

# **CITIZEN DIALOGUES ON THE COMING OF AGE IN ARIZONA**

**A Report to St. Luke's Health Initiatives**

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*Submitted by  
Viewpoint Learning, Inc.*

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# Citizen Dialogues on the Coming of Age in Arizona

## Executive Summary

This report describes the results of a series of citizen dialogues on how Arizona should cope with a coming “elder boom” that promises to strain the state’s capacity to care for its older residents. These dialogues, based on Viewpoint Learning’s ChoiceWork Dialogue methodology, were designed to assess how Arizonans’ views on caring for the elderly change as they learn more about the issue and work through some of the difficult tradeoffs involved in any sustainable solution. This enables predictions to be made about the choices that a wider population would be prepared to make or support, given the right leadership.

In early 2003, sponsored by St. Luke’s Health Initiatives and in association with the Arizona Community College System and Arizona State University, Viewpoint Learning conducted ChoiceWork Dialogues in Phoenix, Prescott and Yuma. In each dialogue, approximately 40 participants, randomly selected to be representative of the wider population, were asked to reflect on four scenarios for addressing the aging of Arizona’s population.

As citizens worked through the scenarios and choices, a very consistent pattern emerged:

- **The scope of the problem:** As participants compared experiences and came to understand the scope and complexity of the “elder boom,” their perspective broadened and they shifted from seeing this as a personal issue to seeing it as a systemic and policy issue with important implications for Arizona’s future.
- **The need for change.** Most participants entered the dialogues feeling little enthusiasm for the status quo, and as they learned more they became even more resolved that the current system needs to change.
- **Limited trust in the private market.** While recognizing the private market could provide one piece of the solution for seniors, participants also were very clear that they did not trust an unregulated private market to safeguard seniors’ interests. This mistrust was reinforced as participants shared their own experiences over the course of the day.
- **The importance of community.** Participants believed that the community and informal caregivers have critical roles to play in caring for seniors, but as they worked through different practical ways in which this role could be enhanced they found that most necessarily involved a significant role for government.

- **A strong role for government.** As they wrestled with the issue, and after they exhausted other possibilities, participants concluded that government had to be a central part of any viable long-term solution.
- **Universal health care.** In two of the three dialogues, participants unexpectedly initiated a discussion of universal health care and expressed a surprising degree of support for the idea. While this result is consistent with the overall shift towards more government-based solutions over the course of the day, there is much that remains to be answered about the depth, scope, and conditions of citizens' support.
- **The process.** Participants responded not only to the issue at hand but to the process itself. They were excited and energized by the amount of learning that took place and by the amount of common ground that they discovered. Their renewed sense of community and shared purpose – the social capital generated by their experience – was as important an outcome of the dialogue as the specific findings.

These conclusions can be further tested and developed through dialogues in other parts of the state and also should provide a rich foundation for the community colleges and civic collaboratives as they work to create a better future for Arizona and its seniors.

These conversations have highlighted the powerful role dialogue can play in engaging citizens on crucial policy issues in a substantive and meaningful way, and the critical contribution that citizens can make. Experts and stakeholders provide essential technical input, but their role is distinct from that of citizens and cannot replace it. This report offers insight into changing citizen values and priorities on the challenge of dealing with Arizona's aging population. Any solutions, to be sustainable, will need to be consistent with those values.

# Citizen Dialogues on the Coming of Age in Arizona

## **I: Project Overview**

The state of Arizona faces an “elder boom” that is certain to strain the state’s capacity to care for its older residents. As the number of elderly people increases relative to the number of working-age adults, demand on social services promises to grow faster than available resources. Arizona’s elders are at particular risk from the resulting care deficit.

*The Coming of Age*, a recent in-depth study published by Arizona Health Futures (a division of St. Luke’s Health Initiatives), examined many of the issues surrounding elder care in Arizona, and asked middle aged Arizonans their opinions on a number of aging-related questions. Participants’ responses showed that they viewed aging almost exclusively on the personal level – as a matter of their individual ability to save, their insurance status, and their health situation. They did not express serious concern about the broader consequences that an aging population will have for Arizona’s ability to care for its residents or for the state’s already strained health care and social services systems. The authors concluded that Arizona is facing difficult times in regard to its ability to care for its elders. Residents, they believe, must face up to some difficult choices in the near future in order to ensure the health and well-being of Arizona’s elderly population and those who care for them.

This realization led to a second phase of research: a statewide project designed to engage Arizonans in an ongoing conversation about choices for how the state and individual residents might address the growing care deficit. The project, funded by St. Luke’s Health Initiatives, is currently underway with the participation of several partners: St. Luke’s Health Initiatives, the Arizona Community College Association, Arizona State University and Viewpoint Learning Inc. It includes in-depth dialogue with citizens in two complementary formats: 1) a series of specialized “ChoiceWork Dialogues” (conducted in early 2003), and 2) a series of local issues forums, conducted in conjunction with the community colleges statewide, that will build on and be informed by the results of the ChoiceWork process. This report outlines the results of the ChoiceWork Dialogue portion of the research.

Viewpoint Learning was contracted to design and conduct ChoiceWork Dialogues in three locations around the state: Phoenix, Prescott, and Yuma. In each session, a cross-section of Arizonans – of all ages, income levels, and ethnicities – participated in a structured dialogue designed to provide insight into how citizens’ views on caring for the elderly evolve as they learn more about the issue and work through some of the difficult tradeoffs involved.

ChoiceWork is a new research tool designed to predict the future direction of people's views on important issues where they have not completely made up their minds, or where changed circumstances create new challenges that need to be recognized and addressed. A ChoiceWork Dialogue is designed to compress and accelerate a process of social learning and working through – the process of people making up their minds – that ordinarily takes months, years, or even decades. By facilitating this working through with a representative sample of citizens, ChoiceWork Dialogues offer unprecedented depth of insight into public opinion. They:

- Enable predictions to be made about the choices and tradeoffs that a wider population would make, given the right leadership
- Provide unique insight into how people's views change as they learn
- Identify areas of potential public support where leaders can successfully implement policies consonant with people's core values.

To encourage learning, the ChoiceWork methodology is based on dialogue rather than debate – this is how public opinion really forms, by people talking with friends, neighbors and co-workers. ChoiceWork Dialogues allow intense social learning, enabling people to absorb a great deal of complex information quickly and completely. Both quantitative and qualitative measures are used to determine how and why people's views change as they learn. (A more detailed description of the ChoiceWork process can be found in Appendix A.)

### **The Four Scenarios:**

In the dialogues, participants were asked to consider four scenarios for Arizona's response to the coming of age. Working in conjunction with a panel of advisors familiar with Arizona and the issues surrounding the Coming of Age, Viewpoint Learning staff developed each scenario to reflect a different values-based approach to dealing with the issue. The scenarios allowed participants to absorb complex information quickly, and were designed to serve as a jumping-off point for their discussion of the issue.

On arriving at the dialogues, participants received workbooks outlining the scenarios, including important background information, key elements for each scenario and arguments for and against. In the course of the dialogue, participants were free to mix and match elements from different scenarios, or to create a totally new one. The four scenarios that appeared in the workbook were:

- ❖ **Continue with the Current System.** Rely on current arrangements to address the care deficit, without major changes. Seniors and their caregivers will continue to access programs and services through a variety of public and private agencies, drawing on their own resources when necessary. As demands grow, Arizona's leaders and citizens will continue to make adjustments that try to minimize reductions in service and increases in costs.



- ❖ **Enhance Consumer Choice through the Market.** Provide consumers with more choices to address the care deficit. Regulations that hinder private sector solutions for seniors in housing, health care and long-term care will be eased or eliminated. New incentives will encourage the development of products and services to fill the gaps. To help people pay for products and services that increase seniors' quality of life, tax laws will allow them to invest in tax-sheltered "Senior Independence Accounts" (similar to IRAs).
- ❖ **Improve State Government Services.** Address the care deficit by coordinating and improving government services for seniors. Seniors and their caregivers will have the convenience of "one stop shopping" for all government services through a new cabinet-level agency. This agency will increase accountability and responsiveness and provide a strong voice for seniors within state government. It will have direct responsibility for delivering programs intended only for seniors, with some power over other programs that affect seniors.
- ❖ **Mobilize Communities.** Mobilize the strengths of local communities to address the care deficit, and to ensure that seniors can live independently as long as possible as vital members of a caring community. A local network of informal caregivers, paraprofessionals and community volunteers (including seniors themselves) will deliver front line care and support, and will link to a broader network of professionals. Counties and cities will plan future housing, transportation and community facilities that foster vital, multi-generational communities.

## **II: General Findings**

Many participants entered the dialogues with a sense that something was wrong with the current system of care for the elderly. Some saw the system as broken, others were preoccupied with personal crises. They spoke eloquently of their struggles to find help for themselves or their relatives, saying they felt overwhelmed and frustrated by the system's complexity, inconsistency, and unresponsiveness. Over the course of the dialogues, citizens learned a great deal from each other, and their understanding of and approach to these issues shifted and deepened.

### **Something Needs to Change**

*This system is horrible, but it's tough to know where to start. – Phoenix*

Participants entered the dialogues with varying degrees of familiarity with the system – Prescott participants seemed most familiar with its workings on the whole, while many participants in the Yuma group learned for the first time about services that they hadn't known existed (e.g. adult day care). Regardless of participants' initial level of expertise,

they showed little enthusiasm for the current system, and most participants ended the day even more firmly resolved that something needs to change.

As they grew to understand more of the elements involved in caring for the elderly, most citizens came to reject the first choice, “Continue with the Current System,” even more emphatically. This was the least popular option throughout the day for all three groups; participants ranked it dramatically lower than the other scenarios at the outset (3.5 on a scale of 10), and their dissatisfaction increased as the dialogue progressed, ending at a final mean of 3.1.<sup>1</sup>

### **Limited Trust in the Private Market**

*The drug companies are gouging US citizens because they can. They keep saying their development costs are high but they manage to bring prices down in Canada and Mexico. We need to stop corporate welfare. – Prescott*

The scenario for “Enhancing Choice through the Private Market” generally did not resonate with participants as the best way to address the needs of seniors. From the start, most participants recognized the importance of the private market in the overall picture of elder-care in Arizona. However, they did not trust the market to operate in the best interests of seniors, and this mistrust grew as the day wore on and they spent time discussing their own experiences accessing care through private companies. By the end of the day, they emphasized the following key points:

#### *1. Distrust of Corporations*

In large part, participants’ distrust of the market was a result of their experience with drug and insurance companies, which they viewed as greedy and irresponsible. In particular, there was tremendous anger over the cost of prescription medications and the huge discrepancy between costs in the U.S. and just south of the border in Mexico, where many participants got their prescriptions filled. As they compared stories, they became increasingly concerned about the excessive power wielded by business interests, and less convinced that these interests would ever care about anything but the bottom line.

#### *2. No Reductions in Oversight*

Participants concluded that they did not trust the market to provide good solutions without significant government oversight. They also resoundingly rejected the notion of relaxing government regulations and mandates regarding care in nursing homes, assisted living facilities, health care facilities or other businesses providing direct care for seniors. Quite the opposite: all of the groups agreed that seniors need *more* protection, not less, and they called for increased oversight and

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<sup>1</sup> Full quantitative findings can be found in Appendix B.

regulation to ensure that these facilities were providing adequate care for the elderly.

### *3. Support for Tax Breaks*

At the same time, many felt the market could have some role in solving the care deficit, as long as there was no reduction in oversight. In particular, there was widespread support for offering tax breaks and rewards to individuals and companies serving the elderly. For example, participants liked the idea of providing favorable zoning regulations and tax benefits for developers building senior housing.

The notion of a Senior Independence Account (or SIA), a tax-free savings account that would be used to pay for aging related expenses, gained traction only in Prescott – a community with a large number of seniors, many people paying out of pocket for elder care expenses, and strong pride in their self-sufficiency. In Phoenix, by contrast, the group felt that the SIA would benefit only the rich, providing no assistance to the poor or even the middle class; in Yuma, relatively few participants were in a position to put money away each month. However, even Prescott participants, in supporting the notion, acknowledged that SIAs would be only a part of a solution, not a fix that would help everyone.

Participants' rating of this scenario reflected their ambivalence: the initial mean of 6.2 was higher than the continuity scenario, but lower than the other two. There was little net change over the course of the day, and the scenario finished essentially unchanged at 6.3.

### **The role of family and community**

*We have to recognize the resource we have in our elderly population.  
We have to focus on taking care of our own. – Phoenix*

Participants found the notion of “mobilizing communities” extremely appealing on an emotional level, especially in its resonance with their deeply held belief that “we take care of our own.” Many participants spoke movingly of their struggle to care for elderly relatives at home, and there was universal agreement that people who provide such care should get a little help. Nursing homes and other forms of institutionalized care were not well regarded; this was especially true for lower-income participants who had had experience with the most inexpensive facilities – facilities that they described as sorely lacking in care and compassion. Participants were consistent in their belief that the community and family caregivers have a critical role to play in caring for seniors.

However, when participants were asked to come up with practical steps to bring about community mobilization, most of what they were able to envision involved significant government involvement. Two main points gained general support as key to any systemic approach to the issue:

### 1. Tax Credits for Caregivers

Participants in all three groups favored the idea of tax credits or other benefits for citizens caring for elderly relatives, likening it to existing tax relief for families with young children in the home. This approach gained support as participants realized just how many of them were currently caring for relatives – in some cases as many as two thirds of the people in the room. When they understood the number of people involved and the savings they created by keeping elders out of expensive institutionalized care, participants began to advocate a straightforward system-wide approach to providing support for caregivers as something that would help large numbers of Arizonans. Significantly, all three groups were willing to accept higher taxes in order to pay for these benefits.

### 2. Volunteerism

All three groups saw volunteerism as bringing benefits both to seniors themselves and to the larger community and all three called for a better integration of volunteers into elder care. Again, participants saw government playing a significant role in bringing this to pass, calling for more formal programs, training and education for volunteers and government support to get the programs up and running. Phoenix participants focused on bringing young and old together in multi-generational activities; Prescott and Yuma participants focused on the potential contributions of senior volunteers.

Not surprisingly, this choice was also the one where local community circumstances had the greatest impact on the shape and direction of the conversation. For instance, relatively few Phoenix participants were actively engaged in caring for an elderly relative and as a group had relatively good access to medical, nursing home and other facilities. However, living in a large, highly mobile urban area made participants keenly sensitive to seniors' social and physical isolation. Their response towards this scenario revolved around the potential benefits of volunteerism and more senior-friendly community design in addressing elders' isolation from young people and the general community.

Overall, participants' ratings of the "mobilize communities" scenario began high (at 7.8) and remained high, ending the day at 8.1. Clearly community is a closely held value for many citizens, but one that they concluded would produce practical results only when combined with more formal changes to the system.

### **The role of government**

*Senior citizens have earned the right to live without worry or fear about getting help.... They have earned the right to be taken care of. – Prescott*

As the participants worked through the three scenarios outlined above and came to grips with the issue's complexity and scope, they became ever more convinced that

government had to be a central part of any viable long-term solution. This was the most striking change in all three dialogues: a nearly universal conclusion that some consolidation of senior services was necessary, and that government was the right entity to bring it about.

However, this was not where many participants began the day. In the early part of each of the dialogues, citizens expressed mistrust and dissatisfaction with the government in general and its programs serving the elderly. Some participants said they wanted to “get the government out of our lives!” They did not want to pay more taxes. Moreover, they felt that government-sponsored programs were both unfair (failing to help many people in need because of arbitrary regulations and cut-offs) and beholden to special interests like pharmaceutical and insurance companies.

Yet as participants vented their frustration and began discussing the system in more detail, they pinpointed its biggest failings as fragmentation and inefficiency – that is, as problems with implementation rather than with government involvement in senior services per se. In fact, the more participants came to grips with the complexity of the “elder boom” and possible ways of addressing it, the more they came to accept the importance of government in any permanent solution.

While not losing sight of their initial concerns about greater government involvement – including waste, excessive bureaucracy and ties to special interests – most participants eventually came to the conclusion that government is the only entity able to address an issue of such magnitude. Even some of the more outspoken advocates of limited government saw caring for seniors as one of the cases in which government involvement is desirable and necessary. One comment summed up the general feeling that this is an issue of fairness: “these are people who have been contributing to the nation for years, and now they are looking to the government for help.”

Participants’ discussion of the proper role of government in providing elder services revolved around four major themes:

### *1. One Stop Shopping*

The idea of “one-stop shopping” for senior services resonated with all the participants, as did the idea of streamlining and consolidating overlapping agencies. There was a strong predisposition towards this element in all three groups; one person spoke for many when she said, “I wish there could be *just one place* where you could go to get everything you need.” Several others were frustrated at the amount of paperwork they faced, and called for a single standardized form for submitting information to service agencies.

Many participants complained that information about services was poorly distributed, and nearly everyone felt that just having better access to good comprehensive information about existing resources would go a long way towards improving their ability to care for themselves or their relatives. Many also liked the idea of providing coordinated services that address all aspects of a senior’s situation.

Some participants expressed concern about protecting privacy in such a centralized system, but for most this was outweighed by the convenience of having a single access point for information and services.

## *2. The Outline and Benefits of Consolidation*

When asked to create a set of steps to achieve a better future for caring for Arizona's elders, each group was quite concrete and creative in outlining a new, consolidated agency that would provide a range of services and information for seniors and their caregivers. Specific suggestions ranged from a "Homeland Medical Department" (modeled after the Department of Homeland Security) to a state-level Department of Senior Services, to a local satellite facility where all seniors would have access to services and information. There were interesting differences in emphasis among the various communities: for instance, Prescott participants focused on maintaining individual choice within a consolidated system, while Yuma participants were far more concerned with improving access than with ensuring choice.

Most agreed that consolidation was a good idea on a number of levels. Most participants felt that providing quality care for all seniors, supporting caregivers and dealing with "the whole person" would help improve seniors' quality of life. A consolidated agency appealed to many on symbolic grounds as well. Establishing a cabinet-level senior services agency would make a powerful statement about seniors' importance. Others liked the idea that it would free senior services from what they saw as the "stigma" of its location in the Department of Economic Security, the cabinet agency that currently oversees welfare programs as well as many aging related services.

## *3. Paying for a Consolidated System*

Most participants conceded that streamlining alone would not cover the cost of putting a consolidated system in place. They felt that the benefits were worth a significant investment, however, and they were willing to pay higher taxes to support them. Participants emphasized that this support was conditional: any tax increase had to lead to greater efficiency, less duplication of services and more accountability and transparency.

## *4. An Unexpected Recommendation: Universal Health Care*

In the course of describing a more efficient consolidated system, participants demonstrated far more openness towards government involvement than was indicated in the morning sessions of the Dialogues. In fact, the Prescott group unexpectedly developed a proposal for universal health care, arguing that such a system would go a long way towards addressing some of the state's problems (provided the system allowed people to choose their own doctors). The idea of universal care also came up in Phoenix, and again met with little resistance. In both cases, participants independently initiated the discussion of universal care,

which was not mentioned anywhere in the workbook or by the facilitators. Across the board, participants seemed open to a more extensive consideration of a universal health care system for Arizona and the United States. This openness to universal health care, while unexpected, does fit with the general pattern we observed throughout these dialogues: when given a chance to seriously engage the challenge of providing for Arizona's aging population, participants tend to see government-based solutions as the most effective and most equitable.

Participants in Yuma spent a good deal of time discussing ways to make AHCCCS (Arizona's Medicaid program) more equitable, with sliding scales for eligibility and payments. While similar ideas surfaced in the other dialogues, they were not so clearly tied to AHCCCS as in Yuma. This was largely because many Yuma participants were either receiving benefits through AHCCCS or made just a small amount over the eligibility limit and faced extremely high costs for care with no support whatsoever.

Overall, the "Improve State Government Services" choice showed the largest increase in rating over the course of the day, rising from 7.8 to 8.2.

### **The Nature of the Problem**

*I was surprised that so many here have the same problems. I had thought that my problems were just mine, but they are nationwide. – Prescott*

The shift in participants' attitude towards government reflected and reinforced the most fundamental shift that took place during the dialogues: how people viewed the problem of caring for the elderly. This shift can best be described as a move from a personal concern about aging and caring for family members to a more systemic view of the public policy challenge and complexities involved in caring for Arizona's elderly. Most of the participants came into the dialogue with the strong sense they were going it alone, and they were often amazed to find so many others facing similar situations. They quickly began sharing their personal stories and important information with each other, and most were truly surprised how much they had in common with others.

Participants' openness about very personal experience served to broaden their perspective and their understanding of the issue at hand, and it provided them with a new context for thinking about issues that had previously felt unique and personal. As the dialogues progressed, participants became increasingly aware of the large-scale problems with Arizona's complex patchwork of senior services and of how many people the system affects. This growing understanding allowed them to consider new possibilities in dealing with the state's looming crisis in caring for the elderly. While many people entered the dialogue feeling poorly informed, almost all said they learned a great deal over the course of the day and had come to see the issue of aging in a new light.

### **III. Social Capital**

*It's amazing that we could have 40 different people all come up with five basic points that we all agree could help people and agree on the funding. If we can do this, then we should get private citizens into the act in Arizona. – Yuma*

In the Arizona Dialogues, participants responded strongly not only to the issue at hand, but to the process itself. They were excited by a day that they viewed as an important and unusual learning experience. Their renewed sense of community and shared purpose – the social capital generated by their experience – was as important an outcome of the dialogue as the specific findings.

#### **Discovering Common Ground through Dialogue**

In all three dialogues, citizens expressed amazement at the extent of the common ground they discovered and how many others were in the same situation or shared the same worries or ideas. In particular, many were surprised that young people and older people shared so many opinions on issues regarding care for the elderly, an issue that would seem to divide society between older and younger citizens. Young people gained a new appreciation of the difficulties seniors face and their own role in any potential solution, and many older participants saw young people in a new light: as caring, concerned citizens willing to make sacrifices for the greater good.

People in Arizona were quite taken with the mode of dialogue, especially its emphasis on learning and finding common ground (as opposed to winning). They were quick to adapt to the format, and they policed each other throughout the day, both in small groups and in plenary.

*I'm glad I'm here today. I'm proud to be here with people who feel like me.*  
– Prescott

*I really liked the process and the instruction/dialogue mode. If we could convey this to everyone it would facilitate changes in our democratic process. – Yuma*

*It was very helpful to hear so many with diverse viewpoints. – Prescott*

*The day was an eye opener. – Phoenix*

*I will talk to my kids and make them aware of everything we said today. – Prescott*

*Many thanks to my fellow Arizonans – I learned a lot. – Yuma*



### **A Sense of Hope and Accomplishment**

The process also left the participants remarkably hopeful even as they came to grips with the seriousness of the problem. This optimism was tied in part to their belief that they had made a real contribution over the course of the day, and that there was a chance decision-makers might pay attention as they had something of substance to say. People felt ownership of the work they had done and the visions they had created. There was a strong sense of agreement and a widely shared perspective, all of which gave participants a feeling of empowerment and confidence in their ability to make a difference. They were unified behind the vision they had created and expressed their belief in the power of grass-roots consensus – if they could all come together on this, others would likely feel the same and the elites and the policy makers would eventually have to listen.

When given the opportunity to speak to decision-makers by way of the video, they were direct and strong in their assertion that their voices mattered and they had an important piece of the solution. Most felt a disconnect between themselves and the people making decisions and laws, whom they see as having good insurance, long term care options, and enough money to shield them from the challenges “regular people” come up against every day. Over and over, participants asked that decision-makers put themselves in citizens’ shoes and put citizens’ well-being ahead of special interests (e.g. the pharmaceutical and insurance industries).

*We’re not the experts, but you legislators have to listen to our concern. – Phoenix*

*I have a sense of hope after today: there are lots of people addressing this issue and it gives me the courage to keep fighting. – Prescott*

*Listen up! We can do all this in a single day! You better shape up and get it right! – Prescott*

### **IV: Connecting Citizen Dialogues to Community Action**

The ChoiceWork Dialogues described in this report were the first stage of this phase of “The Coming of Age” research. Over the next year, Arizona’s community colleges will convene a series of citizens’ “issues forums” around the same scenarios described in the ChoiceWork workbook. These forums (to be held on the campuses of community colleges across the state) will engage local residents in examining elder-care issues both statewide and local. Out of these forums, the colleges hope to develop “civic collaboratives” made up of citizens, local officials, aging experts, non-profit leaders and service providers. These collaboratives will work to design local strategies and pilot programs for dealing with aging issues that reflect the results of these discussions.

A number of points in the dialogues stood out as potentially fruitful approaches for the community colleges to investigate further and possibly implement on a pilot scale.

### **Information Clearinghouse**

Citizens cited a clear need for better-organized information about available services and eligibility for aging-related programs. Even those most familiar with senior services often found themselves frustrated by inconsistent or misleading information; those with less experience navigating the system were sometimes completely unaware of important resources. The ongoing community issues forums will likely help clarify what citizens do and do not know and how easy or hard it is for them to access information about available services. A pilot program publicizing and streamlining access to existing resources, training, referrals and information would likely be a productive avenue for further investigation.

### **Consolidation**

Across the board, participants supported some form of consolidated senior services, ranging from consolidated physical facilities to streamlined access to care. Suggestions to bring multiple senior resources together under a single roof gained widespread approval, as did ideas for streamlining and standardizing the paperwork that seniors submit when accessing services. While making changes of this sort would be a significant undertaking, Arizonans seem very interested in further consideration of how it would be done.

Any discussion of how a consolidated system might be shaped will be shaped by regional variations in access and services. Clearly Phoenix residents have very different levels of access to medical care, insurance, alternative living arrangements and other senior services than do people in Yuma. As the community colleges conduct issues forums throughout the state, it will be useful to determine where there is common need among all communities and which concerns are specific to certain regions. This knowledge will be particularly helpful to the civic collaboratives that will develop local pilot programs as well as to those interested in state-wide policy changes.

### **The Role of Community**

In each dialogue, participants referred to local programs they had found helpful. There was great variety in the scope and the services provided by these local programs, some of which depended upon volunteers. In most cases, others in the dialogue were unfamiliar or had only limited knowledge of these programs. As the civic collaboratives begin to design local programs, perhaps they can establish and call upon a stock of “best practices” put in place in other communities across the state. Creating a database of successful community programs that can easily be shared and adapted would be a very helpful task for all of Arizona’s communities.

In addition, more investigation is needed into the role government can and should play in supporting community-based solutions. Participants widely supported this notion, but their interest focused primarily on providing grants, tax-breaks and information to caregivers. Other questions, such as how to create more elder-friendly communities or more mixed-age communities that foster senior independence, were brought up but not

answered. The collaboratives may be able to answer these questions and develop more concrete additional solutions working at the local level.

## **Conclusion and Next Steps**

These ChoiceWork dialogues have made a promising contribution to an important project, providing a portrait of Arizonans' values and priorities about the state's growing senior population. Not only did participants come to a new understanding and appreciation of the extent of the challenge, but they found much common ground on how they believe that challenge should be addressed. Central to that common ground were four interlocking beliefs: that the current situation is not sustainable, that an unregulated market will not protect seniors' interests, that Arizona's communities contain a wealth of potential, and that government must play a key role in any long-term solution. These conclusions can be further tested and developed through dialogues in other parts of the state and also should provide a rich foundation for the community colleges and civic collaboratives as they work to create a better future for Arizona and its seniors.

Just as important, these conversations have highlighted the powerful role dialogue can play in engaging citizens on crucial policy issues in a substantive and meaningful way, and the critical contribution that citizens can make. Experts and stakeholders provide essential technical input, but their role is distinct from that of citizens and cannot replace it. This report offers insight into changing citizen values and priorities on the challenge of dealing with Arizona's aging population. Any solutions, to be sustainable, will need to be consistent with those values.

Some of the results of these dialogues were unexpected, including participants' willingness to consider universal health care and their clear preference for government-based solutions. However, there is still much that we do not know.<sup>2</sup> Exploring these issues more systematically will be an important next step in the search for solutions to the Coming of Age and health care reform in general.

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<sup>2</sup> Participants' view that universal health care might provide a partial answer to issues raised by the population's aging, as well to a problem that afflicts both Arizona and the nation, was particularly intriguing. These dialogues indicated that Arizonans are ready and willing to consider such bold policy reforms, and that they want to be a part of any conversation about them. However, many questions remain unanswered: How deep do such sentiments run? How do citizens define universal care? What conditions do they have about choice, providers, services and cost?

## APPENDIX A

### ChoiceWork Dialogue

The ChoiceWork methodology is particularly valuable on issues at early stages of development, or on familiar issues where changed circumstances create new challenges that have to be recognized and addressed – such as the growth of Arizona’s senior population. Under these conditions people’s top-of-mind opinions are highly unstable and misleading. The challenge is to identify how those opinions are likely to evolve as people learn.

ChoiceWork Dialogues allow participants to develop their own fully worked-through views on such issues in dialogue with their peers, even if they previously have not given it much thought. Designed to help people move beyond their initial impulse to avoid hard choices and disagreeable realities, ChoiceWork Dialogues encourage participants to engage with one another as they work through their internal resistances, come to grips with difficult issues, and reconcile their views with their deeper values. By engaging representative samples of the population in this way, ChoiceWork Dialogues provide unique insight into how people’s views change as they learn, and they can be used to identify areas of potential public support where leaders can successfully implement policies consonant with people’s core values.

A typical ChoiceWork Dialogue has the following features:

- **Participant selection:** For each dialogue, a group of approximately 40 citizens is randomly recruited to provide a representative cross section of the community in terms of age, gender, and ethnicity. Three dialogues were conducted in Arizona, one each in Phoenix, Prescott and Yuma.
- **Workbook:** On arrival at the dialogue, each participant receives a workbook outlining three or four research-based scenarios for dealing with the issue at hand. The scenarios are presented as a series of values-based choices, and they lay out the pros and cons of each scenario in a manner that permits participants to work through how they really think and feel about each one. This tested workbook format enables citizens to absorb and apply complex information quickly. The four scenarios used in the Arizona dialogues were developed by Viewpoint Learning, working in conjunction with a panel of advisors from St. Luke’s Health Initiatives and other organizations.
- **Format and facilitation:** ChoiceWork Dialogues stress dialogue rather than debate. The participants are briefed on the rules of dialogue and on the importance of finding common ground rather than accentuating areas of disagreement. Two professional facilitators lead each session and ensure that the conversation stays on track, that all participants have an opportunity to speak, and that the discussion remains in dialogue mode.

- **Agenda:** A ChoiceWork Dialogue lasts for a full day and is videotaped. It includes the following key steps:
  - An introductory session in which participants introduce themselves, learn the rules of dialogue, and go through some basic background information about the issue.
  - A written questionnaire in which participants rate the four prepared scenarios.
  - A morning session in which participants dialogue (first in small groups and then in plenary) about the likely good and bad results that would occur if each scenario were adopted and work together to construct their own ideal vision for the future.
  - A second, more intensive afternoon dialogue among the participants (again both in small groups and in plenary), in which they work through concrete choices and tradeoffs they would make to achieve all or part of their vision. At the end of this session the group as a whole searches for common threads and areas of agreement and works together to develop a clear, practical and desired choice or set of choices and associated tradeoffs that they would be willing to accept.
  - A written questionnaire in which participants give their final judgment on the four prepared scenarios, providing a quantitative measure of the changes in preference resulting from the dialogue.
  - Concluding comments from each participant describing how their perspectives have changed over the course of the day and what essentials they believe are most important for leadership to understand.

## APPENDIX B

### Quantitative Results

Participants were asked to rate the scenarios twice: once at the beginning of the day after a brief description of the issue but before any dialogue took place, and again at the end of the day after almost eight hours of dialogue. Both times, participants rated each scenario on a scale of 1 – 10 (10 being most favored). Before and after ratings were compared to measure how individuals' views shifted over the course of the dialogue and are expressed in terms of means and shifts.

**Means:** The initial mean for each scenario indicates participants' average rating of the choice in the morning; the final mean represents participants' average rating of the same scenario at the end of the dialogue.

**Shifts:** The “shifts” show the degree to which participants' views change over the course of the dialogue by comparing individuals' ratings at the beginning and the end of the day. For example, a scenario with a positive shift of 40% and a negative shift of 15% indicates that 40% of participants rated that scenario higher at the end of the day than they did at the beginning, while 15% of participants rated it lower.

The quantitative results below combine data from all three dialogues. Given the small sample size (n = 116), these results should be taken as indicative, not definitive:

<u>MEANS</u>		
	Initial Mean	Final Mean
Continue with the Current System	3.5	3.1
Enhance Consumer Choice through the Market	6.2	6.3
Improve State Government Services	7.8	8.2
Mobilize Communities	7.8	8.1

<u>SHIFTS</u>		
	Positive Shift	Negative Shift
Continue with the Current System	21%	44%
Enhance Consumer Choice through the Market	39%	38%
Improve State Government Services	35%	27%
Mobilize Communities	36%	29%