

**Planning for an Aging California Population**  
**Preparing for the “Aging Baby Boomers”**

**Prepared by the California Strategic Plan on Aging Advisory Committee**

**May 2004**



**Patty Berg**  
**California State Assembly**

May 24, 2004

To Members of the Aging Community:

I am pleased to present you with the enclosed report that refines priorities outlined in the Strategic Plan For an Aging California Population (in compliance with SB 910 [Vasoncellos], Chapter 984, Statutes of 1999). I convened this committee and will be convening two others (the Expert Panel to Review the California Department of Aging and the Committee to Advance an Aging Agenda for the 21st Century) in an effort to help guide policy makers and stakeholders as they develop comprehensive and meaningful legislative, grassroots, and policy agendas to address the issues surrounding the aging of California's aging baby boomers. It is our hope that this report will provide the necessary framework for both the Expert Panel to Review the California Department of Aging and the Committee to Advance an Aging Agenda for the 21st Century to begin their respective work.

I would like to acknowledge the work of this committee, Chaired by Stephen Schmoll, Executive Director of the Santa Clara County Council on Aging. I would like to thank the Chair and members for their time, energy and assistance in drafting this report as well as the guiding principles and key questions that need be considered in the context of the State's Strategic Plan on Aging. Committee members include: Sandi Fitzpatrick, Executive Director of Area 1 Agency on Aging (serving Del Norte and Humboldt Counties), Deanna Lea, Executive Director of the Area 4 Agency on Aging (serving Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba Counties), Lu Molberg, Director, Office of Aging of Riverside County, Robert Sessler, Director of the Contra Costa County Aging & Adult Services, and Ray Mastalish, Executive Director of the California Commission on Aging. I also greatly appreciate the work of the other participants including Bonnie Darwin, Chief Consultant to the Assembly Select Committee on Olmstead Implementation, Allison Ruff, Principal Consultant to the Assembly Committee on Aging and Long Term Care and Sarah Sutro-Steenhausen, Consultant to the Senate Subcommittee on Aging and Long Term Care, who provided staff support to the committee.

I look forward to partnering with you as we prepare California for the unprecedented aging of our population.

Sincerely,

A handwritten signature in black ink that reads "Patty Berg".

Patty Berg  
Chair, Assembly Committee on Aging and Long Term Care

## Executive Summary

***The aging baby boomers will impact every area of policy development... Neither California, nor the nation, have the luxury of time - the time has already come.***

California is at a crossroads. We face an unprecedented growth in our aging population, yet we also are dealing with a critical budget crisis that threatens the core of services essential to keeping our senior population in their homes and communities. The aging baby boomers will impact every area of policy development.

Policymakers need to begin developing parameters for the overall implementation of the statewide strategic plan on aging. This plan will expand and change over time as needed to address both current and future issues related to the aging of California's Baby Boomers. Like aging itself, this process cannot remain static or subject to the various vagaries of the legislative and political process at the local, state, and federal levels. Neither California, nor the nation, have the luxury of time - the time has already come. In advancing the aging agenda, strong leadership will produce numerous future dividends for virtually all segments of our society.

## Background

The following report, developed by the Strategic Plan on Aging Advisory Committee, sets forth guiding principles and key questions to be answered in response to the Strategic Plan For an Aging California Population, in compliance with SB 910 (Vasconcellos), Chapter 984, Statutes of 1999. The guiding principles and key questions will provide the foundation and necessary guidelines for establishing priorities and direction for the development of an Aging Agenda for the 21st Century.

The Strategic Plan Advisory Committee is the first of three committees established under the auspices of Assembly Member Patty Berg, Chair of the Assembly Committee on Aging and Long Term Care. The Committee is responsible for further refining the priorities in the Strategic Plan to those most likely to result in fundamental systemic reform to the State's current service delivery system for older persons. It will also help guide policy makers, elected officials and others in their efforts to create a comprehensive system of community based care for the coming aging baby boomer generation. The guiding principles and key questions will be used by the two other Master Plan on Aging Committees: *An Expert Panel to Review the California Department of Aging* and the *Committee to Advance an Aging Agenda for the 21st Century*. The Expert Panel to review the California Department of Aging will examine the state structure and the various departments that administer aging related services, ultimately developing a model that makes sense for California. The Committee to Advance an Aging Agenda for the 21st

Century will establish legislative priorities, timelines and strategic grassroots implementation steps to move an aging agenda forward.

The efforts of the three committees will culminate in a product that can be used to shape aging policy across California and the nation to comprehensively plan for Aging Baby Boomers. At the state level, these efforts could influence State restructuring efforts, result in a rewrite of the Older Californians Act and could also serve as a basis for California's platform for the next White House Conference on Aging.

## Demographics

*California faces a number of challenges and opportunities with respect to the aging of our population.*

The State of California faces a number of challenges and opportunities with respect to the aging of our population. By the year 2020, the number of people in California age 65 years old and older is projected to nearly double to more than 6.5 million. Conservatively, this will represent approximately 14% of California's total population. The greatest growth within the older population will be among the oldest Californians age 85 years of age and older. By 2030, this population cohort will constitute one in five of the state's older residents up from its current 13%. The "old-old" population will, as now, continue to be dominated primarily by women although the gender gap will continue to decrease.

## Emerging Trends of Aging Baby Boomers<sup>i</sup>

*Policymakers will need to redefine who is "old" and re-conceptualize aging services.*

The Aging Baby Boomers represent the 76 million persons born in the United States from 1946 to 1964. They are the largest birth cohort ever born in the United States, representing 31% of the population. In 2006, Aging Baby Boomers will begin turning 60. By the year 2030, all surviving Aging Boomers will be age 66 to 84, representing one of five Americans.<sup>ii</sup>

The Aging Baby Boomers will impact every area of policy development. Since most of the major aging policy issues that need to be addressed are interrelated, policymakers and planners can no longer continue to view and address specific topics and concerns independently.

Policymakers will also need to redefine who is "old" and re-conceptualize aging services. The very definition of "old" is apt to change in the coming years. The cohorts that will be age 65 and over in the next 20 to 30 years will be more mobile and healthier. At the same time, large numbers of older adults will continue to be poor, chronically ill, isolated, and in need of public services.

Functional ability needs to be considered as a more relevant criterion for program eligibility. Thus, in addition to redefining aging, policymakers need to account for the diversity of needs and expectations among future cohorts of older people in order to use state resources wisely and plan effectively. To this end, chronological age will not necessarily be the determining factor in what is considered as "old" and will be questioned as a criterion for public program eligibility.

### **Emerging Trends: Health Care**

*The standard for health care will not relate only to physical health, but the holistic health of the person- including physical and mental health and wellness.*

Ensuring access to health care is essential for reducing mortality and disability and improving quality of life for the Aging Baby Boomer population. The incidence of Alzheimer’s Disease will grow substantially until a cure is found. Other diseases such as shingles and diabetes will rise. While increasing longevity is sought, the ramifications will also be daunting. End-of-life care and palliative care will grow increasingly important as more people live longer. Ethical questions will be raised regarding who receives treatment to extend the life span. Policymakers will continue to struggle with increasing the availability of quality, affordable, and acceptable health care and pharmaceuticals for an ever-growing older population. Ultimately, the standard for health care will not relate only to physical health, but the holistic health of the person- including physical and mental health and wellness.

### **Emerging Trends: Housing**

*A significant percentage of older adults in California face serious housing-related problems.*

A significant percentage of older adults in California face serious housing-related problems. Many people over age 65, burdened by high housing costs and living on fixed incomes, are in need of affordable housing. This is particularly true for those who live alone and have low incomes, and urgent for many women and minority group members. Older Californians also need adequate housing; the substandard dwellings in which many of them live are unsafe and in serious need of repair. Many housing situations do not provide the adaptability and accessibility seniors require; simple home modifications and more complex adaptations can make physical space supportive and safe, easing the ability to “age in place.” Institutionalized care can be delayed, even avoided, as housing options become more appropriate by providing or linking with supportive services.<sup>iii</sup>

Many California households are seeking to have their homes constructed or modified to allow for full life-cycle use, available for visits or residence by parents, grandparents, and others who have

difficulty entering or using these homes due to barriers resulting from traditional construction standards. Many government and private entities have considered adoption of the principles of universal design to allow for inclusive use of homes. With universal design, housing is made to be flexible enough to be used by people with a wide range of abilities and circumstances. Assisted living is another way to remain in the community and avoid institutionalization. However, Medi-Cal currently does not cover assisted living, which can cost \$3,000 or more a month. California is currently developing a pilot program to make assisted living services available to people who cannot afford to pay for them out of pocket. Aging Baby Boomers will seek ways to remain independent at home and in the community, pressing for policies that create and replicate new models of elderly housing options that integrate housing and supportive services, including access to home modifications and expansion of universal design.

### **Emerging Trends: Transportation and Mobility<sup>iv</sup>**

*Policymakers will be forced to develop alternative transportation services, driver safety education, "walkable" communities, and better access to public transportation.*

Mobility is critical to the well-being of California's elderly. To live full lives and avoid social isolation, people must be able to access friends and relatives, health care services, shopping opportunities, and social and recreational activities. Older Californians are the most automobile dependent group in our society, making well over 90% of all their trips in automobiles, either as drivers or as passengers. Over time, the elderly are becoming ever more automobile oriented, and an increasing proportion of them live in "mega-suburb" communities, making it difficult to reach their destinations by transit and walking. Given that transportation needs are directly interrelated to land-use planning, policymakers will be forced to develop alternative transportation services, driver safety education, "walkable" communities, and better access to public transportation.

### **Emerging Trends: Employment, Finance and Retirement<sup>v</sup>**

*Aging Baby Boomers have not prepared financially for their long futures.*

In general, Aging Baby Boomers have not prepared financially for their long futures. It is unclear what retirement will mean to Aging Baby Boomers who may desire to retire early but, in reality, will not be able to afford to do so. In today's economy, employees are less likely to receive retirement pensions and health insurance plans. According to AARP, "the need for money is the primary motivator"<sup>vi</sup> for working in the traditional retirement years. Many older Californians continue to work, either by choice or due to economic need. To prepare for the impending growth in our Aging Boomer population, government policies will need to provide

incentives for employers and for workers to encourage boomers to remain in the work force. In addition, as the perception of "aging" changes, it will be important for policymakers to develop alternative arrangements to accommodate older workers in the workplace, including increased flexibility in scheduling and creative approaches towards pensions and retirement. Policymakers will need to support individuals' continuance in the labor force for as long as they need or want to work.

### **Emerging Trends: Involvement**

*We have a growing older population that is vital, active and possesses great intellectual wealth.*

Aging Boomers will seek ways to increase voluntarism at all life stages, as a way to stay productive and connected to society. We have a growing older population that is vital, active and possesses great intellectual wealth. The Aging Baby Boomers need a social model through which to optimize their continued involvement.

### **Emerging Trends: Wellness<sup>vii</sup>**

*Aging is not uniformly associated with significant disease and disability.*

In recent decades, there has been a growing appreciation for the fact that older age, while a time of greater risk for declines in health and functioning, need not inevitably be associated with such negative outcomes. Indeed, there has been an increased awareness that considerable numbers of older adults continue to enjoy relatively high levels of physical and cognitive functioning and remain actively engaged in various life pursuits well into their 70s, 80s, and even 90s. Despite the considerable and needed attention that is devoted to the health and functional problems most commonly seen in older age groups, aging is not uniformly associated with significant disease and disability. Health promotion activities consisting of exercise, nutritional guidance and regular preventive physician visits will need to be greatly expanded if they are to have any meaningful and long term positive impacts upon both health maintenance and cost containment of health care. Statewide and/or nationwide initiatives, similar to California's successful anti-smoking campaign, will require an up-front investment of funds in order to produce long-term savings. Policymakers will need to consider ways to invest in disease prevention as a way to promote wellness in our older population.

### **Emerging Trends: Trained Workforce**

The aging of California will increase the demand for professionals with knowledge of and expertise in the human aging process. Ensuring the adequacy and availability of the paraprofessional and

***Ensuring the adequacy and availability of the paraprofessional and professional workforce is a critical component of planning for our aging population.***

professional workforce is a critical component of planning for our aging population. At present, California faces a severe shortage of professionals and paraprofessionals needed to operate programs and provide services for older adults. For example, there are approximately 890 geriatricians (physicians with geriatric specialist credentials) in California, or only one geriatrician per 4,000 Californians 65 years of age or older. Only 3 percent of social work students specialize in gerontology, and only 5 percent have taken a course in aging<sup>viii</sup>. We also face a shortfall of approximately 30,000 certified nursing assistants needed to provide care for frail seniors who reside in nursing homes. Policymakers will need to develop policies that train our professionals and paraprofessionals to care for the aging population, and continue to retain, retrain and utilize the existing paraprofessional and professional workers as they age.

### **Emerging Trends: Caregiving<sup>ix</sup>**

***Concern has been raised regarding the future availability of family members to care for increasing numbers of disabled elderly persons.***

Whether aging Californians live in their own homes, receive in-home support, live with a relative, live in an assisted-living residential facility, or live in a nursing home, one of the keys to their well-being is family caregiving—defined as those family members and informal care providers who assist with the care of disabled or functionally impaired elderly relatives.<sup>x</sup> The availability of family caregivers to provide care is a major factor in predicting whether or not older people can remain at home.<sup>xi</sup> Approximately 75% of community dwelling disabled elderly are cared for at home or in the community by family members or other informal care providers.<sup>xii</sup> However, concern has been raised regarding the future availability of family members to care for increasing numbers of disabled elderly persons. In 1990, there were 11 individuals ages 50–64 for each elderly person age 85 or older. By 2030, it is estimated that there will be only 6 individuals ages 50–64 for every person age 85 or older. For each person aged 70–85, the number of biological children is expected to decline from its current level of about 2.5 to about 1.7 in 2030.<sup>xiii</sup> The decreased number of family caregivers is apt to be complicated further by geographic mobility, greater female workforce participation rates, and major changes in the composition of family groups. Single parent households have tripled since 1959, and there are increasing numbers of “blended” families, reflecting multiple lines of descent through multiple marriages. These “blended” families will be confronted with new caregiving demands.<sup>xiv</sup> The Aging Baby Boomers are changing the characteristics of the typical family unit; this will likely impact the needs and characteristics of caregiving. Therefore, policymakers will need to develop systems that respond to the changing needs of caregivers.



## Emerging Trends: Long-Term Support

Long-term support, often referred to as long term care (LTC), refers to a set of health, personal care, and social services that assist people who have functional or cognitive limitations to carry out activities of daily living and other activities for at least a three-month period.<sup>xv</sup> Aging Baby Boomers will prefer to receive their care at home and in the community, leading to the need for policies and funding streams that promote non-institutional caregiving and creative community based long term support arrangements.

## Emerging Trends: Financial Abuse

*Financial abuse is expected to be one of the most prevalent crimes committed against seniors.*

Financial abuse is expected to be one of the most prevalent crimes committed against seniors. Policymakers will need to decrease Aging Baby Boomers' susceptibility to scams and neglect and consider developing a method to prevent, prosecute, and punish those who commit heinous financial, corporate, accounting, securities, and related crimes against our elder citizens' individual assets, pension and retirement programs.<sup>xvi</sup>

## Emerging Trends: Changing the Culture of Aging

In order to promote wellness and inclusion of Aging Baby Boomers in society, it will be important to change the way aging is perceived, and to popularize more realistic images of what it means to be "old" – to expect positive experiences in later life. Policymakers will need to consider how to provide Aging Baby Boomers with genuine choices about how they age.

## The Aging Baby Boomers: Implications for Policy Development<sup>xvii</sup>

In order to deal responsibly, both humanly and fiscally, with the impending "age wave", we must adopt and implement a comprehensive aging agenda for the new millennium.

Many Aging Baby Boomers are going to live much longer and in many cases healthier, than their parents and grandparents. Most of those persons who live to very old ages will be women, although the gap is narrowing. Many older women will outlive their money and, in some cases, their caregivers. Many young-old couples (persons aged 65-74 years) today are active and healthy. Many middle-old individuals (persons aged 75-84 years) are widowed, live alone, and use community-based and then home-based services in order to

***In order to deal responsibly, both humanly and fiscally, with the impending "age wave", we must adopt and implement a comprehensive aging agenda for the new millennium.***

remain independent. Many old-old persons (persons aged 85+ years) need the supports provided at this life stage by group housing and ready-made communities of similarly vulnerable elders.

Boomers are likely to prefer different kinds of supports than their forebears – supports like electronic information searching, confidential but complete pharmaceutical and medical records, assistive devices, insurance-based care options, and multiple forums in which to continue to be heard in their roles as consumers, entrepreneurs, taxpayers and voters.

Many grandparents will continue to raise their grandchildren and support their own children who are unable or unwilling to be effective parents.

Like every other cohort before them, the two Aging Baby Boomer birth cohorts (1946-54 and 1955-64) experienced major historical events at the same ages and life stages and, therefore, are predicted to share values and dispositions to behave in response to that shared history. For example, many older Aging Baby Boomers in their formative years experienced both the war in Vietnam and the protests against it as well as the social turmoil that characterized the civil rights debates and conflicts of the 1960s. On average, they will be more demanding, more assertive, more technology-savvy, and more self-reliant, as well as less risk averse.

## **Impediments to Policy Development**

***Many policymakers have ignored the impending aging of our population, focusing too much on dealing with the crisis of the moment, rather than following through with visionary planning.***

In the United States, the government's role in providing for our older citizens has long been a cornerstone of our domestic policy. This traditional philosophy will be challenged and may not be sustainable given the sheer size and scope of the social and economic needs of the Aging Baby Boomers.

Aging policy cuts across many policy areas, and has developed into an arrangement of fragmented services and multiple funding streams with no national or state unifying force to direct and coordinate a “systems approach.” The Federal Older Americans Act of 1965 was intended to be a unifying force for national aging policy. However, portions of the Act have never been implemented. Many policymakers have ignored the impending aging of our population, focusing too much on dealing with the crisis of the moment, rather than following through with visionary planning. In addition, policymakers face resistance to change from strong, single-focus interest groups. These interest groups fear change as it could harm

the positions of their respective constituencies. Change will require systems thinking, leadership, political will and courage.

Even if policymakers had the political will and inclination to act and plan for the future, their efforts would be hampered by a lack of sound, consistent and useful data. Attempts to develop national and aging policy research efforts face resistance because of societal biases against aging. However, without data, informed projections and responsive policy cannot be developed to appropriately plan for society's needs.

## ***Is Anyone Preparing for the Coming of the Aging Boomers?***

### **California is Preparing**

***California is not yet prepared for the aging of its population, but we have begun the process.***

Policymakers are faced with a daunting task. California is not yet prepared for the aging of its population, but we have begun the process. The Older Californians Act has the potential to bring California to the forefront of aging policy for the older population, but it remains outdated as its promise has not been realized. In the early 1990's, the California Department of Aging issued the State Plan that called for "Changing Paradigms of Aging." In 1999, SB-910 (Vasconcellos) called for a first-ever Statewide Long Range Strategic Plan on Aging, which has since been submitted to the Legislature. All together, there are seven different State Plans that to some degree serve the same population:

1. State Plan on Aging
2. Statewide Long Range Strategic Plan on Aging
3. Olmstead Plan
4. State Plan for Independent Living
5. California Mental Health Master Plan
6. California State Plan for Vocational Rehabilitation Services
7. California State Council on Developmental Disabilities

The existence of seven different plans spanning more than a decade illustrates the fragmentation at the state level. While there are common themes to each plan, they must all be integrated into a single policy vision that state and policy makers can use to develop an aging agenda for the 21st Century with an appropriate legislative platform which will include recommendations for rewriting the Older Californians Act.

## Guiding Principles

Common themes emerge from each of these plans. These themes represent a set of guiding principles that provide the foundation and necessary guidelines for establishing priorities and direction for the development of an Aging Agenda for the 21st Century:

*Systemic reform of the present system will benefit not only today's older persons, but will also create a solid foundation upon which future generations can rely.*

1. Consumer and family-focused policy approach
2. Options for independence
3. Systems change that maximizes participation from consumers and families.
4. Access to services from a seamless system of care
5. Consumer and family empowerment and advocacy

Planning a comprehensive system of care for the Aging Baby Boomers cannot be done without first examining the present home and community based service delivery system and reshaping it in a way that is consumer and family-focused. The parameters for such a system, once established, should remain largely immune from changing political priorities. In other words, a commitment to a consumer-focused system approach for aging services must be capable of withstanding the test of time and have basic principles that outlast or extend beyond legislative sessions and/or bureaucratic restructurings. Systemic reform of the present system will benefit not only today's older persons, but will also create a solid foundation upon which future generations can rely. In order to ensure that this happens, the Legislature should develop a structured approach to the way in which any future legislation affecting this population is crafted.

## Key Questions

In order to move forward with the development of a consumer focused systems approach, the following questions must be addressed either through Executive Order, regulatory or Legislative change or a combination of all three:

1. How do we implement change and/or improvements to the system in such a geographically, ethnically and culturally diverse state as California?
2. How can we engage all sectors, including business, nonprofit and faith-based organizations, and what incentives would be required to achieve this?
3. How can we best integrate service systems for the elderly and adults with disabilities while, at the same time, acknowledging and responding to differences between these population groups?

4. Who are the key stakeholders whose commitment and partnership are essential?
5. How do we ensure that revenue resources are commensurate with population growth?
6. What should the criteria be for the distribution of resources?
7. How can we foster additional research related to the aging of the population, and ensure that it is applied towards the development of policy?
8. How can we ensure that we help empower individuals to remain as independent and engaged as possible for as long as possible?
9. How can the arrangement of services be delivered to the consumer in a seamless, coordinated manner, regardless of program administration and jurisdiction?
10. How can programs effectively eliminate individual data and eligibility silos and become consumer rather than provider-centric? In other words, how can the State move from individual eligibility and data collection to accountability in data collection, focusing more on outcomes for the consumer and cost-effectiveness of the programs and services?
11. What administrative hurdles and barriers to change need to be overcome at both the state and county/local level?
12. How do we address systemic barriers such as the confidentiality of the Health Insurance Portability and Accountability Act?
13. How can we ensure that adequate checks and balances are built into any service delivery system without overburdening the system with regulations, in order to achieve accountability and quality control?
14. How do we ensure that federally-mandated responsibilities related to advocacy are carried out in a consistent and effective manner at the state and local levels?
15. How do we balance the need for consumer choice and the need for local flexibility with necessary state oversight and accountability standards?
16. How do we develop service system standards that are uniform and not dependent upon income? In other words, how do we avoid having separate (and unequal) systems of care for low, moderate and upper-income persons?
17. How do we ensure quality standards are maintained or developed across services regardless of the funding source and/or the service provider?

## FOOTNOTES

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- <sup>i</sup> Excerpt from the "SB 910 Strategic Plan for an Aging California Population", 2003.
- <sup>ii</sup> Jeanne Bader, "Ca.Boom: A presentation for the League of California Cities" Long Beach , California. April, 2004.
- <sup>iii</sup> Jon Pynoos, Christy Matsuoka, and Phoebe Liebig, "*Housing for Older Californians*" California Policy Research Center Brief: Strategic Planning on Aging. No. 5, May 2001. Direct excerpt
- <sup>iv</sup> Martin Wachs. *Mobility, Travel and Aging in California*. University of California Policy Research Center Brief, No. 6, May, 2001. Excerpt from the "SB 910 Strategic Plan for an Aging California Population", 2003.
- <sup>v</sup> Irene Yen, Edward Yelin. *Labor and Retirement Status of California's Aging Population*. Berkeley: California Policy Research Center, University of California, 2001. Excerpt from the "SB 910 Strategic Plan for an Aging California Population", 2003.
- <sup>vi</sup> *Staying Ahead of the Curve 2003: The AARP Working in Retirement Study*. Data Collected by Roper ASW, report prepared by S. Kathi Brown. Washington DC: AARP Knowledge Management, 2003.
- <sup>vii</sup> Teresa Seman. Optimizing Trajectories of Aging in the 21<sup>st</sup> Century: Can We Promote More Successful Aging for Coming Generations? Berkeley: California Policy Research Center, University of California, 2001. Excerpt from the "SB 910 Strategic Plan for an Aging California Population", 2003.
- <sup>viii</sup> Andrew Scharlach, Jaimie L. Simon, and Teresa S. Dal Santo "Social Workers in California's Public Aging Services: Implications for State Policies and Programs" California Policy Research Center, Brief: Vol. 15, No. 2 February 2003
- <sup>ix</sup> Excerpt from the "SB 910 Strategic Plan for an Aging California Population", 2003.
- <sup>x</sup> Scharlach, Andrew "*Family Caregiving for Older Californians*" California Policy Research Center, Brief: Strategic Planning on Aging" No. 11 May 2001. Direct excerpt
- <sup>xi</sup> Ibid.
- <sup>xii</sup> Liu and Manton, 1994
- <sup>xiii</sup> Wachter, 1998
- <sup>xiv</sup> Berg, Patty and Art Collins, "Baby Boomers: Issues and Trend Summary Analysis Including Opportunities for the Aging Network" 1996.
- <sup>xv</sup> Charlene Harrington, Robert Newcomer, and Patrick Fox, "*Long Term Care for Older Californians*" University of California Policy Research Center Brief: Strategic Planning on Aging, No. 9. May 2001.
- <sup>xvi</sup> Paul Hodges, "Baby Boomer Public Policy: A New Vision", Generations Policy Initiative, Harvard University.
- <sup>xvii</sup> Jeanne Bader, "Ca.Boom: A presentation for the League of California Cities" Long Beach , California. April, 2004.