



## *THE UTAH AGING INITIATIVE*

---

### *Addressing the Opportunities and Challenges of Our Aging Population:*

*Raising Awareness and Encouraging Preparation among Government Agencies  
for the Challenges and Opportunities Presented by Utah's Aging Baby Boom  
Generation*

*This report is the result of discussions with Utahns throughout the state. It incorporates material from staff research, community focus groups, and interviews with officials from state governmental agencies.*

---

*Utah Department of  
Human Services*

*Center for Public Policy and Administration –  
University of Utah*

*June, 2005*

**TABLE OF CONTENTS**

**EXECUTIVE SUMMARY ..... I**

**BACKGROUND..... 1**

**DEMOGRAPHIC REALITIES ..... 4**

**ADDRESSING THE ISSUES..... 7**

**HEALTH AND LONG TERM CARE.....8**

**LIVABLE COMMUNITIES.....18**

**ECONOMIC GROWTH AND THE WORKFORCE OF THE FUTURE.....22**

**CONCLUSION ..... 27**

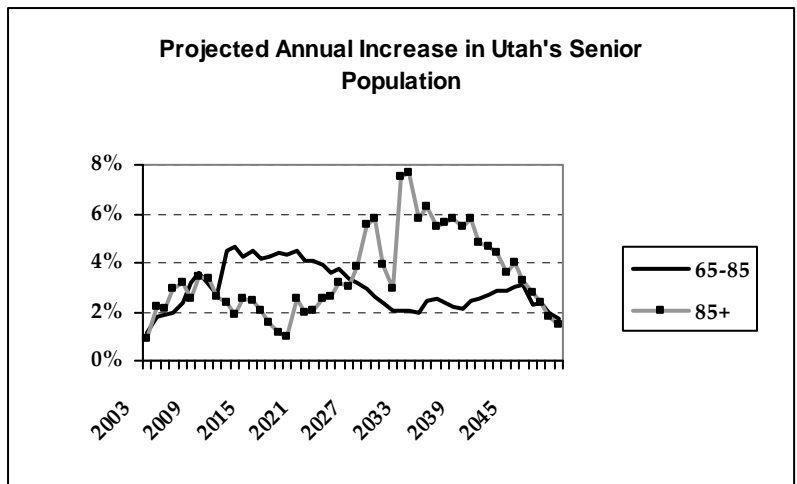
**REFERENCES..... 29**

## EXECUTIVE SUMMARY

### Background

Between now and 2030, Utah will experience a dramatic age shift in its population. Along with the rest of the nation, Utah will become older. The Baby Boom generation, born between 1946 and 1964, is the largest generation in United States history. This group will begin turning 65 in the year 2011.

From 2000 to 2030, the largest growth in the older population will occur among 65 to 85 year olds. The primary growth in the age 65 to 85 populations will occur between the years 2011 and 2030. The Baby Boomers begin turning 85 in the year 2031.



- The 65 and older population will increase from approximately 213,000 in 2000 to approximately 320,000 in 2015, a growth rate of 50%.
- By 2030, it will have grown to 545,000, an increase of 331,000, or 155% compared to Utah's senior population in 2000.

### What is the Utah Aging Initiative?

The Utah Aging Initiative is a collaborative project of Utah state agencies led by the Utah Department of Human Services. The purpose of the Initiative is to raise awareness and encourage preparation among government agencies regarding the challenges and opportunities presented by Utah's increasingly older population.

For two years – 2004 and 2005 – the Initiative engaged public and community groups in discussions to answer the following questions:

- What does the aging of the Baby Boomer generation mean to Utah?
- What does the state need to do now to embrace the opportunities and address the challenges presented by this large aging cohort?

### **About This Report**

This final report is the result of discussions with Utahns throughout the state. It incorporates material from staff research, community focus groups, and interviews with officials from state governmental agencies. It has been prepared for policymakers, for local elected officials, for everyone who participated in its making, and for the people of Utah.

The report includes material from two other documents produced by the Utah Aging Initiative:

- *Anticipating the Opportunities and Challenges of our Aging Population* that provides basic demographic facts and figures about the aging of Utah's Baby Boom population, and
- *Identifying Opportunities and Challenges of our Aging Population* that highlights the issues, suggestions and recommendations as seen by Utahns.

Three trends emerged from the information gathered for these documents identifying the following themes for Utah's preparation for the senior boom:

- Health and Long Term Care
- Livable Communities
- Economic Growth and the Future of the Workforce

The report begins by presenting the demographic realities for consideration and then discusses each theme providing policy implications and recommendations.

## Demographic Realities

A commonly used measure comparing the number of economically dependent people in the population with the working age population necessary to support them is the dependency ratio. High ratios mean a large proportion of the people are

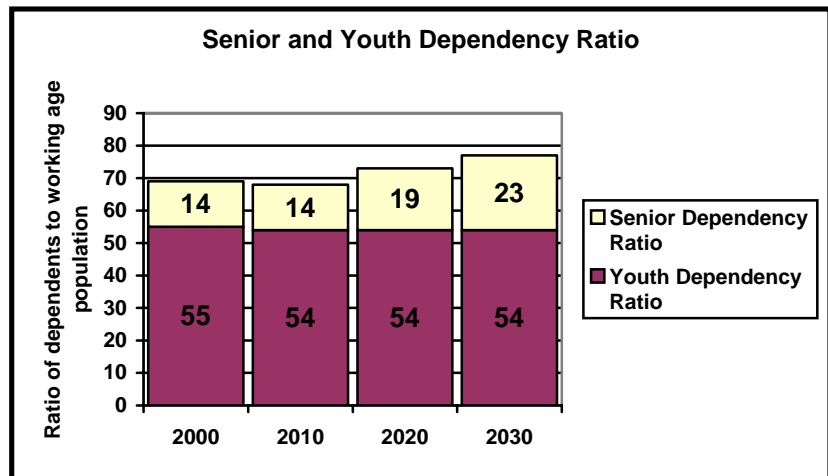
too young or too old to work and must be financially supported by the working population. Utah will consistently experience increased dependency ratios for its senior population through the year 2030. This means there will be more seniors per 100 working adults while the youth dependency ratio remains steady.

- The total dependency ratio, the sum of youth and elderly dependency ratio, was nearly 69 dependents per 100 workers in 2000.
- By the year 2030, the total ratios will increase to 77 dependents per 100 workers – due primarily to the increase in the senior population.

Utah's population will be more culturally and ethnically diverse in the future. The minority population is expected to increase 278% by 2025.

Women will outnumber men in both the 65 to 85 and the 85 and older age groups due to their higher life expectancy. By the year 2025 the life expectancy for women will be nearly 85 and 79.5 for men. Women represent a more vulnerable population as they age because of the disparity in life expectancies and income between men and women. Older women who have outlived their spouses and sometimes other relatives face old age alone with fewer resources financially and socially.

By 2015, seven Utah counties will have more than 15% of their population over age 65. It is projected that the senior population will grow most rapidly in Summit, Wasatch



and Tooele counties. The majority of seniors are expected to be living in Cache, Weber, Davis, Salt Lake, Utah and Washington counties.

## **POLICY IMPLICATIONS AND RECOMMENDATIONS FOR EACH THEME**

### **Health and Long Term Care**

Higher life expectancy coupled with chronic conditions often associated with aging will result in increased need for health and long term care by our aging population. One of the greatest challenges for Utah in the future will be how to pay for long term care.

Promoting and practicing healthy and active lifestyles now can assist in alleviating some of the need for care in the future.

#### **Policy Directions**

1. Increase personal responsibility for long term care planning and costs.
2. Support health promotion and maintenance to prevent and/or reduce disability rates and functional problems associated with chronic conditions.

#### *Recommendations*

- Encourage people to think about how they will meet their needs for long term care.
- Support the informal caregiver network of families, friends and neighbors.
- Increase outreach and educational programming supporting healthy lifestyles for all ages.

### **Livable Communities**

Community encompasses both the concrete and the intangible portions of our lives. It includes the physical infrastructures that surround us – homes, roads, parks, and buildings and the services people depend on – stores, medical centers, public services and civic centers. Many characteristics of community are essential to older people, and the increase in the number of older people will both affect communities and be affected by changing communities.

Just as important is the social infrastructure that communities provide including family, friends, churches, civic and community groups. Within these areas, a livable community, or elder-friendly community, seeks to encourage and maintain people's

independence, assure safety and security, provide choices and support social and civic engagement.

### **Policy Directions**

1. Create community infrastructures that support people as they age.
2. Build or adapt physical infrastructures to achieve wise land use, adequate housing, better transportation and design of public spaces.

#### *Recommendations*

- Explore ways to minimize the complexity of government services. Use technology to condense and present service information effectively.
- Support the creation and development of livable communities throughout Utah. Elements include: affordable and accessible housing and transportation, and opportunities for social connections with people of all ages and abilities.

## **Economic Growth and the Workforce of the Future**

Governments, employers and individuals each have a role in contributing to Utah's economic vitality. The aging population will challenge Utah to reconsider many aspects of its economy and workforce.

A large majority of Boomers plan to work beyond retirement either full time or part time. Others plan on contributing to their communities through volunteer work. Even given this, there will still be large numbers of Boomers exiting the workforce and preparing now with workforce planning will alleviate the loss of skill and knowledge.

### **Policy Directions**

1. Promote use of Utah's aging population in the labor force, in both paid and voluntary positions.
2. Initiate discussions and make accommodations for flexibility in the workplace as the definitions of work and retirement change.
3. Invest in education and training for all Utahns to encourage a high quality workforce in the future and to encourage lifelong learning and social contributions.

#### *Recommendations*

- A state campaign – on a large scale – should be implemented to connect willing volunteers with community needs.
- Research and create a toolkit for formal succession planning in both the private and public sectors.
- Utah needs to rethink what education should be like for a new generation of seniors.

## **Conclusion**

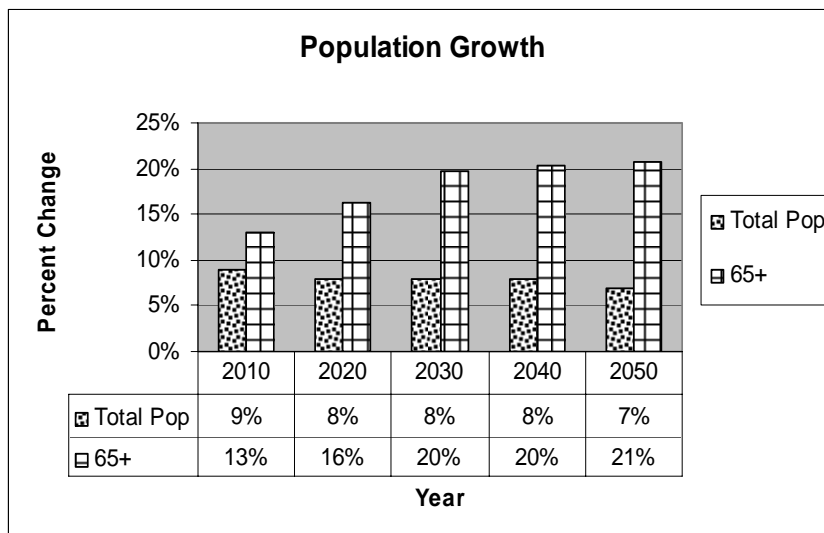
The Utah Aging Initiative identifies and discusses the issues presented by the increase in Utah's aging population. It is intended to inspire further discussions and actions that will help prepare Utah for an uncertain, but rapidly approaching, future in an older world. As with most important endeavors, beginning sooner rather than later is more cost efficient and effective. Next steps for the Initiative call for continuing the momentum begun by the project and completing further research on the themes identified.

## BACKGROUND

### Introduction

Between now and 2050 the United States will see the largest percentage increase in the elder population of any developed nation, simply because our Baby Boom was larger than anybody else's.<sup>1</sup> Utah will be a part of this senior boom and preparing for this population shift presents many challenges and opportunities. The Baby Boomers have influenced and affected public policy their entire lives. As children, they created demand for more pediatricians, more schools and more homes. As young adults, they influenced the nation's foreign policy and created a shift in social culture. And, as they grew into adulthood, Boomers shaped a consumer society with female Baby Boomers leading the way into the workforce. Given this, there is little doubt that the Boomers will continue their influence on public policy as they age.

Because of the sheer number of Baby Boomers, the aging of this largest generation in history, combined with increased longevity, will lead to a significantly older community in the coming years. As a percentage, the number of those aged 65 and older will increase in the coming decades more than the population as a whole. By 2015, seven Utah counties are projected to have more than 15% of their population over age 65; 26 of the 29 counties will have more than 10% over age 65. By 2030, Utah's 65 and older population is projected to increase by 155% compared to the 65 and older population in 2000.



2000.

Why should Utah prepare for this population shift? Many Baby Boomers will retire young, remaining healthy and active. Some, however, will need services and care which could overwhelm customary support systems such as

Source: U.S. Census Bureau

family and government agencies. The chance of acquiring a disability and a chronic illness increase as we get older and this will expand the need for health care resources and social support. How Utah responds to this aging boom will be affected by other social, political and economic forces. Changes in the family (number of children, household composition), in communities (housing options, transportation), and in the economy (increase in older market, aging workforce) will determine what kinds of needs people have and what kinds of resources will be available.

As with any significant social change there are opportunities and challenges. While many of the trends are unavoidable, others lie within our power to influence. Examples include efforts to reduce future disability rates by practicing prevention today; influencing mechanisms to make medical and long term care affordable; and evaluating the services and infrastructure in our communities.

Precisely how these trends will play out is uncertain. However, issues such as access to affordable medical care, adequate and appropriate housing, and community involvement are critical to the well being of people, and their availability will determine an older person's ability to live independently and thus reduce dependency on government services.

### **What is the Utah Aging Initiative?**

The Utah Aging Initiative is a collaborative project of Utah state agencies led by the Utah Department of Human Services. The purpose of the Initiative is to raise awareness and encourage preparation among government agencies regarding the challenges and opportunities presented by Utah's increasingly older population.

### **Discovering the Issues**

What can the state do to prepare for this upcoming aging boom? We set out to answer this question by discovering what issues Utahns think are paramount. Utah's changing demographics were compiled into a report entitled: *Anticipating the Opportunities and Challenges of our Aging Population*. This report was then presented

to community members and state agencies throughout Utah to begin discussions. The community-based focus group meetings resulted in many suggestions, recommendations and cautions about addressing the issue and preparing for the future. Discussions with state agency leaders also increased their awareness of the issues and produced a list of the anticipated impacts on state government that this large aging population will bring. The results of these discussions are presented in the supporting document: *Discovering and Identifying the Opportunities and Challenges of our Aging Population*.

Combined with the demographic data, the focus groups and interviews provide a springboard for developing policy recommendations and suggestions to address the opportunities and challenges presented by the aging of the Baby Boomer population.

### **Purpose and Scope of Report**

This final report has been prepared for policymakers, for local elected officials, for everyone who participated in its making, and for the people of Utah.

The report includes material from two other documents produced by the Utah Aging Initiative:

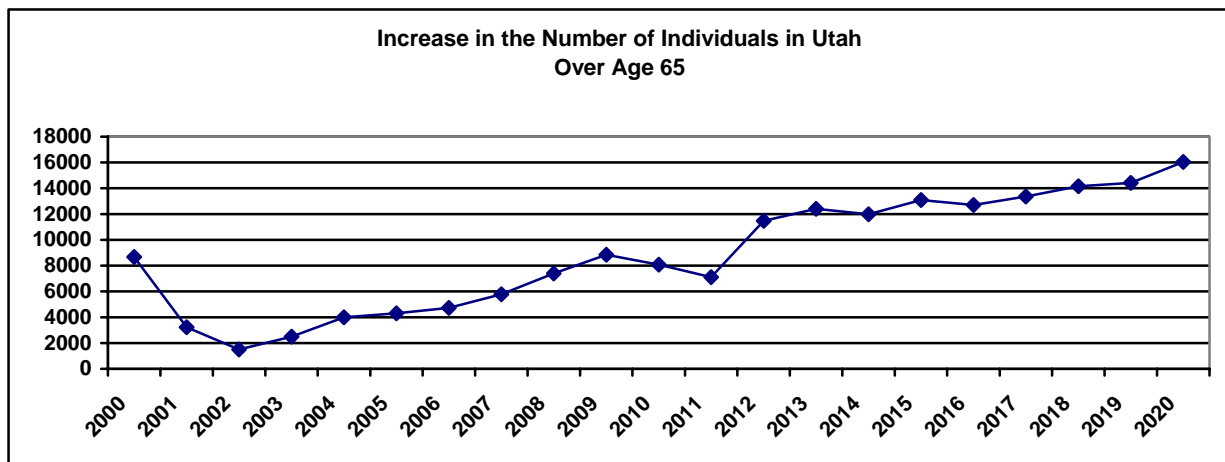
- *Anticipating the Opportunities and Challenges of our Aging Population* that provides basic demographic facts and figures about the aging of Utah's Baby Boom population, and
- *Discovering and Identifying the Opportunities and Challenges of our Aging Population* that highlights the issues, suggestions and recommendations as seen by Utahns.

The purpose of this document is to provide a summary of these components and provide policy directions to state government on the various impacts of the aging population. It is intended to encourage further discussions and actions that will help prepare Utah for an uncertain, but rapidly approaching, future in an older world. As with most important endeavors, beginning sooner rather than later is more cost efficient and effective.

## DEMOGRAPHIC REALITIES<sup>2</sup>

The reality: Utah will experience dramatic growth in its senior population.

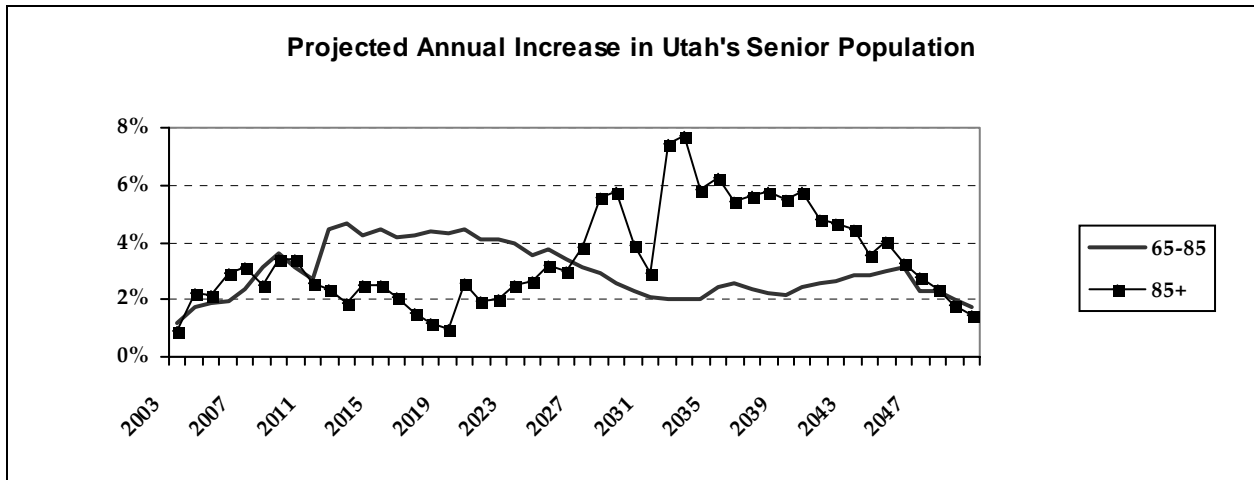
- The 65 and older population will increase from 213,000 in 2000 to 320,000 in 2015, a growth rate of 50%.
- By 2030, it will have grown to approximately 545,000, an increase of approximately 331,000 or 155% compared to Utah's senior population in 2000.



Source: Bureau of Economic and Business Research, University of Utah, 2003

**From 2000 to 2030, the largest growth in the older population will occur among 65 to 85 year olds with an increase of 123%.** The 85 and older population will increase less dramatically; however, they will experience an increase of more than 100% between 2000 and 2030, and as the Baby Boom generation ages, the 85 and older group will increase by 7% annually beginning in 2032.

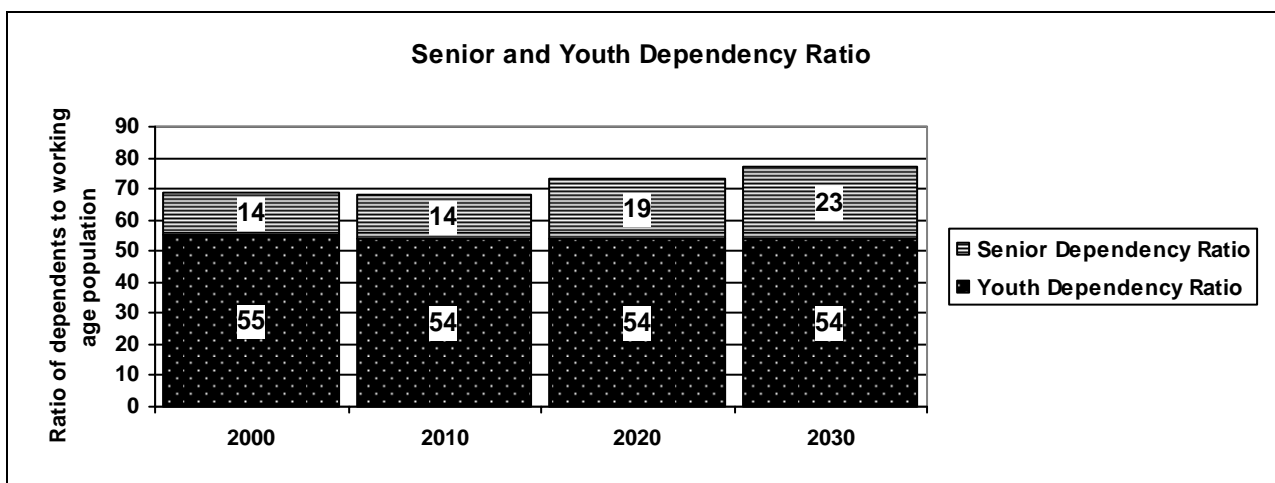
- By 2015, the Utah population aged 65 to 85 will increase by 51%, while those over 85 will increase by 38%.
- From 2015 to 2030, the 65 to 85 population will experience an increase of 72%, and the 85 and older population will increase by 52%.
- The primary growth in the age 65 to 85 populations will occur between the years 2011 and 2030. The Baby Boom generation begins turning 85 in the year 2031.



Source: Bureau of Economic and Business Research, University of Utah, 2003

## Utah's Dependency Ratio Will Rise

A commonly used measure comparing the number of economically dependent people in the population with the working age population necessary to support them is the dependency ratio. High ratios mean a large proportion of the people are too young or too old to work and must be financially supported by the working population. In the year 2000, the youth dependency ratio was 54.27 per 100 workers and the elderly dependency ratio was 14.36 per 100 workers (a total dependency ratio of 68.63/100). Utah will consistently experience increased dependency ratios for its senior population through the year 2030 while the dependency ratio for Utah's youth will remain relatively level.



Source: Bureau of Economic and Business Research, University of Utah, 2003

- The *elderly dependency ratio* will steadily increase through 2030. This includes a 29% increase in the decade 2010-2020, followed by a 26% increase in the decade 2020-2030. This represents an overall increase of **61% from 2000 to 2030**. In numeric terms this means a shift from 14 retired people to 23 retired people per every 100 workers.
- The *youth dependency ratio*, while comprising the majority of the total ratio, peaked in 2000 at 54 children per every 100 workers, and will remain essentially flat through 2030.
- The *total dependency ratio*, the sum of youth and elderly dependency ratio, was nearly 69 dependents per 100 workers in 2000. By the year 2030, the total ratio will increase to 77 dependents per 100 workers – due primarily to the increase in the senior population.

### **Women Will Outnumber Men**

Women and men will not age equally. Among Utah's 65 and older population, women will outnumber men from 2000 to 2030 in both the 65-85 and the 85 and older age groups due to their higher life expectancy. The life expectancy of Utahns is 79 years (Utah ranks third highest in the nation); 76.7 years for males and 81.5 years for females. By the year 2025 the life expectancy for women will be nearly 85 and 79.5 for men. Women represent a more vulnerable population as they age because of the disparity in life expectancies and income between men and women. Older women who have outlived their spouses and sometimes other family members face old age alone with fewer resources financially and socially.

### **Summary**

Facing reality means facing the increase of Utah's older population and the corresponding increase in need for government services. While this is inevitable, there are also many programs and policies that can be positively influenced through the actions of communities and governments. Sometimes overlooked is the opportunity

presented by this huge number of older people. This cohort could represent a powerful and influential wave of human resources within the state and enhance quality of life and economic growth in innumerable ways.

## **ADDRESSING THE ISSUES**

Given the demographic realities of Utah's changing age composition, what policies should Utah enact to prepare for the impacts of this change? An answer to this question requires the specification of the issues and the anticipated positive and negative impacts, providing an appropriate basis for generating policy goals.

As the Utah Aging Initiative advanced and the research and conversations unfolded, several common issues surfaced. These issues fit three major themes and are presented here together with policy directions and recommendations for how best to prepare for the aging Baby Boomers. The themes are:

### 1. Health and Long Term Care

Promoting affordable health care and promoting personal responsibility for maintaining good health and planning for long term care costs.

### 2. Livable Communities

Increasing the age-sensitivity of physical, social and service infrastructures within Utah's communities.

### 3. Economic Growth and the Workforce of the Future

Contributing to Utah's economic growth through the use of our aging population both in the workforce and in voluntary roles.

## HEALTH AND LONG TERM CARE

### Introduction

One of the greatest challenges of Utah's future will be the increased need for health services and long term care by our aging population and how to pay for it. Barring major medical breakthroughs for prevention and treatment of chronic conditions such as Alzheimers, arthritis, diabetes and heart disease, we can expect major increases in the numbers of older persons with medical problems requiring health services and long term care. The Utah Department of Health reports that **health care costs for a 65 year old are four times those for a 40 year old**. Providing care for individuals with chronic conditions comprises 78% of U.S. health care spending, including 95% of Medicare and 77% of Medicaid spending.<sup>3</sup> Coupled with increased life expectancy, Utah can expect an increase in the numbers needing health and long term care, as well as an increase in the costs associated with care.

### Health Care

Medical expenses such as health care coverage and prescription drugs are major expenses for senior citizens. Many seniors lose private health care coverage upon retirement and are faced with a major expense that their employer may have paid when they were working.<sup>4</sup> Still others may experience accumulating health care expenses based on a lifetime or many years of being underinsured or uninsured.

Health care expenses for those 65 and older are generally provided for by public programs, namely Medicare and Medicaid. Medicare provides health coverage for a premium to almost all Americans aged 65 and older. Due to the large numbers expected to enter the Medicare system and recent legislation providing prescription drug coverage, Medicare reserve funds (hospital insurance program) are expected to become depleted unless legislation is passed to adjust reserves.<sup>5</sup> Medicare expenditures have risen three times as fast as inflation in the past decade, making it one of the fastest growing items in the federal budget, and Medicare enrollment is expected to increase from 14% of the population in 1995 to 22% by 2030.<sup>6</sup> In addition,

there are currently three workers for every retiree; however, demographers expect a decline in the working age population to two workers per each retiree in 2030. This is a concern since a portion of Medicare is paid through payroll tax.<sup>7</sup>

Medicaid is a program, funded jointly by the Federal and state governments, which pays for medical assistance for certain individuals and families with low incomes and resources. Currently, Medicaid is the largest source of funding for medical and health-related services for people with limited income. As the Baby Boom generation ages more of them will become eligible for Medicaid services. According to an AARP report 16.1% of Utah's Medicaid funding currently goes to those 65 and older.<sup>8</sup> The Bureau of Economic and Business Research at the University of Utah reported the State of Utah and other local agencies allocated approximately \$322.3 million for Medicaid services in 2001. This contribution was matched by \$663.7 million in federal funds. Together, these funds provided health care services to 188,817 low income residents throughout the state.<sup>9</sup>

According to The New York Times, nationally, 42% of Medicaid's expenses apply to care for elderly people who are also eligible for Medicare. In addition, Medicaid pays the expenses for two-thirds of nursing home residents. They also report while 50% of Medicaid enrollees are children, they receive only 19% of the program's resources. The remaining 81% finances the needs of elderly, disabled and other adults.<sup>10</sup>

Prescription drugs are another consideration for aging individuals. A 2001 AARP Public Policy Paper on trends in prescription drug costs and coverage found that prescription drugs are a major part of Medicare beneficiaries' out-of-pocket health care expenses.<sup>11</sup> Contributing to the increase in prescription drug spending is the rise in the average cost of a prescription medication which went up 9% to \$49.84 between 2000 and 2001. In Utah, the average price of a prescription was \$46.76 in 2001, and Utahns fill an average of 10 prescriptions per year which is nearly equal to the national average of 10.9.<sup>12</sup> According to the AARP:

- Over six in ten Utahns who take prescriptions regularly say that paying for their medications is a financial problem.

- Most Utahns are covered by some form of health insurance, but people ages 65 and older are far less likely than younger Utahns to have prescription drug coverage.
- At least one-half of Utahns taking prescription medications report having to make at least one difficult decision in order to afford the prescription. These include: putting off filling the prescription, decreasing the dosage, and cutting spending on food and/or heat.
- Three-quarters of all Utahns strongly or somewhat support the state offering a prescription drug program. Most would still support a program even if they did not qualify to use it.<sup>13</sup> This may change with the Medicare Prescription Drug Program. Starting January 1, 2006, Medicare will offer prescription drug plans for qualified Medicare recipients to help pay for prescriptions.<sup>14</sup>

### **Increasing Numbers and Increasing Usage**

The trends for an increase in public spending on health care are in place: there will be more people in Utah with increasingly higher life expectancy. The life expectancy for Utahns is 79 years (third highest in the nation). Baby Boomers are expected to live longer than previous generations, requiring benefits and services over a longer period. In addition, Baby Boomers throughout their lives have fueled a consumer-based society. Research has shown that:

- Baby Boomer hospital spending grew from 1987 to 1999 at a rate 2.3 times faster than their older cohorts.
- Total medical spending for Boomers and younger cohorts grew from 1987 to 1998 at a rate 1.2 times faster than their older cohorts.
- Prescription drug use for Boomers increased an annual per capita rate of 12.03%, compared with 10.87% for the generation ahead of the Boomers.<sup>15</sup>

Therefore, the Baby Boomers proclivity to consume medical services could exceed those of older generations and potentially increase public spending on health care.

## Long Term Care

Long term care includes many types of services needed when a person has a physical or mental disability. Individuals needing long term care experience various difficulties in performing some activities of daily living without some assistance, such as bathing, eating, dressing and moving from one location to another. They may also have trouble with activities such as housekeeping or managing finances. If mental disability is present such as Alzheimer's disease, constant supervision may be necessary to assure patient safety.<sup>16</sup>

Long term care is not just about health care, it encompasses a variety of services all aiming to maintain quality of life including housing, transportation, nutrition, and social support to maintain independent living.<sup>17</sup>

Although long term care receives much less attention than health care in the public policy arena, many experts believe it will be one of the greatest challenges as Baby Boomers age. According to the General Accounting Office (GAO):

- As the estimated 76 million Baby Boomers become elderly, Medicare, Medicaid and Social Security will nearly double as a share of the economy by 2035.
- Correspondingly, spending on long term care services for the elderly is estimated to increase at least two and a half times and could quadruple in constant dollars to \$379 billion by 2050.<sup>18</sup>

Most long term care costs are shared between private and public sources. Medicaid, which pays over one-third of long term care costs for the elderly will remain one of the largest funding sources. The increase in demand coupled with increasing costs mean state budgets will be heavily impacted by the growing number of Baby Boomers needing long term care.<sup>19</sup>

Although chronic illness can occur at any time in one's life, generally, older adults are more susceptible to the development or worsening of a chronic condition<sup>20</sup>. According to the 1999 National Long Term Care Survey and the GAO, approximately 7 million elderly had some sort of disability in 1999, including about one million needing assistance with at least five activities of daily living. Nationally, spending from all public and private sources for long term care for all ages totaled about \$137 billion in 2000.<sup>21</sup> Over 60% of expenditures for long term care services are paid for by Medicaid and

Medicare. However, Medicare was never intended to pay for extended long term care and should not be considered a dependable source of long term care financing. Medicaid too faces constraints. While Medicaid may provide financial resources for certain people who can meet eligibility requirements, it cannot be considered a reliable resource to meet everyone's needs.<sup>22</sup>

## **Why is Long Term Care Important?**

### *Increasing Need*

Utah will face challenges in long term care. Individuals age 85 and older are most likely to need long term care. They experience twice as many chronic health conditions compared to the rest of the population and their conditions are more likely to result in a disability that interferes with daily life activities.<sup>23</sup> From 2000 to 2030, the number of 65 to 85 year olds will increase 123%. The 85 and older population will increase slightly less dramatically; however, this cohort will experience an increase of more than 100% between 2000 and 2030; and as the Baby Boomer generation ages, the 85 and older group will increase by 7% annually beginning in 2032. According to the National Governors Association, it is expected that the population aged 85 and older will increase 66 % nationally between 2000 and 2025. The increase need for long term care is more important in states experiencing a larger increase in those 85 and older, such as Utah, which ranks second in nation in the growth of this population.<sup>24</sup>

- By 2015, the Utah population aged 65 to 85 will increase by 51% (to 98,124), while those over 85 will increase by 38% (to 8,239).
- From 2015 to 2030, the 65 to 85 population will experience an increase of 72% (to 209,267), and the 85 and older population will increase by 52% (to 15,698).
- The primary growth in the age 65-85 population will occur between the years 2011 and 2030. The Baby Boom generation begins turning 85 in the year 2031.<sup>25</sup>

Need for Long Term Care	Utah	Rank	US
Men per 100 women age 85+ (#), 2002	52.4	17	47.9
Women age 80+ at/below poverty level (%), 2002	10.9	46	15.1
Persons age 85+ living alone (%), 2002	48.4	38	50.2
Persons age 65+ with activity limitations (%), 2002			
Self care limitations (%)	10.9	10	9.2
Mobility limitations (%)	19.6	15	18.4
Self-care or mobility limitations (%)	20.8	17	20.1
Sensory limitations (%)	19.8	11	16.6
Cognitive/mental limitations (%)	12.0	15	10.8

Source: AARP, 2004, Across the States Profiles of Long Term Care: Utah

Nationally, 9.5% of those aged 65 and older have physical, mental, or emotional conditions lasting six months or longer and present difficulty in daily life activities such as dressing, bathing, or walking. While people of all ages have disabilities, older people experience disabilities at a higher rate. **Thus, growth in the number of older people means growth in the number of people with disabilities, even if disability rates do not change.**<sup>26</sup> While long term care may be needed at any point in life, the elderly generally need more care and also are more inclined to develop disabilities needing long term care. As the Baby Boomer generation reaches these ages, the need for long term care will soar, as will demand for a much wider menu of long term care options.

### Caring for the Caregivers

Family, friends and volunteers provide the vast majority of long-term care for the frail elderly. **Today, over 25.8 million Americans provide care to someone over the age of 50.** Many of these caregivers are “sandwiched” between caring for children in the home as well as parents, neighbors or friends. Of the unpaid caregivers, 91% are family members (41% adult children, 24% spouses, and 26% other relatives). Only 9% of

unpaid caregivers are non-relatives.<sup>27</sup> As the population ages, the demand for caregiving upon family and friends will increase. While these informal caregivers are generally willing to provide long term care for their aging relatives and friends, it can lead to increased stress and the need for caregiver support.

### Community-based Options

Consumers no longer see nursing homes as the first or only long term care option. New options responsive to consumer demand are developing rapidly from care at home programs to assisted living facilities to hospice care. For the first time in history use of nursing homes is declining. However, many rural areas do not have many options. And options are also limited for many tribal areas and low income individuals.<sup>28</sup>

### **Budgetary Pressure**

Before concentrating on the increased burden that long term care will place on Utah's budget, it is important to look at the budgetary context for long term care. As the population over the age of 65 increases, federal spending on health care costs will absorb an increasingly larger portion of the federal budget, competing for already tight revenue sources. In addition, health care costs are likely to continue increasing as medical technology advances.<sup>29</sup> The Baby Boomers will also be followed by relatively fewer workers paying less into the entitlement system.<sup>30</sup> As a result, the GAO reports that Medicare will double as a share of gross domestic product (GDP) between 2000 and 2035 (from 2.2% to 5.0%) and reach 8.5% of GDP in 2075. The federal share of Medicaid as a percent of GDP will grow from its current 1.3% to 3.2% in 2035 and reach 6.0% by 2075. These financial impacts on the federal budget will no doubt affect the state budget, as Medicaid is also financed by state dollars and currently is second only to education in utilizing Utah's revenue. In 2003, Utah's Medicaid expenditure was \$1.1 billion. Long term care expenses comprised 25.2% of this total, or approximately \$280 million. Medicaid was the primary payer for 60.3% of nursing facility residents in 2003.<sup>31</sup> At the same time Utah is currently experiencing a decline in nursing facility residents. From 1998 – 2003 the percent of residents in Utah's nursing homes declined 9.8%.

Looking to the future, Baby Boomers will utilize long term care at an increasing rate simply because there are more of them. At the same time, expenses for long term care are increasing even with a decline in nursing facility usage.<sup>32</sup>

The bulk of money the federal government spends on long term care goes to institutional care, rather than home care, even though most people prefer to stay at home if at all possible. Because of competing demands for tax dollars it is uncertain that the federal government alone will provide the resources necessary to support the expanding need for long term care in the future.<sup>33</sup>

### **Health Care Human Resources**

State agencies report that there is not an adequate health care infrastructure to support the large numbers of elderly who will require health care services.<sup>34</sup> An increasing aging population will create the need for many more health care and eldercare professionals.

- It is anticipated that there will be ongoing shortages of caregivers, nurses, physical therapists, occupational therapists and medical specialists in geriatrics.<sup>35</sup>
- By 2030, the United States will need approximately 36,000 physicians with geriatric training to manage the complex health and social needs of the aging population.<sup>36</sup>
- Currently, there are 9,000 certified geriatricians practicing in the United States.<sup>37</sup>
- In 2002, there were 27 geriatricians in Utah. There are none practicing in the rural areas.<sup>38</sup>

In addition, trained caregivers, nurses and health care facilities are likely to be in short supply. In particular, institutional care to support individuals with physical disabilities, developmental disabilities, individuals suffering from traumatic brain injury, etc. will be in short supply.<sup>39</sup> The Bureau of Labor Statistics reports that health care support occupations will grow by 34.5% by 2012, and medical care positions including home health and medical assistant, make up six of the top ten fastest growing occupations nationally. Since the State provides direct services and acts as a support system, the impact of a larger elderly population means greater need in assisting with

individual's concerns through case management and the need for volunteers to handle less technical areas.

## **Personal Responsibility and Lifestyle Trends**

Healthy living can assist in management of health care costs for individuals and the government. Those involved in Aging Initiative discussions about the future of health care needs in Utah saw many ways in which the aging population will affect the state. Their suggestions include an emphasis on health maintenance and healthy living as a way to control costs and have a healthier population. Utah is already a healthy and active state, and remaining active as one gets older can reduce the need for medical care and prescription drugs. Healthy lifestyle choices today, including regular exercise, healthy eating habits, smoking cessation and maintaining a reasonable weight, decrease risk of future disability and chronic illness. A healthy lifestyle can also contribute to independence and feelings of fulfillment.<sup>40</sup>

## **Policy Directions**

1. Expand personal responsibility for long term care preparation and costs.

### *Recommendations*

- Encourage people to consider how they will meet their needs for long term care. Any outreach regarding long term care should focus on empowering individuals to meet their own long term care needs. Consumer control over decision-making should be a feature of Utah's long term care approaches.
- Expand capacity of community long term care system. In order to expand the home and community based options for long term care that people prefer, these services need to be developed in all parts of the state so they are truly available to all, including rural, ethnic, immigrant and tribal communities.
- Support the informal caregiver network of families, friends, neighbors and other community members. As people are pulled in so many directions, and "sandwiched" between caring for parents and children, caregivers need more support than they

have received in the past to manage continued provision of assistance. An important way to improve caregiving would be to provide support for those who volunteer their time for the elderly by offering training and contact with others facing these demands.

- Encourage healthy living and health maintenance to help reduce health complications, disability rates and problems associated with chronic conditions. Reducing the need for long term care is one way to alleviate the financial burden on state budgets and the stress associated with informal, familial caregiving.
- Continue researching how Utah's intergenerational support system impacts long term care decision making. Utah's dependency ratio shows just how unique Utah is when it comes to family size and structure. How long do children stay at home with their parents? How many generations live in one Utah household? How many children leave home and move far away? These are questions that could impact the delivery of state services surrounding health and long term care and they need further research in order to assess the impacts of familial caregiving.

2. Encourage health promotion and maintenance to prevent and/or reduce disability rates and problems connected with chronic conditions.

### *Recommendations*

- Promote more participation by employers in wellness programs, walking programs, extended lunchtime to accommodate exercise, incentives for participating in health clubs.
- Maintain the present level of health care coverage in the state and continue to work on extending coverage to the uninsured.
- Collaborate with the State Legislature to study prescription drug programs for the elderly insured and those without drug coverage.
- Increase outreach and educational programming supporting healthy lifestyles for all ages. This information needs to be user-friendly, culturally sensitive, up-to-date and accurate. The best, but not the only means for delivering information is the Internet.

## **LIVABLE COMMUNITIES**

### **Introduction**

The meaning of community is changing, shifting and evolving. These shifts will probably continue over the next 30 years during the aging boom. Many characteristics of community are essential to older people, and the increase in the number of aging people will both affect communities and be affected by changing communities.<sup>41</sup>

Sense of community and social interaction play huge roles in our lives. Community encompasses both the concrete and the intangible portions of our lives. It includes the physical infrastructures that surround us – homes, roads, parks, and buildings. Communities also contain the services people need and depend on – stores, medical centers, public services, civic centers, and entertainment venues. Just as important is the social infrastructure that communities provide including family, friends, churches, civic and community groups.<sup>42</sup>

A livable community encompasses more than bricks and mortar. It also enhances the community with quality of life central to its goal. Several documents have been published identifying the achievable aspects of livable communities. Generally, a livable community strives to attain the following:

- Affordable, appropriate, accessible housing
- Affordable, safe, accessible transportation
- Encourages participation in community events and activities

Within these areas, a livable community, or elder-friendly community, seeks to encourage and maintain people's independence, assure safety and security, provide choices and support social and civic engagement.<sup>43</sup>

### **Why is Community Important?**

The community plans developed today will shape community life tomorrow. Many rural communities and urban areas already have a high concentration of senior citizens,

who have special needs for public transportation and low-maintenance affordable housing. Because older people tend to, and want to, age in place, they are more sensitive to the extent of community infrastructure. Community planning, infrastructure and service delivery should consider the aging population who will need transportation, housing and recreational alternatives.<sup>44</sup>

As the population ages, state agencies will need to consider changes in the nature and/or delivery of the services they provide to make them more accessible. For example, many agencies are providing their services online. Other agencies are providing more services to rural communities and in urban neighborhoods. Forms and instructions are being redesigned to be more customer friendly; road, highway and pedestrian construction engineers are considering the needs of the elderly in their designs.

### **The Changing Concept of Community**

Utahns in both rural and urban areas are experiencing changes in their communities and are concerned about losing the support that their communities offer. However, they also recognize that changes are inevitable and many desire to deal with these changes in a proactive way. Those involved in Aging Initiative discussions about housing, transportation and community development emphasized the need to maintain quality of life and a safe community for elderly people. These discussions included aging in one's own home with adequate familial and community support, and having access to a range of safe transportation choices.<sup>45</sup>

Demographics are not the only thing shifting. Technological advances are also influencing how all of us access and use information. The information superhighway means location and place are not as important as they once were to how individuals meet their physical, mental and social needs. The Internet, mail order shopping, and cell phones are just a few examples of how accessing what we need and communicating with each other is easier than ever for most people.<sup>46</sup> While Boomers may not be as technologically savvy as the generations that follow them, the AARP Public Policy Institute reports that from 1998 to 2002 Internet access at home among 50 to 64 year

olds tripled to 60 %, and among those 65+ it grew six fold from just under 5% to nearly 30%. In Utah, 61.4 % of households have an Internet connection at home.<sup>47</sup> These technological tools can assist in reducing social isolation and supporting independent living amongst the elderly.

The other highway, the traditional transportation system of roads and highways, is also changing. An increase in the number of older drivers and pedestrians will call for changes in the way roads, crosswalks and walkways are built. Roads and parking spaces may need to be widened, the visibility of roadway signs improved, speed limits reexamined, street crossing times increased, sidewalks and street lighting improved, and public transit expanded. The inability to drive or to access public transportation can significantly impact an older person's life. Suddenly accessing services such as health care, or even a trip to the grocery store becomes burdensome or impossible. In addition many elderly people will continue to drive and it is vital for everyone's safety that road conditions accommodate the needs of these drivers.<sup>48</sup> Utah Department of Transportation is currently utilizing or investigating several safety options such as the use of larger typeface signage, wet reflective pavement markings, and adequate pedestrian signage.<sup>49</sup>

With the onset of both technological changes and increased driving, geographic location is not as much of a limiter as it has been in the past. However, since Utah is primarily a rural area, it is important that technological advances do not become social isolators. Also, technology can have tax consequences. Internet shopping is a good example since a large portion of web-based purchases is not subject to sales tax. If Internet-savvy adults progressively shift their purchasing power to the Web, state and local governments could potentially experience a decrease in revenue.<sup>50</sup>

## **Housing**

Communities should have a goal of creating a range of housing options that match the needs of community members. As a community's population ages, its resident housing needs change, too. Healthy communities will provide larger and smaller homes with rental and ownership alternatives to meet the needs of all community members. An

older population may desire smaller, low maintenance housing near family, friends, businesses, places of worship and parks. Communities should review any local zoning or ordinance barriers that limit housing options and one's ability to grow old in their own home. Also, in rural and urban communities, attention should be given to remodeling and renovating homes to meet the needs of mobility-impaired elderly citizens living there.<sup>51</sup> While many of these issues are under the domain of local government, the state can be a leader in directing the dialogue.

### **Policy Directions**

1. Create infrastructures that support community members as they age.

#### *Recommendations*

- Explore ways to minimize the complexity of government services. Use technology to condense and present service information so it is easier to understand. Continue collaborative planning efforts among service providers and governments to decrease the complexity of accessing services.
- Support the expansion of community volunteers and government workers who can check on older persons living alone, i.e. postal carriers, meter dispatchers.
- Talk with and educate faith-based communities about meeting the changing needs of their communities. Their role is integral to maintaining social and support connections.
- Explore and promote how communications technologies can be used to reduce social isolation, increase independence and increase access to services.

2. Build or modify physical infrastructures to provide adequate housing and transportation options.

#### *Recommendations*

- Support the development of livable communities throughout Utah through: affordable and accessible housing and transportation, and opportunities for social connections with people of all ages and abilities, near public services such as shopping, places of worship and entertainment venues.
- Evaluate and expand transportation systems for those who drive and those who do not drive i.e. increase public transport buses and rail.
- Promote the concept of universal and accessible design in residential building, which is generally defined as including features that people of all abilities can utilize such as lever facets and door handles.<sup>52</sup> This can be done through architectural requirements and economic incentives for builders.
- Study specific zoning issues that older people feel are limiting their living choices. For example, allow nonfamily members to live in the same home, allow trailers on property to be occupied.
- Strengthen and/or redesign service delivery systems to include an increased use of technology i.e. online applications for benefits.
- Create outreach and educational programs to inform state, local and community development groups of the main issues of elder-friendly communities.

## **ECONOMIC GROWTH AND THE WORKFORCE OF THE FUTURE**

### **Introduction**

The aging population, the rising costs of health care and pensions, and the slowing growth of the labor force emphasize the desirability and even the necessity of addressing economic growth and population shifts. Governments, employers and individuals each have a role in contributing to Utah's economic vitality.

The aging population will challenge Utah to reconsider many aspects of its economy and workforce. What will retirement *really* mean? What emphasis should be put on education and training? Utah's unique demography will reshape how we consider the economic contributions and impacts of both the older population and the younger population.

Older workers will play an important role in this changing workforce. According to the AARP most Boomers plan to retire before age 65, but a large majority expects to continue working on at least a part time basis after retirement. The National Governor's Association reports that Boomers will continue working for two primary reasons: 1) to earn additional income and ensure financial security; 2) to preserve the sense of well being that comes from meaningful employment.<sup>53</sup> Some hope to have jobs with greater balance between work and non-work time. Still others hope to donate their time, remaining engaged, active and giving back to the community. Much of the aging population will continue involvement in paid or voluntary work and education pursuits.<sup>54</sup> Thus, making greater use of aging and retiring Boomers will be an increasingly important economic question rather than just a social one.

### **Why are economic growth and the workforce of the future important?**

Economic growth and increasing quality of life and standard of living for Utahns are important goals for the state. A strong economy makes it easier for government agencies to provide necessary public services and cope with the increasing costs associated with a large aging population. Strong growth coupled with government encouragement also makes it possible for people to better prepare for their own retirement, therefore reducing dependency on government services.<sup>55</sup>

An adequate supply of labor and jobs are essential for economic growth, and a stable economy is essential for Utah. According to AARP, during the coming decades:

- The number of workers age 55 and over will increase to almost 20% of all workers
- The number of workers age 55 to 64 will grow the most of any labor force group in the U.S.<sup>56</sup>

Of course, this is largely due to the significant numbers of Baby Boomers and the relatively smaller numbers in following generations. This also means that the majority of workers will retire partially or fully within only years of each other. Some will continue within their current jobs, while others will try new jobs and learn new skills. A survey conducted by the Princeton Survey Research Associates International for the non-profit

group Civic Ventures, reported that half of all Americans age 50 to 70, not only want to continue working beyond retirement, but they want jobs that help others, such as in education and social services. The report also states that while some Boomers desire to continue working into and beyond retirement, they recognize laws and policies that may hinder their efforts, and support changes to remove obstacles and encourage work:

- Sixty percent of 50 to 70 year olds support giving a tax credit to older people who work in schools or the social services.
- Forty-eight percent support increasing funding for those who return to school to prepare for jobs in schools or social services.
- Forty-six percent support a grant or tax credit for those over age 50 who spend a year training or working in a community service-oriented job.<sup>57</sup>

While many retirement age workers may delay retirement, the demographic realities of a large exiting workforce and a smaller-sized entering workforce will eventually occur. There is also the issue of a leadership gap. Boomer managers continuing in the workforce displace future leaders and managers, delaying their opportunities to learn and gain management experience. The good news is that there is time to prepare. Employers, private and public, can take affirmative steps now to hire and retain qualified workers to replace the Boomers when they choose to leave.<sup>58</sup>

## **Succession Planning**

The retirement of the Baby Boomer generation is a critical problem that will affect all government agencies within the next two decades. While the retirement of the Baby Boomers will affect all employment sectors, some believe the retirement crisis will hit government first and hardest for two reasons. The first reason is that public employees are, on average, older than private sector workers and the second reason is that generally, public workers are eligible to retire at an earlier age than private sector employees<sup>59</sup>. The state of Utah employs 17,459 employees (excluding temporary/seasonal workers). Today the average age of the Utah State employee is almost 44 years old.<sup>60</sup> This means a large portion of state employees are Baby Boomers with similar retirement dates on the books.

Boomers may intend to work longer than generations before them, but they will retire – eventually. To find suitable replacements for the wave of retirees, some government agencies have engaged in succession planning. Succession or workforce planning is a process of systematically identifying and developing younger talent to ensure leadership continuity in organizations.<sup>61</sup> According to the Utah Department of Human Resources Management, succession planning, if it is occurring, is handled at the agency level and there is no universal plan for preparing for the retirement of a large portion of state employees.

## **Volunteering**

Volunteering one's time means to work without pay to help others in need or to enhance the community. It is not just beneficial for community groups and government programs that can accomplish more with volunteers; it is also beneficial for those who volunteer. The AARP reports volunteering has a positive effect on the health of older adults. It also has the potential to raise self esteem, connect community members with each other, give enhanced meaning to a person's life, and stimulate intellect. These positive effects lead to better health such as decreased incidence of depression.<sup>62</sup>

One-third of Boomers report they will volunteer in some capacity after retirement and may need help matching their intentions with action.<sup>63</sup> This is good news for communities that benefit from volunteer work, and for the people who engage in volunteer activities.

As demands of work and family lessen, Boomers will have the potential to actively participate in bettering their communities. Some will choose to do so, some will not. As a group, Boomers have been less civically engaged than their parents' generation, including lower rates of voting and community group membership.<sup>64</sup> However, Utah has a higher rate of community volunteering as was demonstrated by the massive contribution of Utah volunteers during the 2002 Winter Olympic Games. According to the Utah Commission on Volunteers Annual Report 2004, a research study released in June 2004 by the Points of Light Foundation and Indiana University-Purdue University Indianapolis confirmed that Utah enjoys the highest adult volunteer rate in the nation<sup>65</sup>.

## **Policy Directions**

1. Promote use of Utah's aging population in the paid labor force, and in voluntary positions.

### *Recommendations*

- As the number of children increase in Utah's public schools, seniors can serve as subject matter experts, mentors and teachers aides. Senior volunteers can be mentors for youth in the custody of the state as they make the transition to successful adulthood. The State and school districts have an opportunity to address their public service needs using innovative employment and volunteer public service of older workers. A state campaign – on a large scale – should be implemented to connect willing volunteers with community needs.
- Expand the use of imminently qualified, experienced professionals who can become teachers in the classroom. This program exists in Utah, but through increased publicity and outreach activities could be utilized more fully.
- Many charitable organizations are not equipped to manage a large scale influx of volunteers. The state can assist by providing technical assistance with volunteer management services or funding for community-based organizations to handle recruitment, training and referral of Boomer volunteers.
- Strengthen public school and human service volunteer/mentor programs; create a strategic plan to utilize the skills of older volunteers.
- Research best practice models in the public and private sectors that encourage retention of older workers.

2. Initiate discussions and make accommodations for flexibility in the workplace as the definitions of work and retirement change.

- Research and create a toolkit for formal succession planning in both the private and public sectors to reduce the impact of retiring Boomer managers and loss of institutional knowledge and skills.
- Explore and encourage employment practices such as flex time, phased retirement, mentoring programs, and project-based employment rather than hourly-based employment.

3. Invest in education and training for all Utahns to encourage a high quality workforce in the future and to encourage lifelong learning and social contributions.

- Utah needs to rethink what education should be like for a new generation of seniors. The lecture and discussion model of education used in most colleges and universities may not meet the needs of older adults and new training models may need to be explored.
- Maintain the quality of Utah's workforce by fully investing in primary, secondary and continuing education.
- There is a myth that older workers are harder to train, however, we constantly hear of people retraining for a new career after a layoff, returning to school or vocational training programs. The issue is: what role should government play in developing the retraining and support of older workers in the future?

## **Conclusion**

The next 30 years will bring many changes to Utah including a momentous shift in the aging population. How the state responds to and plans for this demographic age shift is critical. Government services may look different for the next generation of aging Utahns. What works now may not serve the Boomers as efficiently. With such a large cohort Utah has the opportunity to plan and implement policies that support individuals and maintain Utah's quality of life for future generations.

Focus groups and state agencies who explored the upcoming senior boom identified several critical issues calling for state leaders to strategize and move forward in the

planning process. These trends and issues were outlined in this summary offering policy directions, and suggestions for state action.

This Initiative is a springboard for planning, researching and discussing the issues arising from the aging Baby Boom generation. It has identified the many effects the Boomers will have on Utah and explores the beginnings of preparing for the aging swell that is unavoidably on the way.

## References

- <sup>1</sup> World in the Balance. PBS, Nova. Paul Hewlitt, Social Security Administration, 2005. Online at: <http://www.pbs.org/wgbh/nova/worldbalance/voic-hewi.html>
- <sup>2</sup> The Utah Aging Initiative, Anticipating the Opportunities and Challenges of our Aging Population, Utah Department of Human Services and Center for Public Policy and Administration, University of Utah, 2004.
- <sup>3</sup> Aging and Health in Utah: Implications for Public Health, Utah Department of Health, 2005.
- <sup>4</sup> The Utah Aging Initiative, Anticipating the Opportunities and Challenges of our Aging Population, Utah Department of Human Services and Center for Public Policy and Administration, University of Utah, 2004.
- <sup>5</sup> Ibid
- <sup>6</sup> Rethinking Medicare Reform. Marmor, T. and Oberlander, J. Health Affairs. 1998. Volume 17 Number 1 p 52.
- <sup>7</sup> Ibid
- <sup>8</sup> Reforming the Health Care System: State Profiles. Raetzman, S. AARP Public Policy Institute December 2000. Online at: <http://www.aarp.org/research/health/carequality/Articles/aresearch-import-527-15719-HL.html#Expenditures>
- <sup>9</sup> The Utah Aging Initiative, Anticipating the Opportunities and Challenges of our Aging Population, Utah Department of Human Services and Center for Public Policy and Administration, University of Utah, 2004.
- <sup>10</sup> Gee, Fixing Welfare Seemed Like a Snap. The New York Times. June 20, 2005, Week in Review, 3.
- <sup>11</sup> Trends In the Costs, Coverage, and Use of Prescription Drugs By Medicare Beneficiaries. Gross, D. AARP Public Policy Institute. July 2001. Online at: <http://www.aarp.org/research/health/drugs/aresearch-import-652-DD63.html>
- <sup>12</sup> Financing a Prescription Drug Program in Utah: An AARP Survey. Sauer, J. 2003. Online at: [http://www.aarp.org/research/health/drugs/Articles/financing\\_a\\_prescription\\_drug\\_program\\_in\\_utah\\_an\\_a.html](http://www.aarp.org/research/health/drugs/Articles/financing_a_prescription_drug_program_in_utah_an_a.html)
- <sup>13</sup> Ibid
- <sup>14</sup> Quick Facts about Medicare's Coverage for Prescription Drugs. Center for Medicare and Medicaid. Online at: <http://www.cms.hhs.gov/medicarerreform/newcovpresdrug.pdf>.
- <sup>15</sup> The Outlook for Hospital Spending. Shactman, D., Altman, S. Eilat, E. Thorpe, K, and Donnan, M. Health Affairs. 2003. November/December.
- <sup>16</sup> Long-Term Care in the United States: An Overview. Feder, J. Komisar, H., Niefeld, M. Health Affairs, Volume 19, Number 3, p 40. 2000.
- <sup>17</sup> Long-Term Care, Aging Baby Boom Generation Will Increase Demand and Burden on Federal and State Budgets, United States General Accounting Office, Statement of David M. Walker, Comptroller General of the United States before the Special Committee on Aging, U.S. Senate, March 21, 2002.
- <sup>18</sup> Ibid
- <sup>19</sup> Ibid
- <sup>20</sup> Long-Term Care in the United States: An Overview. Feder, J. Komisar, H., Niefeld, M. Health Affairs, Volume 19, Number 3, p 40. 2000.
- <sup>21</sup> Ibid
- <sup>22</sup> Report of the Working Group on Long Term Care, Department of Labor, ESBA, 2000.
- <sup>23</sup> Aging Initiative: Project 2030 Final Report. Minnesota Dept. of Human Services, December 1998.
- <sup>24</sup> Aging Boomers to Alter Nation's Landscape. National Association of Governors. October 22, 2004. Online at: [http://www.nga.org/nga/newsRoom/1,1169,C\\_PRESS\\_RELEASE^D\\_7473,00.html](http://www.nga.org/nga/newsRoom/1,1169,C_PRESS_RELEASE^D_7473,00.html).
- <sup>25</sup> The Utah Aging Initiative, Anticipating the Opportunities and Challenges of our Aging Population, Utah Department of Human Services and Center for Public Policy and Administration, University of Utah, 2004.
- <sup>26</sup> Aging Boomers to Alter Nation's Landscape. National Association of Governors. October 22, 2004. Online at: [http://www.nga.org/nga/newsRoom/1,1169,C\\_PRESS\\_RELEASE^D\\_7473,00.html](http://www.nga.org/nga/newsRoom/1,1169,C_PRESS_RELEASE^D_7473,00.html).
- <sup>27</sup> Report of the Working Group on Long Term Care, Department of Labor, ESBA, 2000.
- <sup>28</sup> Aging Initiative: Project 2030 Final Report. Minnesota Dept. of Human Services, December 1998.

- 
- <sup>29</sup> Long-Term Care, Aging Baby Boom Generation Will Increase Demand and Burden on Federal and State Budgets, United States General Accounting Office, Statement of David M. Walker, Comptroller General of the United States before the Special Committee on Aging, U.S. Senate, March 21, 2002.
- <sup>30</sup> Rethinking Medicare Reform. Marmor, T. and Oberlander, J. Health Affairs. 1998. Volume 17 Number 1 p 52.
- <sup>31</sup> Across the States, Profiles of Long Term Care: Utah, AARP Public Policy Institute, 2004).
- <sup>32</sup> Ibid
- <sup>33</sup> Report of the Working Group on Long Term Care, Department of Labor, ESBA, 2000.
- <sup>34</sup> Utah Aging Initiative, Discovering the Issues, Utah Department of Human Services and Center for Public Policy and Administration, University of Utah, 2004.
- <sup>35</sup> The Utah Aging Initiative, Anticipating the Opportunities and Challenges of our Aging Population, Utah Department of Human Services and Center for Public Policy and Administration, University of Utah, 2004.
- <sup>36</sup> The Aging Initiative: State Policies for The Twenty-First Century. National Association of Governors. March 1, 2001. Online at: <http://www.nga.org/cda/files/AGINGINITIATIVE.pdf>.
- <sup>37</sup> Ibid
- <sup>38</sup> Specialty Profile: Geriatricians, 2002. Utah Medical Education Council. Online resource: <http://www.utahmec.org/WorkforceData.htm>.
- <sup>39</sup> Aging Initiative: Project 2030 Final Report. Minnesota Dept. of Human Services, December 1998.
- <sup>40</sup> Aging and Health in Utah: Implications for Public Health, Utah Department of Health, 2005.
- <sup>41</sup> Aging Initiative: Project 2030 Final Report. Minnesota Dept. of Human Services, December 1998.
- <sup>42</sup> Ibid
- <sup>43</sup> Beyond 20.05: A Report to the Nation on Livable Communities, Creating Environments for Successful Aging, AARP, 2005.
- <sup>44</sup> The Aging Initiative: State Policies for The Twenty-First Century. National Association of Governors. March 1, 2001. Online at: <http://www.nga.org/cda/files/AGINGINITIATIVE.pdf>.
- <sup>45</sup> Utah Aging Initiative, Discovering the Issues, Utah Department of Human Services and Center for Public Policy and Administration, University of Utah, 2004.
- <sup>46</sup> Changing Communities Issue Paper. Aging Initiative: Project 2030. Minnesota Department of Human Services. January 1999.
- <sup>47</sup> The State of 50 + America. AARP Public Policy Institute January, 2004. Online resource: [http://assets.aarp.org/rgcenter/general/fifty\\_plus\\_2004.pdf](http://assets.aarp.org/rgcenter/general/fifty_plus_2004.pdf)
- <sup>48</sup> Changing Communities Issue Paper. Aging Initiative: Project 2030. Minnesota Department of Human Services. January 1999.
- <sup>49</sup> Utah Aging Initiative, Discovering the Issues, Utah Department of Human Services and Center for Public Policy and Administration, University of Utah, 2004.
- <sup>50</sup> Changing Communities Issue Paper. Aging Initiative: Project 2030. Minnesota Department of Human Services. January 1999.
- <sup>51</sup> Beyond 20.05: A Report to the Nation on Livable Communities, Creating Environments for Successful Aging, AARP, 2005.
- <sup>52</sup> Ibid
- <sup>53</sup> The Aging Initiative: State Policies for The Twenty-First Century. National Association of Governors. March 1, 2001. Online at: <http://www.nga.org/cda/files/AGINGINITIATIVE.pdf>.
- <sup>54</sup> State of 50 + America. AARP Public Policy Institute January, 2004. Online resource: [http://assets.aarp.org/rgcenter/general/fifty\\_plus\\_2004.pdf](http://assets.aarp.org/rgcenter/general/fifty_plus_2004.pdf)
- <sup>55</sup> Aging Initiative: Project 2030 Final Report. Minnesota Dept. of Human Services, December 1998.
- <sup>56</sup> State of 50 + America. AARP Public Policy Institute January, 2004. Online resource: [http://assets.aarp.org/rgcenter/general/fifty\\_plus\\_2004.pdf](http://assets.aarp.org/rgcenter/general/fifty_plus_2004.pdf)
- <sup>57</sup> New Face of Work Survey. Princeton Survey Research Associates International for MetLife Foundation/Civic Ventures. June 16, 2005. Online at: <http://www.civicventures.org/survey.html>.
- <sup>58</sup> The Retirement Wave – Boom or Bust? Lavigna, Robert. Spring 2005, Periscope, Volume 25-1 online resource: <http://www.spalr.org>.
- <sup>59</sup> The retirement wave bulge, boom or bust? Lavigna, B. 2005. *PA Times* 28 (January): 8.

- 
- <sup>60</sup> Utah Department of Human Resources Management, 2005.
- <sup>61</sup> Succession planning: Building a successful organization in a dynamic environment. Radtke, J. 2001. Report on the Twenty-Seventh Institute on Rehabilitation Issues.
- <sup>62</sup> State of 50 + America. AARP Public Policy Institute January, 2004. Online resource: [http://assets.aarp.org/rgcenter/il/beyond\\_50\\_communities.pdf](http://assets.aarp.org/rgcenter/il/beyond_50_communities.pdf)
- <sup>63</sup> Reinventing Aging: Baby Boomers and Civic Engagement, A report from Harvard School of Public Health – MetLife Foundation Initiative on Retirement and Civic Engagement, June 2004.
- <sup>64</sup> Reinventing Aging: Baby Boomers and Civic Engagement, A report from Harvard School of Public Health – MetLife Foundation Initiative on Retirement and Civic Engagement, June 2004.
- <sup>65</sup> Utah State Commission on Volunteers Annual Report 2004. Online at: <http://volunteers.utah.gov/annualreportweb.pdf>