



# WHO DECIDES?

Imagining a Different Future:

Planning Now for a New  
Generation of Older Consumers

## **Acknowledgements**

AAHSA wishes to acknowledge the members of the Cabinet on the Future Needs of Consumers, who generously shared their insights during discussions leading to the preparation of this report. Cabinet members represented a range of disciplines and organizations, including consumer groups, provider organizations, businesses, foundations and marketing firms. Each brought a unique and valuable perspective to the discussions both as a consumer and a professional in his or her field.

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AAHSA wishes to thank Geralyn Graf Magan, who served as a writer and editor for this project, writing research summaries for the cabinet and editing its final report. We are grateful for her thoroughness and editorial flair.

# Imagining a Different Future: Planning Now for a New Generation of Older Consumers

*AAHSA Cabinet on Future Needs of Consumers*

## Executive Summary

An unprecedented explosion in the aging population – spurred by the pending retirement of 78 million Baby Boomers – will present serious challenges to both consumers and providers of long-term services and supports. Yet, the aging of America will also give consumers and providers an unprecedented opportunity to create a consumer-responsive service and support system that meets the individual preferences of older citizens while facilitating healthy aging for all.

***Baby Boomer characteristics.*** Research shows that the next generation of older people will be ethnically, economically, physically and educationally diverse. Many older consumers will enjoy financial security. But others – including women, members of minority groups, and those with inadequate retirement savings – could face serious financial challenges. High rates of disability and chronic disease, predicted by some health experts, will complicate the retirement picture for many future consumers.

***A different kind of consumer.*** Fortunately, there are many reasons to believe that Baby Boomers will help us creatively manage the challenges ahead. These older people will be well educated, technologically savvy and eager to work hard for social change. Most important, they will want to take charge of their own aging experience. Future consumers will not trust providers to make decisions for them. Already accustomed to having abundant choices in many aspects of their lives, they will demand the same range of choices from us.

Because future consumers will be different, providers of long-term services and supports must also be different. Instead of “serving” and “caring for” residents and clients, we must enable and empower them. This dramatic shift will surely disrupt our current ways of doing business. However, inaction is not an option. If we don’t offer abundant and meaningful choices to consumers – and work hard to foster consumer independence and autonomy – older people will find other providers who will.

***Need for inclusive planning.*** How can we prepare for this inevitable shift? First, we must ask consumers to tell us how they want to age – and we must listen carefully to their answers. Then we must work, as equal partners with consumers and local stakeholders, to create community-wide service and support systems that meet consumers’ stated expectations. Such systems would offer consumers full and open access to information, services and supports; varied transportation, home care and universal design options; and strategies for disease prevention and management. They would also:

- Recognize the abilities and interests of older consumers.
- Offer full information and transparency, with appropriate privacy safeguards.
- Emphasize flexibility, choice, freedom and accessibility.
- Integrate and coordinate services and supports across settings.
- Provide customized and personalized services that respect consumer diversity.
- Empower consumers to make decisions and take informed risks.
- Ensure provider accountability through consumer protections and quality review.
- Offer a quality consumer experience, designed by and with consumers.
- Provide ample opportunities for social interaction and meaningful activity.

***Conclusion.*** The coming shift in the relationship between consumers and providers of long-term services and supports will require that AAHSA members adopt a different approach to the good work they do. Many of us will find it challenging to make the changes necessary to attract a new kind of older consumer to our services and supports. Yet, AAHSA members have a unique ability to lead and learn. Our desire to innovate, and our willingness to share what we have learned, is imbedded in the nonprofit culture. Both characteristics will help us imagine a different future for a new generation of older consumers.

## **Imagining a Different Future: Planning Now for a New Generation of Older Consumers**

As the 78 million Baby Boomers begin to reach retirement age, the nation is embarking on a graying process that will last for decades. Health and service providers, including AAHSA members, continue to worry about the impact that the projected growth in the aging population – from 35 million in 2000 to 71.5 million in 2030<sup>1</sup> – will have on the nation’s health and long-term care infrastructure, and on our ability to continue offering high-quality care and services for the aging.

The sheer numbers of people who will require long-term services and supports over the next three decades will present us with unprecedented challenges on a variety of fronts, as we search for an equitable way to finance care and services for all Americans, build a quality workforce, and continue our current efforts to improve and measure quality. Yet the next decades will also challenge us to design services and delivery systems that meet the very personal preferences and expectations of Baby Boomers and the aging cohorts that follow them into retirement. Whether these challenges tax us beyond our capacity – or, alternately, invigorate our efforts to create a truly responsive system of long-term services and support – will depend on how well prepared we are for the changes ahead.

Helping to prepare AAHSA members for these challenges has been the mission of the AAHSA Cabinet on Future Needs of Consumers. Over the past 18 months, this group of providers, long-term care experts, and consumer advocates has consulted with a variety of experts, read an extensive array of studies and reports, and participated in lively discussions. This report represents the result of that work: a collection of educated assumptions about who our future consumers will be and what steps we need to take today to ensure that we can offer those consumers the services and supports they desire in a manner that they prefer. The cabinet presents this report with the firm belief that to be successful, AAHSA members must employ on a systematic and research-based process that can help them make reliable assumptions about consumer needs and preferences and can guide them as they create programs and services that are responsive to those needs and preferences.<sup>2</sup>

## Who is the Future Consumer?

The early work of the AAHSA Cabinet on Future Needs of Consumers was guided by *The Consumer Research Digest*<sup>3</sup>, a 50-page document that summarized the latest research about future consumers of long-term care services and supports, particularly the Baby Boomer cohort. While the research doesn't tell us with certainty exactly what future consumers will expect from AAHSA members, or the specific needs and preferences they will have, it does allow providers to begin the planning process by identifying potential changes and challenges that could impact our organizations and the consumers we serve.

The research shows that the next generation of older people will be ethnically, economically, physically and educationally diverse. Because consumers are dissimilar, therefore, we must be careful neither to oversimplify the consumer nor to assume that one type of service and support "fits all." For example, the number of older people who belong to minority groups will increase from 5.7 million in 2000 to 12.9 million in 2020.<sup>4</sup> This demographic shift will challenge us to design programs and services that are sensitive to that diversity.

Economic diversity among older people will also be an issue for providers in the future. While many older consumers are expected to be economically secure,<sup>5</sup> this may not be the case for all the people we serve.<sup>6</sup> Women and members of minority groups, many of whom struggled with financial security during their working years, will continue to feel the pinch during their retirement years.<sup>7,8,9</sup> Those boomers who haven't taken steps to prepare for retirement – estimated at more than 20 percent of U.S. adults<sup>10</sup> – may be forced to work longer than they thought would be necessary. Yet, working longer may not be an option for the 37 million Baby Boomers who are expected to be managing more than one chronic disease by 2030.<sup>11</sup> This statistic raises questions about the ability of future consumers to pay the estimated \$215,000 in medical costs they are expected to incur after retirement<sup>12</sup> and the ability of family caregivers to continue providing an estimated \$350 billion worth of unpaid care to their loved ones.<sup>13</sup>

By far, the most significant unanswered questions revolve around how recent declines in the value of housing and investment portfolios – both important elements of retirement income – will affect the ability of future consumers to maintain their pre-retirement lifestyles while paying for the services and supports that they will need as they age. In one possible scenario, retirees whose homes have lost value during the current economic crisis may be reluctant or unable to move to retirement or assisted living communities as they grow more frail, thus boosting the demand for home and community-based services. In another scenario, Baby Boomers whose

financial situation in 2009 caused them to postpone preventive medical care or ignore their chronic conditions may find themselves in poorer health in 2030 when they reach retirement. This turn of events could put added pressure on AAHSA members and family caregivers, who must work together as partners to provide services and supports to a growing number of retirees whose physical health and financial security is compromised.

Clearly, these scenarios could prove quite challenging for future consumers, their families and their service providers. Yet, there are also many reasons to believe that Baby Boomers can play a major role in helping us manage these challenges creatively and successfully. For example, members of this generation will be better educated than their predecessors<sup>14</sup> and more comfortable with the kinds of technology that promise to revolutionize care delivery.<sup>15</sup> Most important, this cohort has already demonstrated its willingness to work toward social change through participation in community groups and other volunteer activities.<sup>16,17,18</sup> A willingness to remain actively engaged in their communities promises to help keep these future elderly active and independent into their later years. A willingness to share their skills and experiences with others to solve common problems could help to reshape our approach to aging and to the delivery of long-term services and supports.

## A Shift in Power

We simply do not know what consumer expectations of aging service providers will be in a decade. We also don't clearly understand how consumer behavior will affect the way we do business. What we *do* know is that consumers are changing.

The residents and clients we will serve in the next 10 years will be different from the residents and clients we serve now or those we have served during the past 10 years. Based on our research and discussions, the AAHSA Cabinet on Future Needs of Consumers concludes that:

- **Future consumers will no longer trust providers to make decisions for them.** Instead, consumers will be hungry for credible information that they can use to make informed choices about services and supports that will improve the quality of their lives. To serve consumers well, we will need to exercise a high degree of transparency in our business dealings. We must also be willing to negotiate, engage and meet consumers where they are, without being constrained by walls or real estate.



- **Future consumers will expect choice in long-term services and supports.** Other sectors of our economy already offer these consumers abundant choices, whether they are banking through convenient automated teller machines, buying cars online and on their own terms, or using the Internet to download only the music they want to hear. The business case for offering this choice is clear: if we aren't willing to offer abundant choices – as well as the information that consumers need to make informed choices – consumers will find other providers who *are* willing and able to do so.
- **In order to be meaningful, consumer choice must ultimately lead to consumer control.** In a truly radical shift, future consumers are not likely to be satisfied with choosing from among a variety of care options that providers have designed for them. Rather, providing choice will mean *inviting consumers to help design* the options that will make up our future long-term services and supports. It will involve honoring consumer preferences, even when those preferences disrupt traditional ways of operating or upend an organization's sense of order and safety. The consumer will drive our agendas. The consumer will be in charge.

This new environment of choice and control will create unique opportunities for consumers and providers to become true partners, working together to create a new approach to healthy aging that preserves independence and autonomy. Within this environment, we believe that successful providers will play a critical role as coordinators of the varied services and settings that consumers will choose for themselves as they design their own healthy aging experience. Providers will also have an important role to play in easing and facilitating the transitions among these services and settings. For their part, consumers will be expected to take responsibility for making lifestyle choices that support healthy aging. Mindful of consumer diversity, however, we must also take steps to coach and support consumers who are too poor or too sick to be drivers of services. We cannot leave these consumers behind.

### **Responding to the Consumer: Guiding Principles**

Decades ago, as older people with frailties were placed in a “home for the incurable” or a “widow’s home,” the advent of aging brought with it an overwhelming sense of loss, lack of hope and the portent of approaching death. Public policy reinforced this pattern, as reimbursement systems exclusively supported the services provided in these settings. Energetic and passionate nonprofit organizations operated within these structures, focusing on providing the highest and best quality of life for their residents. We did good work, offering services and care with compassion. We are still doing good work.

Yet, over the past decades, our traditional ways of carrying out our mission of service have created models of service delivery that are unlikely to resonate with future consumers. We currently “serve” and “care for” our residents and clients. Our language focuses on “disabilities” and “deficits,” rather than “abilities” and “assets.” We organize services around needs assessments, care plans, continuums of care and levels of support – rather than on individual preferences and needs. Clearly, this is not all our doing. Our traditional models have been encouraged and reinforced by a variety of outside factors, including the silos created by separate licensing and oversight systems; union, licensure and academic job classifications; discreet funding streams; sunken costs in real estate; management structures; and rigid reimbursement policies.

The changing consumer mindset, outlined in this report, should lead us to recognize that we cannot continue to “provide for” consumers who value independence, self-determination and customization. Instead, we need to enable and empower those consumers – and empower staff members to focus on meeting a wide spectrum of consumer needs.

As we shift from paternalism to empowerment, we need to take a hard look at how future consumers will respond to our current models of service delivery. Which models will seem inflexible? Which ones will turn consumers off because they are too institutional? Too rigid? Too authoritarian? Some AAHSA members have taken the first steps in this process by establishing resident councils, employing ombudsmen, adopting culture change and fostering independent reviews of our services on Web sites. While these are welcome steps, they are only incremental steps. We need to do more to help consumers direct and control their aging experience.

Some fundamental principles can guide providers of long-term services and supports as we shape our programs so they respond to the needs and preferences of our consumers, both today and tomorrow. Adopting these principles can help us create a service and support delivery system that has the following characteristics:

- **Recognition of the abilities and interests** of older consumers and a willingness to design programs that empower consumers to continue using their abilities and pursuing their interests.
- **Full information and transparency** that is provided to all consumers, with appropriate privacy safeguards.

- ***Robust and strong programs*** that offer flexibility in scheduling, geographic choice, freedom for consumers, and full accessibility.
- ***Seamless integration*** and coordination of services and supports across settings.
- ***Customization and personalization*** of services and supports, designed with and by consumers, with sensitivity to the diversity of consumers.
- **Consumer empowerment** to make decisions, including the individual’s right to take informed risks.
- **Accountability** on the part of providers, including appropriate consumer protections and public quality measurement and review.
- **A quality consumer experience**, designed by and with consumers.
- ***Ample opportunities for social interaction***, meaningful activity and intergenerational contact within a community.

These principles are shared by other AAHSA cabinets, including the Home and Community-Based Services Development Cabinet, the Financing Cabinet, and the Affordable Housing Cabinet. The work of these cabinets reflects a growing understanding within AAHSA that the locus of control is headed for an inevitable shift away from providers and toward consumers.

### **Changing Organizations: One Provider’s Story**

Imagine a nursing home that wouldn’t make Baby Boomers say, “Over my dead body.”

That was the challenge that Dan Reingold, CEO of the Hebrew Home for Aged in New York City presented to a group of his friends during a snowy New Year’s Eve gathering several years ago. As a Baby Boomer himself, Reingold suspected that his friends wouldn’t put up with such traditional nursing home “amenities” as double rooms, showers down the hall, linoleum floors and lukewarm meals that arrive on a tray. But he wanted to know what exactly they would prefer instead.

“What do *we* want?” Reingold asked his friends, according to *New York Times* reporter Jane Gross, who described the encounter in her blog, called “The New Old Age.” Specifically, Reingold wanted to understand where long-term care needed to go “before it’s you and me.”<sup>19</sup>

Reingold’s challenge to his friends resulted in a variety of suggestions for the nursing home of the future, including private rooms, Internet access, a fitness center, massage rooms, kitchens in each dining area, electronic medical records, windows with a view, and showers in each room. While the suggestions were not particularly revolutionary, the discussion itself was radical for two reasons.

The New Year’s Eve discussions demonstrated an important truth that must be at the heart of all efforts to plan long-term services and supports: *we are all in this together*. Effective planning doesn’t mean that providers make plans for older residents and clients. Instead, effective planning is based on the assumption that all of us – providers and residents/clients alike – are all aging and should be working together to design a system of long-term services and supports that will serve all of us.

Reingold’s response to his friends’ suggestions represents the radical shift in consumer-provider relations that this report recommends. After some thoughtful consideration, Reingold scraped the more conventional building project he had been developing and asked his board to approve a new building that incorporated many of those New Year’s Eve suggestions. That building – the Jacob Reingold Pavilion – opened in 2005.

### **Characteristics of Successful Planning**

Clearly, the Jewish Home for the Aged took a bold approach to designing long-term services and supports to meet the needs of a future aging population. Other organizations might take completely different approaches as they respond to consumer preferences. No matter what the specific approach, however, the most relevant and successful planning process will have several characteristics:

1. ***The process will begin with an open-ended conversation with consumers.*** Consumers will be welcomed to meet with a group of their peers to talk about their shared experience of aging. During this free-flowing, creative conversation, new ideas about services and supports can be voiced, embraced and accepted without

judgment or negativism. Consumers and providers will align their interests, perspectives and energy in order to shape a shared vision of what aging – and aging services – should look like in the future.

The AAHSA Cabinet on Future Needs of Consumers envisions a future in which such open and inclusive conversations take place throughout the country. Providers who participate in these discussions will get in touch with their own hopes for an independent and fulfilling old age, will listen actively to what consumers have to say about their own aging process, and will demonstrate a willingness to invent new offerings to meet specific consumer needs and preferences.

2. **Consumers will be partners in any process to design or plan new programs, products and services.** Only when consumers are intimately involved in the planning process will services and supports reflect the perspective of those individuals who will actually be purchasing and using them.
3. **Other stakeholders will also be invited to the table.** These stakeholders will include urban planners, engineers, health care professionals, software developers, communications specialists, ombudsmen, advocates and counselors. They will work with providers and consumers to design products, services and environments for healthy aging – and to make sure consumers have the tools they need to make informed choices about the kind of aging experience they want to have.

Aging services and supports that meet the preferences of older people and their families will be at the center of community-based discussions about healthy aging. But the effort to create a healthy aging community will involve a host of other components, including:

- **Transportation options.** A community-based stakeholder group could take on the task of disseminating information about paratransit services or taxi services that cater to older people as they age. But they might also advocate for better community design that allows older residents to walk or take public transportation to essential services.
- **Home care options.** Consumers and providers could work together to develop a decision-making tool that helps consumers identify their need for services, connects consumers with providers who have the capacity

- ***Universal design.*** Home designers and aging specialists could be brought to the table to share the information and resources consumers need to make their homes more comfortable and safe as they age. Consumers could play a key role in determining how this information will be disseminated.
- ***Volunteer and work opportunities.*** Community discussions around aging can't focus only on the needs of aging consumers. In addition, communities must recognize that older residents are valuable community assets whose talents and experience, if properly channeled, could contribute to the betterment of all.
- ***Social interaction.*** Social isolation has been shown to lead to depression and illness in older people. Creating a healthy future for all citizens will mean developing strategies to promote social interaction between neighborhood residents, friends and family members who live close and at a distance.
- ***Disease prevention and management.*** Members of a community stakeholder group could work together to develop innovative strategies, based on the latest research, to help consumers manage their chronic conditions and take responsibility for maintaining their health as a way to foster independent aging.
- ***Full and open access to information, services and supports.*** Older people might learn about and access services through an online community or a one-stop community center where they could find healthy aging resources. Alternatively, AAHSA members might consider transforming their buildings and campuses into hubs that empower community residents to participate actively in their own healthy aging through education, exercise programs, cooking classes, financial and health planning sessions and demonstrations of home-based technology.

## **Recommendations**

The AAHSA Cabinet on Future Needs of Consumers strongly recommends that AAHSA take the following actions to prepare for the radical shift, described in this report, which we expect to take place in the relationship between consumers and providers of aging services.

### ***Position AAHSA as a Driver of Change***

1. Position AAHSA as the driver and inspiration of change for its members and other stakeholders.
2. Direct, coordinate and deliver messages about the consumer of tomorrow, as AAHSA is beginning to do with the Long-Term Care Solution.<sup>20</sup>
3. Work with other consumer organizations to speak up for consumers who need long-term services and supports.

### ***Disseminate Cabinet Principles to AAHSA Members***

1. Disseminate cabinet principles to AAHSA members and help members understand how their organizations would be different if they adopted these principles. Encourage AAHSA members to begin a dialogue with their staff and board members about the steps necessary to work in partnership with consumers and other community stakeholders to create a different future for aging consumers.
2. Develop a tool kit that AAHSA members can use to conduct focus groups with current consumers and with older people in the broader community. The focus groups can help to affirm the cabinet's principles and help members understand the implications of those principles from the consumer point of view.

### ***Help AAHSA Members Plan for the Future***

1. Help AAHSA members consider what the field of long-term services and supports would look like if we were starting with a blank slate today.
2. Provide AAHSA members with access to current research findings on consumer trends so they are equipped to shape their organizations to meet changing needs and expectations. Continue to update the *Digest of Consumer Research* bi-annually, and to highlight particular findings of note on the AAHSA Web site. Provide AAHSA members with guidance on the implications of major research findings, including ways that members can use the information. Prepare content for presentations that AAHSA members can make to trustees and other key audiences. Seek input from AAHSA members about topics and issues about which they want to learn more.

3. Describe and develop business plans that AAHSA members could use as models for the future delivery of information, services and supports that will meet a wide range of consumer needs.
4. Describe and develop business plans for platforms that consumers can use to resolve the service and support issues they face, and to create individual service plans that are based on their own vision of successful aging.
5. Develop and test these plans through demonstration projects carried out in partnership with government and business. The planning process might include the development of theoretical case studies and iterative experiments that focus on niche services or niche markets. Publish the results of these experiments so others can learn from them.

### ***Advocate for Public Policies that Foster Consumer Choice***

1. Seek public funding for a wide range of services and supports to meet a variety of consumer needs. Advocacy efforts should acknowledge that there is not “one right way” to deliver appropriate services and supports to older consumers. Public funding should support both facility-based and home and community-based services and supports, and should foster consumer choice.
2. Identify regulations and funding streams that inhibit consumer choice and seek ways to reform them, recognizing the importance of managing risk.
3. Work with appropriate strategic partners to advocate for a regulatory environment that facilitates smooth and informed transitions and migration pathways for consumers in and among the constellation of services and supports. Identify promising approaches to transition management, including critical elements of success.

### ***Develop a Language that Avoids Traditional Labels and Stereotypes***

1. Continue to develop a “universal language” for aging services that describes the role providers want to play in the lives of consumers. This language will help AAHSA members move away from traditional labels and jargon that reinforce the worst – and usually inaccurate – stereotypes about aging services. Use language that connects with and appeals to the widest possible audience without sacrificing accuracy or honesty.



2. Help AAHSA members adopt language that reinforces the independence and autonomy of older consumers.
3. AAHSA should model this new language for its members and should develop an easy-to-use checklist that encourages AAHSA members to use certain terms while avoiding others. For example, we should use “community” rather than “facility,” and “abilities” and “assets” rather than “limitations” or “disabilities.”

### ***Give Voice to the Consumer***

1. Explore the development of a process that allows AAHSA to connect with consumers on a regular basis and provide consumer feedback to AAHSA members. That process might include omnibus surveys, panels of consumers, and other communication strategies.
2. Use the data collected during this consumer interaction to develop a number of “personas,” which are fictitious characters representing different consumer types that might use services and supports provided by AAHSA members. Each persona should describe a particular consumer type by identifying that consumer’s behavior patterns, goals, skills, attitudes and environment. When completed, these personas could be used to educate members and other stakeholders about the changing expectations and behaviors of consumers. Members could use these personas to guide the decisions they make about the design of services and supports and to ensure that these supports and services meet the goals, desires and limitations of specific groups of older consumers.

### ***Foster Disease Prevention and Healthy Aging among Consumers***

1. Identify and make available to consumers and AAHSA members information about evidence-based models of successful chronic care management, including self-management.
2. Work to educate middle-age consumers about how to begin early to prepare for a healthy old age. Help AAHSA members create an organizational culture that encourages current and prospective residents and clients to take responsibility for maintaining their health as a way to prolong independence.

3. Encourage AAHSA members and their peers in the local business community to play an active role in helping middle-age and younger adults in the greater community, including their own employees, lead active, healthy lifestyles as a way to ensure active, healthy aging.

### ***Provide Credible Consumer Information on the AAHSA Web Site***

1. Continue making consumer information available on the AAHSA Web site so that the association remains a destination for consumers seeking credible information about services and supports for healthy and independent aging. Engaged consumers need the right information to make informed choices.
2. Partner with other information sources and with AAHSA members to ensure that AAHSA-branded consumer information represents the shared interests of consumers and providers.
3. Develop navigational tools for consumer-to-consumer engagement.

### **Conclusion**

This report describes a major shift in the relationship between consumers and providers of long-term services and supports – a shift that will require a new mindset on the part of AAHSA members if they are to attract future consumers to their services and supports. AAHSA members who recognize and respond to this shift toward consumer-centered planning will, by necessity, need to make basic changes in the way they do business.

AAHSA members have a unique ability to lead and learn. The willingness to share and the desire to innovate are imbedded in the nonprofit culture. Both characteristics will help individual organizations imagine a different future for a new generation of older consumers.

## Endnotes

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- <sup>1</sup> *A Profile of Older Americans*. 2007. Administration on Aging, U.S. Department of Health and Human Services. Available online at: <http://www.aoa.gov/prof/statistics/profile/2007/2007profile.pdf>
- <sup>2</sup> AAHSA has been working for several years on just such a process. In 2002 and again in 2005, the association carried out a planning exercise aimed at stimulating a strategic dialog about the future of both AAHSA member organizations and the consumers who would purchase their services. Aware that forecasting the future can be a tricky proposition, the association used a flexible scenario planning process designed to help our members prepare for a variety of possible futures. Our 2005 scenario plan – contained in a report, entitled *The Long and Winding Road: Histories of Aging and Aging Services in America, 2006-2016*, identified two major uncertainties facing the field of long-term services and support over the next 10 years. One, not surprisingly, was the instability of the workforce upon which AAHSA members depend to provide day-to-day, hands-on care for residents and clients. The other major uncertainty was consumer expectations of aging service providers and how consumer behavior will affect how those providers do business.
- <sup>3</sup> The Consumer Research Digest is available online at <http://www.aahsa.org/article.aspx?id=4212>
- <sup>4</sup> *A Profile of Older Americans*. 2007. Administration on Aging, U.S. Department of Health and Human Services. Available online at: <http://www.aoa.gov/prof/statistics/profile/2007/2007profile.pdf>
- <sup>5</sup> “Marketing myths: The Baby Boomer top 10,” Age Lessons, LLC, no date. Available online at: [http://www.mcdill.com/agelessons/images/Agelessons\\_TopTen.pdf](http://www.mcdill.com/agelessons/images/Agelessons_TopTen.pdf)
- <sup>6</sup> *What Will Happen to Poverty Rates Among Older Americans in the Future and Why?* 2005. The Retirement Project, the Urban Institute. Available online at: [http://www.urban.org/UploadedPDF/900893\\_poverty\\_rates.pdf](http://www.urban.org/UploadedPDF/900893_poverty_rates.pdf)
- <sup>7</sup> “Longer Life Spans, Lower Salaries and Conservative Saving Habits Key Factors in Gap Between How Much Women Need for Retirement and Their Actual Saving Behaviors.” 2008. Hewitt Associates. Available online at: <http://www.hewittassociates.com/Intl/NA/en-US/AboutHewitt/Newsroom/PressReleaseDetail.aspx?cid=5346>
- <sup>8</sup> *Baby Boomers Envision Retirement II: Survey of Baby Boomers' Expectations for Retirement*. May 2004. Washington, DC: AARP. Available online at: <http://www.aarp.org/research/work/retirement/aresearch-import-865.html>
- <sup>9</sup> *How do Immigrants Fare in Retirement?* University of Michigan Retirement Research Center, October 2007. Available online at: <http://www.globalaging.org/elderrights/us/2007/fare2.pdf>
- <sup>10</sup> “WSJ.com/Harris Interactive Survey: One out of five U.S. adults has not taken steps to plan for their retirement.” Feb. 20, 2007. *The Wall Street Journal Online*. Online at: [http://www.harrisinteractive.com/news/newsletters/WSJfinance/HI\\_WSJ\\_PersFinPoll\\_2007\\_vol3\\_iss01.pdf](http://www.harrisinteractive.com/news/newsletters/WSJfinance/HI_WSJ_PersFinPoll_2007_vol3_iss01.pdf)
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