

Georgia's Aging Population
 by
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“In the United States, 20% of all Americans or about 70 million people, will have passed their 65th birthday by 2030. The demographic tidal wave is coming.”

Patricia P. Barry, MD, MPH, Executive Director Merck Institute of Aging and Health

Barry's “demographic tidal wave” is the result of two primary factors – aging baby boomers and longer lifespans. Today, a baby boomer turns 50 every 7.6 seconds, and by mid-century old people will outnumber young people for the first time in history, according to MSNBC's report, “Years Ahead: Aging in America.” And the oldest of the old, those over 85, are an even faster growing population around the world. “In the past hundred years, life expectancy has increased by three decades, a phenomenon that is reshaping our families, attitudes, work lives and institutions. The proportion of older people in the United States also is growing” says Julie Winokur of MSNBC.

These new seniors won't always look like your old picture of grandma in a wheelchair either. Retiring baby boomers will create a prosperous “yuppie senior” population in areas like Atlanta that will in turn create a market for new types of housing and cultural amenities, adding to the economic and civic growth of these areas, as these active seniors also often remain involved in the labor force (Frey). “Our families and social institutions are in the throes of a social revolution. The retirement age is rising, 80-year-olds are dating and an unprecedented number of grandparents are parenting again. ...Today, we're healthier longer, and the credo ‘You're only as old as you feel’ reflects a youthfulness of spirit that didn't exist in our grandparents' era. Prosperity has also blessed the current crop of older Americans, who are financially better off than their counterparts a generation ago” (Winokur, MSNBC). Present and future older Americans, especially women, are also better educated and in better health than their predecessors. Consider 91-year-old Lucille Borgen, of Babson Park, Florida, who won the Women's 10 Slalom and Tricks event at the 62nd Annual Water Ski National Championships in August of 2004 (“Senior Stars”). Or Bill Anderson, the 78-year-old bicyclist, who completed a coast-to-coast ride from San Diego, California, to Jacksonville Beach, Florida, in October of 2004, raising \$3,000 for the homeless. Or Frank Cokan who took up triathlons at 52, and at 68 competed in the 2000 New Zealand Ironman triathlon. Or Gloria Barnes, who became a model in her sixties with the Ford Modeling Agency's Classic Division, for older models. As seniors now look and act younger, models like Gloria don't just shoot for retirement communities or pharmaceutical companies; she has appeared in Vogue, Glamour, and Marie Claire.

The gift of longevity has its repercussions, though, with new demands and problems. There are many faces to seniors, across an entire spectrum – on one end is the older American living a healthy, wealthy, independent, and full life; on the other end is the isolated and infirm senior, dependent on private and public resources for survival. And as retirees become too numerous, as family structures change, with Americans having fewer children in addition to living longer, care options are fewer as well. “Currently a quarter of all households are caring for an older relative... long-term care facilities can expect a 100 percent turnover in nursing staffs every year and veterans with Alzheimer's disease have been kicked out

of Veterans Administration facilities because there aren't enough beds,” says Winokur. The same person can fit both categories: As Americans live longer, we will have more and more older seniors – over 85 – whose health care and community needs become more pressing, even though they may have been active and healthy for the first two decades of their senior status.

Awareness of the coming demographic change includes making fiscal and economic decisions for the shape of a society that has more older people than younger, creating livable communities for all ages, and considering health and long term care needs for a population that has diverse needs and abilities as well as disabilities. It also includes creating conditions that can maximize the skills and talents of experienced retired older Americans. “Communities that can capitalize on the diverse assets of older adults may find ways to stabilize the costs of governing and providing services, create new opportunities for economic growth, and provide a better quality of life for residents of all ages. At the same time, the aging of the population will call for continued innovations in areas traditionally associated with aging, such as health care and supportive services... Every area of local government has a role to play in this effort” (“Blueprint”). With creativity, collaboration, and planning ahead, policymakers can take advantage of the changing demographic for economic and community benefits for all.

The Andrew Young School of Policy Studies at Georgia State University will offer an opportunity for policymakers to gather and do just that. AYSPS will hold a conference “Georgia’s Aging Population: What to Expect and How to Cope” for Georgia policymakers on September 26, 2007. The conference will consider the issues of long term health care, livable communities, and economic and fiscal policies for the coming demographic change, giving policymakers the opportunity to raise awareness, discuss the issues, and explore their options. Such a conference is especially needed for the state of Georgia.

Overall, Georgia is considered one of the states to expect a rapid increase in senior population. “Fast senior growth (of over 140 percent) is projected to occur across a swath of states in the West, along with Texas, Georgia, and Florida in the South” (Frey). Presently Georgia is one of the states with the least number of seniors – under 11 percent. However, as one of the fastest growing states in this area, the rate of elderly growth will be 25% by the end of this decade, 44% by the next decade, and 35% from 2020-2030. And in these states with faster growing senior populations, seniors “aging in place” will far surpass migration as the predominant source of population increase. “In Georgia, the effects of aging in place will swell the state’s senior ranks by more than 40 percent from 2010 to 2020, versus less than 3 percent attributable to net migration” (Frey). Four of the top twenty fastest growing counties from 1990-2005 for pre-senior population (soon to be future seniors) are Georgia’s Forsyth, Gwinnett, Fayette, and Cherokee counties, with approximately a 200 to 250% increase. Among metropolitan areas, senior population grew over 50% in the Atlanta, Sandy Springs and Marietta area, while Warner Robbins showed an increase of almost 80%, ranking both of these metropolitan areas 8th in the nation as fastest growing. More significantly for future impact, Atlanta was fourth in the nation for pre-senior growth from 1990-2005, at 110%. “Pre-senior populations are growing rapidly everywhere, especially in economically dynamic Sun Belt areas previously known for their youth, such as Las Vegas, Austin, Atlanta, and Dallas” (Frey). Georgia’s balmy climate and coast line also lures more seniors to migrate into the state, adding to those “aging in place.” What this means is that the formerly young face of Atlanta, with its high employment growth over the previous decades, is now becoming older as its population ages in place, and its senior population will soon be among the largest in the nation (Frey).

Creating such communities doesn't have to be more expensive, doesn't have to be more complicated, and doesn't have to be more difficult creating poorly designed communities. They just have to be planned well. Contrary to what one might think, it is often little, easily implemented things that can make the difference between an independent, active, participatory senior, or an isolated dependent senior. All it takes is partnership and planning when creating housing communities. Coordination with diverse local leaders through building partnerships and alliances between housing officials and designers, service providers, transportation planners, planning and zoning specialists, parks and recreation officials, and economic development leaders will ensure that the community is well-planned. Decisions are being made today that will affect communities, and seniors, life for years to come – the sooner coordination and planning can focus on the impending population changes and needs, the better. Well planned communities mean that seniors can be independent and active longer, thereby decreasing the financial burden to the state and individuals on caring for infirm and dependent elderly.

Some communities are already amenable to a senior lifestyle, but the majority of this largely suburban, automobile-dependent country we live in is not. The key components to a livable community include: “affordable housing, a strong network of health and supportive services, low crime, good transportation access, and opportunities for civic engagement...”

These components of livability are literally built—or not built—into the places where people live. Where and how housing, stores, and health facilities are built affect residents' ability to access needed services and to remain engaged in their communities... Planning and designing communities for all residents need not be difficult. The physical characteristics of a livable community can be seen on any “Main Street,” where some residences are close to stores and services and people can easily travel by car, on foot, or by bicycle, or where they can access convenient public transit. Most American suburbs, however, were built with automobile travel in mind. Most baby boomers have grown up and spent their adult lives in suburban areas. As they age, communities will need to adapt to their changing physical abilities and life circumstances. (“Blueprint”)

Transportation is one of the most important considerations in creating a livable community. Better and more accessible transit and paratransit services, as well as improved road design (such as improved signage, brighter stop lights and pavement markings, larger lettering on street-name and directional signs, protected left-turn signals, converting two-way-stop intersections to four-way-stop intersections) are helpful, but the major key to a well-planned community – to senior independence, activity, as well as health – is the characteristic of *walkability*. Services, businesses, banks, amenities, drug stores, grocery stores, health services, as well as family and friends within approximately one quarter of a mile of safe and easy walking distance allows seniors to age independently and fully, even after automobile use becomes difficult. Policymakers should work together to plan land use and zoning codes accordingly and support the formation of intergenerational, mixed-income communities that have safe walking paths as well as biking and improved road conditions.

Another benefit of a walkable community is the exercise factor. The health care needs of older adults intertwine with the design, creation, and support of “livable communities.” Walking is the most common physical activity among seniors, and even among the oldest seniors, walking is still a “do-able” exercise form, and remains when all others become too strenuous (SAHA 2007). One of seven calls to action in a CDC/Merck study is to “increase physical activity among adults by promoting environmental changes.”

A 2003 University of Pittsburgh study of older woman, (average age of 74 years old), showed that “neighborhood "walkability" and the proximity of destinations play major roles in the amount of physical activity older women get, by up to 100 percent. Also, proximity to parks, trails or shops increases senior activity level significantly. Walking also improves balance, muscle mass and strength which helps prevent falls that cause seniors to fracture hips or other bones, another call to action from the CDC/Merck study since falls are a leading cause of hospitalization and injury deaths among older adults. Through exercise and better health, incorporated into livable communities, seniors can remain more independent, doing simple daily tasks with greater ease for greater number of years.

Ironically, while the sunbelt states stand to have the most influx and growth of their senior population, they generally fare the lowest, in terms of health care, including “quality of care, access to care, avoidable hospitalizations and costs, equity and healthy lives” (“State Health Scorecard”). Older Georgians do not fare well in state rankings, health-wise, landing in the bottom 20% on almost all items: 28% have complete tooth loss (42nd in the nation), 41% have a disability (50th), 40% do not participate in physical activity (49th), 23% of do not eat enough fruits and vegetables (44th), 21% of older adults are obese (35th) (SAHA 2007). Some actions for improving health in these seniors can be quite simple and inexpensive – some as simple as walkable neighborhoods, improving oral health, increasing immunizations, increase screening for colorectal cancer, according to the CDC/Merck study. Better senior health and greater activity can be achieved by other simple community efforts, such as supporting and promoting local farmer’s markets in a variety of ways, offering and encouraging exercise classes and walking programs, and developing and promoting parks and trails, as well as walkable communities.

Of significance to state and local budget planners is the fact that “researchers found no systematic connection between high spending and high quality health care. Some states achieve high quality at relatively low costs” (“State Health Scorecard”). Innovative programs for retirees and retirement community options have already been implemented, and Georgia policymakers can glean some helpful ideas. The On Lok program in San Francisco and Fairfax County, Virginia’s, “cluster care” program have each found unique ways of delivering services to home-based seniors at significantly reduced costs. Brooksby, a retirement community in Peabody, Massachusetts, has residents who spend a portion of their day in the woodshop, creating school supplies for children with special needs in coordination with nonprofits. Messiah Village in Pennsylvania, a full-service retirement community, has a child day-care center staffed by its senior residents, who become “surrogate grandparents” of a sort. New Jersey’s foster care for elders, keeps elders out of nursing homes and allows them to receive individual attention and care, and costing the state half that of a nursing home.

The implications and repercussions of this demographic tidal wave are many – the changing population will demand new economic and fiscal options, community and infrastructure developments and transformations, health care provisions and other policy adjustments in order to maximize the benefits of plentiful seniors and minimize the negative impact of this ballooning population at the upper end of the age scale. Partnerships and collaboration of local leaders and policymakers from many diverse areas are needed - not just “traditional” leaders on aging issues (such as gerontologists and social service providers) but also representatives of other agencies, organizations, and industry sectors that affect residents’ ability to age successfully, such as area agencies on aging, providers of health and supportive services, aging and disability advocates, housing officials, community developers and zoning specialists, architects, land use planners, transportation officials, urban design professionals, local nonprofits, children

and youth organizations, and local philanthropies. Collaborating with diverse community leaders and involved to identify opportunities, funding, empower staff, encourage public support, as well as provide forums for all stakeholders, including older adults, is the first step towards preparing for the change and creating a community with advantages for all.

On September 26, 2007, Georgia State University's Andrew Young School of Policy Studies in Atlanta, GA, invites Georgia policymakers to gather and explore options for the changing demographic. The conference begins with a keynote speech by internationally respected futurist Glen Hiemstra, and Georgia's Lt. Governor Casey Cagle will also speak. Sessions cover three integral topics to this trend: Livable Communities, Long Term Health Care Needs, and Economic and Fiscal Policies. A panel of policymakers will conclude. Register at aysps.gsu.edu/aging.html or call XXX-XXX-XXXX.

NOTES

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