enabled her to provide care and advocacy for her parents.

Rosa and Ernesto Hernandez lived well in their final years because of their daughter’s care. She says she never regretted choosing family over career for that time, but the lessons of navigating a confusing, underfunded and overburdened health care “system” left a deep impression on her. As she said to anyone who would listen, ‘There must be a better way.’

Julia Hernandez started working for her political party and began her elected career as a supervisor in Yavapai County. Today, her eyes are on the governor’s office.”

Julia’s political strategy was simple — appeal to aging boomer voters and their kids by promising quality health care for the aged. These people vote, and there are lots of them. But delivering on her promise means that billions of state dollars will be devoted to health care. Such costs are so great these days that only the largest Arizona employers provide health insurance for their employees. Looking to the feds for help is futile.

Key Trends

- Aging boomers and their families constitute a dominant political force.
- Public revenues required for elder health care compromise public expenditures for other services.
- Health care for the aged becomes an intergenerational political issue.

As candidate Hernandez said: “Arizona’s elderly population is increasing rapidly. Our families cannot keep pace with the needs of our loved ones. State government must become a better partner with families and relieve some of their financial and emotional burdens. To do this, Arizona will have to make sacrifices in other areas. As your governor, I will make caring for our state’s elders my first priority.”

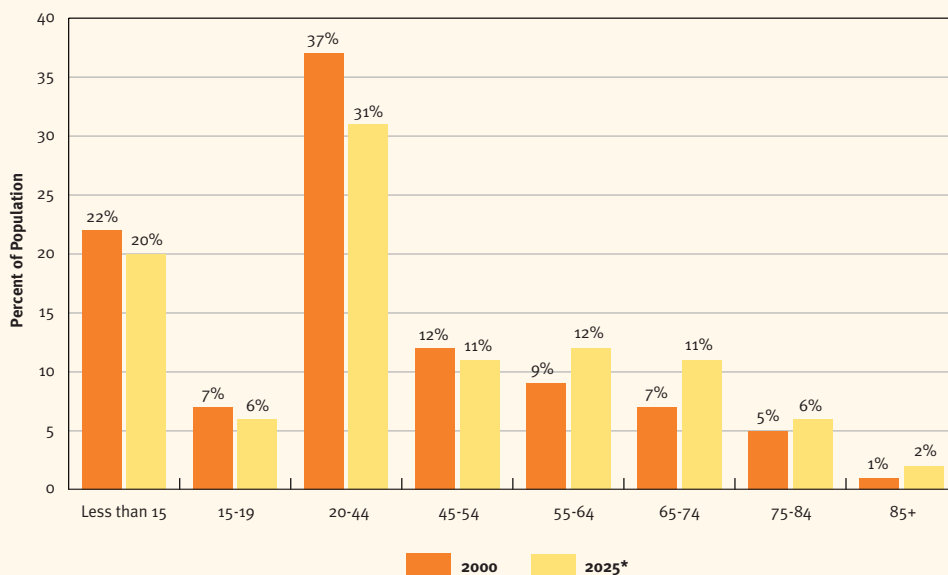
Many aging boomers, their kids and even their grandkids heeded her call to action, but others rallied against it. Many residents in Phoenix, Tucson and Mesa feel especially disenfranchised by the governor’s emphasis on elder health care at the expense of other issues. Although Arizona certainly has many older residents, 31 percent of Arizonans are 20-44 years old. While many people in this age bracket have elderly parents and grandparents, they also have children and needs of their own.

Arizona’s entry-level workers, young parents and professionals want more funding for education, economic development and recreation. Another sore spot is that the governor’s health care program for the aged is funded, in part, by substantial cuts in education and health care for the young. The one thing everyone agrees on is that Arizona just doesn’t have enough money to go around.

But, Governor Julia Hernandez is “dancing with the ones who brung her.” Her life-changing experience of caring for her parents led her to a formidable powerbase — high-efficacy boomer voters and their families. Governor Hernandez is sticking to her campaign promise to improve health care for the elderly, even though it’s causing other state services to suffer. In short, the governor’s “politics of gerontology” is in play, notwithstanding the intergenerational conflict this policy creates.

By 2025 the Proportion of Arizonans 65 and Older Will Be Comparable to Those Under Age 15.

Arizona Population in Selected Ages, 2000 and 2025*



* Projected.

Source: Census 2000. Arizona Department of Economic Security Population Projections.

Health Care is Costly for Elders, Especially if They Are in Nursing Homes.

Average Health Care Expenditures for Those Age 65 and Older, 1996

	Average Health Care Expenditure
Age: 65 to 69	\$5,864
Age: 70-74	\$6,744
Age: 75-79	\$9,414
Age: 80-84	\$11,258
Age: 85+	\$16,465
Not Living in an Institution	\$6,360
Institutionalized	\$38,906

Source: Medicare Current Beneficiary Survey. *Older Americans 2000: Indicators of Well-Being.*

Elders Vote

In 2000, 76 percent of those 65 and over reported they were registered to vote and 68 percent said they voted. In contrast, just 49 percent of those 21-24 registered and 24 percent of those between 21 and 24 reported that they voted. Numbers improve steadily as people age with the oldest Americans voting most.

Source: *Statistical Abstract of the United States*, 2001.

Key Trends

- Advances in medicine and telecommunications create great prospects for aging.
- The elderly grow old and stay healthy at the same time.
- Technology reduces health care costs and the demand for health care workers.
- Easy access to information makes the elderly sophisticated consumers of health care.

Tomorrow's Elders Are Ready for a Wired Future

Fifteen percent of today's older Americans have Internet access. Of people 65 and older, 26 percent think they are missing something by not being online, compared to 46 percent of Americans between 18 and 29. While today's elders are the least likely of any age group to go online, tomorrow's older residents are very different. Americans between 50 and 64 are among the most well connected to the Internet and are among the most likely to keep Internet access after they retire. People in this age group are more likely even than those 18-29 to have access to the Internet at home and at work.

Source: Pew Internet and American Life Project, 2001.

Technology Enhances the Good Life

In 2025, technology is something everyone is thankful for. Gee-whiz gadgets and easily accessible information from many Arizona-based companies have dramatically improved the health and quality of life of Arizona's elders.

Even so, today's announcement is astounding. Everyone had been betting on San Diego or Austin. But Greater Phoenix it is. Science and business reporters from all over the country have come to the biomedical campus next to Tempe Town Lake to hear about the most important innovation yet in our "Age of Designer Genes."

The news release reads:

A drug therapy created by the Goldwater Partnership for Biotechnology prevents strokes and related complications. Arizona's premier public-private research institution is the first to develop a cost-effective, patient-specific solution to this heretofore disabling or deadly event.

Medical professionals and Wall Street analysts take note. This is indeed the payoff that was promised when Arizona invested in biotech and biomedical research 20 years ago.

The prevention of strokes is simply the latest and greatest breakthrough though. For example, just 10 years ago, Arizona scientists led the way in integrating the study of geriatrics with research in technology and ergonomics. Now, Arizona's elders routinely use telecom tools to care for themselves in their homes. Not too long ago, elders only kept their medical records electronically. Today, computers remind them to take or change medications according to continuous readings. Most Arizonans 65 and older now experience "live" check-ups online with their doctors and health laboratories. Such distance medicine is especially beneficial to residents of small communities in Navajo, Greenlee and Apache counties.

Along with individual pharmaceuticals, smaller-than-micro surgery and telemedicine, the vast majority of Arizona seniors lead healthy lives through exercise, community service and good nutrition. After all, today's elders heard years of public health messages about how to stay in shape. Seventy-eight-year-old Antonia Smith, president of Elder Options, the state's electronic clearinghouse for information on health and technology, speaks for nearly everyone her age when she says: "We, and those who follow us, should expect life to get better and better." Antonia expects to be living well at 100 thanks to her choices and an array of drug and technological advances. What's more, her husband expects to be there with her – old, yet healthy and happy.

For a long time, especially near the turn of the century, we worried about the cost of health care for the state's older residents and a shortage of health care workers. Now we know that our concerns weren't justified.

As it turns out, technology actually drives the cost of health care down in three major ways. First, it keeps most elder Arizonans healthy thanks to accurate diagnostics and just-in-time prescriptions. Second, it reduces the need for health care workers since so many more people can care for themselves. Finally, self-care, aided by the latest technology, is a cultural norm in Arizona. People simply are expected to keep up and participate.

Arizona is lucky to have had leaders who realized that matching health care technologies with elder needs was smart policy. Professionals and consumers alike identify the outstanding work of the 2005 O'Connor Commission on Aging and the Economy as the source of bright ideas and the state's steadfast commitment.

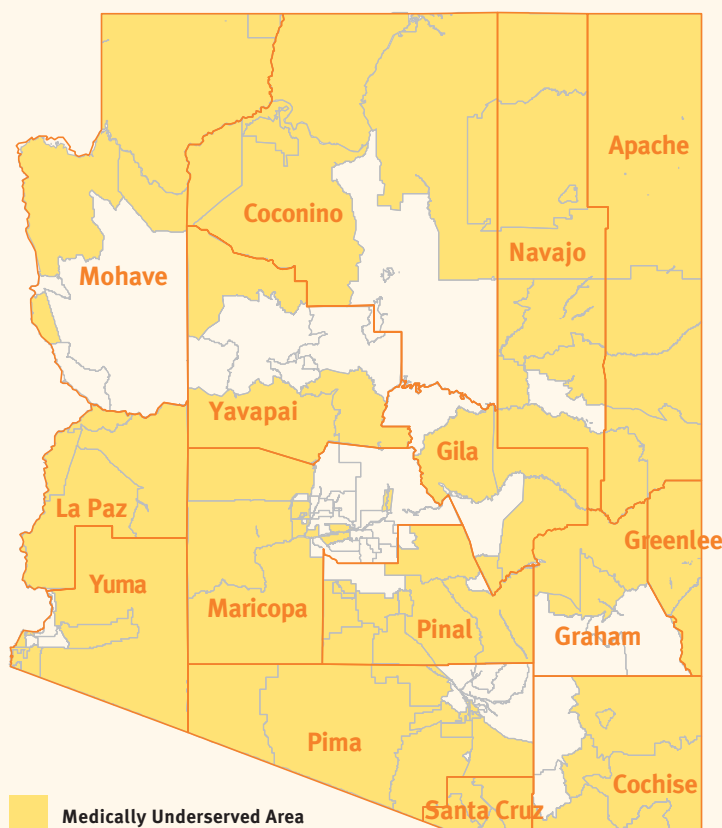
Arizona's determination to become a world leader in biosciences and health care has given almost every older resident access to powerful technologies that are tailored to their needs. It's easy to obtain information, and today's older Arizonans are extraordinarily knowledgeable consumers. Most of them can tell you where to get the best deals on anything related to health care from anywhere in the world. Sophisticated consumerism is offsetting the cost of new drugs and health insurance.

Arizona's elders now enjoy much better, longer lives with user-friendly health care technologies that reduce their need for assistance or treatment. They are smart consumers of health care. Strategic investment by Arizona's public and private sectors in health-related technologies is really paying off for people and for the state. Today's announcement is just the latest example of how such technology is, indeed, making life "better and better."

Technology and Telecommunications Can Turn the Underserved into the Served. Home Care and Self-Care are Possible Regardless of Where Arizonans Live.

Arizona's Medically Underserved Areas, 2002

The Arizona Department of Health Services designates "medically underserved" areas, including those without sufficient health professionals (according to federal guidelines) primary care facilities, or related services. Native American reservations, which struggle the most with inadequate health services, account for a substantial portion of the "underserved" area.



Source: Office of Health Systems Development, Arizona Department of Health Services.

Technology Will Provide Better Care and More Control

Futurists say medical knowledge is doubling every eight years, and medicine and information technology are merging. The Internet has made medical information more accessible with consumers and patients now sharing experiences and information much more than in the past. Obtaining medical information is a major reason for going online according to Internet users. More than half of Arizonans now have access to the Internet at home and nearly all in one place or another such as work, school, the public library, or home. "Smart clothes" that monitor certain functions or "smart homes" that respond to what occupants do or the MIT-developed "digital Danskins" complete with mechanized joints will soon make those who may now be dependent much more independent.

In addition, futurists anticipate that:

- By 2005, artificial blood may begin to stretch the supply of blood, which often falls far short of demand.
- Memory-enhancing drugs may reach clinical use by 2010.
- By about 2006, more than one tenth of prescriptions will be filled over the Internet.
- "Nutraceuticals" and "foodaceuticals" will be one of the hottest product areas in the next 20 years.
- By 2025, nanotechnology therapies (nano meaning extremely small) should be in use. Microscopic devices will monitor internal processes or destroy cancer cells before they can become a tumor.

Source: *FUTURIST*, 2001.
U.S. News & World Report, 2001.

Who Will Be Able to Afford the Future?

It's 2025, and the so-called "Medicare meltdown" is in full swing. Arizona cannot afford to pick up the slack. As a result, health care is out of reach for most of the state's elders. More and more of the state's nearly 80,000 registered nurses and allied workers are leaving the field or moving to states with much more attractive recruitment, retraining and retention options.

To make matters worse, baby boomers failed to save enough to maintain an adequate standard of living over a long retirement. Doctors and prescriptions cost so much that only wealthy Arizonans can really afford them. Most elders simply do without. It's no wonder that resentments among the large, increasingly poor elder population pit the rich against everyone else.

John is a case in point. He worked in Arizona's semiconductor industry for 30 years. When John retired, he thought Medicare and his employer's supplemental plan would see him through his later years. Then, the worst happened. Medicare collapsed under the weight of increases in health care costs. The demands for long-term elder care and leadership paralyzed the State of Arizona, and John's savings evaporated in the ups and downs of the stock market. Now John cannot afford medications, health insurance or the hospital bills he has incurred.

Everyone knew this kind of thing could happen, but no one acted adequately to prevent it. The warning signs were in neon, especially by 2018, but leaders and consumers ignored the alarms. In fact, in 2020, voters turned down an initiative that would have paid for elder care. That is another reason why John and many of his peers are in trouble. Now, Arizona must face the consequences of its failure to act.

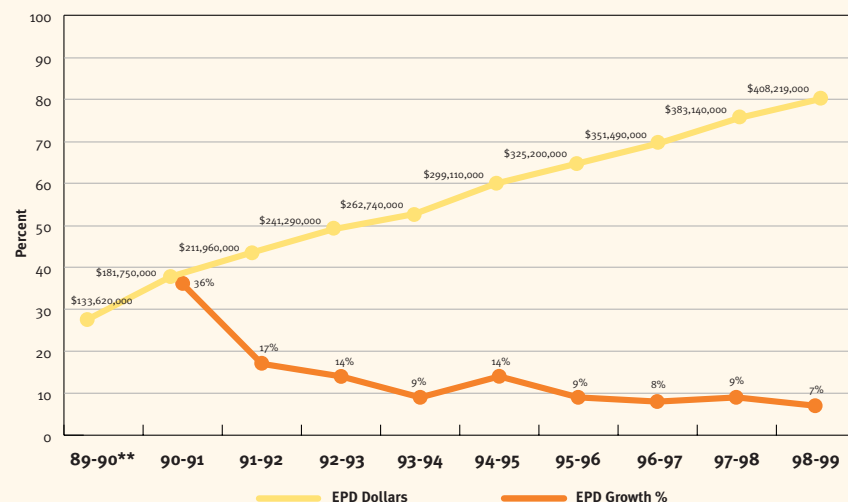
Age defines and divides Arizona's workforce. On one hand, young foreign immigrants fill most entry-level jobs in Flagstaff, Phoenix, Scottsdale, Tucson and the border cities; on the other hand, Arizona's elders also work in record numbers. Some politicians hail seventysomething workers as good for the state's economy, but others realize that elders have no choice. They must work to pay

Key Trends

- Negative economic factors converge, driving health care costs for elders beyond what most Arizonans can afford.
- Medicare cannot keep pace with change or demands.
- Older residents are forced to work longer.
- Debate over state tax policy is a stalemate.
- Health care for the aged becomes an intergenerational political issue.

Arizona's Long-term Care Costs for Low-Income Elderly and Physically Disabled Beneficiaries Are on an Upward Spiral.

State Spending for and Growth of Elderly and Physically Disabled (EPD) Long-term Care, Arizona Long-Term Care System, 1989-1999



* Elder beneficiaries account for roughly 60% and physically disabled 40%. The percentage of EPD growth shows the increase in beneficiaries between 1989 and 1999. The EPD dollars chart the state funds spent on elder and physically disabled beneficiaries between 1989 and 1999. The Arizona Long-Term Care System is part of the Arizona Health Care Cost Containment System.

Source: *Community Based Services and Settings Report*, Arizona Health Care Cost Containment System and Arizona Department of Economic Security.

the extraordinarily high health care premiums for the deductibles and coverage gaps that today's economic situation has forced upon the Medicare system. Even with Arizonans working longer, though, the Arizona Long-Term Care System (ALTCS) faces unprecedented demands. The eligibility criteria put into place in 2003 were never brought in line with economic and demographic realities. Now no one dares touch these entitlements.

AHCCCS absorbs fully 30 percent of Arizona's nearly \$15 billion state budget with nearly half of that paying for long-term elder care. Federal payments used to offset the state's costs, but no more. The good news for some — but all too few — of Arizona's more than 360,000 octogenarians and other elders is that the perilous economic conditions have created "niche players" in health insurance. Most Arizona employers have helped this trend along by shifting from group health care to vouchers that individuals can use with any provider. To the extent they can afford it, some of the state's elder workers are finding high quality companies that match their preferences and needs. Still, workers now look at 75 as "retirement age," and less than half the state's elderly can afford any type of health insurance.

Amidst the ugly political wrangling between the elder "haves" and "have-nots," the Arizona Legislature accepts the "dependency ratio" explanation of today's reality. The ratio of working-age Arizonans to the state's kids and retirees is now the lowest in the state's history. Further, although the state's population over 65 increased by 133 percent in the past 25 years, the number of people contributing payroll taxes increased only 47 percent during the same period.

Arizonans pressure state leaders to lower and raise taxes at the same time. The argument for lower taxes is straightforward: give individuals more discretionary income so they can pay their health insurance premiums. The argument for raising taxes is equally compelling: create more public revenue so government can achieve economies of scale and make those payments instead. The lobbying at the state capitol is as contentious as anyone can remember. Elder advocates looking for help with health care go head to head with business proponents who want lower taxes. Meanwhile, Arizona's situation goes from bad to worse.

The astronomical costs of health care for the aged are the cause of deep-seated resentment both within Arizona's elder population and between segments of the state's age-divided workforce.

Projections for Health Care Expenditures for the Nation in 2010 Exceed \$2.6 Trillion.

U.S. Health Expenditures, 2000 and 2010* (billions)

	2000	2010*
Total Private	\$1,311	\$2,637
Total Public**	\$589	\$117

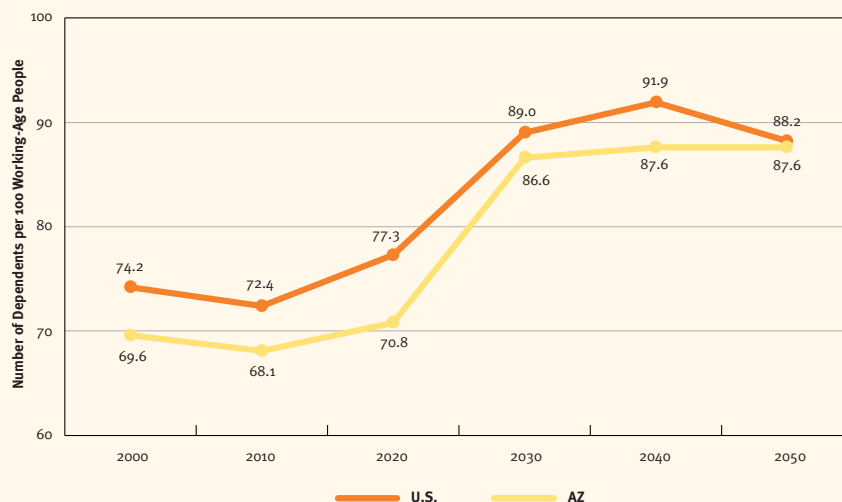
* Projected.

** Combination of federal, state, and local governments.

Source: National Health Expenditures Projections, Centers for Medicare and Medicaid.

Fewer Workers Will Support More Elders and Youngsters.

Dependency Ratios, 2000-2050*



* Projected. The number of youth under age 20 and elderly over 65 for every 100 people of working ages, 20-64. The increase in the numbers means there are more dependents and fewer workers.

Source: Calculated from U.S. Census Bureau National Population Projections. Arizona Department of Economic Security Population Projections.

Arizona Takes Charge

In 2025, a mind-boggling array of issues has converged at a single point — health care for Arizona’s elders. From businesses to families to politicians, most Arizonans feel this complex situation demands decisive, yet collaborative, action. More than ever, the respective problem-solving roles of government, the marketplace and the community are called into question.

Each of the issues that created the current health care challenge is clear in and of itself. Unfortunately, fitting the pieces together is one of the toughest tasks public, private and community leaders have ever faced.

Key Trends

- Changes in technology, economics and politics converge at the issue of elderly health care.
- Few can afford new medical technologies.
- Boomers are large in number, but politically fragmented.
- The role of government as problem solver is challenged.

“Miracle” drugs and other health care technologies seem to appear almost daily. Thousands of Arizona families from Nogales to Page and from Safford to Kingman now have hope for their elder loved ones where they previously had only despair. But such magic comes at a high price to cover the cost of research and development, and few people can afford it. Nonetheless, new methods can substantially prolong the lives of Arizona’s more than 360,000 residents over 80 if they or their families or their employers or the state have the resources.

At the same time that health care technology is growing exponentially in pharmaceuticals, smart clothing and telecommunications, the health insurance industry is in chaos. Niche providers “cherry pick” the state’s “best” clients — those Arizonans least likely to get sick and most able to pay high premiums. Arizona’s other elders are mostly out of luck. Some observers refer to this situation as the flipside of the revolution in health care technology. Insurance companies routinely use sophisticated medical records to their advantage, as is their right under the Freedom of Medical Information Act of 2011.

Fortunately, Arizona’s economy is flourishing, and state revenue is increasing at a steady pace. The private sector’s new economy strategies and the recent growth in Arizona-based venture capital have worked to the state’s benefit. In the past year, a record number of high-tech firms set up shop throughout Arizona to take advantage of the state’s fabulous momentum. The best and brightest workers now compete hard for jobs here. Arizonans enjoy a quality of life that is undeniably good, maybe the best ever.

Success has its downsides though. With Arizona’s population expanding by nearly five percent annually, the state and its communities are dangerously close to not being able to provide schools, roads and services fast enough to meet demand. Opposing political action groups complicate the situation. Ironically, baby boomers or their families fund both groups. One of these well-financed, politically savvy organizations wants state government to pay for elder health care. Boomers’ kids, who want the best for their parents but also must cope with many demands for their time and money, lead this faction.

But every action has an equal and opposite reaction. Baby boomers who recall their 1960s values of sharing and concern for future generations view the situation differently. They seek to balance state funding for their health care with other important public programs such as education and land preservation. Arizona’s political pundits are calling it a draw, since the boomer generation is clearly splintered.

Boomer-driven political forces, dramatic improvements in health technologies for elders, a robust state economy, out-of-sight health insurance costs — it's a strange brew. The best of times, the worst of times.

As happened in the early 1980s when the Arizona Legislature established AHCCCS (the Arizona Health Care Cost Containment System), crisis creates opportunity. Collectively, state and local officials, along with leaders from the private and nonprofit sectors, propose an umbrella under which collaborative actions can be taken to untangle these issues. The result is the Arizona Department of Elder Care Systems (DECS). But this resolution doesn't come easily considering Arizona's powerful tradition of not expanding government or increasing state bureaucracy.

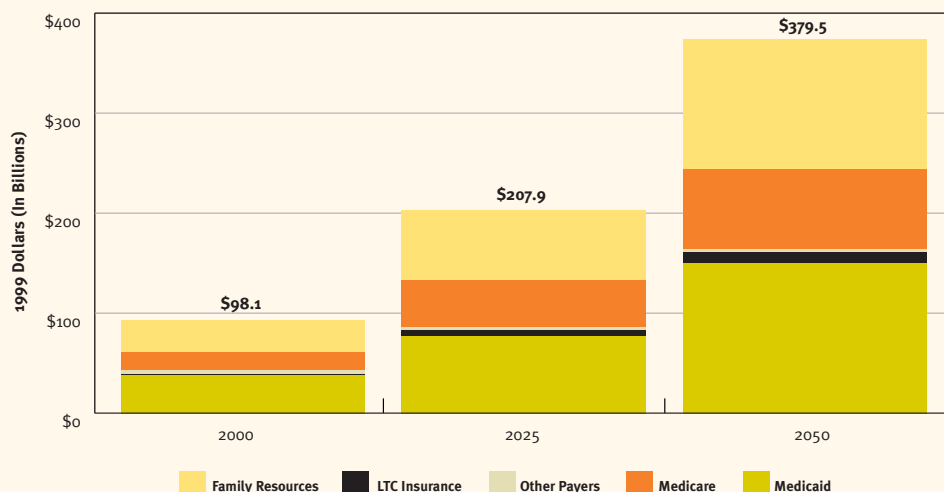
An appointed Board of Overseers with sweeping authority oversees DECS. Membership on the nine-person board is balanced among private sector, community-based and publicly elected leaders. They come from mid-sized communities in the Mogollon Rim territory, Verde Valley, Coconino Plateau, Cochise County and Yuma County as well as from the Phoenix-Tucson megalopolis. The DECS mission has two parts: 1) Keep Arizonans as healthy as possible; and 2) Develop, implement and oversee solutions to long-term health care problems. And, DECS has teeth. Other state agencies, as well as health insurance companies and local community care agencies, must answer to it.

It's no surprise that some people see DECS as an inappropriate government intrusion into the marketplace. Others, though, see it as a creative way of dealing with the confluence of elder care issues. Both sides agree on one thing — the new agency is fertile ground for proving that health care for the aged is best implemented at the local level; that our communities must, and do, have the capacity to care.

The nation will watch closely how well Arizona's new approach works. Others want to know if we have the compassion, collaboration and cash to serve and value our elders.

Substantial Family Resources Are Required for Long-term Care.

Long-term Care Costs, 2000-2050



Source: *The Long-term Care Financing Model*. The Lewin Group and U.S. Department of Health and Human Services, 2000.

Will Arizona's Communities be Good Places for Elders?

What grade would you give your community?

Health Care Accessibility and Cost:

A B C D F

Improvements Needed: _____

Volunteer and Employment Opportunities:

A B C D F

Improvements Needed: _____

Mobility — Pedestrian-Friendly, Easy Driving, Good Transit:

A B C D F

Improvements Needed: _____

Community Support for Informal Care:

A B C D F

Improvements Needed: _____

Cultural Activities and Libraries:

A B C D F

Improvements Needed: _____

Lifelong Learning:

A B C D F

Improvements Needed: _____

Housing:

A B C D F

Improvements Needed: _____

Recreation:

A B C D F

Improvements Needed: _____

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Research Report

The companion research report to the *Four Scenarios of Arizona's Future* was prepared by an interdisciplinary group of scholars and researchers from throughout Arizona. Dr. John Hall of the Arizona State University School of Public Affairs led the team. Their work, *The Coming of Age: Aging, Health and Arizona's Capacity to Care*, offers an easily read and understood analysis of the demographics that are shaping Arizona and the related health and community "systems" affecting the future. In addition, the report summarizes the results of a statewide survey of Arizonans ages 40-59.

The report is organized around:

- The Coming of Age: Age Will Remake Society
- The Fundamental Facts: Arizona Cannot Escape Aging
- Mixed Messages About the Coming of Age from the Public and Professionals
- Aging Issues are Intricate Issues:
 - Health Care Systems and Services for Arizona*
 - People to Care for an Older Arizona*
 - Healthy Aging for People and Communities*
- It's Time: Arizona Needs to Talk and Choose

The report supplies new information about the connection of Arizona's aging to health and health care, the workforce and community initiatives. *The Coming of Age* concludes with a call for dialogue about the choices Arizona's residents and leaders should consider and a possible five-point agenda for the state.

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The Coming of Age: Aging, Health, and Arizona's Capacity to Care is available at www.slhi.org

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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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