

Aging in Sedona: Challenges and Opportunities

Prepared for the

**Sedona Academy
Forum 2000**

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November 2000

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ACKNOWLEDGEMENTS

The University of Arizona was requested in 1999 to produce the background report for the Sedona Academy Forum 2000. The report was prepared by Scott G. Davis, with assistance from Marshall A. Worden, David A. de Kok and Jennifer McCormack, all with the University of Arizona's Office of Economic Development. Thanks to Kim Nalette with the Office of Economic Development for her work in designing the cover.

We would like to thank the Sedona Academy for funding this report. The Adult Community Center of Sedona (ACCS) also was instrumental in assisting the report's development. Particular thanks go to Denise Lapp Tallman of the ACCS for her invaluable leadership and support.

This background report carries forth the concerns addressed at the 72nd Arizona Town Hall: *Meeting the Challenges and Opportunities of Arizona's Growing Senior Population* in May 1998. We would like to acknowledge the contributions of all who participated in that effort.

Many Sedona residents have contributed to this report by their willingness to participate in our community survey, the results of which are summarized in the following chapters. Many thanks go to these citizens for opening a window to the current status of the community.

A Research Committee from the Sedona Academy was assembled to help guide the research process and provide feedback. The contributions of the committee have been of great value in developing the outline for and reviewing drafts of this report. The Research Committee consists of Dick Dahl, Sheldon Finkelstein, Dr. Louis Getoff, Denise Tallman, Kathy Levin, Dick Levy, Bill and Pat Oriel, Mary Beth Roberts, Ed Southwell and Linda Stevenson. Final responsibility for the ideas and information in this report, however, remains that of the author.

EXECUTIVE SUMMARY

The intent of this report is to provide participants in the Sedona Forum 2000 with background information with which to make informed decisions about the future of aging in Sedona. Concerns for the aging reflect a diverse range of issues at various scales. This document looks at national, regional and local trends to position Sedona within a larger context. Many of the issues associated with the aging on a national scale also exist in Sedona. However, Sedona is a unique place and presents its own unique set of concerns.

Chapter One presents a general introduction to the concerns of the aging population today. It also identifies community attitudes regarding older adults in Sedona. These responses were derived from a local survey, which is discussed in this chapter of the report.

Chapter Two looks at the demographic profile of the aging population of Sedona, Arizona and the United States as a whole. There has been a constant increase in the relative share of the population age 65 and older over the last century, primarily due to advances in living conditions and medical technology. As the number of older adults increases, greater needs to serve this population arise.

The percentage of older adults in Sedona is much greater than that of the state and nation as a whole. While those age 65 and older represent approximately 12.7 percent of the population in the U.S., this age group accounts for 14.1 percent of the population in Arizona and an estimated 29.4 percent of the population in Sedona. Additional needs for the aging will continue to develop as the baby boom generation begins to reach the retirement age of 65 in 2011. Chapter Two also looks at how longevity has increased over the last 100 years, the ethnic make-up of the older adults in Sedona, and the ratio of the retirement population in relation to the working-age population.

Chapter Three examines the economic, social and political issues of the aging population. Nationally, over the period 1974 to 1998, the percentage of older adults in the *poverty* and *low income* categories has declined while the percentage of those with *medium* and *high income* has increased. Overall, today's older adults experience greater economic well-being than those of generations past. The percentage of the total population living below the poverty level is significantly lower in Sedona than in Yavapai County, Coconino County and the state of Arizona.

Chapter Three also takes a look at concerns about social security and personal retirement planning. This section gauges the economic and civic contributions of older adults by looking at rates of volunteerism and political participation. A local study of volunteers in Sedona was conducted to assess the status of volunteerism in the area, particularly among the older population. It was discovered that, although most volunteer organizations in Sedona do not find it difficult to obtain and keep volunteers, greater participation is needed. The volunteer involvement of older adults in Sedona appears to be healthy, however, more can be done to utilize this invaluable resource.

Chapter Four identifies the characteristics of housing and transportation as they concern older adults. An assessment of traditional housing costs as well as assisted living alternatives is presented in this chapter. Issues regarding the development of a transportation system to serve the needs of older adults in the Sedona area also are examined.

Chapter Five assesses the health and wellness of older adults on a national level as well as in the Sedona area. It finds that, although national percentages of those with chronic disability have decreased over the past twenty years, the number of those who suffer from chronic disability has increased. The needs of these individuals must continue to be met. Mental health needs and services also are examined. The occurrence of elder abuse is a serious concern for all members of society. Elder abuse cases are identified at the county and state level.

Chapter Six addresses issues regarding health care. Attention is given to the status of caregiving with a focus on what types of things need to be done in order to ensure caregiving at high levels of safety and quality. Issues of affordability and access to health care also are addressed. Descriptions of various health insurance options are given. Overviews are provided for Medicare, Arizona Health Care Cost Containment System (AHCCCS) and Arizona Long Term Care System (ALTCS). Prescription drug costs and rural access to health care also are reviewed.

The report concludes with a series of appendices providing survey questions, survey results, a listing of agency services and local information sources on aging.

CHAPTER ONE INTRODUCTION

Redefining Aging and Retirement

The standards by which we judge ourselves to be old vary tremendously over time. In the United States, we typically use the age for Social Security eligibility (65) as the dividing line between young and old. However, aging is a qualitative process and is difficult to determine quantitatively. In many respects, the age of 65 only serves as an administrative tool to help determine eligibility for Social Security benefits. When Social Security was established, the age of 65 was chosen as the eligibility requirement largely because there were relatively few who reached that age and beyond. It was a safe eligibility threshold for a new benefit program in 1935.

However, society has changed much since that time. We are not only living significantly longer but the lives we live are significantly different. Technological advances and a service-based economy have shifted lifestyles considerably as more and more people elect to retire early. Along with early retirement has come a redefinition in the way we consider retirement. Retirement no longer holds to the idea of a sedentary, leisurely, do-nothing lifestyle. Adults are rethinking the ways they want to live after retirement, possibly more than a third of their lives.

There are many ways of interpreting the word “retirement.” One view of retirement is leaving one’s lifelong career. Another is not working at all, and still another is the point in time when a person starts receiving “retirement” benefits. The definition becomes more obscure when a person leaves his or her career of many years, only to return to that career due to boredom or financial need, or takes a part-time job outside his or her career field. The decision to retire for most people appears to be based on potential retirement income.

New thinking about aging has contributed a new set of terms to describe it. As the face of aging changes, many of the older terms that carry negative and stereotypical associations are being discarded. Those persons among the baby boom generation, currently age 36 to 54, are referred to as the *new aging* and will begin reaching the traditional retirement age of 65 in 2011. Those persons

age 55 and older are referred to as *older Americans* or *older adults*. More specific reference is made to individual sub-groups within the older adult population, such as the age 65 and older group and the age 85 and older group.

Positioning Sedona

The intent of this report is to provide a focused and informative document regarding the needs and concerns of older adults in Sedona. It attempts to present data in such a way that it can be remembered and used, thereby stimulating public dialogue. One of the ways the report informs this dialogue is through a community survey. Researchers at the University of Arizona conducted face to face interviews in the Sedona area. The survey was specifically designed to assess the attitudes of the community regarding aging in Sedona and to identify the needs of and services for older adults. The survey was administered at four locations during June 2000. Locations were the IGA Plaza in the Village of Oak Creek, the U.S. Post Office at the intersection of Highways 89A and 179, Basha's grocery store on Coffee Pot Drive in West Sedona and the Adult Community Center of Sedona. Signs were posted at each location inviting volunteered responses from people of all ages. There was a total of 234 respondents.

Results were tabulated with regard to four primary groups: (1) all respondents, (2) respondents age 55 and older, (3) respondents under age 55, and (4) respondents under age 55 living with someone age 65 and older. Analysis of the survey results identified the differences in responses among the four groups. However, it was found that the opinions of those age 55 and older are very closely aligned with the opinions of those under age 55 who live with someone age 65 and older. Due to this factor, results for those age 55 and older are grouped with those under age 55 and living with an older adult, unless otherwise noted. The survey is referred to as the Forum 2000 Survey and direct commentary on the findings appear in sections titled *Positioning Sedona* as well as throughout the report.

Community Attitudes

According to the Forum 2000 Survey, over half of all respondents (53 percent) view Sedona as a retirement community. This viewpoint is expressed equally among all survey groups. Among those age 55 and older, 84 percent indicated

that Sedona is a good place to retire and 65 percent said that they plan to spend the rest of their life in Sedona. These attitudes indicate that Sedona has positioned itself as a long-standing destination for older adults. Subsequent sections on *Positioning Sedona* identify existing attitudes and the needs of and services for older adults in order to inform thoughtful and appropriate actions to meet the challenges of the future.

According to the Forum 2000 Survey, all negative perceptions of older adults are reflective of stereotypical characteristics (i.e., bad driving, no support for youth, vote against schools, against progress and rudeness). When asked about positive aspects of older adults in Sedona, the top responses of those age 55 and older were *volunteerism, experience and knowledge*. Top responses for those under age 55 were *nothing, bad driving and no support for youth*. This difference in community attitudes toward older adults presents local evidence of a national pattern and is indicative of the generational divide that must be crossed. Nine percent of respondents age 55 and older indicated that older adults do not feel welcomed in Sedona. This presents a challenge to the community, to make Sedona a place where no person feels unwelcomed or unwanted.

Area Agencies on Aging

Public services for older adults are provided primarily through local Area Agencies on Aging (AAA). The Northern Arizona Council of Governments (NACOG) is one of eight Area Agencies on Aging within the state of Arizona. NACOG provides a wide variety of social services to older adults and their spouses in Sedona and throughout Northern Arizona. Local Area Agencies on Aging are primarily funded through the Older Americans Act and Title XX of the Social Security Act. The Older Americans Act has recently been reauthorized by Congress. In October 2000, the U.S. House of Representatives reauthorized the Act for a period of five years by a 405-2 vote. The measure was then passed by the U.S. Senate by a vote of 94-0. The President signed this bill into law on November 13, 2000. Last reauthorized in 1992, current support for the Older Americans Act is a positive sign of the federal government's commitment to ensuring a high quality of life for all older adults.

Funds are allocated on a regional basis by the Arizona Department of Economic Security's Aging and Adult Administration. Persons age 60 and older and/or

their spouses age 60 and older are eligible for AAA programs. Services currently provided by NACOG are free, with donations encouraged. Most services are not provided directly by NACOG but through community organizations. The Adult Community Center of Sedona is the only organization administering NACOG services in Greater Sedona (congregate meals, meals-on-wheels and respite care). Complete services provided throughout Northern Arizona by NACOG include the following: congregate meals, delivered meals, transportation, case management, legal advocacy, Ombudsman services, benefit counseling, homemaking, home-health aid, visiting nurse, adult day care and respite care. Service descriptions are provided in Appendix C of this report.

CHAPTER TWO

DEMOGRAPHIC PROFILE OF THE AGING POPULATION

National Trends

As the baby boom population approaches the traditional retirement age of 65, many forces are profoundly affecting the demographics of the United States. Since the end of the baby boom (the period 1946 to 1964), breakthroughs in medical technology, healthier standards of living and a steady stream of net immigration have produced the largest population over the age of 65 in the nation's history. Currently, 35 million Americans are age 65 and older. Not only is the absolute number of people in this age group the greatest this country has ever seen but the relative proportion of the total population (12.7 percent) also is at its peak. These trends are projected to continue. By the year 2030, the population age 65 and older is expected to double to over 70 million people representing 20 percent of the population (Table 2.1).

TABLE 2.1
Number of Persons in U.S. by Age Group

Year	65 or Older (in millions)	Percent of Total Population	85 or Older (in millions)	Percent of Total Population
1900	3.1	4.1	0.1	0.2
1920	4.9	4.7	0.2	0.2
1940	9.0	6.9	0.4	0.3
1960	16.6	9.2	0.9	0.5
1980	25.5	11.3	2.2	1.0
1990	31.2	12.6	3.1	1.2
2000*	34.8	12.7	4.3	1.6
2010*	39.7	13.2	5.8	1.9
2020*	53.7	16.5	6.8	2.1
2030*	70.3	20.0	8.9	2.5

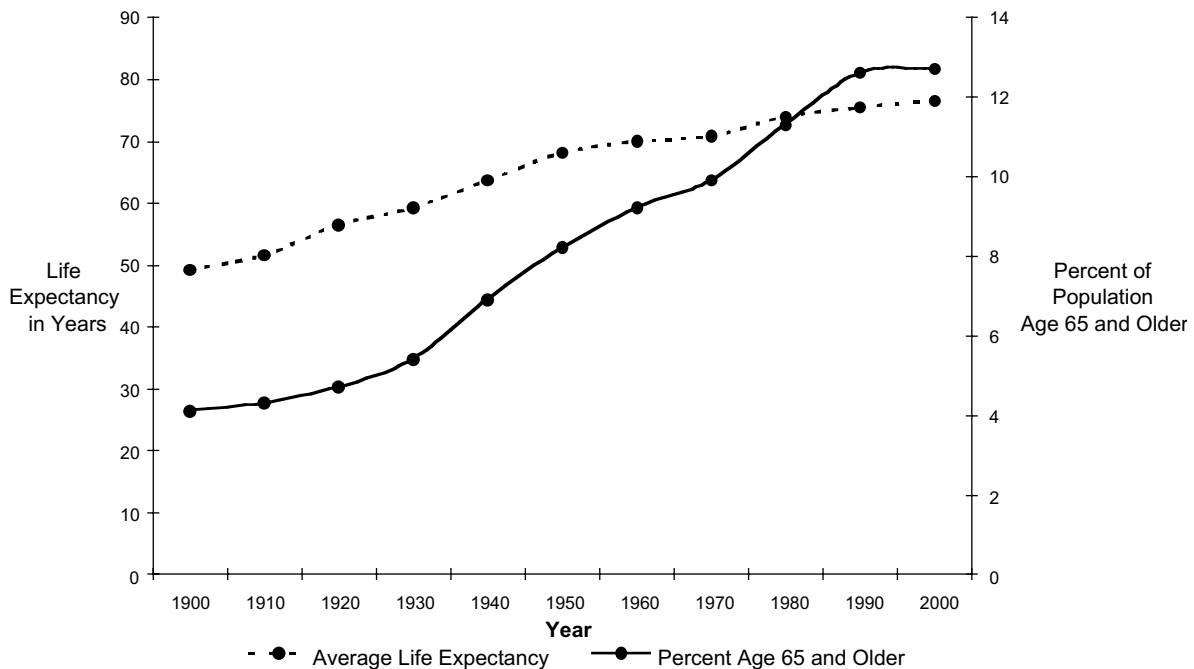
(*) Projection

Source: Federal Interagency Forum on Aging-Related Statistics; U.S. Census Bureau.

The phenomenon most responsible for the rapid increase in population during the baby boom period was a significant increase in fertility rates. Fertility rates hit their peak during the 1950s at 3.8 children per woman. However, fertility rates have been in decline ever since and have stabilized at 2.1 children per

woman, just above the replacement ratio. Another phenomenon presenting a challenge as the baby boom generation matures is an increase in longevity. Average life expectancy in the U.S. experienced significant increases through 1950 and has increased steadily over the last half century. Efforts must be directed at ensuring a corresponding increase in the *quality* of life to go along with increases in the *quantity* of life (Chart 2.1).

CHART 2.1
U.S. Average Life Expectancy and Percent Age 65 and Older



Source: National Center for Health Statistics; Federal Interagency Forum on Aging-Related Statistics.

State and County Trends

Arizona is home to an ever-growing number of older adults. The Arizona Department of Economic Security estimates that approximately 14.1 percent of Arizona's population is age 65 and older. This relative share of the total population is expected to increase to 21.3 percent by the year 2030. In 1995, the percentage of those age 65 and older in Yavapai County (23.3 percent or 31,446 persons) was greater than that of the state and nation (Table 2.2). The percentage of older adults in Sedona was even greater at 28.2 percent. It is important to recognize that Yavapai County and Sedona far exceed the state and national averages of older Americans. This greater share of older adults will remain as the baby boom generation approaches retirement age and as

current migration patterns among older adults continue. This is precisely the concern that Sedona will need to address as it plans for the next three decades.

TABLE 2.2
Population by Age Group, 1995

	All Ages	65 and Older		85 and Older	
		Number	Percent	Number	Percent
United States	262,803,000	33,619,000	12.8	3,685,000	1.4
State of Arizona	4,306,908	576,934	13.4	53,740	1.2
Coconino County	110,426	6,504	5.9	582	0.5
Yavapai County	134,801	31,446	23.3	2,559	1.9
City of Sedona	8,894	2,510	28.2	245	2.8

Source: U.S. Census Bureau, Population Estimates Program.

The most significant increase within the older population is occurring among those 85 years and older. While the population of Arizonans age 65 and older is expected to double over the next thirty years, the number of persons age 85 and older is expected to do so in just twenty years. This will result in the age 85 and older cohort representing a greater share of the aging population (Table 2.3). The population within this cohort has nearly doubled every ten years since 1940.

TABLE 2.3
Estimated and Projected Population in Arizona by Age Group

Year	65 and Older		65 to 74		75 to 84		85 and Older	
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total
1900	3,328	2.7	2,422	2.0	727	0.6	179	0.1
1920	9,977	3.0	7,133	2.1	2,305	0.7	539	0.2
1940	23,909	4.8	17,186	3.4	5,636	1.1	1,087	0.2
1960	90,225	6.9	63,634	4.9	22,499	1.7	4,092	0.3
1980	307,362	11.3	202,120	7.4	86,104	3.2	19,138	0.7
1990	480,587	13.1	290,044	7.9	151,013	4.1	37,846	1.0
2000	700,461	14.1	367,791	7.4	249,289	5.0	83,381	1.7
2010	908,554	14.8	465,855	7.6	309,749	5.0	132,950	2.2
2020	1,296,878	17.6	747,151	10.1	383,063	5.2	166,664	2.3
2030	1,836,177	21.3	1,017,301	11.8	612,245	7.1	206,631	2.4
2040	2,196,032	22.3	1,038,975	10.5	830,921	8.4	326,136	3.3
2050	2,361,831	21.1	1,060,880	9.5	845,120	7.6	455,831	4.1

Source: U.S. Bureau of the Census, Population Estimates Program; Arizona Department of Economic Security.

Longevity

The primary influence behind the relative growth of the age 85 and older population is a significant increase in longevity. Life expectancy is the average number of years of life remaining for a person at a particular age and is based on a given set of age-specific death rates in the period mentioned. When Social Security benefits began in 1939, average life expectancy at birth was only 63 years. At that time, those age 65 could expect to live roughly 13 more years. By 1997, average life expectancy was 76.5 years at birth and another 18 years for those age 65 (Table 2.4). Studies predict that life expectancy in the U.S. will continue to increase, reaching 79.2 years in 2020 and 82.9 years by 2050.

TABLE 2.4
U. S. Life Expectancy in Years

	1900	1910	1920	1930	1940	1950	1960	1970	1980	1990	1997
<u>Life Expectancy At Birth</u>											
Total	49.2	51.5	56.4	59.2	63.6	68.1	69.9	70.8	73.9	75.4	76.5
Men	47.9	49.9	55.5	57.7	61.6	65.5	66.8	67.0	70.1	71.8	73.6
Women	50.7	53.2	57.4	60.9	65.9	71.0	73.2	74.6	77.6	78.8	79.4
<u>Life Expectancy At Age 65</u>											
Total	11.9	11.6	12.5	12.2	12.8	13.8	14.4	15.0	16.5	17.3	17.7
Men	11.5	11.2	12.2	11.7	12.1	12.7	13.0	13.0	14.2	15.1	15.9
Women	12.2	12.0	12.7	12.8	13.6	15.0	15.8	16.8	18.4	19.0	19.2
<u>Life Expectancy At Age 85</u>											
Total	4.0	4.0	4.2	4.2	4.3	4.7	4.6	5.3	6.0	6.2	6.3
Men	3.8	3.9	4.1	4.0	4.1	4.4	4.4	4.7	5.1	5.3	5.5
Women	4.1	4.1	4.3	4.3	4.5	4.9	4.7	5.6	6.4	6.7	6.6

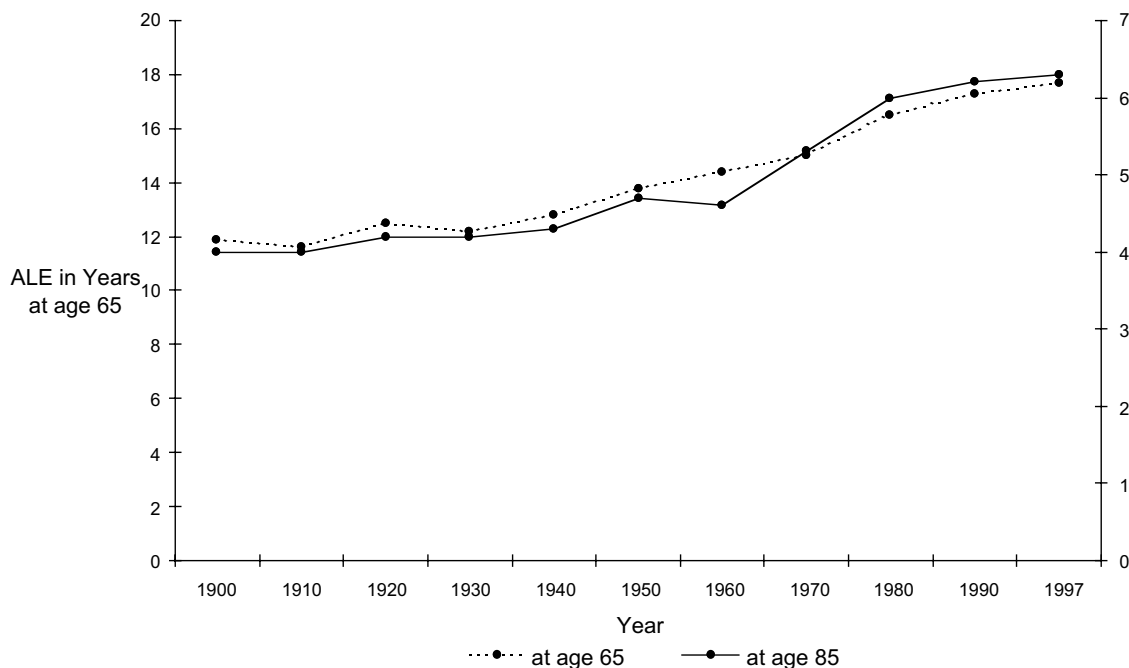
Source: National Center for Health Statistics, National Vital Statistics System.

Increasing longevity presents significant challenges to future generations of older adults and their families, most importantly with regard to financial security, housing options, caregiving and health maintenance. Increases in life expectancy result in longer payment periods of social security benefits, a greater number of years spent living with chronic disease and increased stress on family members and caregivers who see the oldest through their last years. Significant advances have been made in the effectiveness of treating chronic disease. However, more concentration needs to be given to the prevention and cure of such diseases.

During the first half of the twentieth century, America witnessed an incredible increase in longevity. People were living longer at unprecedented rates. During the 1930s and 1940s, breakthroughs in vaccinations and antibiotics as well as improvements in health education, sanitation and medical technology resulted in increasing average life expectancy by more than four years for each ten-year period. From the period 1900 to 1950, average life expectancy increased almost 19 years. This is in sharp contrast to an increase of less than half of that (8.4 years) over the period since 1950.

Table 2.4 demonstrates not only that the population of older adults is getting larger but that it is getting older as well. This trend can be identified since 1960. Average life expectancy in 1997 for those at age 65 was another 17.7 years. Those who were age 85 in 1997 are expected to live beyond the age of 91. Over the period 1900 to 1960, average life expectancy increased only 2.5 years (21 percent) for those at age 65 and 0.6 years (15 percent) for those at age 85. Over the shorter 37-year period since 1960, average life expectancy increased 3.3 years (23 percent) for those at age 65 and 1.7 years (37 percent) for those at age 85 (Chart 2.2).

CHART 2.2
U.S. Average Life Expectancy (ALE) at Ages 65 and 85



Source: National Center for Health Statistics, National Vital Statistics System

The increase in longevity among older adults can be attributed to a number of factors. One of the most important factors is an increase in awareness regarding the benefits of personal health and wellness. This awareness has made its way into both the home and the workplace. "Lifestyle medicine," such as proper nutrition, routine exercise and increased self-assessment, has become recognized as the most important factor contributing to the overall formula for optimal health. The discovery of more effective medicine to treat chronic diseases such as cancer, heart disease, pneumonia and diabetes has also increased longevity. In addition, advances in medical technology have enabled procedures such as joint and organ replacement and arterial-bypass surgery to be much less invasive and result in significantly higher success rates.

Shifts in the Aging Population

Arizona ranks 21st nationally in terms of the percentage of persons over age 65. However, this ranking does not reflect the influx of seasonal visitors from elsewhere in the country. According to the Arizona Department of Economic Security, the state will experience a net migration of over 11,000 people age 65 and older in the year 2000. Net migration is the total number of new residents to a particular locality, accounting for those who left as well as those who entered. If more people leave a locality than enter, net migration will be a negative number.

Migrant retirees who relocate to or establish second residences in other states typically have much greater disposable incomes than those who stay in place; they move because they can afford to. Rather than causing a net drain on public resources, relocating retirees provide a net gain for their newfound locality because wealthier retirees do not draw as much from public aid. As the need for public services increases, however, these retirees tend to take part in a counter-migration. This movement takes place among older adults who move from their new retirement locations after being widowed or falling ill, relocating nearer family members as their dependency increases.

This pattern appears among older adults in Arizona. For those migrants between ages 65 and 74, 2.0 people will enter Arizona for every one who leaves. After age 80, an increase of out-migration stabilizes net migration to a 1:1 ratio. The overall net migration ratio for those age 65 and older in Arizona is 1.6:1. Resident migration is tracked only at county and state levels by the Arizona Department of Economic Security. Data on migration patterns is unavailable for the City of Sedona.

Positioning Sedona

Throughout this report, a number of geographic terms are used in describing Sedona. Generally speaking, Sedona, the Sedona area and Greater Sedona are all used interchangeably. This represents the area of settlement (including the City of Sedona, Village of Oak Creek and Big Park) commonly known as Red Rock Country, which lies in both Yavapai and Coconino Counties.

Statistics are collected on two local levels: (1) the incorporated City of Sedona and (2) the Big Park Census Designated Place (CDP), which includes the Village of Oak Creek. These two statistical bodies have been combined, when possible, to represent *Greater Sedona*.

Sedona has historically been a destination for older Americans. In 1970, 25.9 percent of the population of Sedona was age 65 and older. This share had grown to 32.1 percent by 1990. However, Sedona appears to be getting younger. The last decade has experienced a significant increase in population growth for all age groups due primarily to net in-migration. This growth is expected to continue. As an increasing number of working age families relocate to the Sedona area, the median age of its population continues to decline (Table 2.5). The median age in 1995 was 49.9 years, a decrease of over five years from a peak median age of 55 years in 1980.

TABLE 2.5
Population Age 65 and Older in Sedona

Year	All Ages	65 and Older		65 to 74		75 to 84		85 and Older		Median Age
		Number	%	Number	%	Number	%	Number	%	
1970 (*)	2,022	524	25.9	NA	NA	NA	NA	NA	NA	53.6
1980 (*)	5,368	1,669	31.1	1,136	21.5	NA	NA	NA	NA	55.0
1990	7,645	2,456	32.1	1,487	19.5	797	10.4	172	2.2	52.6
1995	8,894	2,510	28.2	1,378	15.5	887	10.0	245	2.8	49.9

(*) Figures are for the Sedona Census Designated Place.

Source: U.S. Census Bureau, Population Estimates Program.

The relative concentration of older adults in Arizona varies greatly from county to county. The highest proportion of older adults relative to the general population is in Yavapai County. While Yavapai County represented only 2.9 percent of the state's total population in 1990, it represented 5.4 percent of those age 65 and older. As shown in Table 2.2, both Yavapai County and the City of Sedona contain larger proportions of older adults than the state and nation.

A primary concern of Sedona's future is meeting the needs of a growing population of older adults. As this older population increases, however, the median age in Sedona is decreasing. This indicates that Sedona is experiencing an influx of working age families that see the area as offering a diverse range of opportunities. This does not mean that the number or percentage of older adults in Sedona will decrease, only that greater numbers of younger people are becoming part of the total population. Sedona and Yavapai County will continue to maintain a greater share of older adults than that of the state.

Table 2.6 illustrates the projected population of older adults for Greater Sedona. Greater Sedona comprises the City of Sedona and the Big Park Census Designated Place (CDP), which includes the Village of Oak Creek. High and low estimates have been calculated to anticipate alternate growth scenarios. Estimations are based on the percentage of older adults in Sedona reported by the 1995 mid-year census and population projections for all ages by the Arizona Department of Economic Security for the areas of Sedona and Big Park CDP.

The low-estimate scenario takes into consideration a decreasing median age and anticipates the relative share of the older population in Sedona coming into alignment with that of Yavapai County by the year 2030. The high-estimate scenario takes the population share established in the 1995 Census and advances it at the same rate at which Yavapai County and Arizona expect to grow. In the high-estimate scenario, Greater Sedona continues to exceed its relative share of older adults for the region and the state. It is important to note that as the percentage of older adults most in need of services (those age 85 and older) only gradually increases, their numbers more than double in absolute terms.

TABLE 2.6

Projected Population Age 65 and Older in Greater Sedona

Year / Estimate	All Ages	65 and Older		65 to 74		75 to 84		85 and Older	
		Number	%	Number	%	Number	%	Number	%
2000 (Hi)	14,713	4,679	31.8	2,369	16.1	1,810	12.3	500	3.4
2000 (Low)	14,713	4,326	29.4	2,325	15.8	1,530	10.4	471	3.2
2010 (Hi)	18,697	6,058	32.4	3,029	16.2	2,281	12.2	748	4.0
2010 (Low)	18,697	5,796	31.0	2,992	16.0	2,169	11.6	636	3.4
2020 (Hi)	22,618	8,504	37.6	4,546	20.1	3,053	13.5	905	4.0
2020 (Low)	22,618	7,622	33.7	4,207	18.6	2,601	11.5	814	3.6
2030 (Hi)	25,989	11,045	42.5	5,510	21.2	4,392	16.9	1,144	4.4
2030 (Low)	25,989	9,460	36.4	5,068	19.5	3,379	13.0	1,014	3.9

Greater Sedona includes the City of Sedona and Big Park CDP (Village of Oak Creek).

Estimates based on Arizona Department of Economic Security Population Projections, 1997.

Residential Longevity

According to the Forum 2000 Survey, 40 percent of all respondents reported having lived in the Sedona area for more than ten years. The percentage of those living in Sedona more than ten years increases to 61 percent for respondents age 55 and older, indicating decreasing geographic mobility among older adults in Sedona (Table 2.7). This represents a significant portion of the population and indicates a sense of commitment to long-term residency.

TABLE 2.7

Length of Residency in Sedona

	<u>Less than 3 Years</u>	<u>3 to 10 Years</u>	<u>More than 10 Years</u>
All Respondents	30 %	30 %	40 %
Age 55 and Older	15 %	24 %	61 %
Under age 55	51 %	29 %	20 %

Source: University of Arizona Sedona Forum 2000 Survey.

Commitment to long-term residency in Sedona, however, varies significantly by age group. While 65 percent of those age 55 and older said they plan to spend the rest of their lives in Sedona, only 35 percent of respondents under age 55 indicated such a desire. The top reasons for leaving among respondents age 55 and older were *overgrowth* and *family*, whereas *new locale* and *boredom* were the top reasons for those under age 55.

However, the survey also found that no respondents had lived in the Sedona area their entire life. All residents surveyed came from other cities in Arizona and across the nation. The survey found that among all respondents, more have come from California than Arizona (26 percent and 19 percent, respectively). While the percentage of respondents living previously in Arizona remained the same (19 percent) for all age groups, the percentage of those previously living in California varied. Thirty percent of those age 55 and older had previously lived in California, compared to 20 percent for those under age 55. The transient nature of residency in Arizona is also reflected in Sedona. More than half of respondents under age 55 have lived in Sedona less than three years.

Increasing geographic mobility, especially among those under age 55, has resulted in greater spatial fragmentation of extended families. Isolation among older adults is a primary concern which holds a number of implications – from a lack of caregivers and an increasing need for support services to decreasing opportunities for social interaction. The 1990 Census revealed that only 34 percent of Arizonans were native born. The percentage of residents in the Sedona and Big Park areas that were born in Arizona was only 13 percent. This indicates that the great majority of people living in the Sedona area have migrated from elsewhere and are less likely to have extended family members living nearby. The greater isolation of older adults in Sedona contributes to an environment in which increasing vulnerability to all forms of elder abuse may occur.

Distinguishing the Aging Population by Race, Ethnicity and Sex

Another significant shift in U.S. demographics is occurring with regard to ethnic makeup. Hispanics represent an increasing share of the population across the nation and in Arizona. Persons of Hispanic origin are those who classify themselves as being Mexican, Puerto Rican, Cuban, or of other Spanish, Hispanic or Latino origin and may be of any race. In 1990, Hispanics represented 6.9 percent of Arizona's population age 65 years and older (Table 2.8). This is expected to increase to approximately 16.4 percent by the year 2050.

However, the ethnic makeup of the older population in Sedona is dramatically more limited. According to the 1990 Census, Whites constituted 100 percent of the population age 65 and older. The ethnic makeup of Arizona's total population as well as that of its senior cohort will continue to diversify. As these trends

toward a more pluralistic society take place, the ethnic makeup of Sedona will also reflect these changes. Attention to developing an increased awareness and understanding among different ethnicities should be a priority for Sedona’s aging community.

TABLE 2.8
Population Age 65 and Older by Race and Ethnicity

	Total Age 65+	White		Black		American Indian		Asian		Hispanic*	
		Number	%	Number	%	Number	%	Number	%	Number	%
Arizona	478,774	445,464	93.0	7,198	1.5	10,536	2.2	2,096	0.4	33,136	6.9
Coconino Co.	5,542	3,834	69.2	151	2.7	1,394	25.2	0	0.0	497	9.0
Yavapai Co.	25,613	25,184	98.3	0	0.0	88	0.3	0	0.0	574	2.2
Sedona	2,456	2,456	100	0	0.0	0	0.0	0	0.0	14	0.6

(*) All Races.

Source: U.S. Census Bureau, Population Estimates Program.

Among the population age 65 and older, women represent an increasing share of this population group as it ages. Significant differences in longevity (which can be seen in Table 2.4) account for this phenomenon. Combined with the historic tendency for women to have older spouses, married women over the age of 65 can expect to outlive their husbands by 10 years. This results in approximately one-half of all women over age 70 being widows.

According to the 1995 Census, there were 593 widows in Sedona. This represented 14 percent of all women age 15 and older. Assuming that the vast majority of widows become so after the age of 55, widows in Sedona represented 50 percent of all women age 55 and older. There were 110 widowers in 1995. Forty-seven percent of all women age 15 and older were unmarried. Among women age 65 and older, 49 percent were unmarried. This is in contrast to 28 percent for men. Physical and social isolation of older adults, especially among women, is a primary concern. A large unmarried population combined with a lack of extended family living nearby presents strong challenges to support services required to meet the needs of this population.

Support Ratios

One way to analyze how the population is becoming more senior-concentrated is through elderly support ratios. The elderly support ratio is the ratio of the

elderly population (those age 65 and older) to the working-age population (those age 20 to 64). It is acknowledged that not all of those in the working-age population are employed and that not all of those age 65 and older are retired. However, the use of support ratios is still valuable in illustrating a shift in population share and is used as a standard measure for social security support. The concept of an age-based support ratio masks the increasing worker participation in the age 20 to 64 year age-group as more women have joined the work force. Increased full and part-time worker participation in the age 65 and older age-group could further erode the utility of the concept.

As the baby boom generation retires over the next three decades, there will be fewer working age adults paying into state and federal programs to support them. According to the Arizona Department of Economic Security, Arizona's elderly support ratio is currently .25, slightly higher than the national ratio of .22. A ratio of .25 equates to four people age 20 to 64 available to contribute support for each person age 65 and older receiving retirement benefits.

A look at Yavapai and Coconino counties presents a contrasting view. Yavapai County has historically been a destination for retirement-age individuals, while Coconino County continues to maintain the state's youngest population. An elderly support ratio of .52 illustrates Yavapai County's relatively greater concentration of older adults. This ratio of .52 equates to 1.9 people age 20 to 64 able to support each retiree age 65 and older. However, Coconino County's .11 support ratio equates to 9.0 working-age people able to support each retiree. The population distribution of older adults in Sedona is much more closely aligned with that of Yavapai County. In 1995, the elderly support ratio for Sedona was .50, equating to 2.0 people age 20 to 64 available to support each retiree age 65 and older.

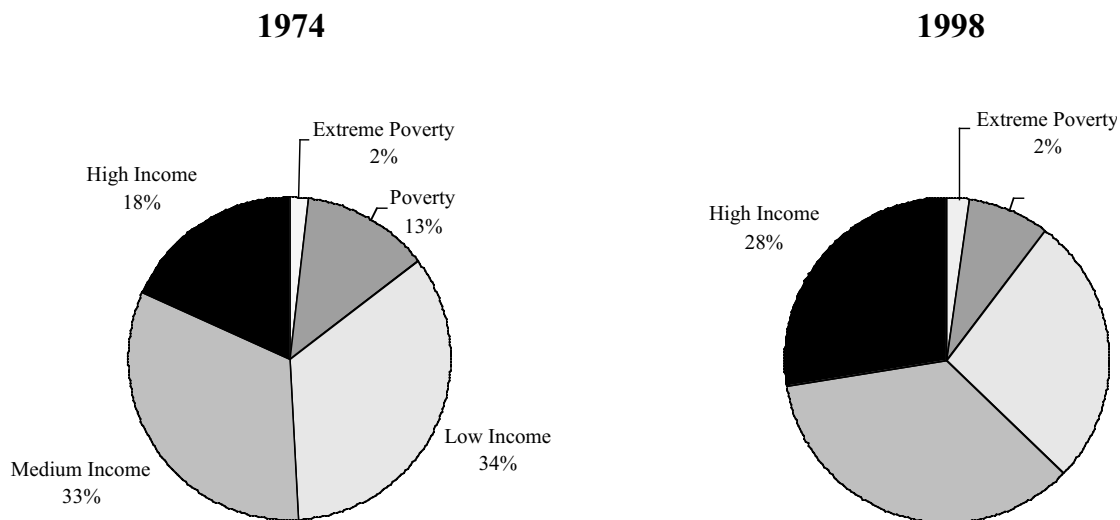
By the time the baby boom generation has finished entering retirement in 2030, it is estimated that Yavapai County's elderly support ratio will be an incredible .85 (1.2 working-age people supporting each older adult). It is estimated that this ratio will be significantly higher than that of the state (.40) and the nation as a whole (.37) at that time. As the percentage of the population acting as caregivers and supporting public assistance programs decreases over the coming decades, Sedona and Yavapai County must position themselves to creatively address this inevitable challenge.

CHAPTER THREE ECONOMIC, SOCIAL AND POLITICAL ISSUES OF THE AGING

Income Distribution

Analyzing the income distribution of the population age 65 and older provides important insights into the economic well-being of older adults. Nationally, over the period 1974 to 1998, the percentage of older adults in the *poverty* and *low income* categories has declined while the percentage of those with *medium* and *high income* has increased (Chart 3.1). This signifier of economic health illustrates that the income gap among older Americans is closing. However, even with these improvements, more than one-third of older adults live in the *poverty* and *low income* brackets and a disproportionate number of women and minority groups still are mired in the lower income brackets.

CHART 3.1
Income Distribution of U.S. Population Age 65 and Older



Source: Federal Interagency Forum on Aging Related Statistics; March Current Population Survey.

Poverty

According to the U.S. Census Bureau, the percentage of older Americans living in poverty has declined over the last forty years from 35 percent in 1960 to a record-low 9.7 percent in 1999. Historically, older adults were much more likely to live in poverty. Today, however, an equal percentage of older adults and working-age persons live in poverty. However, among older Americans, the poverty rate is higher at older ages and among minority groups (Table 3.1). Women age 65 and older who live alone have the highest rate of poverty (15 percent) among older adults. Minority women 65 years of age and older are the most economically disadvantaged. Nationally, more than one-third of all seniors live on less than \$16,000 per year.

TABLE 3.1
Persons Age 65 and Older in U.S. Living in Poverty, 1998

	<u>Percent</u>
Age 65 and Older	10.5
Ages 65 to 74	9.1
Ages 75 to 84	11.6
Age 85 and Older	14.2
Women	12.8
Men	7.2
Non-married	17.4
Married	4.9
Non-Hispanic Black	26.4
Hispanic	21.0
Non-Hispanic Asian	16.0
Non-Hispanic White	8.2

Source: Federal Interagency Forum on Aging-Related Statistics; March Current Population Survey.

According to the 1990 Census, 10.5 percent of Arizona's population age 65 and older lived below the poverty level (Table 3.2). The percentage of older adults living in poverty was less for Yavapai County (9.5 percent) and considerably less for Greater Sedona (7.3 percent). In 1989, the total number of residents living in poverty in Greater Sedona was 261. The City of Sedona had the lowest percentage (6.3 percent or 155 residents), while Big Park CDP (the Village of Oak Creek) had a poverty rate (9.4 percent or 106 residents) more consistent

with that of Yavapai County and the state. The application of 1989 poverty ratios to current population projections results in an estimated 328 people age 65 and older living below the poverty line in Greater Sedona today. A primary focus of service providers should be to insure the access and delivery of social services to the special needs of these older adults.

TABLE 3.2
Percent Living Below Poverty Level, 1989

	60 to 64	65 and Older	65 to 74	75 and Older
Arizona	10.7	10.5	9.2	12.4
Coconino County	19.2	25.7	19.6	36.1
Yavapai County	7.5	9.5	8.9	10.6
Greater Sedona	6.8	7.3	6.9	7.9

Greater Sedona includes the City of Sedona and Big Park CDP (Village of Oak Creek).

Source: U.S. Census Bureau, 1990.

In 1995, the Health Status Profile of Arizona's Older Adults by the Arizona Department of Health Services indicated that the poverty rate among Arizonans age 65 and older (10.8 percent) was less than that of adults age 18 to 64 (14.0 percent). No other local or regional data on age-related poverty has been made available since that time.

St. John Vianney Catholic Church in Sedona hosts the Monday Night Hot Meals Project sponsored by Shrader Martinez Construction (SMC). The project gets approximately 20 people in attendance during the summer and 100 during the winter. The average number of older adults in attendance at any point throughout the year is ten. However, SMC reports that these older adults are not homeless, they come to receive hot meals because they have tight budgets on fixed incomes and they seek companionship.

Continuing Careers, Social Security and Retirement Planning

Even as 63 percent of those age 51 to 61 plan to continue working past age 65 to some degree, the trend toward early retirement is growing. Nationally, 70 percent of today's retirees left the workforce before age 65 with 40 percent leaving before age 60. According to the Forum 2000 Survey, 87 percent of respondents age 65 and older were retired. However, 54 percent of those respondents age 55 to 64 were retired. This results in over three-fourths (76

percent) of respondents age 55 and older being retired. These findings are consistent with a larger trend toward early retirement occurring throughout the United States.

The total income that seniors require for their retirement years is dependent on many factors. Studies have shown that an income level of at least 60 to 70 percent of pre-retirement earnings is necessary in order to maintain a similar standard of living. This general percentage is an estimate and may need to be adjusted upward for persons with lower pre-retirement incomes.

The status of social security is one of the most significant issues facing the new aging population. Conflicting studies and political interests have caused much confusion and skepticism over the health and longevity of the social security system. While the system is not in immediate danger, many question its ability to withstand the pressures of the oncoming surge of retiring boomers. As noted previously, support ratios are climbing with a greater percentage of the non-working population dependent on a relatively smaller working population.

About 27 percent or 370,000 of all households in Arizona received social security income in 1999 (this includes disability, survivor and SSI payments). This share is expected to increase in conjunction with the increasing population of aging adults. National poverty thresholds for 1999 were \$7,990 for an individual over age 65 and \$10,070 for a couple. The average rent for a one-bedroom apartment unit in the Sedona area is \$550 per month, accounting for well over half of the average monthly social security payment of \$962. It is clear that Sedona's older adults who depend on social security as their sole source of income can expect to live at near-poverty levels and, for many, inhabit sub-standard housing.

Many of the commonly held myths of social security were addressed in the July 3, 2000 issue of *Newsweek* magazine. The discussion pointed out some of the immediate challenges facing an overhaul of the system and presented possible approaches to achieving financial solvency. Much of that discussion is paraphrased here.

Myth #1 — Social security is a pension plan

Social security is actually an intergenerational transfer program. There is no pension fund to handle the payments. Social security

taxes are credited to what is commonly referred to as a “trust fund.” Benefits received are ultimately charged against this fund. At its inception, President Franklin Delano Roosevelt believed that having a trust fund pay out benefits, rather than the U.S. Treasury, would make the program *look* more like a pension plan than a government handout. The social security trust fund consists of Treasury bonds. When the time comes to convert those bonds into cash, the government will have to cut expenses, increase income or borrow from private investors. This is exactly what would have to happen should the money come from the Treasury. The trust fund should not be thought of as such in the actual sense but only as an accounting framework. Benefits are not protected by this fund.

Money put into the system by an individual does not get set aside for that individual. Current payments are used to send checks to current beneficiaries. Future benefits will be paid for by the payments of future generations. Future benefits are only loosely related to the amount an individual pays into the system.

Myth #2 — Putting social security money into stocks will solve the problem

The problem is not that the system is not investing its money well; it's that too few workers will be supporting too many beneficiaries. This trend is illustrated in the section on *Support Ratios* in this report. In 1945, there were 42 taxpayers for each recipient of social security benefits. Today, there are only 3.4 taxpayers per recipient. It is estimated that the number of taxpayers will decrease to only 2.8 in 2015. While the relative taxpayer base has decreased, overall benefits have increased. Survivors and disabled people now receive more than a third of social security payments. This means that more than one-third of the money paid into social security does not go to retirement at all.

Switching to a system in which most or all of an individual's benefits are individual investment accounts would change the program from “social security” to a “pension plan.” The current system is progressive, which means that lower-paid people get a larger

relative benefit than higher-paid ones. Benefits range from 90 percent of covered wages for the lowest paid to 27 percent for the highest-paid. This feature is what hedges against increasing economic disparity and widespread poverty. Allocating two percent of payroll taxes into investment accounts would result in only \$517 per year invested for the average worker and less than \$200 per year for nearly 40 million people in low-income brackets.

By 2015, social security's cash income will fall below its cash outflow. When the cash shortfall comes, the government will have to tap general revenues (i.e., income taxes) or the capital markets to redeem the trust fund's securities. This will alter the relationship between the benefits received and the payments paid into the system, resulting in the social insurance program becoming something closer to social welfare.

Social security has done a wonderful job of reducing poverty among older adults, the disabled and the children of deceased workers. Poverty rates for older Americans have been in near constant decline since 1959 and are currently at a record low. When social security was created 65 years ago, there were virtually no pensions from employers, no 401(k) or IRA-type retirement plans and little stock market investment by individuals. The long-term solution will be a balanced three-tier system of Social Security, employer pensions and personal savings accounts.

The initial role of social security was to serve as a "security net" for America's older adults and was intended to be supplemented with personal retirement savings. It was never intended to be the sole source of income for retirement as it currently is for 42 percent of older adults. That social security allowances are relatively close to the poverty threshold illustrates the intention that social security continues to serve only as a financial net and not as the exclusive source of income.

However, today's generation of aging adults are saving much less than those in the past. This presents a real challenge to the financial security of retiring baby boomers. A lack of personal retirement savings combined with growing income disparities among rich and poor boomers, presents a looming threat that many of America's aging may spend up to a third of their life in or near poverty.

Although many in the baby boom generation earn significantly more than those in previous generations, a perilous number have accumulated high levels of debt and do not have established patterns of voluntary retirement saving, investing or planning. The savings rate among individuals has declined significantly in the last fifty years from 11.7 percent in 1950 and 10.8 percent in 1970 to an incredibly low 4.9 percent in 1990.

Excluding private pensions, the personal savings rate of America is under two percent. The introduction of personal lines of credit since 1970 has certainly had an effect on the retirement savings of America. Since 1984, the median household net worth among those age 55 and older has increased. However, net worth among baby boomers (ages 45 to 54) has decreased (Table 3.3). Household net worth includes net equity in homes and all nonhousing assets, excluding private pensions and rights to future social security payments.

TABLE 3.3
U.S. Median Household Net Worth (in 1999 dollars)

Age of Head of Household	1984	1989	1994	1999
45 to 54	110,600	98,500	107,300	85,000
55 to 64	118,600	149,800	157,400	145,000
65 to 74	109,200	126,300	130,400	190,000
65 and Older	93,000	101,500	112,400	157,600
75 and Older	80,200	84,000	93,900	132,900

Source: Federal Interagency Forum on Aging-Related Statistics; Panel Study of Income Dynamics.

Those individuals who are currently age 65 and older lived through a very different time in America when most could not purchase items with money they did not have. This behavior of low consumption also engendered a propensity to learn to go without. Many of the baby boomer generation do not possess this consumption behavior and will not only want more but may very well, after the payment of personal debt, have less.

The economic issues facing a senior can be quite different than those facing the population at large. There are three key questions in the analysis of financing for retirement years:

1. What are the income needs of the retiree, and how do these differ from those of an active employee?

2. How much income can a retiree expect from various sources, and will that income meet the retiree's needs?
3. Will the retiree's benefits keep pace with the cost of living?

Issues such as income, wealth, poverty and employment are all key influences on how older adults may address these questions for themselves.

Contributions to the Economic Base

Since 1960, Arizona has ranked as one of the top ten states receiving the most in-migrants over the age of 60. From 1970 to 1990, the net number of seniors migrating to Arizona increased by nearly 52 percent, ranking Arizona the second largest net recipient behind Florida for retiree in-migration. These newcomers to Arizona are on the average younger, wealthier, more highly educated and the most independent of all retirees. This influx of older residents is felt both economically and socially, resulting in increased demand for retail goods, recreational, health and protective services and for new housing suitable for older adults.

In analyzing the income of Arizona's seniors, it is important to understand its uniqueness. Although gross income decreases after retirement, favorable tax rates, senior discounts and overall reduced financial responsibilities combine to produce relatively large amounts of disposable and discretionary income. As can be seen in Table 3.4, 42 percent of householders age 55 to 64 had an income greater than \$35,000 in 1989 compared to only 22 percent of those 65 years of age or older.

TABLE 3.4

Income Distribution by Age of Householder in Arizona, 1989 (in percents)

Income	Age 55 to 64	Age 65 and Older
Under \$15,000	23	39
\$15,000 to \$24,999	18	24
\$25,000 to \$34,999	15	15
\$35,000 to \$49,999	17	11
\$50,000 to \$74,999	15	7
\$75,000 and Over	10	4

Source: U.S. Census Bureau, 1990.

Retirement has become a major growth industry in the United States, with many states creating recruitment strategies to attract this “industry.” The goal of the Office of Senior Industries Development at the Arizona Department of Commerce is to maximize economic benefits to Arizona’s communities. This public/private partnership works to strengthen Arizona’s senior industry and promotes the state’s desirability as a destination for retirement.

The Office of Senior Industries Development has partially documented the contributions of migrant seniors to Arizona’s economic base through a 1997 study. This research helped to create a demographic profile of the migrant senior by querying for geographic origin, annual income and estimated monthly expenditures. The survey revealed that the average migrant senior to Arizona has a household income of \$29,000 and a net worth of \$335,000. More than 82 percent of migrant seniors own their home. Additionally, the average age at which a migrant senior became a resident of Arizona was 64.

The U.S. Bureau of Labor Statistics conducts an annual Consumer Expenditure Survey (Table 3.5). Those age 65 and older spend less in every category with the exceptions of health care and medicine and cash contributions. A much larger share of older adults’ post-tax income is spent on housing, utilities and housekeeping (48 percent versus 38 percent for those age 55 to 64).

Economic impact studies conducted in North Carolina, Florida and three small Canadian communities have all documented that people of retirement age have a positive financial impact through expenditure of personal incomes and the payment of residential property taxes. The potential effect of retirees on government and health care also were documented in the North Carolina study, concluding that there was little proof that migrant retirees place greater demands on public services than other residents. Tax payments on income, sales and property were more than the government’s cost to deliver services.

As older adults age, a larger proportion of their disposable income is spent on health care and transportation and less on eating and drinking establishments. Since health care and transportation sectors pay more per worker than retail trade and eating and drinking establishments, it is probable that the per household impact on employment and the average earnings per worker will increase over time.

TABLE 3.5
Consumer Expenditure Survey, 1998 (in dollars)

	Age 55 to 64	Age 65 and Older
Average Annual Income (pre-taxes)	44,238	24,011
Average Annual Income (post-taxes)	40,834	22,892
Average Annual Expenditures	37,329	24,721
Food	4,900	3,456
Alcoholic Beverages	314	194
Housing	11,979	8,388
Utilities, Fuel, and Public Services	2,602	2,171
Housekeeping Supplies	755	393
Apparel and Services	1,498	820
Transportation	7,101	4,025
Health Care and Medicine	2,158	2,936
Entertainment	1,904	1,044
Personal Care Products	413	330
Reading	184	163
Education	388	102
Tobacco Products	334	151
Miscellaneous	1,164	694
Cash Contributions	1,252	1,529
Personal Insurance and Pensions	3,740	888

Source: U.S. Census Bureau.

Spin-Off Industry

Attracting a retirement population with its own independent financial resources can have enormous positive economic ramifications. Due to the nature of retirees' disposable and discretionary income, there will be demands for products and services that currently may not exist within the community. Businesses that benefit from or come into existence because of the needs and demands of retirees are referred to as "spin-off industries." According to *American Demographics*, over the next decade there will be six market niches that will be important in meeting the needs of the mature population. These include home products, health care, leisure and travel services, educational services and products to mask or slow the aging process.

Potential spin-off industries to service the retired population include:

- additional medical facilities including professional offices, clinics and hospitals;
- specialized medical practices and medical and pharmaceutical supplies;
- banks, stockbrokers and insurance agents;
- retail;
- recreational businesses such as bowling alleys, theaters and golf courses;
- transportation services;
- travel-related businesses;
- telecommunication products;
- congregate care facilities;
- additional educational facilities such as branch campuses of universities and community colleges.

Social Activities

As the baby boom generation ages into retirement, these older adults will continue the need for activity and social involvement as part of their lifestyle. Past images of a leisurely retirement in quiet isolation are now giving way to participatory and active lifestyles that engage the physical, intellectual and creative capacities of older adults.

Volunteerism

National statistics report that only 31 percent of those over age 55 and 12 percent of those over age 65 remain in the workforce. However, much of the *work* that is being done by older adults, such as volunteering, is not recognized in the

labor statistics. Among the population age 51 to 61, only 27 percent plan to stop working entirely at the age of 65. This is a sign of the growing dissatisfaction with the sedentary lifestyle typically portrayed for older Americans.

Nationally, community and political involvement is high among the aging population, with over two-thirds of those over age 65 voting. This political power and influence will continue to grow as the relative share of the aging population increases and an ethic of involvement stays strong.

However, while national rates of political participation are high among older adults, rates of volunteerism are lower than any other adult age-group. This is a disappointing characteristic of today's older adults, but one that has incredible potential for change. Older adults represent a valuable resource to be tapped for the volunteer forces of civic, cultural, educational and social service agencies. According to Independent Sector, a polling organization in Washington D.C., the national volunteerism rate for those age 33 to 54 is 55 percent. However, this rate drops to 46 percent after age 55 and to 34 percent after age 75.

Based on a telephone survey of non-profit organizations in Sedona (faith-based organizations excluded), the status of volunteerism appears to be healthy. For a community of its size, Sedona has a very strong presence of arts and cultural organizations, which are supported primarily by community volunteers. The majority of organizations reported having no trouble recruiting or retaining volunteers. The primary media for advertising the need for volunteers was by word of mouth by existing volunteers and through the Sedona Red Rock News.

Table 3.6 displays nonprofit organizations in Sedona that use volunteers. Note that the total number of volunteers is not representative of the number of *people volunteering* but the number of *volunteer efforts* made by individuals; an individual may volunteer for more than one organization or event. The survey also excluded volunteer efforts for faith-based organizations. Even with that consideration, there are a significant amount of volunteer efforts being made on the part of Sedona's residents.

According to the robust sample of Sedona's volunteer organizations, 54 percent of the volunteer effort is performed by those age 65 and older. This represents the efforts of 1,557 volunteers, which may be duplicated among individuals. Without duplication, this equates to 35 percent of those age 65 and older involved in non faith-based volunteer activities.

TABLE 3.6
Volunteer Organizations in Sedona

Organization	Number of Volunteers	Number of Volunteers Needed	% Age 65 and Older	Obtaining and Keeping Volunteers Over Past Year
Actors Repertory Theater of Sedona	55	55	18	same
Adult Community Center of Sedona	300	350	85	more difficult
Big Brothers / Big Sisters	150	190	15	easier
Boys and Girls Club of Sedona	97	97	15	same
Keep Sedona Beautiful	198	198	98	more difficult
Make a Wish of Northern Arizona	25	25	15	same
Sedona Academy	60	60	25	more difficult
Sedona Arts Center	300	300	65	same
Sedona Arts Festival	200	200	15	same
Sedona Chamber of Commerce	125	135	90	same
Sedona Chamber Music Society	50	50	70	same
Sedona Cultural Park	200	400*	70	same
Sedona Humane Society	100	100	65	easier
Sedona Jazz on the Rocks	285	285	25	same
Sedona Main Street	25	35	4	same
Sedona Oak Creek Canyon	175	230	50	same
Sedona Public Library	193	193	85	easier
Sedona Recycles	8	12	50	more difficult
Southwest Arts in Action	160	160	20	same
Verde Valley Sanctuary	25	25	20	same
Verde Valley Caregivers	140	210	70	same
Total	2,871	3,310	54	

Note: Individuals may volunteer for more than one organization; duplication exists.

(*) Number of volunteers needed over the next year.

Source: Telephone interviews, October 2000.

In 1991, Marriott Senior Living Services commissioned a national study of senior volunteerism. The study found that 41 percent of Americans age 60 and older performed some sort of volunteer work during 1990. Although volunteer needs appear to be met by the majority of organizations in Sedona, its rate of senior volunteerism is below that indicated in the national survey. While volunteer efforts for faith-based organizations and the inclusion of adults age 60 to 65 account for a portion of this difference, more can be done to increase the rate of senior volunteerism in the Sedona area.

The Sedona survey also demonstrated a need for greater numbers of volunteers as well as increased participation among those already volunteering. The total number of volunteers needed demonstrates the need for an increase by 15 percent in the number of volunteers. Most organizations, however, do not find it difficult to meet increasing needs.

The role of the baby boom generation in maintaining high levels of community participation and volunteer activity is crucial. Because of its unique behavioral characteristics, the baby boom generation has the ability to positively change the behavioral characteristics of older Americans. A melding of generational behaviors can combine high rates of political activism with high rates of volunteerism to create some of our community's most valuable citizens.

Political Activity and Voting Behavior

Older people are active participants in political life. Although they are diverse in their attitudes, interests and behaviors, they vote at high rates compared to younger persons and maintain a considerable interest in political affairs. Advocacy groups for older persons have achieved visible and often prominent roles in influencing public policies. In addition, persons in late middle-age and old age hold a disproportionate share of high political offices worldwide, especially at the highest levels of national leadership. In 1975, the U.S. Congress consisted of 39 percent of senators and 21 percent of representatives age 60 and older. In 1993, there were fewer older senators (34 percent) and more older representatives (24 percent).

Compared to younger people, older adults tend to engage in low-intensity political activities (such as voting) more than demanding and energetic forms of participation (such as protest demonstrations and campaign work). In Arizona, 75 percent of older adults are registered to vote, with 82 percent of those registered voting. This equates to roughly two-thirds of those age 65 and older voting.

Although older people vote at a high rate, they are as diverse in their voting patterns as any other age group. Their votes divide along the same partisan, economic and social lines as those of the electorate at large. Older and middle-age voters were never more than 10 percentage points apart in presidential

elections from 1952 through 1980. Interestingly, the electoral choices of older voters are very rarely based on age-group interests. There appears to be little evidence that older voters base their votes on senior policy issues or a candidate's platform regarding support for older adults.

For Arizona as a whole, Republicans represent 48 percent and Democrats 44 percent of all registered citizens age 60 and older. Again, it is difficult to assess the political make-up of the Sedona area based on County data. While Yavapai County is heavily Republican, Coconino County has more registered Democrats than Republicans among citizens age 60 and older.

Research indicates little evidence of intergenerational conflict over age-related policies. Support for spending increases on Social Security, Medicare and other age-specific benefits appears to be very high among adults of all ages. Rather than a unified front in favor of increased old-age benefits, older adults also are divided over these issues. These divergences primarily run along party lines and economic status.

Recent years have witnessed a tremendous expansion in the number, membership, visibility and political activity of old-age interest groups in the United States. Age-based interest groups have achieved great influence and legitimacy with policy makers in the aging field. Policy expertise and well-connected lobbyists give these groups easy access to public officials. Their large and active memberships also enhance their access. Older members can be mobilized in large numbers to contact policy makers and few politicians want to risk alienating such a large segment of the electorate. Furthermore, older Americans as a group possess a high degree of legitimacy as government beneficiaries among both political elites and the general public.

Maintaining Careers and Continuing Education

Retirees are increasingly seeking some kind of work after formal retirement. They also are seeking social and intellectual stimulation, often found in towns near college campuses. Retirement communities associated with universities are already located at, for example, Iowa State, Pennsylvania State, Stanford, Virginia, Ithaca College and the University of Arizona. According to a Harvard University study, those over age 65 who eat out, play cards, go to movies and are socially active live an average of 2.5 years longer than more reclusive people.

Social integration and involvement in the community not only serve to ameliorate commonly held stereotypes of older adults but also help maintain mental and physical wellness.

CHAPTER FOUR

COMMUNITY INFRASTRUCTURE

The housing situation of older adults has changed dramatically over the last 40 years. Most older adults now live independently, geographically separated from their families. In 1960, 40 percent of those age 65 and older lived in the home of an adult child. By 1999, this number had dropped to four percent. According to the Forum 2000 Survey, among all respondents under age 55 in Sedona, only 10 percent had older adults living in the house. While many older adults are experiencing greater independence, this independence can often lead to physical and social isolation. The dissolution of intergenerational connections between young and old also contributes to misunderstanding and ageism.

Housing Characteristics

The make-up of housing types inhabited by Arizona's elderly differs from that of the younger populace in a number of ways. Single family detached and townhouse structures represent the bulk of the housing for both age groups, with these one-unit structures composing 62 percent of the housing for older adults and 63 percent of the housing for younger householders. Multifamily units with two or more units per structure comprise just 16 percent of senior housing, compared to 27 percent of the housing for younger householders.

Mobile or manufactured homes house 22 percent of all seniors in Arizona, more than twice the percentage of younger householders (10 percent) who live in these structures. In Sedona, there are three age-restricted mobile home communities: Sedona Shadows, Sunset Village Mobile Home Park and Sunset Hills. These communities provide a total of 471 manufactured homes for those age 55 and older. Mobile homes in these communities are owned and not rented. However, space rents average \$300 per month, excluding utilities. The Sunset Village Mobile Home Park estimates total mobile home living expenses at \$485 per month, including space rental, dues and utilities.

Older Americans are far more likely to own their own homes than are younger age groups. This is especially true in Arizona where 82 percent of older householders own their homes. Just 59 percent of Arizona's younger householders own their own homes. Home ownership declines with advanced

age however. This is primarily due to an increase in dependency, disability and institutionalization after age 75.

Independent Living

While the great majority of older adults live in independent households, mobility and self-care limitations are a primary concern and are often the influencing factor in a decision to move into assisted living facilities. Attention must be given to addressing the needs of older adults in order for them to maintain their independence. Living independently has been shown to be an extraordinarily important factor in maintaining high levels of physical and mental health.

There are currently over 111,000 non-institutionalized Arizonans age 65 or older with mobility or self-care limitations. The rapid growth of Arizona's older population over the next several decades will be accompanied by an equally rapid increase in the number of seniors needing assistance with at least some aspects of their daily lives. By 2020, more than 120,000 of Arizona's older adults will need the help of another person with one or more of their activities of daily living. More than 175,000 seniors will need assistance with home management. The number of older Arizonans needing assistance with either basic or instrumental activities of daily living in 2020 will be nearly triple the number that existed in 1990.

Atria Kachina Point is the only facility in Sedona that offers independent retirement living with assisted care options. The independent retirement living section offers 102 studio, one-bedroom and two-bedroom apartments. This section is currently 80 percent occupied. All apartments are equipped for independent living and provide security features. Rates range from \$1,025 to \$1,345 per month for a studio, \$1,445 to \$1,995 per month for a one-bedroom and \$2,045 to \$2,245 per month for a two-bedroom. As independent living residents find themselves in need of assistance, there are three levels of assisted care available which can be added for a monthly fee: \$100 for *Living Services*, \$300 for *Supportive Living Services* and \$600 for *Enhanced Living Services*.

Chronic Care

Chronic care is a widely used term and may include nursing homes, home health agencies, assisted living, retirement communities, congregate housing, senior

centers, care coordination and even hospitals. Chronic care services must include members of the family as well as the recipient of direct services. Over the last 30 years, the chronic care system in the United States has evolved dramatically from a disjointed smattering of services to one that more closely resembles a coordinated network. However, the transformation is incomplete. Obstacles such as inadequate financing, unequal availability and access, poor quality of care and low staffing expertise must be overcome in order to create a comprehensive and integrated chronic care system that will meet the ongoing and fluctuating needs of the future.

Nursing and Long Term Care Facilities

The term “nursing home” has been applied to many types of facilities, but under federal law refers specifically to an institution that provides skilled nursing care or rehabilitation services for injured, disabled or sick persons. Because of a history of less than adequate care and treatment in nursing homes, federal and state protections have been created over the past two decades for nursing home residents.

Sedona’s only long term care facility is the Kachina Point Health Care and Rehabilitation Center. It is a 110-bed facility and accepts ALTCS patients. There are currently 94 residents. Average occupancy is 98 residents (89 percent). Kachina Point provides skilled nursing and Alzheimer’s care for in-patient residents only.

One of the most important developments in law occurred with the introduction of the 1987 Omnibus Budget Reconciliation Act (OBRA) amendments which included the first federal resident-rights provisions. These provisions outline the minimum standards of health, safety, patient autonomy, notice requirements and fiduciary duties of facilities. States also are required to have a Bill of Resident Rights which is at least as protective as the federal statutes. Failure to comply with any federal provisions can result in a loss of Medicare or Medicaid certification for the facility. Such a loss could be financially devastating to a long-term care facility because a significant portion of its revenue is supplied by some type of federal reimbursement.

Assisted Living

Assisted living, the fastest growing type of supportive housing, provides a special combination of residential housing, personal and health care services designed to meet the individual needs of persons requiring help with activities of daily living but who do not need the skilled care provided in a nursing home. Although the variety of services and levels of care will vary, most assisted living communities help with dressing, grooming, bathing and other daily activities. Assistance with medications depends upon state regulations. Meals, laundry and housekeeping are usually provided within private and semi-private rooms in a residential setting. Most assisted living communities accept only private payment, although some states offer public assistance payment.

Assisted living can be delivered in a variety of different ways. Various designations are used in different parts of the country: board and care, residential care, community based retirement facility, personal care, adult living facility, adult foster care and others. However, the generic term throughout the country is *assisted living*.

Assisted living quarters frequently have a home-like living environment that responds to the needs of a population prepared to give up some independence in return for meal service, transportation, housekeeping, recreation and, most importantly, 24-hour monitoring and response to emergencies. The assisted living setting usually does not provide much medical care. In some cases, the assisted living program will arrange for home delivered health care services through a local home health agency or physician.

As assisted living programs add more health care to the service mix, they face the challenge of retaining a residential environment, which is the industry's hallmark. By adding or enhancing services, the assisted living program can meet a broader range of a resident's medical needs and mitigate the need for transfer.

Most institutional facilities throughout Arizona are privately owned, for-profit businesses. Depending upon the level of care provided, the facility must be licensed or inspected and approved by the Arizona Department of Health Services, local building inspection authorities, the Occupational Health and Safety Administration, local sanitation departments, state and federal employment regulators, and fire safety and environmental sanitation officials.

Atria Kachina Point is the only assisted living facility in the Sedona area. It is a community that offers both retirement and assisted living options. The assisted living community consists of 62 studio and one-bedroom apartments, of which twenty apartments comprise a private section serving the needs of the memory-impaired. Atria Kachina Point assisted living community is a private-pay facility and does not receive financial support from Medicare, Medicaid, ALTCS or the Veterans Administration. Atria management reported that the most significant issues and concerns within their facility were the increasing health needs and loneliness of the residents. The need for additional staffing presented the greatest hindrance in addressing these concerns.

There are currently 131 residents in both independent and assisted living sections, all age 65 and older. Maximum capacity of the facility is 164 residents. The ratio of clients to staff is 15 to 1. Residents stay anywhere between 2 weeks and 10 years. The reported annual income bracket for residents at Kachina Point is \$35,000 and above.

Assisted living alternatives are provided at four levels of care. *Atria Living Services* offers minimal levels of assistance including a meal program, transportation, housekeeping and laundry, and scheduling of activities. Daily monitoring of medication also can be provided. The next level of care is *Atria Supportive Living*. This includes all Atria Living Services plus general coaching and assistance with activities of daily living.

The third level of care is *Atria Enhanced Living* which includes all of the Atria Living Services with the addition of full assistance with all activities of daily living (such as feeding, bathing and walking) and close individual monitoring. The most intense level of care is *Atria Life Guidance*, private custom-care for the memory-impaired and those suffering from other forms of dementia. Public support groups offered at Kachina Point include Adult Children and Aging Parents, Alzheimer's Support Group, Parkinson's Support Group, Alcoholics Anonymous, Over-eaters, and Walker, Wheelchair Clinic.

Monthly costs for assisted living range from \$1,810 to \$2,330 for *Atria Living*, \$2,060 to \$2,580 for *Atria Supportive Living* and \$2,560 to \$3,080 for *Atria Enhanced Living*. *Atria Life Guidance* ranges from \$3,110 per month to \$3,510 per month. After individual needs costs are accounted for, assisted living in Sedona ranges from approximately \$30,000 to \$45,000 per year.

Allied Elder Services is a related home care service provider located within Atria Kachina Point to serve Kachina Point residents only. Allied Elder Services provides companion care, attendant caregivers and certified nursing assistants 24-hours a day, seven days a week. Services available are long-term care, medically complex care, stroke rehabilitation, post-operative recovery, Alzheimer's related care, orthopedic rehabilitation, pulmonary rehabilitation, speech therapy, physical therapy and occupational therapy.

In-home supportive care is provided through a number of organizations in the Verde Valley area, three of which are located in Sedona. A listing of these service providers can be found in Appendix D of this report. Both in-home support services and nursing services can be provided. Support services include transportation, housekeeping, bookkeeping, shopping, cleaning, cooking and basic home maintenance. Support services generally cost \$15 to \$20 an hour. Nursing services include basic medical monitoring, administration of medicines, transportation to medical visits, consultation with doctors, and private consultation and education. Nursing services generally cost \$20 to \$25 an hour.

Income Limitations and Housing Costs

People with reduced incomes face extremely limited choices when searching for housing, especially in the Sedona area. Persons having minimal income and assets may qualify for public support, either from the state or federal government, and for public housing or financial support for private housing. Persons who have adequate income and assets may choose to live in a retirement community where they may purchase a housing unit or live in a continuing care setting with an entrance fee and/or an endowment fee plus a monthly service fee. Either of these programs will probably be age segregated and offer a network of supportive services.

Housing costs for the elderly can be measured in two different ways. Absolute housing costs are lump sums that include mortgages, taxes, insurance, utilities, rent, community fees and other costs associated with owning or renting a home. Relative housing cost is the ratio of absolute housing cost divided by household income. Relative housing costs are considered high if 30 percent or more of household income is needed to cover the cost of housing. Housing costs vary considerably depending on whether the household rents, is paying off a mortgage or no longer has a mortgage. Nationwide, 82 percent of homeowners age 65

and older no longer have a mortgage. This reduces their housing costs considerably. While absolute housing costs generally decline as people age, relative housing costs seem to rise.

Subsidized Housing

Older adults with incomes that are insufficient to afford private, market-rate housing may need to seek out some sort of public or subsidized housing. There are 6,906 public housing units in Arizona provided through local communities. Approximately 20 percent of all Arizona public housing units are occupied by persons age 62 years and older. The average monthly total tenant payment for households age 62 and older is \$177.

Section 202 Housing is subsidized housing with funding from the federal government. Tenants pay one-third of their monthly income for rent and the head of the household must be 62 years of age or older. There has been a steady decline if not a complete withdrawal of any new federal funds for Section 202 Housing for older adults. There is no subsidized housing in the Sedona area.

Land Use and Urban Design

Contemporary housing types such as the suburban single-family detached house and multi-story apartment complex do not provide sufficiently for the adaptation of housing needs for many older adults. The large square footage of most new housing, for physical and economic reasons, excludes many older adults who live on fixed incomes. Housing that is of a small, easily maintainable size, with access to transportation and services, is not prevalent in the Sedona area. The lack of adequate, affordable and accessible housing alternatives within the urban fabric often motivates many older adults to consider the appealing amenities of age-restricted communities and manufactured housing alternatives.

The design of homes and neighborhoods needs to provide for and encourage the presence of older adults. Homes should be adaptable to allow for “aging in place.” Planning and urban design principles should encourage mixed-use communities with diverse housing types. Access to commercial and public services should be within walkable distances and be accessible by public transportation. Current specialty senior-transportation services such as group vans and individual trip carriers are inefficient and costly for the user.

Positioning Sedona

Housing

Older adults exhibit a stronger commitment to living in Sedona than those younger. According to the Forum 2000 Survey, 61 percent of those age 55 and older have lived in Sedona for more than ten years and 65 percent plan to spend the rest of their lives here. This is in sharp contrast to those under age 55 with only 20 percent having lived in Sedona for more than ten years and 35 percent planning to spend the rest of their lives here. Older adults also have a higher rate of home ownership. Eighty-five percent of older adults surveyed own their own home, compared to 72 percent for all respondents and 56 percent for those under age 55.

According to the survey, 46 percent of those age 55 and older live alone, compared to 40 percent for those under age 55. Of households age 55 and older with multiple occupants, 89 percent were two-person households. This indicates very little intergenerational living in Sedona. Fifty-seven percent of those under age 55 were two-person households.

Only 11 percent of older adults had relatives living in Sedona, slightly lower than that of 12 percent for all respondents. The lack of availability of direct family support among the aging population is a growing concern for the entire community. The assistance of close family and friends is extremely valuable in addressing isolation, disability and physical and mental dependency as it arises. A positive sign is that only three percent of respondents over age 55 reported having challenges with mobility and maintenance in their home. However, those with mobility difficulties were most likely not circulating near the survey sites and therefore were not accounted for.

Sedona and the Village of Oak Creek have 223 apartment units in eight complexes. This excludes duplexes, triplexes and four-plexes. The vacancy rate for apartment units is less than three percent. According to John D. Miller Real Estate Services, rental rates in Sedona range from \$400 to \$600 for one-bedroom units and \$550 to \$750 for two-bedroom units. While general employment growth has caused an increase in single-family residential development, multi-family housing has experienced little construction activity. Those people who cannot afford to own their own home or who choose to rent have difficulty in finding available housing.

According to the Sedona-Verde Valley Association of Realtors, the average home sales price has increased in each of the last three years. Annual increases in sales price have averaged 9.6 percent. Currently, the average sales price of a single-family home in the Sedona area is \$273,600. The cost of housing is an important concern among older adults. According to the Forum 2000 Survey, 40 percent of respondents over age 55 and older said their housing needs were not being met. Two-thirds of those indicated housing affordability as the number one problem. The cost of living also was identified among the top responses of unique problems facing older adults in Sedona.

Transportation

When asked about services or programs that are needed for older adults in Sedona, the overwhelming consensus was public transportation. Sixty-eight percent of respondents age 55 and older believe public transportation is a problem. Of those, two-thirds identified inadequate public transit as the foremost problem. When asked whether older adults face unique problems in Sedona, 55 percent indicated they do. Transportation was the problem identified as the top response. Twenty percent voiced traffic and roads as their primary concern.

The Adult Community Center of Sedona (ACCS) operates the only handicapped accessible van in Sedona. Owned by ACCS, the van can take people to the store, bank and doctor. The driver also is on-call to provide rides for the handicapped. The ACCS reports that they need approximately \$41,000 to operate the van for one year with door-to-door service five days a week. To date, ACCS has received \$5,000 from the Arizona Community Foundation and \$5,000 from the Greater Sedona Community Foundation. \$31,00 is still needed. The ACCS will begin operating van service on November 13, 2000. The service will be provided four days per week until funds are spent or more funds are received.

Concern over transportation issues is not a new one in the Sedona area. According to a community survey conducted for the 1999 Sedona Forum on Growth Management, approximately 85 percent of those questioned reported transportation as being "very important."

The concern of older adults appears to run contrary to the current public dialogue taking place among the community at large. Of primary interest is the widening and re-design of Highways 89A and 179. While the community debates the issue of moving cars (filled with both residents and non-residents), the lack of an efficient, accessible and affordable public transit system remains to be addressed.

The Urban Land Institute recently published a study on resort communities which found that 70 percent of all commuters drive alone and that organized mass transit has proven very effective in reducing traffic problems.

In 1999, the Action Coalition for Transportation Solutions (ACTS) began roundtable discussions to develop a strategic vision for transportation in the greater Sedona area. This process involves a number of entities including the City of Sedona, the U.S. Forest Service, Yavapai and Coconino Counties and the Arizona Department of Transportation. In 1998, ACTS published the report *Ensuring a Livable Future: Transportation and a Strategic Vision for the Greater Sedona Community -- Planning the Sedona Shuttle System*. This report identified the operational, design and financial implications of developing a shuttle system for the Sedona area.

The proposed shuttle system would be designed to provide frequent, convenient and accesible service within Sedona, between the Village of Oak Creek and the Uptown area, and throughout Oak Creek Canyon. The Village of Oak Creek/ Uptown route would only make special stops in residential neighborhoods. The Sedona Community route would link residents and businesses of the central section of West Sedona with continuous service along Highway 89A. Neighborhood circulators would serve apartment clusters, assisted living centers and other residential areas.

The Americans with Disabilities Act (ADA) requires that all new transit vehicles be fully accessible to persons with disabilities. It also requires that all public transportation providers that operate a fixed-route system must provide complementary paratransit services along a three-quarter mile route corridor to individuals unable to use the fixed-route system.

Because the proposed Sedona shuttle would be fully accessible and operate under a flexible, on-demand plan, it would not be necessary to operate a supplementary paratransit service. Users in areas served by the shuttle system

would have two options for accessing the system: (1) show up at a designated shuttle stop or (2) request that the shuttle pick the user up or drop them off at their motel, home, apartment or elsewhere.

In September 2000, the Sedona City Council approved that 100 percent of their state lottery funds for transportation (LATF) be allocated to developing a feasibility study and system design for shuttle transit service. A request for proposals is expected to be issued in early 2001. A public involvement process should then follow.

The ACTS report states that the primary goal is to design a public shuttle system that is (1) affordable, (2) designed to meet the needs of both local residents and visitors, and (3) capable of helping to preserve the livability and quality of life in the Sedona area. As the shuttle system design process continues, specific concern should be focused on meeting the transportation needs of residents, particularly those of older adults, as a primary objective. Sedona is facing a unique opportunity to appropriately address the transportation needs of its residents; to place primary concern on meeting the needs of visitors would result in a valuable opportunity being squandered.

The Challenge of Driving

As the aging process occurs, both physical and mental faculties become less acute. The maintenance of health and safety standards among older adults is important for the driver of an automobile, its passengers and others on the road. In Arizona, drivers age 65 and older have to renew their license every five years. Since 1993, the state has issued a lifetime drivers license that is valid until the 65th birthday, providing that the motorist passes a vision screening and updates the photo every 12 years.

The Motor Vehicle Department (MVD) has instituted a number of methods to monitor driving abilities. Any person who has multiple violations and convictions can be sent to "Traffic Survival School." In addition, the MVD has a Medical Review Board that reviews people's driving abilities. Referrals to the Board come from doctors, family members and law enforcement officers. However, family members and police officers must state specific reasons for their concerns and sign the letters they send. The Board can then ask someone to come in for a road test and for an additional vision screening. The most important thing to note, however, is that driving is an ability issue, not an age issue.

The organization and type of roads in Sedona make it difficult for many older adults to drive their automobiles at peak traffic hours. The primary thoroughfares through the community are highways, which often have cars driving at high speeds. Highway 179 presents a further difficulty in that it does not provide a center lane or shoulders for making turns, thereby challenging the older driver. Possible actions to make driving easier for older adults would be to increase the visibility and frequency of signage and to make lane stripes wider, brighter and more frequent.

CHAPTER FIVE HEALTH AND WELLNESS

Personal Health Habits

Personal health and nutrition habits among older adults have improved significantly over the last century. Proper nutrition, sleep and exercise, combined with an increase in self-awareness and continuing intellectual involvement, have resulted in a significant number of older Americans rating their health as good or excellent (Table 5.1).

TABLE 5.1

Persons in U.S. Age 65 and Older Reporting Good to Excellent Health

	<u>Percent</u>
65 and Older	72
65 to 74	74
75 to 84	69
85 and Older	65

Source: Federal Interagency Forum on Aging-Related Statistics; National Health Interview Survey 1994-1996.

In 1997, Professional Research Consultants, Inc. (PRC) conducted a Community Health Survey. The survey was administered randomly to 600 residents age 18 and older in the Sedona and Cottonwood areas. The survey indicated that for the total area, physical health was quite good. Sixty-four percent of all respondents rated their health as “very good” or “excellent.” Only 13 percent rated their health as “fair” or “poor.” However, indications of poor health increased sharply with age. Among respondents age 65 and older, 23 percent indicated “fair” or “poor” physical health. Respondents also were asked the average number of days per month in which their physical health was “not good.” Again, indications of poor health were significantly greater among older adults. Those age 18 to 39 reported an average of 1.7 days per month in poor health, while those age 65 and older reported an average of 5.3 days per month.

However, even with the great majority of older adults reporting to be in good health, many suffer from combinations of poor nutrition, chronic disease and debilitating mental health conditions. Older adults are at an increased nutritional risk due to factors associated with aging such as poverty, physical inability to

shop, cook and feed oneself, inadequate or monotonous diet, unintentional weight loss or gain, alcoholism, poor appetite and depression. Meal programs such as home delivered and congregate meals are a valuable service. Arizona's Aging and Adult Administration estimates a need to annually provide over 3.3 million meals for more than 38,000 individuals. Sixty-four percent of older adults receiving home delivered meals are unable to grocery shop and 41 percent are unable to prepare their own meals. Nutrition programs serve to ensure older adults receive at least the minimum recommended allowances of key nutrients as well as providing social interaction preventing isolation.

The Adult Community Center of Sedona (ACCS) administers the Meals on Wheels program to older adults. ACCS volunteers annually deliver 9,000 meals to more than 170 unduplicated older adults in the Sedona area. Five to ten volunteers a day deliver meals five days a week. Most clients are housebound and/or disabled and are all age 60 and older. Individual need for the meal program usually lasts only a few months while recipients recover from medical emergencies. Financing of the meal program is based on a suggested donation of \$3.75 per meal, although no individual is refused service based on financial ability to pay. The program also receives approximately \$9,073 annually from the Northern Arizona Council of Governments (NACOG). Actual cost per meal is \$7.13. The total cost of the program is \$65,159 annually.

ACCS also provides *Community Lunches* five days a week in the Tudor Dining Cafe at the ACCS. The same hot meals that are delivered through Meals on Wheels are served there, except in a social atmosphere at the Adult Center. Lunches are accompanied by a guest speaker several times a week. The suggested donation for community lunches is \$3.00. Over 4,500 meals are served annually to 300 unduplicated older adults. The total cost of the program is \$47,414, of which only \$4,560 is federally funded.

Disability

Even as longevity increases and chronic health conditions persist, disability among older adults has decreased over the last two decades. The proportion of Americans age 65 and older with a chronic disability declined from 24 percent in 1982 to 21 percent in 1994. However, despite the decline in rates, the number of older Americans with chronic disabilities increased by about 600,000. This is due to the older population group growing at a pace faster than the decline in rates.

TABLE 5.2
Percentage of Persons in U.S. Age 65 and Older Who Are Chronically Disabled

Year	Total	Men	Women
1982	23.7	19.5	26.5
1984	23.7	18.4	27.2
1989	22.7	17.4	26.2
1994	21.1	15.5	24.9

Source: Federal Interagency Forum on Aging-Related Statistics; National Long Term Care Survey.

The ability to independently perform certain physical functions is extremely valuable in contributing to one's overall functional health. The desire to maintain functional independence is prevalent across culturally diverse groups and is related to other concerns, such as fear and anxiety, that contribute to one's psychological health. The potential to suffer from chronic disability is greater among women than men (Table 5.2).

According to the Forum 2000 Survey, 31 percent of respondents age 55 and older reported needing assistance with activities of daily living such as shopping, housework, cooking and personal needs. The 1997 PRC Community Health survey reported that 47 percent of those age 65 and older in the Sedona and Cottonwood areas are limited in some way in some activity because of a physical impairment or health problem. The occurrence of activity limitation is slightly less in Sedona than in Cottonwood.

Mental Health

Approximately 18 percent of older adults have some kind of mental health need. As aging occurs, it is often accompanied by spousal and family loss as well as a loss of physical health, mobility and independence. Among the most common mental health problems among older adults are isolation, loneliness and depression. Women, because of their tendency to live longer, are at greater risk of suffering from severe depressive symptoms (Table 5.3). Roughly 15 percent of older Americans age 65 to 84 had severe symptoms of depression in 1998. This increases dramatically to 23 percent after the age of 85.

Those seeking mental health services in Sedona have access to 23 therapists. Sedona has eight psychologist and psychiatrists in private practice. The largest mental health facility is the Verde Valley Guidance Clinic offering access to 15 therapists in the Sedona office.

TABLE 5.3

Percentage of Persons in U.S. Age 65 and Older with Severe Depressive Symptoms, 1998

Age Group	Total	Men	Women
65 to 69	15.4	12.1	18.0
70 to 74	14.3	10.3	17.2
75 to 79	14.6	10.4	17.4
80 to 84	20.5	17.1	22.4
85 and Older	22.8	22.5	23.0

Source: Federal Interagency Forum on Aging-Related Statistics; Health and Retirement Study.

According to the 1997 PRC Community Health Survey for the Sedona and Cottonwood areas, 26 percent of adults in Sedona sought professional help for a mental or emotional problem. The PRC survey also reports that 2.3 percent of adults of all ages in Sedona had a history of problems with depression, alcoholism, or other mental or emotional illness. This is below the national average of 3.1 percent. While depression appears to occur just as frequently among older adults in Sedona as among other adult age groups, older adults experience high levels of stress less frequently than do others. Twelve percent of adults age 18 to 39 in Sedona and Cottonwood experience high stress on a typical day, whereas this occurs among only three percent of those age 65 and older.

Memory impairment, dementia and Alzheimer's disease are all high risk factors for needing long term care. In 1998, the percentage of older adults in the U.S. with moderate or severe memory impairment ranged from four percent for those age 65 to 69, to 36 percent for those persons age 85 and older (Table 5.4).

TABLE 5.4

Percentage of Persons in U.S. Age 65 and Older with Moderate or Severe Memory Impairment, 1998

Age Group	Total	Men	Women
65 to 69	4.4	5.3	3.8
70 to 74	8.3	10.1	6.9
75 to 79	13.5	16.2	11.7
80 to 84	20.1	22.8	18.5
85 and Older	35.8	37.3	35.0

Source: Federal Interagency Forum on Aging-Related Statistics; Health and Retirement Study.

Approximately 78,000 Arizonans currently suffer from Alzheimer's disease and other forms of dementia. The Arizona Department of Health Services estimates that approximately 145,000 older adults in Arizona will have Alzheimer's disease by the year 2020. This rapid increase is due to Arizona's significant senior migration, the state's strong natural relative population growth and the maturation of the baby boom generation into the years of increased risk factors. Persons with Alzheimer's generally live at home until the end stage of the disease. Therefore, family and friends are typically the front line of caregiving.

Caring for people afflicted with Alzheimer's often takes a devastating toll on the caregiver's family and personal life. According to the Alzheimer's Association, 80 percent of caregivers suffer from high levels of stress and nearly half suffer from depression. As the number of persons afflicted with Alzheimer's disease increases, it is very likely that there may be a caregiving crunch. Contrary to the belief of many, long term and nursing home care for Alzheimer's patients is not covered under Medicare. Programs focusing on increasing awareness about the impact of Alzheimer's disease and teaching skilled treatment methods will help the next generation of caregivers better prepare themselves for this reality.

Chronic Health Conditions

Increasing longevity over the last century has been accompanied by an increased risk for certain diseases and disorders. Significant proportions of older adults suffer from a variety of chronic health conditions such as arthritis and hypertension. The percentage of persons with chronic health conditions increased for most conditions between 1984 and 1995, with the exception of hypertension which has remained the same. (Table 5.5).

TABLE 5.5
Percentage of Persons in U.S. Age 70 and Older with Chronic Conditions

Chronic Condition	1984	1995
Arthritis	55.0	58.1
Hypertension	45.6	45.0
Heart Disease	16.4	21.4
Cancer	12.4	19.4
Diabetes	9.9	12.0
Stroke	7.8	8.9

Source: Federal Interagency Forum on Aging-Related Statistics; Supplement on Aging and Second Supplement on Aging.

Heart disease, cancer and stroke are the top three leading causes of death for both sexes of every racial and ethnic group. Five of the six leading causes of death among older Americans are chronic diseases. Arthritis and high blood pressure are the most common chronic health conditions affecting older adults in Arizona. Men are at greater risk for becoming afflicted with cancer and heart disease (23 percent and 25 percent, respectively) than are women (17 percent and 19 percent). However, women are more inclined to suffer from arthritis and hypertension (64 percent and 48 percent, respectively) than are men (50 percent and 40 percent).

According to the 1997 PRC Community Health Survey, 49 percent of those age 65 and older in the Sedona and Cottonwood areas suffer from arthritis or rheumatism. These are the leading chronic diseases, followed by chronic back pain and deafness or trouble hearing. The percentage of those with arthritis or rheumatism drops to 25 percent for adults of all ages. Indications of hypertension also increase dramatically with age. Rates of hypertension in the Sedona and Cottonwood areas range from six percent among adults under age 40 to 42 percent among those age 65 and older.

Elder Abuse

Elder abuse is a serious concern as a greater share of the population is vulnerable to victimization. Cases of elder abuse are less likely to be reported than are those of child or domestic abuse. The clinical history of elder abuse suggests that as abuse goes unreported, it gets worse, not better, in terms of frequency and severity. Intervention is imperative. Cases of fraud against the elderly have increased over the past three years and are expected to continue to do so. According to the Forum 2000 Survey, 22 percent of respondents age 55 and older were personally aware of another older adult being subject to financial exploitation.

Forms of elder abuse include physical abuse, psychological abuse, caregiver neglect, self-neglect and exploitation. A nationwide report found two-thirds of the victims of elder abuse to be women, while abusers were equally likely to be either male or female. The majority of abusers are spouses or partners, followed by adult child caregivers and other family members. Over the period of 1984 to 1996, reported cases of domestic abuse among older adults rose from 117,000 to 241,000, an increase of over 100 percent. Although comprehensive data are not available to provide a complete description of elder abuse, studies do indicate that instances of elder abuse are increasing.

In 1987, amendments to the Older Americans Act began funding services for elder abuse. These services range from prevention to investigation and prosecution. In Arizona, elder abuse is investigated by Adult Protective Services which is administered at the state level by the Aging and Adult Administration (the state unit on aging within the Department of Economic Security). There are six regional offices statewide. New legislation in 1999 increased reporting intake by Adult Protective Services to 24-hour operation. The provision of emergency support facilities is an essential part of the protective services system.

Yavapai County accounts for 5.6 percent of all elder abuse cases reported in the state of Arizona (Table 5.6). Eighty-two percent of the total cases reported resulted in field investigation. The majority of cases involved allegations of neglect (61 percent) followed by exploitation (17 percent) and abuse (15 percent).

TABLE 5.6
Adult Protective Services Activity
(July 1999 to June 2000)

	Arizona	Coconino County	Yavapai County
Total Reports	10,106	175	567
Amount resulted in field investigation			
Number	8,092	128	463
Percent	80	73	82
Percent of total reports alleging:			
Abuse	17	11	15
Neglect	58	58	61
Exploitation	18	10	17
Percent of allegations substantiated			
Abuse	23	34	28
Neglect	64	65	78
Exploitation	50	47	47
Percent of field investigations in:			
Private residence	82	95	78
Care facility	18	5	22

Source: Adult Protective Services, Department of Economic Security.

The primary characteristics of elder abuse which were consistent at the state and county level were (1) the vast majority of investigations occur in private residences and (2) self-neglect accounts for a significant portion of elder abuse cases. Seventy-eight percent of the cases of neglect reported in Yavapai County were substantiated, as compared to 47 percent of exploitation cases and 28 percent of abuse cases.

According to Adult Protective Services in Yavapai County, 78 percent of clients were age 65 and older. Sixty percent of clients in Yavapai County were female. This is consistent with 62 percent for the state as a whole. Thirty-four percent of clients in Yavapai County lived alone with little or no assistance, while 29 percent lived in a care facility and 23 percent lived with family. For 51 percent of the cases reported, the perpetrator was identified as being one's self. Family members were identified as the perpetrator in 22 percent of the cases and caregivers were identified in 13 percent.

Law Enforcement

The prosecutorial response to elder abuse occurs among two divisions within the Arizona Attorney General's Office. The Elder Affairs Program in the Civil Division is an advocacy-oriented program protecting the legal rights of older adults. This program maintains the Elder Abuse Registry which records all civil and criminal complaints against vulnerable adults. The other division is the Arizona Health Care Cost Containment System (AHCCCS) Fraud Control Unit. This division is a federally funded program that investigates and prosecutes medical provider fraud and patient abuse affecting AHCCCS. It is imperative that coordinated cooperation continues to exist among law enforcement and prosecutorial agencies.

Ageism and Discrimination

Congress passed the Age Discrimination in Employment Act (ADEA) in 1967. As subsequently amended, it forbids employers to discriminate on the grounds of age against any employee age 40 and older. Mandatory retirement at any age is now forbidden. Employers cannot treat people over age 40 differently based on statistical discrimination, the thinking that a certain skill or function cannot be executed because of an individual's age or that it can be performed better by someone younger. Employers can, however, fire individuals for poor job performance, even if the lack of performance is due to the aging process.

When age discrimination in employment legislation was passed in 1967, age discrimination was widely and openly practiced. Today, employers are more aware of the standards they have to abide by as well as more savvy when ignoring those standards. While it is difficult to measure just how prevalent age discrimination is, all stereotyping of older adults, the new aging and today's youth serves only to prop up barriers between generations.

A lack of physical interaction among generations in society has resulted in a lack of or false understanding of each other. As many older adults experience isolation from intergenerational experiences, their depictions of younger populations come mostly through the media. This portrayal often heightens established stereotypes and even instills a sense of fear. As Ken Dychtwald, author of *Age Power*, states:

“Developing a philosophy and a new set of ground rules for intergenerational relations presents a novel set of considerations. First, we must establish a basic understanding of each generation's composition, style, and identity. Next, it's critical to take stock of the relative power and influence among the different generations. Only then can we create programs that will bring each generation's needs, interests, contributions, and demands into greater balance in the 21st century.”

CHAPTER SIX HEALTH CARE

Caregiving

As chronic health conditions and longevity continue to increase, the number of older adults needing long term care also will grow. Caregiving primarily will assist those with limitations in activities of daily living and those who suffer from chronic diseases such as Alzheimer's. Half of those over age 85 are expected to need help with personal care. The long term care system consists of (1) informal care, (2) home and community-based services and (3) institutional care.

An estimated 72 percent of the care provided comes from spouses, adult children and other relatives and friends. Smaller and more geographically dispersed families among the new aging will result in fewer potential caregivers for older adults. In 1990, there were 11 potential caregivers for each person needing care. By 2050, it is estimated that ratio will be four persons per each person needing care.

Half of all people over age 85 have Alzheimer's disease and three-quarters of their caregivers are surrounding friends and family. More than half of the baby boomers mistakenly believe that Medicare will cover long term care costs should their parents become afflicted with the disease. The financial and mental burden associated with caregiving becomes very exacting for many family members.

The national average for nursing home costs is \$153 per day. This equates to roughly \$56,000 per year. The average cost of a home-health worker is \$15 per hour. In 1999, average out of pocket costs for long-term care were \$40,000 per year. As the costs of assisted care increase so does the number of those needing care. Decreasing fertility rates combined with increasing divorce and re-marriage rates and increasing longevity will result in future caregivers having more parents than children.

The majority of the caregiving community is made up of women and older adults. Seventy-three percent of today's caregivers are women. In 1999, 76 percent of women in their caregiving years (age 45 to 54) were in the workforce. This is in sharp contrast to 38 percent in 1950. Women also are having children at an

older age. Forty-one percent of these women in their caregiving years have children of their own under age 18 at home. This has created what is termed the “sandwich generation,” persons who find themselves caring for elderly parents while also caring for their own children. With increasing longevity, 21st century Americans will most likely spend more years caring for their parents than their children. The combined responsibilities of home, family, and career among overburdened adult children caregivers has resulted in more than 60 percent suffering from depression.

Assisted Care Facilities

In anticipation of the increasing need for care among older adults, the number of assisted living facilities in America has doubled since 1994. Construction has now slowed as it is approaching a saturation threshold. National occupancy rates for nursing homes have fallen from 88 percent in 1991 to 83 percent today. Over 1.6 million people receive care in over 17,000 nursing homes nationwide.

Assisted care facilities are facing major problems with financial stability and staffing. Even though nursing home costs are out of reach for a large percentage of American families, they still suffer from under-funding. Many facilities cannot staff or supply care services at adequate levels, leaving many residents at risk of being harmed. The General Accounting Office reports that more than 25 percent of nursing homes in the U.S. had deficiencies that may cause harm to residents or place them at risk of serious injury and death.

Ninety-five percent of nursing homes participate in Medicare. They cite the following reasons for inadequate staffing: (1) insufficient payments and reimbursements from Medicare, and (2) difficulty in attracting and retaining qualified workers within a healthy economy where other industries offer less demanding and better-paying jobs.

Working conditions and benefits for certified nursing assistants (CNAs) are major concerns within the assisted care industry. Formal caregivers and other direct care workers staff nursing homes, assisted living facilities, group homes and individual client’s residences. These people account for 20 percent of the health care workforce. Over 90 percent of direct care workers are women age 22 to 45. Starting salary for a certified nursing assistant in the U.S. is \$7.35 per hour, a salary that qualifies for the low-income wage bracket. Many are able to secure

only part-time work and health insurance benefits are rarely offered. These conditions result in work-related frustration and exceptionally high annual turnover rates for direct-care workers: 70 to 100 percent in nursing homes and 40 to 60 percent for in-home care.

Health Insurance and Medicare

In 1965, national legislation was passed establishing the Medicare programs. Medicare (through Part A and Part B) covers physicians and hospitalization fees for those age 65 and older. As a result of 1997 legislation Medicare beneficiaries have the option of choosing from a variety of Medicare+Choice plans including health maintenance organizations (HMOs), preferred provider organizations (PPOs) and private fee-for-service plans.

The only option for a drug coverage plan for Medicare beneficiaries in Arizona is through a Health Maintenance Organization or employee retirement plan. Arizona has the third highest percentage of seniors belonging to managed care plans. This percentage peaked in the early 1990s at 40 percent but has continued to decline since. At present, no Medicare HMOs serve Coconino or Yavapai Counties.

The 1997 PRC Health Survey found that 80 percent of all adults in the Sedona area had some type of health care insurance coverage. This indicated that 20 percent of individuals at that time had no coverage. This percentage of uninsured was much greater than the state average of 14 percent and the national average of 12 percent. However, due to the provision of Medicare, lack of insurance coverage only occurred among 4 percent of those age 65 and older.

Health care was among the top responses of unique problems facing older adults in Sedona, according to the Forum 2000 Survey. It was also identified as a top response to the services most needed for older adults. Forty-seven percent of respondents age 55 and older indicated that their health care needs were not being met. The primary problems were identified as a need for better and more medical facilities, higher quality services and greater access to services. Twenty-seven percent of respondents age 55 and older believed health care was more expensive in Sedona than in other parts of the country and state. Forty percent did not believe this to be true and 22 percent did not know.

According to the 1997 PRC Community Health Survey, cost prevented 8 percent of Sedona residents from receiving a physician visit. This was slightly higher than the national average of 7 percent. However, this occurrence was much more prevalent among younger adults. Cost prevented a physician visit for 11 percent of those age 18 to 39, compared to only 2 percent of those age 65 and older.

The Arizona Health Care Cost Containment System (AHCCCS) is the state's medical care program for those in need. For those who qualify, health care is provided for little or no cost. Arizona residents of all ages are eligible to apply for AHCCCS. Illegal immigrants are eligible to receive emergency services only. Individuals receiving food stamps or Supplemental Security Income (SSI) are automatically eligible for AHCCCS medical coverage. Income eligibility for the medically needy and indigent is a maximum monthly income of \$266 for a single person and \$355 for two persons. Assets must be a maximum of \$50,000 in non-liquid assets and \$5,000 in liquid assets.

The State of Arizona administers Title XIX federal Medicaid funds through the Arizona Long Term Care System (ALTCS) under the AHCCCS. Eligibility for ALTCS benefits begins with a preadmission screening (PAS) process through which the applicant must demonstrate that he or she has a medical need for these services and is at risk of being institutionalized at a nursing facility or intermediate care facility for the mentally retarded. The PAS process is used to assess the functional, medical, nursing and social needs of the applicant.

Income eligibility for ALTCS recipients considers the amount of income an applicant receives per month. To be eligible for benefits, the applicant can have up to \$1,536 a month. Assets that are not counted include: one's home property (unless held in a trust); one vehicle; burial plots; and household and personal items. Assets that are counted include: cash; checking and savings accounts, stocks, bonds and certificates of deposit; life insurance; property other than the applicant's home; and a second vehicle (or others). A spouse's income will be added to the applicant's and then divided in half. The result is considered in the monthly limit of \$1,536.

Yavapai County Long Term Care (YCLTC) currently serves 861 individuals, 70 of them Sedona residents (Table 6.1). All recipients of benefits from Yavapai County Long Term Care qualify within the income guidelines identified under

the ALTCS. Ninety-five percent of YCLTC recipients are age 65 and older. The agency has experienced an increase in service needs for older adults over the last five years and specific programs have been added. The agency states that there is a need for a greater number of assisted living facilities in the Sedona area.

TABLE 6.1

Number of Persons Receiving AHCCCS and ALTCS Benefits

	AHCCCS	ALTCS
Arizona	509,072	30,074*
Coconino County	15,233	140
Yavapai County	13,074	861

(*) Includes 11,381 developmentally delayed individuals.

Source: Yavapai County Department of Medical Assistance.

The Department of Economic Security takes care of the developmentally delayed population for the state of Arizona. The Yavapai County Long Term Care program takes care of all elderly and physically disabled persons.

There are a number of insurance alternatives, such as long-term care insurance and longevity insurance, to help individuals prepare for increasing health care costs accompanied by older age. Long-term care insurance would provide for the services of assisted-care facilities should they be needed. This insurance should be purchased by both retirees and middle-aged workers alike. In 1999, President Clinton proposed a measure to make private long-term care insurance available to federal employees, retirees and relatives. Among current initiatives in legislation are the Long-Term Care Insurance Act of 1999, which proposes an above the line tax deduction for persons who purchase LTC insurance, and the Long-Term Care Advancement Act which would permit penalty-free withdrawals from IRA's and 401(k) plans to purchase qualified LTC plans.

Longevity insurance would, instead of paying an individual's family in the case of early death, provide financial support for the needs of individuals who live exceptionally long. One financing mechanism for this kind of insurance is a reverse mortgage. Home equity is the single largest financial asset of most older Americans, yet is seldom used as a source of financing for long-term care. With a reverse mortgage, a bank or lending institution would allow contributions to be made to long-term care insurance drawn from the equity value of the home. When

the homeowner dies and/or the house is sold, the lending institution would receive the principal and interest back.

Prescription Drug Costs

Older Americans are paying twice as much for prescription drugs as they did in 1992. Those age 65 and older pay an average of \$1,205 per year for prescriptions, accounting for 10 percent of health costs. However, these costs are not entirely out of pocket. The burden for paying high prescription drug costs falls disproportionately on the elderly. Older Americans account for only 13 percent of the population but account for over 33 percent of prescription drug expenditures. Average cost per prescription is \$42.30, an increase from \$28.50 in 1992. Older adults also are taking more drugs. They purchased an average of 20 prescriptions per year in 1992. It is estimated they will purchase 29 prescriptions in 2000, and an estimated 39 in 2010. Increased costs are attributed to more advanced and effective drugs.

One-fourth of older adults pay more than \$500 per year in out-of-pocket expenses for prescription drugs. Approximately one-third pay 100 percent of retail prescription drug costs due to a lack of supplemental drug coverage to enhance basic Medicare. Arizona State Senators Chris Cummiskey and Tom Freestone have asked Governor Hull for a special legislative session to address the issue of providing assistance for prescription drugs among Arizona's older population.

Rural Access to Health Care

The Federal Balanced Budget Act of 1997 reduced the HMO federal government reimbursement rate from 95 percent in 1997 to 75 percent in 2004. As a result, more and more HMOs are operating at net deficits and are rapidly withdrawing from rural parts of Arizona and the nation.

The overall withdrawal of Medicare HMOs from Arizona during the year 2000 is expected to affect 4,700 rural older adults. Many will be forced to subscribe to more costly Medigap policies to cover prescription drug benefits. The high cost of supplemental Medigap coverage is one of the most pressing health care issues among the older population. With increasing numbers of rural residents being abandoned by Medicare HMO providers, many older adults are forced to turn to Medigap policies as their only alternative to retain similar levels of coverage. The cost of these policies is rapidly on the rise.

More than 45,700 older adults have lost coverage in Arizona's rural areas since 1998. Only Santa Cruz and Pinal Counties remain with one HMO serving the rural senior population. The great majority of these people will switch over to original fee-for-service Medicare which has higher premiums and no prescription drug plan. This trend by HMOs to drop coverage in rural areas will affect 926,000 seniors nationwide, of which 151,000 will be left with no Medicare HMO options. Health care options for older adults in Coconino and Yavapai Counties are:

- (1) Traditional Medicare;
- (2) Private Fee-for-Service – provided by Sterling Life Insurance Company; and
- (3) Medigap Supplemental Insurance — offered by 45 insurers serving Arizona.

The absence of HMO alternatives has a significant effect on health care affordability. HMOs have typically made a more comprehensive range of health care services more affordable and more accessible to a greater range of individuals. Health care considerations for older adults in Sedona will need to account for the lack of this alternative. Future consideration should focus on how Coconino and Yavapai Counties can position themselves as profitable markets for the re-intervention of health maintenance organizations.

**APPENDIX A:
FORUM 2000 SURVEY QUESTIONS**

- 1) Do you live in the Sedona Area? (If no, terminate interview.)
- 2) Sex of Respondent.
- 3) Approximate Age.
- 4) Are you retired, currently employed, or seeking employment?
- 5) Do you live alone? How many are in your household?
- 6) How many in your household are age 55 or older?
- 7) Do you have any relatives age 55 or older living in the Sedona area?
- 8) How long have you lived in the Sedona area?
- 9) Where did you last live before coming to the Sedona Area?
- 10) Do you own or rent your home?
- 11) Do you think of Sedona as a retirement community?
- 12) Does the presence of large numbers of elderly make Sedona a better or worse place to live?
- 13) What are some of the things you don't like about having many elderly people living in Sedona?
- 14) What are some of the positive aspects to having many elderly people living in Sedona?

- 15) Do you plan on spending the rest of your life in Sedona? If no, what might cause you to leave?
- 16) Is Sedona a good place to retire?
- 17) Do you think the elderly face any problems in Sedona that are unique to the area? If yes, what are those problems?
- 18) Do you ever feel that the elderly are not welcomed or wanted in Sedona?
- 19) What services or programs are needed in Sedona to better serve the elderly population?
- 20) Is transportation in Sedona a problem for the elderly? Why?
- 21) Are the health care needs of the elderly in Sedona being satisfactorily met? If not, what problems exist?
- 22) Is health care in Sedona more expensive than in other parts of the country or state?
- 23) Does the type and amount of housing in Sedona meet the needs of the elderly? If not, what are the problems?
- 24) What sort of expanded or additional social and recreational activities are needed by the elderly in Sedona?
- 25) Are you personally aware of elderly people in Sedona who need but are unable to find adequate assistance for activities of daily living, such as shopping, housework, cooking, or personal needs?
- 26) Are you personally aware of elderly people in Sedona who have been financially taken advantage of due to their age?

**APPENDIX B:
FORUM 2000 SURVEY RESULTS**

Results have been tabulated according to four primary groups:

- 1) All respondents
- 2) Age 55 and older
- 3) Under age 55
- 4) Under age 55 and living with older adult.

Question # 2 Sex

All respondents: 57% Female, 43% Male
Age 55 and older: 56% Female, 44% Male

Question # 3 Age

All respondents: 42% below age 55, 58% age 55 and older

Question # 4 Employment Status

All respondents: 50% retired
Age 55 and older: 76% retired

Among the 47 respondents age 55 to 64, 54% were retired.
Among those age 65 and older, 87% were retired

Question # 5 Household Composition

All respondents: 41% live alone
Age 55 and older: 46% live alone
Under age 55: 40% live alone

Question # 5 (continued) Households with Multiple Occupants

All respondents: 72% of households have two occupants
Age 55 and older: 89% of households have two occupants
Under age 55: 57% of households have two occupants

Question # 6 Number in Household Age 55 and Older

Among all respondents under age 55, only 10% had older adults living in the house.

Question # 7 Relatives Age 55 and Older in Sedona Area

All respondents: 12% had older relatives in the area
Age 55 and older: 11% had older relatives in the area
Under age 55: 13% had older relatives in the area

Question # 8 Length of Habitation in Sedona

All respondents: 30% <3 years; 30% 3 to 10 years; 40% >10 years
Age 55 and older: 15% <3 years; 24% 3 to 10 years; 61% >10 years
Under age 55: 51% <3 years; 29% 3 to 10 years; 20% >10 years

Question # 9 Last Area Lived

All respondents: 19% from Arizona; 26% from California; 55% from other
Age 55 and older: 19% from Arizona; 30% from California; 51% from other
Under age 55: 19% from Arizona; 20% from California; 61% from other

Not one respondent from Sedona

Question # 10 Homeownership

All respondents: 72% Own
Age 55 and older: 85% Own
Under age 55: 56% Own

Question # 11 View Sedona as Retirement Community

All respondents: 53% Yes
Age 55 and older: 51% Yes
Under age 55: 55% Yes

Question # 12 Large Number of Elderly Make Sedona ...

All respondents: 36% better; 19% worse, 45% don't know/neither/neutral
Age 55 and older: 42% better; 13% worse, 45% don't know/neither/neutral
Under age 55: 30% better; 26% worse, 44% don't know/neither/neutral

Question # 13 Negative Aspects of the Elderly (top responses)

All respondents: nothing; bad driving
Age 55 and older: nothing; bad driving
Under age 55: nothing; bad driving; no support for youth

Question # 14 Positive Aspect of the Elderly (top responses)

All respondents: volunteerism, experience, knowledge
Age 55 and older: volunteerism, experience, knowledge
Under age 55: nothing, knowledge, experience

Question # 15 Plan to Spend the Rest of your Life in Sedona

All respondents: 53% Yes
Age 55 and older: 65% Yes Reasons for leaving: overgrowth, family
Under age 55: 35% Yes Reasons for leaving: new locale, boredom

Question # 16 Is Sedona a Good Place to Retire?

Age 55 and older (plus living with or related): 84% Yes

Question # 17 Do Elderly Face Unique Problems in Sedona?

Age 55 and older (plus living with or related): 55% Yes

Problems (top responses): transportation, health care, cost of living

Question # 18 Do Elderly Feel Unwelcome?

Age 55 and older (plus living with or related):
89% No, 9% Yes, 2% Don't Know

Question # 19 Services and/or Programs Needed in Sedona for Older Adults

Age 55 and older (plus living with or related):
top responses: nothing, public transportation, healthcare

Question # 20 Is Transportation a Problem?

Age 55 and older (plus living with or related): 68% Yes
Why? (top responses): no public transit

Question # 21 Are Health Care Needs Met?

Age 55 and older (plus living with or related): 47% Yes

What are the problems? (top responses): need more/better facilities;
quality; access

Question # 22 Is Health Care More Expensive in Sedona?

Age 55 and older (plus living with or related): 27% Yes; 40% No; 33% Don't
Know

Question # 23 Are Housing Needs Met?

Age 55 and older (plus living with or related):

40% Yes; 38% No; 22% Don't Know

What are the problems? (top responses): cost/affordability

Question # 24 Additional Activities for Older Adults

Age 55 and older (plus living with or related):

top responses: nothing; adequate; don't know

Question # 25 Personally Aware of Another Older Adult in Need of Assistance with Activities of Daily Living?

Age 55 and older (plus living with or related): 31% Yes

Question # 26 Personally Aware of Another Older Adult Being Financially Exploited?

Age 55 and older (plus living with or related): 22% Yes

**APPENDIX C:
INDEX OF PUBLIC SERVICE AGENCIES AND PROGRAMS**

Adult Community Center of Sedona (ACCS)

(520) 282-2834

Denise Tallman

The mission of the ACCS is to ensure the well-being of older adults in Greater Sedona and assist them in maintaining their independence by providing nutritional, educational, social, physical and recreational programs, and to provide a community center that is open to all ages.

The Adult Community Center serves older adults in Sedona and the village of Oak Creek. It sometimes refers clients to outside agencies if their needs are unable to be met at ACCS. Approximately 75 percent of ACCS clients are women. The annual budget of the ACCS is \$245,513. The ACCS has acquired one-time funds for the Breakfast Club and Telecare programs. Funding is desperately needed to continue these programs.

Currently, there are two full-time staff, four part-time staff and 296 volunteers. Additional full-time staff is greatly needed. Volunteers contribute a total of 14,720 hours annually, representing a total of \$132,480 in paid time. Additional staff is also provided by a Title V employee and a 30-hour per week employee to assist with fundraising, which is funded by a one-time grant from the City of Sedona.

Programs:

Meals on Wheels: ACCS volunteers drive and deliver 9,000 meals in FY 00-01 to more than 170 unduplicated older adults in the community. Five to ten volunteers a day deliver hot, nutritious meals five days a week. ACCS also provides a sandwich each day so that the clients have something for dinner. Most clients are housebound and/or disabled. They are all over 60 years of age. Clients usually need Meals on Wheels for only a few months while recovering from medical procedures. Clients are asked to make a \$3.75 donation per meal, however, no person is turned away from this service due to an inability to pay. Actual cost per meal is \$7.41. The cost of the program is \$66,969, of which the Northern Arizona Council of Governments (NACOG) funds \$8,947.

Community Lunches: ACCS provides community lunches five days a week, Monday through Friday in the new Tudor Dining Cafe. The same hot, nutritious meals provided to Meals on Wheels customers is served to senior adults in a social atmosphere at the Adult Center. Volunteers set-up, serve and clean. Informative guest speakers bring pertinent information to the clients several times a week. Clients are asked to give a \$3.00 donation for their meals without regard to ability to pay. The ACCS expects to serve 4,500 meals to over 300 unduplicated older adults in FY 99-00. The total cost of the program is \$47,414, of which only \$4,560 is federally funded.

Breakfast Club: Funded for one year by the Phillip Morris Company and supported by the Sedona Community Food Bank, this program delivers a grocery bag full of nutritional breakfast goods every Friday to clients homes. Twice per month, all Meals on Wheels clients are picked up and taken out for breakfast at a local restaurant. This is for some, the only time they leave their home and is a tremendous social opportunity for all clients.

Respite Care: Every Tuesday and Thursday, volunteers give caregivers time off and look after their loved one. Specially trained volunteers provide a hot, nutritious meal, recreation programming, exercise and art. Clients spend four hours per day. This is the only respite care program of its kind in Northern Arizona. ACCS cannot take new clients without a two-client to one-volunteer team ratio. Clients are asked to donate \$20.00 per session. Again, no one is turned away based on the ability to pay. The program costs \$25,574, of which \$10,351 is federally funded. In the future, the ACCS has been awarded a Title V position to manage Respite Care. Currently, respite care serves four older adults.

Telecare: Telecare volunteers telephone individuals on a daily basis to check-in and reassure that their need are being met. If there is no answer, steps are taken to locate the individual to assure that they are alright. The telecare program has only been funded for one year.

Transportation: The Los Abrigados Resort and Spa has made a donation to operate the only handicapped accessible van in Sedona. Owned by ACCS, a volunteer driver gives people "door to door" service to the store, bank, and doctor. The driver is also on-call to provide rides for the handicapped.

Northern Arizona Council of Governments (NACOG)

(520) 774-1895

Louis Wolverton, Director

NACOG is one of eight Area Agencies on Aging (AAA) within the state of Arizona. It provides a wide variety of social services to older adults and their spouses in Northern Arizona. Local Area Agencies on Aging are primarily funded through the Older Americans Act and Title XX of the Social Security Act. Funds are allocated on a regional basis by the Arizona Department of Economic Security Aging and Adult Administration. The Older Americans Act is currently in the process of being renewed by congress. In October, the U.S. House of Representatives reauthorized the Act for a period of five years by a 405-2 vote. The measure was then passed by the U.S. Senate with a vote of 94 to 0. The President signed the bill on November 13, 2000.

Persons age 60 and older and/or their spouses age 60 and older are eligible for AAA programs. Services currently provided by NACOG are free with donations encouraged. Most services are not provided directly by NACOG but through community organizations. The Adult Community Center of Sedona is the only organization administering NACOG services in Greater Sedona (congregate meals, meals-on-wheels and respite care). Complete services provided throughout Northern Arizona by NACOG include the following:

Congregate Meals

A hot, nutritious meal containing 1/3 of the Recommended Daily Allowance (RDA) of dietary nutrition is provided to participants on a regular schedule, in a congregate setting. There is no fixed fee for the meals, however, participants are encouraged to donate. Socializing with other participants is as important as the meals themselves.

Home Delivered Meals

A hot, nutritious meal containing 1/3 of the RDA of dietary nutrition is delivered to participants who cannot attend a congregate setting for health reasons. donations are accepted for this service as well.

Transportation Services

This service is available to persons who have no transportation for medical appointments, shopping, paying bills, attending meal programs, etc. Two modes

of transportation are utilized: project-operated vans and private volunteers in their personal vehicles. Some communities offer door-to-door service.

Case Management

A complete physical and cognitive assessment is performed by the Case Manager for all home-bound clients, and a care plan is developed. Referrals to appropriate services are made. Unmet needs are identified by the Case Manager. Clients' needs are re-evaluated on a regular basis to update services received. Case management is provided by Coconino County Community Services in Coconino County and Catholic Social Services in Yavapai County.

Legal Advocacy Service

This service is provided to clients who meet eligibility requirements and do not have the resources to hire an attorney. Certain aspects of legal assistance may be provided by volunteer legal advocates.

Ombudsman Services

Volunteers are trained to visit residents in long-term care facilities to ensure that quality care is being received. Ombudsmen investigate and attempt to resolve complaints, and act as advocates for residents.

Benefit Counseling

This service is provided by counselors who assist with questions about Medicare and Medigap benefits.

Homemaking Services

Provided to clients who, for health reasons, cannot do their own housekeeping. Housekeeping is usually done on a once-a-week basis. Heavy house cleaning, yard work, laundry, and shopping services may also be provided.

Home Health Aid / Personal Care

Personal grooming, shampoos, bathing, foot care, etc. are provided. Blood pressure checks, bed-changing, and range of motion exercises are also offered. A registered nurse supervises the Home Health Aid program.

Visiting Nurse

The registered nurse makes visits to home-bound clients to check their medical status. The nurse changes dressings, does medication checks, and is in direct contact with the client's physician.

Adult Day Care

At this time, this service is provided in Prescott only. Those clients needing supervised day care are taken to the Center, where professional staff are on duty. Clients may be cared for by the hour or by the day.

Respite Care

This service provides respite for caregivers of the elderly in the Prescott, Sedona, Cottonwood, Flagstaff and Show Low areas.

Adult Protective Services

Arizona Attorney General's Office
(877) 767-2385, (877) 815-8390 hearing impaired
Nancy Ryba, Cottonwood (520) 634-7561

Adult Protective Services (APS) in Arizona features a 24-hour hotline to receive reports of elder abuse, neglect or exploitation. Based in Phoenix, the hotline redirects reports to area specialists who investigate the reports. Sedona is serviced by the Cottonwood office. Incidents are reported by adult-care professionals, family members, neighbors and friends of potential elder victims. All individuals who report incidents remain anonymous.

The APS specialist initially assesses whether the elderly individual is capacitated or incapacitated. This is done by observing the person's short-term memory, cognition and environmental orientation. If the person is not determined to be incapacitated, the APS worker will present the concerns of the caller and ask the elderly person for their interpretation of the events and what actions they want to take. The elderly person will then be referred to the appropriate services. However, if the elderly person exhibits signs of being incapacitated, a physician or medical professional will make an assessment, after which point the person and their case is referred to a fiduciary.

Adult Protective Services applies to all adults age 18 and older who cannot protect themselves due to mental and/or physical limitations. Locally, cases usually involve self-neglect among the oldest old age 80 and older.

Public Fiduciary -- Yavapai County

(520) 771-3153

Patricia Ian, Prescott

Elderly people who are determined incapacitated by the court as a result of dementia and/or indigence have two alternatives in seeking a fiduciary, public and private. The fiduciary becomes the legal guardian and organizes care for older adults who are not able to do this themselves. This includes finding suitable housing, often a nursing home. The public fiduciary in Yavapai County handles approximately two cases annually from Sedona.

Arizona Long Term Care System (ALTCS) Offices

One North Main Street
Cottonwood, AZ 86326
(520) 634-8007

1570 Willow Creek Road
Prescott, AZ 86301
(520) 778-3968

3480 East Route 66
Flagstaff, AZ 86004
(520) 527-4104
(800) 342-0567

Yavapai County Health Department

Hassayampa Home Health
10 South 6th Street
Cottonwood, AZ 86326
(520) 771-3100

**APPENDIX D:
INDEX OF PRIVATE SERVICE PROVIDERS**

Adult Day Care Services

Eden Center

401 S. Willard Street
Cottonwood, AZ 86326
(520) 639-1511

7880 E. Florentine
Prescott Valley, AZ 86314
(520) 775-3563

Group Homes

Alternative Senior Living

1128 S. Pioneer Drive
Cottonwood, AZ 86326
(520) 634-5060

Margaret T. Morris Center (Alzheimer's)

878 Sunset Avenue
Prescott, AZ 86305
(520) 445-6633

In-Home Care

All States Personal Care

190 Sugarloaf St.
Sedona, AZ 86351
(520) 284-3190

Apria Healthcare

295 S. Willard St.
Cottonwood, AZ 86326
(520) 634-7528

Arizona Sunset Care
830 S. Main St. #1B
Cottonwood, AZ 86326
(520) 634-1456

The Caring Presence
14 S. Main St.
Cottonwood, AZ 86326
(520) 639-2166

Cedar Creek Homecare
807 Cove Parkway
Cottonwood, AZ 86326
(520) 639-0430

Creative Networks
2721 N. 4th St. #15
Flagstaff, AZ 86004
(520) 556-0195

Elderly Support Concepts
P.O. Box 802
Rimrock, AZ 86335
(520) 284-3940

Granite Mountain Homecare
1040 Whipple St. #312
Prescott, AZ 86305
(520) 445-2522

295 S. Willard St. #102
Cottonwood, AZ 86326
(520) 634-6349

Northern Arizona Homecare
269 S. Candy Lane
Cottonwood, AZ 86326
(520) 639-6674

Nurses Network Incorporated
8028 Highway 69 #201
Prescott Valley, AZ 86321
(520) 772-8707

Our Family Adult Care Home
1146 S. 10th St.
Cottonwood, AZ 86326
(520) 634-0299

Sedona Nursing Service
3640 Moki Drive
Sedona, AZ 86336
(520) 282-4674

Private Fiduciary

Fiduciaries, LLC
807 Cove Parkway #101
Cottonwood, AZ 86326
(520) 649-9994

Non-Medical Caregiving

Verde Valley Caregivers
P.O. Box 2055
Sedona, AZ 86339
(520) 204-1238