

# INTRODUCTION

The objective of PA 2020 Vision is to develop the overarching plan to help ensure that the needs of Pennsylvania citizens of all ages are met to the year 2020. This entails having key agencies and departments assess the trends that will define Pennsylvania to the year 2020. These trends reflect demographics, healthcare and technological changes, geographic dispersions throughout the state, and economic characteristics, among others. State Agencies must conduct an assessment of the relevant trends over the time horizon of 2006 to 2020 and determine the plans and resources necessary to position Pennsylvania to respond to the future. Each Agency's report in turn will be incorporated into an overall master plan with a project completion date of December 31, 2006.

We have tried to assist you as you prepare your response to PA 2020 by creating a manual to introduce data from sources usually reserved for marketers. The breadth of the information presented should assist in preparing a response.

This manual has three parts. Part I reviews the Cohort Concept, which shows the intersection of the various lifestages, physiographics (bodily changes), and basic need/want changes that accompany the aging process. The Lifestage Analytic Matrix shows how cohort values influence these aging changes over time.<sup>1</sup>

Part II of the manual includes a compilation of Trends and Issues that will likely impact public policy and present both challenges and opportunities to Pennsylvania. These have been compiled by Lifestage, Inc. from various sources in collaboration with the Pennsylvania Department of Aging, the Pennsylvania State University and the Penn State Data Center. More information about trends and issues that may be relevant are included on a CD-ROM made available by the Pennsylvania Department of Aging (PDA).

Part III provides Procedural Guidelines for Submitting Agency Responses. Here participating agencies will find a template and some specific questions to guide your agency in addressing the key trends and resource allocation needs and plans to the year 2020. This part of the manual covers expected content of each Agency's report, and provides guidelines for consistent formatting and deadlines so that each Agency's response contributes to a coherent project report. It also contains the names and contact information for individuals at PDA responsible for the coordination of the final report.

---

<sup>1</sup> Each State Agency and Department represented at the September 7 workshop received a copy of Lifestage Matrix Marketing's recent book *Defining Markets, Defining Moments* [John Wiley & Sons, 2002] in which the cohort concept in the Lifestage Analytic Matrix is explained in greater depth in Chapter 2.

# PART I

## THE COHORT CONCEPT

Political scientists and sociologists have determined that each generation, or 'cohort,' is deeply influenced by the events that were happening during its key formative years.

The formative years are that period during which 'core values' are being formed - roughly 17 to 23 years of age - and these values are carried through life largely unchanged. For example, events that were happening when first becoming an 'economic adult' affect group attitudes towards jobs and money and savings.

Another example is musical tastes: the kind of music that is popular when a group first 'comes of age' is likely to be the preferred musical format for the rest of that cohort's life. The key to understanding cohort effects is that they *do not change over time*. Thus, knowing these stable values can assist in interpreting the trends foreseen over the next fourteen years that have implications for certain age groups of Pennsylvanians.

There are seven distinct cohort groups comprising American adults today:

- The **Depression Cohort**, Aged 85 to 94 today
- The **World War II Cohort**, Aged 79 to 84
- The **Post-War Cohort**, Aged 61 to 78
- The **Leading-Edge Boomers Cohort**, Aged 51 to 60
- The **Trailing-Edge Boomers Cohort**, Aged 41 to 51
- The **Generation X Cohort**, Aged 30 to 40
- The **N-Gen Cohort**, the oldest is 29, the youngest are still forming

We will focus on the 50+ cohorts for our work on PA 2020 Vision.

## □ The Depression Cohort

**Born 1912 - 1921, coming of age from 1930 to 1939, aged 85-94 in 2006. Currently 13,000,000 people, 6% of the U.S. adult population.**

The Great Depression defined this cohort. Maturing, entering the workforce, trying to build and support families during the Thirties had a profound influence on this cohort in many areas, most strongly regarding finances: money and savings.

It's worthy of note that the Depression cohort was the first to be truly influenced by the contemporary media: radio and especially motion pictures. The popularity (and power) of radio was seen in Orsen Wells' 1937 drama *War of the Worlds*, which panicked thousands. The first major "talkie" was *The Jazz Singer* in 1927, and by 1933 the number of *weekly* paid movie admissions was exceeding that of the *entire adult population*. The music this cohort liked - and still likes: *Big Band*.

## □ The World War II Cohort

**Born 1922 - 1927, coming of age from 1940 to 1945, aged 79-84 today. Currently 17,000,000 people, 8% of the U.S. adult population.**

World War II defined this cohort. Economically it was not a boom time; however, unemployment was no longer a problem. This cohort was unified by a common enemy, shared experiences, and especially for the 16 million in the military, a sense of postponement and delay. Marriages, careers, children were all put on hold until the war was over.

While for many the war was an unpleasant experience, for many others it was the apex of their lives. This group is the most patriotic, most respectful of authority, and achievement-oriented of all cohorts. And the sense of postponement made the World War II cohort an intensely romantic one - the yearning for loved ones left behind, and for those who left to fight, is reflected in the literature and movies and especially music of the time: Big Band, Swing, and romantic ballads.

## □ The Post-War Cohort

**Born 1928 to 1945, coming of age from 1946 to 1963, aged 61-78 today. Currently 47,000,000 people, 21% of the American adult population.**

This cohort is a very long one - 17 years span the youngest to the oldest members. They were the beneficiaries of a long period of extraordinary economic growth and relative social tranquility. Economically, the S & P 500, which had struggled until 1953 just to get back to where it had been before the Depression, then *tripled* over the next ten years. There were dislocations during this time - the Korean War in the early 50's, Sputnik in 1957, the first stirrings of the civil rights movement, and a brief recession in 1958 - but by and large, at least on the surface, things were pretty quiet.

The tenor of the times was conservative, seeking the comfortable and the secure and the familiar. It was a time that promoted conformity and shrank from individual expression, which is why the overt sexuality of Elvis and the rebellion of Jimmy Dean were at once popular and scandalous. The *expectation* of good times became ingrained in the national fabric during this period; this cohort is basically conservative and values the comfortable and familiar: they don't welcome change: 'no surprises.' Their music reflects this as well: Perry Como, Patty Page, and subdued jazz like Brubeck (although they also like the early forms of Rock & Roll - Buddy Holly, Elvis, etc.)

## □ The Leading-Edge Boomer Cohort

**Born 1946 to 1954, coming of age from 1963 to 1972, aged 51-60 today. Currently 31,000,000 people, 14% of the U.S. adult population.**

The Baby Boom is *demographically* defined as the 76 million people born between 1946 and 1964, since this is when the annual birthrate bulged to over 4 million per year, nearly twice the previous high. Due to their numbers, the baby boomers have dominated society since they first appeared on the scene. Yet from a values standpoint there are two subgroups of Baby Boomers. The front end of this large group, called the Leading-Edge Boomers, began with the assassination of JFK as its defining moment and lasted until 1973 when a new set of cataclysmic events created a value shift in the back end of the baby boom. The Leading-Edge Boomers can be characterized by the following:

- When they were truly babies, their parents made Dr. Spock's "Infant and Child Rearing" the second best selling book in the history of the world, after the Bible.

- As pre-teens, they dominated the media in shows like *Leave it to Beaver* and in merchandising with fads like Davy Crockett caps and Hula Hoops.
- As teens they propelled Coke and Pepsi and McDonald's and Motown into corporate giants, and made the inventor of Clearasil rich.
- As young adults, getting married and forming families for the first time, they propelled the real estate market to record highs.
- Now, as they pass 60, the Leading-Edge Boomer's - who already own a house, a car, a computer - are spending on travel and luxury items.

Because of their demographic cohesiveness, the Leading-Edge Boomer Cohort has some uniquely strong mindset characteristics:

- They are a 'study in diversity.' On the one hand, they have a distinct moral fervor when it comes to external events. They espouse causes (like the environment, e.g. Greenpeace) or social crusades (integration, equal rights, the Peace Corps). Along with this goes a rejection of institutions, be they government, the church, marriage or the draft.

On the other hand, fueled by their sense of 'specialness,' there is a hedonistic, self-indulgent side to the Leading-Edge Boomers. This is the side that resonated to 'Turn on, tune in, drop out,' to free love (and 'the summer of love'), to hot tubs and Woodstock. The motto of the Leading-Edge Boomers might be Nike's 'Just do it' - the diametric opposite of Depression-Cohort Nancy Reagan's 'Just say no!'

- They are the best-educated cohort. Partly because of this they are more sophisticated (particularly in their buying habits), less brand loyal, and more likely to appreciate true quality and workmanship.
- They experienced tumultuous *social* times: the Kennedy assassination, (followed by that of Martin Luther King and then of Robert Kennedy,) signaled an end to the status quo, and galvanized a very large boomer cohort just entering its formative years.
- Boomer Music? A rejection of the musical institutions of the past, a music that is 'special' for them: what else but Rock & Roll! The Boomers loved 'The Stones' at 17, they love them today at 50, and they'll still love them when they're 75.

□ **The Trailing-Edge Boomers**

**Born 1955 to 1965, coming of age from 1973 to 1983, aged 41-51 today. Currently 49,000,000 people, 22% of the U.S. adult population.**

The Trailing-Edge Boomers were coming of age at the time of the energy crisis which so dramatically changed America's economic climate over the ensuing decade, causing a 30% tumble in the Standard & Poor's 500 between 1973 and 1975. They also faced Watergate and the distrust in government that that fostered. And the end of the Vietnam War took place in 1973 as well. These three major cataclysmic events created a shift in the environment away from that experienced by their older Baby Boom members.

The result of these defining moments was to create a second boomer segment that felt their environment so out of their control that they seek still greater control in more and more aspects of their lives. These boomers embody the connotation of the term "Me Generation." Watergate solidified a cynicism about government. They tend to put more trust in themselves to believe that, after Nixon's resignation, everything old was automatically suspect. This group embraces health and wellness and will even more as they move into their older years...something very important to note as Pennsylvania plans for the future.

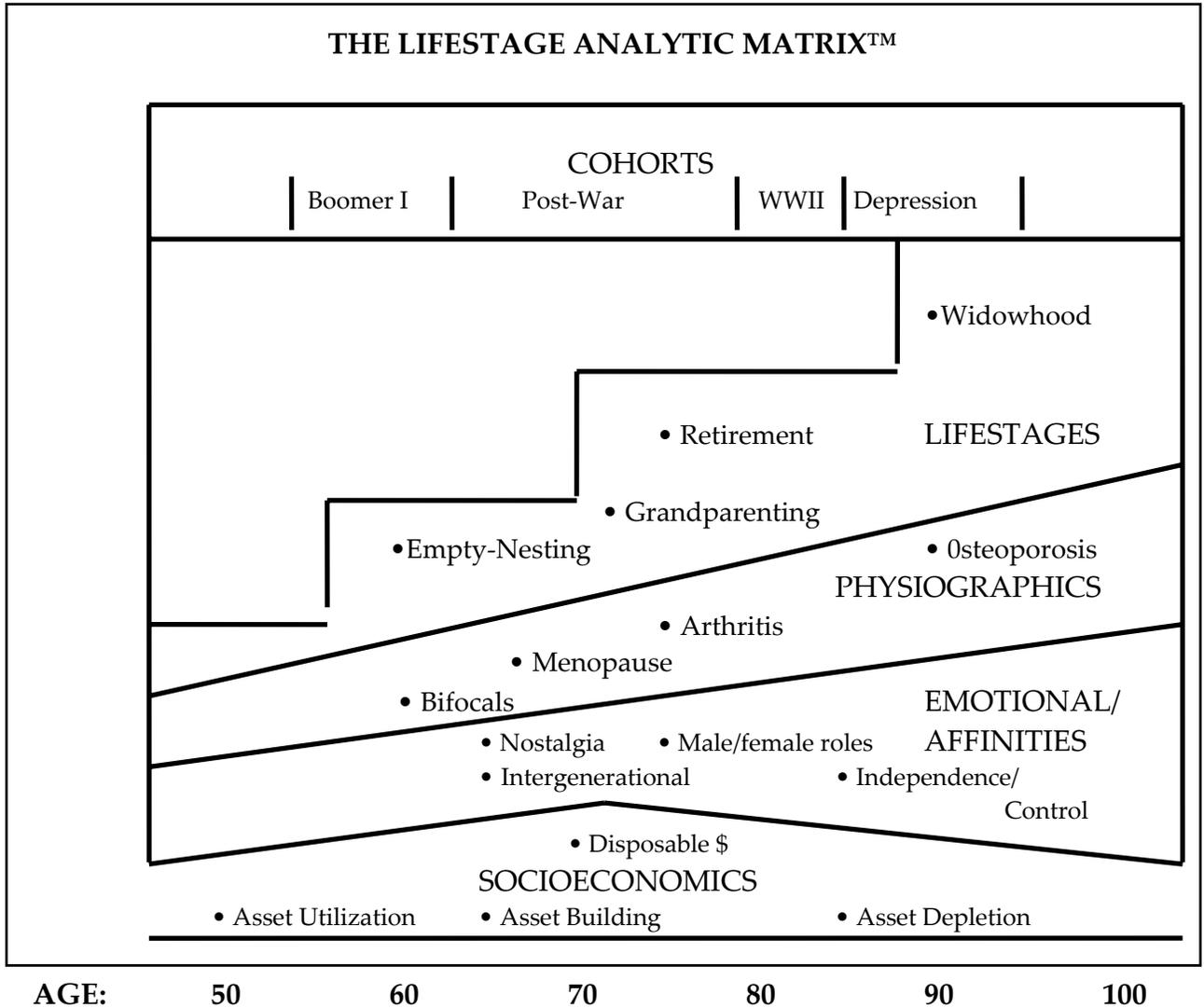
Using the Lifestage Analytic Matrix can be of immense help to Pennsylvania State Agencies trying to understand and target particular age group constituencies. If attitudes and behavior are primarily driven by cohort coming of age experiences [cohort effects], they won't change- and you can predict the future simply by looking at the past and extrapolating.

If, however, attitudes and behavior are driven by lifestage, or affinity, or physiographic effects [aging effects], then they will change as a function of aging. It is knowing which driver is key in order to apply the Matrix for maximum effect.

# The Lifestage Analytic Matrix™.

As we age, we all pass through various stages and bodily change, many of which are rather predictable. Menopause happens in a woman's forties and fifties while one's eyes typically experience presbyopia where reading becomes more difficult in the mid-forties. First marriages come mid-twenties while most widowhood is not experienced until one's 70's and older. There are five areas that are included in the Lifestage Analytic Matrix. The five factors influencing attitudes and behavior as a function of aging are as follows:

- Socioeconomic Factors
- Emotional/Affinity Factors
- Physiographic Factors
- Lifestage Factors
- Cohort Factors



The first four of these factors are “aging” factors...they change as a result of the normal aging process. Cohort factors do not change but rather intersect with the aging factors. For example, baby boomers value being young. When confronted with markers of aging such as hair loss, reduced sexual functioning and wrinkling, baby boomers, unlike earlier cohorts, race to use Rogaine, Viagra, and Botox. When facing these changes, other older cohorts not treasuring the value of youth like baby boomers would not have turned to these products. So the aging factors are influenced by the cohort values of the cohort that is experiencing these aging changes.

## SOCIOECONOMIC FACTORS

This is a fairly basic factor, and one that is addressed in most marketing segmentation approaches. As noted above, however, far from being the economically disadvantaged group that is often pictured, most of the 50+ market are reasonably well off. In fact, discretionary income is the highest for this group, as earnings are still near their height, and major expenses such as college tuition and mortgage payments are paid off. The oldest of the group are financially highly sensitive, deplore the effects of inflation on products they remember at much lower prices, and are very attuned to 'value.' But for the most part they are not truly constrained by the cost of everyday items such as soft drinks.

## EMOTIONAL/AFFINITY FACTORS

Certain emotions and 'affinities' - emotional 'touchstones' - become stronger as we age. These represent shifts in needs/wants/desires of people in society. Some of these include:

- **A yearning for intergenerational experiences.** The older an individual gets, the less he or she wants to interact only with persons their own age.
- **"Intimations of Mortality."** Sometime in the late 40's or early 50's, most people begin to recognize deterioration in their bodies. Most often, this is manifested in ways to keep more fit.
- **Emphasis on Experiences, not 'Things.'** Most mature adults have passed through the 'acquisitive' stage of life, and are for the most part no longer seeking additional possessions. Rather, they tend to more highly value their time, and what they do with it: enjoyable and enriching experiences (especially with others) that they can savor.
- **A Need for Control.** The older one gets, the more need there is for a sense of being in control - of one's health, one's finances, one's independence.
- **Security.** Different from control, there is an increasing need for physical protection, and being psychologically safe.
- **Nostalgia.** Taking pleasure in the memories that defined one's younger life.

## PHYSIOGRAPHIC EFFECTS

**Physiographics'** defines people in terms of the absence or presence of chronic physical conditions. These include (based on average levels of physical activity):

-**Muscle Strength** peaks at about age 30, then drops slowly until 50, then drops fairly rapidly.

-**Lung Function** peaks at about 20, then declines 1% per year.

-**Arthritis** affects a third of people over 60.

-Conditions such as **hearing loss**, the **yellowing of the cornea**, or a slowdown in the **rate at which information is processed** have clear implications for communication activities (type size, colors, editing techniques for broadcast, etc).

## LIFESTAGE EFFECTS

Lifestages are the events in one's life that define patterns of attitudes, outlooks and daily activities. In the past, the progression from one lifestage to another used to be fairly predictable, and fairly linear.

Today, the progression is more cyclic - second (or third, or fourth) marriages, 'boomeranging children,' second and blended families, second careers, resumed education - can and do happen in various sequences and with less regard to age. And while some of the lifestages are traditional, others are new: eldercare (children caring for their aging parents), for example, became more common when the parents began to live long enough to exhaust their physical or financial resources.

Lifestage analysis is important to consider for two reasons. One, it enables an agency to recognize the diversity of lifestage alternatives today, and not to 'pigeonhole' a particular constituency on the basis of age or demographics. Secondly, every time an individual moves from one lifestage to another, it represents a change in behavior, and an *opportunity for intervention*. Needs change, attitudes change, behavior changes - and government's relationship with people can change as well.

LifeStage Matrix Marketing has identified some 40 lifestages that are critical for many marketers. These include:

- Empty-nesting

- Grandparenting
- Retirement/Recareering
- Second Families
- Widowhood

The effects of the lifestage changes on discretionary time, sociability and family size are obvious, and all affect the needs and wants of Pennsylvania citizens. The impact of each cohort in the Pennsylvanian citizenry is shown in the following tables that depict the lifestages, physiographics, affinities, and socioeconomic changes that can be expected as this cohort moves through 2013 to 2020. These provide an idea of the needs and/or opportunities and hence resource allocations that will be needed over the next fourteen years.

## 2020 VISION

### A Snapshot of Today and Tomorrow's Depression-Scarred Cohort

	2006	2013	2020
<b>Born between</b>	1912-1921		
<b>Coming of Age</b>	1930-1939		
<b>Age in Focal Year</b>	85-94	92-101	99-108
<b>Population in PA</b>			
<b>Key Cohort Values/Concerns</b>	<ul style="list-style-type: none"> <li>• Sense of purpose &amp; achievement</li> <li>• Safety</li> <li>• Reduced uncertainty</li> <li>• Financially conservative</li> <li>• Waste not, want not</li> <li>• Social connectedness &amp; companionship</li> <li>• Acceptance of authority</li> <li>• Risk aversion</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>
<b>Current/Next Lifestage</b>	<ul style="list-style-type: none"> <li>• Great-grandparenting</li> <li>• Retirement</li> <li>• Widowhood</li> <li>• Assisted living &amp; nursing homes</li> <li>• Romance</li> </ul>	<ul style="list-style-type: none"> <li>• Great-grandparenting</li> <li>• Widowhood</li> <li>• Assisted living &amp; nursing homes</li> <li>• Hospice for some</li> </ul>	<ul style="list-style-type: none"> <li>• Great-grandparenting</li> <li>• Assisted living &amp; nursing home</li> <li>• Hospice for some</li> </ul>

Emotional/Infinity Effects	<ul style="list-style-type: none"> <li>• Nostalgia</li> <li>• Outliving financial resources</li> <li>• Health</li> <li>• Independence</li> <li>• Control</li> <li>• Wisdom</li> <li>• Food</li> <li>• Safe journey to other side</li> <li>• Convenience</li> <li>• Comfort</li> <li>• Companionship</li> <li>• Socializing</li> <li>• Feeling good</li> </ul>	<ul style="list-style-type: none"> <li>• Outliving financial resources</li> <li>• Health</li> <li>• Independence</li> <li>• Control in lives</li> <li>• Family</li> <li>• Safe journey to other side</li> <li>• Peace of Mind</li> <li>• Convenience</li> <li>• Comfort</li> <li>• Companionship</li> <li>• Socializing</li> <li>• Feeling good</li> </ul>	<ul style="list-style-type: none"> <li>• Outliving financial resources</li> <li>• Health</li> <li>• Independence</li> <li>• Control in lives</li> <li>• Family</li> <li>• Safe journey to other side</li> <li>• Peace of mind</li> <li>• Convenience</li> <li>• Comfort</li> <li>• Companionship</li> </ul>
----------------------------	---	--	---

Physiographic Profile	<ul style="list-style-type: none"> <li>• Hearing &amp; vision problems</li> <li>• Increasing fragility</li> <li>• Loss of appetite</li> <li>• Loss of taste of sweets</li> <li>• Loss of grip strength</li> <li>• Loss of sensitivity to warmth and cold</li> <li>• Reduced information processing ability</li> <li>• Chronic aches &amp; pains</li> <li>• Severe skin aging</li> <li>• Constipation, incontinence &amp; balance problems</li> <li>• Senility &amp; Alzheimer's</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing &amp; vision loss</li> <li>• Fragility of bones</li> <li>• Wearing out of body organs and parts</li> <li>• Severe skin aging</li> <li>• Loss of taste of sweets</li> <li>• Loss of grip strength</li> <li>• Loss of sensitivity to warmth and cold</li> <li>• Reduced information processing ability</li> <li>• Constipation, incontinence &amp; balance problems</li> <li>• Senility &amp; Alzheimer's</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing &amp; vision loss</li> <li>• Fragility of bones</li> <li>• Wearing out of body organs and parts</li> <li>• Constipation, incontinence &amp; balance problems</li> <li>• Senility &amp; Alzheimer's</li> </ul>
Social Activities/ Lifestyles	<ul style="list-style-type: none"> <li>• Church</li> <li>• Family &amp; grandchildren</li> <li>• Reading &amp; cards</li> <li>• Eating</li> <li>• Reduced automobile driving</li> </ul>	<ul style="list-style-type: none"> <li>• Church</li> <li>• Family &amp; grandchildren</li> <li>• Reading &amp; cards</li> <li>• Eating</li> <li>• Others provide transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Church</li> <li>• Family</li> <li>• Localized activities</li> <li>• Reading</li> <li>• Eating</li> <li>• Others provide transportation</li> </ul>

<p>Socio-economic Behavior</p>	<ul style="list-style-type: none"> <li>• Spending on grandchildren</li> <li>• Use of coupons</li> <li>• Relinquishing spending decision-making</li> <li>• Healthcare &amp; prescriptions</li> <li>• Buying basics</li> <li>• Focus on convenience and comfort</li> <li>• Increased incidence of EMS</li> <li>• Reduced financial decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Spending on grandchildren</li> <li>• Healthcare &amp; prescriptions</li> <li>• Buying basics</li> <li>• Shopping done by others</li> <li>• Focus on convenience and comfort</li> <li>• Increased incidence of EMS</li> <li>• Reduced financial decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare &amp; prescriptions</li> <li>• Spending for basics</li> <li>• Shopping done by others</li> <li>• Increased incidence of EMS</li> <li>• Reduced financial decision-making</li> </ul>
--------------------------------	---	--	---

## 2020 VISION

### A Snapshot of Today and Tomorrow's WWII Cohort

	2006	2013	2020
<b>Born between</b>	1922-1927		
<b>Coming of Age</b>	1940-1945		
<b>Age in Focal Year</b>	79-84	86-91	93-98
<b>Population in PA</b>			
<b>Key Cohort Values/Concerns</b>	<ul style="list-style-type: none"> <li>• Patriotism</li> <li>• Romance</li> <li>• Respect for authority</li> <li>• Self-reliance</li> <li>• Social-connectedness</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>
<b>Current/Next Lifestage</b>	<ul style="list-style-type: none"> <li>• Grandparenting</li> <li>• Great-grandparenting</li> <li>• Retirement</li> <li>• Retirement communities</li> <li>• Volunteering</li> <li>• Widowhood</li> <li>• Romance</li> <li>• Adult day care</li> </ul>	<ul style="list-style-type: none"> <li>• Great-Grandparenting</li> <li>• Retirement communities</li> <li>• Widowhood</li> <li>• Assisted living &amp; nursing home</li> </ul>	<ul style="list-style-type: none"> <li>• Great-grandparenting</li> <li>• Widowhood</li> <li>• Assisted living &amp; nursing home</li> <li>• Hospice for some</li> </ul>

Emotional/Infinity Effects	<ul style="list-style-type: none"> <li>• Nostalgia</li> <li>• Outliving financial resources</li> <li>• Health</li> <li>• Experiences, not things</li> <li>• Enjoying life</li> <li>• Achievement</li> <li>• Socializing</li> <li>• Wisdom</li> <li>• Work ethic</li> <li>• From looking good to feeling good</li> <li>• Buying American</li> </ul>	<ul style="list-style-type: none"> <li>• Nostalgia</li> <li>• Outliving financial resources</li> <li>• Health</li> <li>• Independence</li> <li>• Control</li> <li>• Safe journey to other side</li> <li>• Peace of Mind</li> <li>• Convenience</li> <li>• Comfort</li> <li>• Companionship</li> <li>• Socializing</li> <li>• From looking good to feeling good</li> <li>• Buying American</li> </ul>	<ul style="list-style-type: none"> <li>• Outliving financial resources</li> <li>• Health</li> <li>• Independence</li> <li>• Convenience</li> <li>• Control in lives</li> <li>• Family</li> <li>• Safe journey to other side</li> <li>• Peace of mind</li> <li>• Comfort</li> <li>• Companionship</li> <li>• Buying American</li> </ul>
----------------------------	--	--	--

<p>Physiographic Profile</p>	<ul style="list-style-type: none"> <li>• First major medical event</li> <li>• Vision problems</li> <li>• Weight loss</li> <li>• Chronic aches &amp; pains</li> <li>• Cardiovascular problems</li> <li>• Cataracts</li> <li>• Changing body structure</li> <li>• Knee &amp; hip replacements</li> <li>• Hearing loss</li> <li>• Constipation, incontinence &amp; erectile dysfunction</li> <li>• Senility &amp; Alzheimer's</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing &amp; vision problems</li> <li>• Increased fragility</li> <li>• Loss of appetite</li> <li>• Loss of taste of sweets</li> <li>• Loss of grip strength</li> <li>• Loss of sensitivity to warmth and cold</li> <li>• Reduced information processing ability</li> <li>• Chronic aches &amp; pains</li> <li>• Severe skin aging</li> <li>• Constipation, incontinence &amp; erectile dysfunction</li> <li>• Senility &amp; Alzheimer's</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing &amp; vision loss</li> <li>• Fragility of bones</li> <li>• Wearing out of body organs &amp; parts</li> <li>• Constipation, incontinence, &amp; balance problems</li> <li>• Senility &amp; Alzheimer's</li> </ul>
<p>Social Activities/ Lifestyles</p>	<ul style="list-style-type: none"> <li>• Leisure</li> <li>• Travel</li> <li>• Gardening</li> <li>• Family &amp; grandchildren</li> <li>• Church</li> </ul>	<ul style="list-style-type: none"> <li>• Church</li> <li>• Family &amp; grandchildren</li> <li>• Reading &amp; cards</li> <li>• Eating</li> <li>• Reduced automobile driving</li> </ul>	<ul style="list-style-type: none"> <li>• Church</li> <li>• Family &amp; grandchildren</li> <li>• Localized activities</li> <li>• Reading &amp; cards</li> <li>• Eating</li> <li>• Transportation provided by others</li> </ul>

<p>Socio-economic Behavior</p>	<ul style="list-style-type: none"> <li>• Spending on grandchildren</li> <li>• Saving for grandchildren</li> <li>• Spend some, save some</li> </ul>	<ul style="list-style-type: none"> <li>• Spending on grandchildren</li> <li>• Relinquishing spending decision-making</li> <li>• Healthcare &amp; prescriptions</li> <li>• Buying basics</li> <li>• Focus on convenience &amp; comfort</li> <li>• Increased incidence of EMS</li> <li>• Reduced financial decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Spending on grandchildren</li> <li>• Healthcare &amp; prescriptions</li> <li>• Shopping done by others</li> <li>• Focus on convenience &amp; comfort</li> <li>• Increased incidence of EMS</li> <li>• Reduced financial decision-making</li> </ul>
--------------------------------	--	---	---

## 2020 VISION

### A Snapshot of Today and Tomorrow's Post-War Cohort

	2006	2013	2020
<b>Born between</b>	1928-1945		
<b>Coming of Age</b>	1946-1963		
<b>Age in Focal Year</b>	61-78	68-85	75-92
<b>Population in PA</b>			
<b>Key Cohort Values/Concerns</b>	<ul style="list-style-type: none"> <li>• The American dream</li> <li>• Conformity</li> <li>• Stability</li> <li>• Family</li> <li>• Self-fulfillment</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>
<b>Current/Next Lifestage</b>	<ul style="list-style-type: none"> <li>• Grandparenting</li> <li>• Part-time work</li> <li>• Retirement</li> <li>• Caregiving for women</li> <li>• Divorce &amp; remarriage for some</li> </ul>	<ul style="list-style-type: none"> <li>• Grandparenting</li> <li>• Great-grandparenting</li> <li>• Retirement communities</li> <li>• Widowhood</li> </ul>	<ul style="list-style-type: none"> <li>• Assisted living &amp; nursing home</li> <li>• Great-grandparenting</li> </ul>

Emotional/Infinity Effects	<ul style="list-style-type: none"> <li>• Nostalgia</li> <li>• Outliving financial resources</li> <li>• Experiences, not things</li> <li>• Enjoying life</li> <li>• Achievement</li> <li>• Socializing</li> <li>• Wisdom</li> <li>• Work ethic</li> <li>• From looking good to feeling good</li> </ul>	<ul style="list-style-type: none"> <li>• Outliving financial resources</li> <li>• Independence</li> <li>• Safe journey to other side</li> <li>• Romance</li> <li>• Companionship</li> <li>• Convenience</li> <li>• Comfort</li> <li>• Socializing</li> <li>• From looking good to feeling good</li> </ul>	<ul style="list-style-type: none"> <li>• Outliving financial resources</li> <li>• Convenience</li> <li>• Control in lives</li> <li>• Family</li> <li>• Safe journey to other side</li> <li>• Companionship</li> <li>• Comfort</li> <li>• Independence</li> <li>• Peace of mind</li> </ul>
Physiographic Profile	<ul style="list-style-type: none"> <li>• Vision problems</li> <li>• Weight loss</li> <li>• Chronic aches &amp; pains</li> <li>• Cataracts</li> <li>• Changing body structure</li> <li>• Hearing loss</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• First major medical event</li> <li>• Weight loss</li> <li>• Knee &amp; hip replacements</li> <li>• Cataracts</li> <li>• Cardiovascular problems</li> <li>• Senility &amp; Alzheimer's</li> </ul>	<ul style="list-style-type: none"> <li>• Fragility</li> <li>• Hearing loss</li> <li>• Severe skin aging</li> <li>• Senility &amp; Alzheimer's</li> <li>• Constipation, incontinence &amp; balance problems</li> <li>• Heart disease</li> </ul>
Social Activities/Lifestyles	<ul style="list-style-type: none"> <li>• Leisure</li> <li>• Travel</li> <li>• Gardening</li> <li>• Family &amp; grandchildren</li> </ul>	<ul style="list-style-type: none"> <li>• Gardening</li> <li>• Family &amp; church</li> <li>• Leisure</li> <li>• Travel</li> <li>• Family &amp; grandchildren</li> <li>• Reading</li> <li>• Eating</li> </ul>	<ul style="list-style-type: none"> <li>• Family</li> <li>• Localized activities</li> <li>• Reading</li> <li>• Eating</li> </ul>

<p>Socio-economic Behavior</p>	<ul style="list-style-type: none"> <li>• Spending on grandchildren</li> <li>• Saving for grandchildren</li> <li>• Spend some, save some</li> </ul>	<ul style="list-style-type: none"> <li>• Spending on grandchildren</li> <li>• Saving for grandchildren</li> <li>• Healthcare &amp; prescriptions</li> <li>• Health insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare &amp; prescriptions</li> </ul>
--------------------------------	--	---	--

## 2020 VISION

### A Snapshot of Today and Tomorrow's Leading-Edge Baby Boomer

	2006	2013	2020
<b>Born between</b>	1946-54		
<b>Coming of Age</b>	1963-72		
<b>Age in Focal Year</b>	52-60	59-67	66-74
<b>Population in PA</b>			
<b>Key Cohort Values/Concerns</b>	<ul style="list-style-type: none"> <li>• Personal/social expression</li> <li>• Individuality</li> <li>• Youth</li> <li>• Health and wellness</li> <li>• Seeking Experiences</li> <li>• Questioning authority</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>
<b>Current/Next Lifestage</b>	<ul style="list-style-type: none"> <li>• Empty-nesting</li> <li>• Children in college</li> <li>• Some grandparenting</li> <li>• Second career</li> <li>• Divorce</li> <li>• Caregiving for women</li> </ul>	<ul style="list-style-type: none"> <li>• Grandparenting</li> <li>• Part-time work</li> <li>• Retirement</li> <li>• Caregiving for women</li> </ul>	<ul style="list-style-type: none"> <li>• Some part-time work</li> <li>• Retirement</li> <li>• Some widowhood for women</li> </ul>

Emotional/Affinity Effects	<ul style="list-style-type: none"> <li>• Nostalgia</li> <li>• Challenge authority</li> <li>• Social justice</li> <li>• Sexually experimental</li> <li>• Generational community</li> </ul>	<ul style="list-style-type: none"> <li>• Nostalgia</li> <li>• Fun &amp; excitement</li> <li>• Health &amp; fitness</li> <li>• Novelty</li> <li>• Positive self-image</li> <li>• Maintaining sexuality</li> </ul>	<ul style="list-style-type: none"> <li>• Convenience</li> <li>• Health &amp; fitness</li> <li>• Positive self-image</li> <li>• Physical enhancements</li> <li>• Fun &amp; excitement</li> </ul>
Physiographic Profile	<ul style="list-style-type: none"> <li>• Vision problems</li> <li>• Weight changes</li> <li>• Hypertension</li> <li>• Arthritis</li> <li>• Gray hair and hair loss</li> <li>• Menopause</li> </ul>	<ul style="list-style-type: none"> <li>• Hair loss</li> <li>• Weight loss</li> <li>• Wrinkling</li> <li>• Increasing erectile dysfunction</li> <li>• Reduced flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• Cataracts</li> <li>• Hypertension</li> <li>• Hearing impairment</li> <li>• More weight loss</li> <li>• Loss of height</li> <li>• Muscle mass decreases</li> <li>• Cardiac problems</li> </ul>
Social Activities/Lifestyles	<ul style="list-style-type: none"> <li>• Exercise</li> <li>• Leisure a necessity</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise</li> <li>• Leisure</li> <li>• Travel</li> <li>• Experimentation</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced impact exercise</li> <li>• Travel</li> </ul>
Socio-economic Behavior	<ul style="list-style-type: none"> <li>• Plastic surgery</li> <li>• Big spenders; savings-averse</li> <li>• Convenience is key</li> </ul>	<ul style="list-style-type: none"> <li>• Spend; savings-averse</li> </ul>	<ul style="list-style-type: none"> <li>• Spend</li> <li>• Reduction of retirement savings</li> </ul>

## 2020 VISION

### A Snapshot of Today and Tomorrow's Trailing-Edge Baby Boomer

	2006	2013	2020
<b>Born between</b>	1954-1965		
<b>Coming of Age</b>	1973-1983		
<b>Age in Focal Year</b>	41-51	48-58	55-65
<b>Population in PA</b>			
<b>Key Cohort Values/Concerns</b>	<ul style="list-style-type: none"> <li>• Health &amp; wellness</li> <li>• Individualism</li> <li>• Skepticism &amp; distrust of government</li> <li>• Balance in work life/family</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>
<b>Current/Next Lifestage</b>	<ul style="list-style-type: none"> <li>• Teen-ager child-rearing</li> <li>• Children in college</li> <li>• Home ownership</li> <li>• Divorce and remarriage</li> <li>• Blended families</li> </ul>	<ul style="list-style-type: none"> <li>• Grandparenting</li> <li>• Caregiving for women</li> <li>• Some early retirement/dow nsizing</li> <li>• Children in college</li> </ul>	<ul style="list-style-type: none"> <li>• Empty-nesting</li> <li>• Children in college</li> <li>• Grandparenting</li> <li>• Second career</li> <li>• Divorce</li> <li>• Caregiving for women</li> <li>• Boomerang children</li> </ul>

Emotional/Affinity Effects	<ul style="list-style-type: none"> <li>• Status</li> <li>• Informality</li> <li>• Political issues that directly impact them</li> <li>• Entitlement</li> <li>• Sexual freedom</li> <li>• Materialism</li> <li>• Money</li> <li>• Time savers</li> </ul>	<ul style="list-style-type: none"> <li>• Nostalgia</li> <li>• Politically ambivalence</li> <li>• Maintaining sexuality</li> <li>• Materialism</li> <li>• Money</li> <li>• Convenience</li> </ul>	<ul style="list-style-type: none"> <li>• Convenience</li> <li>• Health &amp; fitness</li> <li>• Control in lives</li> <li>• Greater choice</li> <li>• Maintaining sexuality</li> <li>• Materialism</li> <li>• Money</li> </ul>
Physiographic Profile	<ul style="list-style-type: none"> <li>• Vision problems</li> <li>• Maximum weight achieved</li> <li>• Sports injuries</li> <li>• Gray hair &amp; hair loss</li> <li>• Menopause</li> </ul>	<ul style="list-style-type: none"> <li>• Gray hair &amp; hair loss</li> <li>• Weight loss</li> <li>• Some wrinkling</li> <li>• Some erectile dysfunction</li> <li>• Knee, hip, &amp; rotator cuff problems</li> <li>• Menopause</li> </ul>	<ul style="list-style-type: none"> <li>• Vision problems</li> <li>• Weight loss</li> <li>• Increased wrinkling</li> <li>• Hypertension</li> <li>• Arthritis</li> <li>• Gray hair &amp; hair loss</li> </ul>
Social Activities/Lifestyles	<ul style="list-style-type: none"> <li>• Exercise</li> <li>• Possession experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise</li> <li>• New fitness fads</li> <li>• Leisure</li> <li>• Possession experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced impact exercise</li> <li>• New fitness fads</li> <li>• Leisure</li> <li>• Travel</li> <li>• Possession experiences</li> </ul>

<p>Socio-economic Behavior</p>	<ul style="list-style-type: none"> <li>• Plastic surgery</li> <li>• Concern for money</li> <li>• Negotiate on price</li> <li>• Need financial advice</li> <li>• Buying luxury &amp; status</li> <li>• Experiences for the entire family</li> </ul>	<ul style="list-style-type: none"> <li>• Buying luxury &amp; status</li> <li>• Bargains</li> <li>• Internet buying</li> <li>• Free-spirited spending</li> </ul>	<ul style="list-style-type: none"> <li>• Buying luxury &amp; status</li> <li>• Bargains</li> <li>• Internet buying</li> <li>• Free-spirited spending</li> </ul>
--------------------------------	--	---	---

## 2020 VISION

### A Snapshot of Today and Tomorrow's Generation X

	2006	2013	2020
<b>Born between</b>	1966-1976		
<b>Coming of Age</b>	1984-1994		
<b>Age in Focal Year</b>	30-40	37-47	44-54
<b>Population in PA</b>			
<b>Key Cohort Values/Concerns</b>	<ul style="list-style-type: none"> <li>• Pursuit of quality of life</li> <li>• Cynicism about the future</li> <li>• Ambivalence toward violence &amp; sex</li> <li>• Street-smart</li> <li>• Independence &amp; free agency</li> <li>• Friendships</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>	<ul style="list-style-type: none"> <li>• Core Values are constant; all other cells change.</li> </ul>
<b>Current/Next Lifestage</b>	<ul style="list-style-type: none"> <li>• Career Search</li> <li>• Cohabitation</li> <li>• Marriage</li> <li>• Homeownership</li> <li>• Birth of children</li> </ul>	<ul style="list-style-type: none"> <li>• Divorce &amp; Remarriage</li> <li>• Blended families</li> <li>• Teen-ager child-rearing</li> <li>• Children in college</li> </ul>	<ul style="list-style-type: none"> <li>• Some empty-nesting</li> <li>• Children in college</li> <li>• Grandparenting</li> <li>• Second career</li> <li>• Divorce</li> <li>• Caregiving for women</li> <li>• Boomerang children</li> </ul>

Emotional/Affinity Effects	<ul style="list-style-type: none"> <li>• Commitment to marriage</li> <li>• Environmental concerns</li> <li>• Social, sexual &amp; ethnic diversity</li> <li>• Sexually cautious</li> <li>• Global Community</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental concerns</li> <li>• Diversity</li> <li>• Sexually cautious</li> <li>• Global community</li> <li>• Family</li> <li>• Home</li> <li>• Information</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental concerns</li> <li>• Diversity</li> <li>• Sexually cautious</li> <li>• Family</li> <li>• Global community</li> <li>• Home</li> <li>• Information</li> </ul>
Physiographic Profile	<ul style="list-style-type: none"> <li>• Earliest signs of aging</li> <li>• Receding hairline</li> <li>• Slowing metabolism</li> <li>• Sense of invincibility</li> </ul>	<ul style="list-style-type: none"> <li>• Receding hairline</li> <li>• First signs of erectile dysfunction</li> <li>• Far-sightedness</li> <li>• Sports injuries</li> <li>• Some graying of hair</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Vision problems</li> <li>• Maximum weight achieved</li> <li>• Gray hair &amp; hair loss</li> <li>• Menopause</li> </ul>
Social Activities/Lifestyles	<ul style="list-style-type: none"> <li>• Socializing with friends</li> <li>• Technology a way of life</li> <li>• Alternative religions</li> </ul>	<ul style="list-style-type: none"> <li>• Socializing with friends</li> <li>• Technology a way of life</li> <li>• Internet information gathering</li> <li>• Alternative religions</li> </ul>	<ul style="list-style-type: none"> <li>• Socializing with friends &amp; family</li> <li>• Technology a way of life</li> <li>• Internet integrated into lifestyle</li> <li>• Alternative religions</li> </ul>
Socio-economic Behavior	<ul style="list-style-type: none"> <li>• Household goods</li> <li>• Homeownership equipment</li> <li>• Family cars</li> <li>• Baby products &amp; services</li> <li>• Time-saving services</li> <li>• Internet buying</li> <li>• IRAs</li> </ul>	<ul style="list-style-type: none"> <li>• Products for teen-agers</li> <li>• Price conscious</li> <li>• Internet buying</li> <li>• Saving for college</li> </ul>	<ul style="list-style-type: none"> <li>• Buying family-related goods and services</li> <li>• Credit card usage high</li> <li>• Reduced spending to support college bills</li> </ul>

## PART II

# TRENDS AND ISSUES

This section of the manual reports a series of important trends that have been gleaned from various sources by the Department of Aging and Lifestage Matrix Marketing. Each trend may be relevant to various Pennsylvania State Agencies as they assess the trends that are important to their resource allocation over the coming years. They are only a start as each agency works to reflect the changes anticipated that may impact on goals, plans, and resource allocations that Pennsylvania must face as it moves toward the year 2020. Many others are available on a CD-ROM that agencies may request at the September 7, 2020 Vision workshop. Each State Agency should consider the pertinence of each of these and other trends for their agency over the next fourteen years and determine what resources might be needed to properly reflect this trend in the State Agency's plan. Additionally, each State Agency must incorporate cohort values where appropriate to interpret how the trend will be carried out. For example, consider the first trend group listed below.

### **USING COHORTS AND THE LIFESTAGE ANALYTIC MATRIX TO INTERPRET TRENDS: AN EXAMPLE**

**From 2011 until 2020, the ranks of the 65+ will be filled with Leading-Edge Boomers who will bring with them their continuing value for remaining young. They will be physically showing their age but will be resisting it as always. They will be over-exercising, using alternative medicines, and embracing youth-enhancing actions such as day health spas, fitness clubs, and spas where medical practices are combined with therapeutic procedures. Many of the current health and wellness activities may need to be altered to accommodate the change in desires of this new older cohort as prevention becomes key to lessening the healthcare financial impact of the aging population. Regulatory agencies may need to reflect on a growing desire for alternative medicines. Meanwhile, the long-term living needs for the surging 85+ constituency must be met with a continuum of services to insure the least restrictive and most efficient system is made available. Parks must be accessible to insure opportunities for physical activity. Workforce development may need to respond to the old worker in ways it has not anticipated.**

---

---

## A. Population Profile and Growth

1. A dramatic 55% increase in the frail elderly (85+) population.
2. Life expectancy at 65 in PA is about 16.4 years (to age 81.4) for men and 19.4 years (to age 84.4) for females.
3. The stable population trend for the total 65+ Pennsylvania population will end in 2011 when the leading edge of the baby-boomers turns 65.

---

---

## B. Longevity and Health

1. Disability among the older population is declining. Studies over the past two decades have revealed substantial declines in the rates of disability and functional limitation.
2. Nursing homes provide the most common institutional setting for older people, with over 90 percent of institutionalized elders in the United States living in nursing homes. However, between 1985 and 1995, the proportion of older people who stayed overnight in nursing homes fell by 8 percent. And since the mid-1970s, nursing home use has decreased among Whites but increased among Blacks.
3. Many boomers paradoxically find themselves living an unhealthy lifestyle and taking medications to remain active.
4. Two in three boomers (68%) say they “care about” maintaining a healthy weight; less than half (47%) are currently doing things that help keep them in shape. Only one in ten boomers (12%) say they have attained their goal of “adopting a healthy lifestyle.” And more than one in four boomers aged 50-59 are obese.
5. With healthcare costs rising rapidly, employers are trying to push a greater share of expenses onto employees who, as a result, are likely to increase the use of generics, imported medication from overseas, and possibly reduce their consumption of pharmaceuticals they perceive to be relatively unimportant.
6. If healthcare consumption patterns and physician productivity remained constant over time, the aging population would increase the demand for physicians per thousand population from 2.8 in 2000 to 3.1 in 2020. Demand for full-time-

equivalent (FTE) registered nurses per thousand population would increase from 7 to 7.5 during this same period.

7. The aging of the healthcare workforce raises concerns that many healthcare professionals will retire about the same time that demand for their services is increasing. Furthermore, the declining proportion of the population age 18 to 30 raises concerns regarding the ability to attract a sufficient number of new healthcare workers.
8. Americans are generally living longer and are healthier compared to past generations, but as people age, the likelihood that health will decline increases.
9. Based on trends in the supply of registered nurses and anticipated demand, the shortage is expected to grow to 12 percent by 2010. But by 2020, 2 million nurses are expected to be in the work force during a time when the country needs about 2.8 million nurses.
10. In 2000, physicians spent an estimated 32 percent of patient care hours providing services to the age 65 and older population. If current consumption patterns continue, this percentage could increase to 39 percent by 2020.
11. The rise in healthcare expenditures associated with the rapid increase in the elderly population will likely place additional pressures on the Medicaid and Medicare programs, as well as private insurers, to control healthcare costs.
12. The aging population could result in rising average patient acuity, which could in turn require higher nurse and physician staffing levels.

---

---

### **C. Economic Characteristics**

1. Many observers expect a major wave of retirement starting in 2011, when the first Baby Boomers turn age 65.
2. Households maintained by older people have net worth higher than that of all other households except for those maintained by householders in the pre-retirement ages of 55 to 64, which were similar.
3. Pennsylvania has suffered a loss of young workers in absolute terms..

4. Over 61 percent of workers are employed in low wage jobs. Pennsylvania ranked 31st among states in share of population with a BA, according to the most recent census figures.
5. There is a marked increase in the cohorts of older workers.
6. Cohorts comprised of middle-age workers are declining.
7. The social and economic implications of the aging of the Baby Boom generation will be a significant concern for policy makers, the private sector, and individuals. The size and longevity of this group will trigger debate about possible modifications to Social Security, Medicare, and disability and retirement benefits, among other issues.

---

#### **D. Geographic Distribution**

1. Although an increasing proportion of the U.S. population resides in urban areas, a substantial proportion of the population will continue to reside in rural areas.
2. Pockets of urban areas will continue to have a high concentration of minorities. Efforts to increase the supply of healthcare professionals across Pennsylvania must deal with economic, cultural and language considerations.
3. One of the persistent Pennsylvania urban demographic patterns is population loss in the largest center cities and urban places. This pattern continued during the past decade. Fifteen of Pennsylvania's 23 largest central cities lost population between 1990-2000, led by Johnstown and Chester and included Pittsburgh and Philadelphia. Seven cities, mostly in the Southeastern part of the state gained population, primarily due to a significant increase in their minority populations, notably Hispanic immigrants.

The broader picture of a chasm in population gains and losses across places involves population losses in 76 percent of all Pennsylvania cities and nearly 60 percent of Pennsylvania boroughs, but gains in two-thirds (66%) of Pennsylvania's townships - primarily townships adjacent to cities and boroughs. These nearly mirrored opposite urban vs. "suburban township" population. Losses and gains are particularly important for two key reasons. First, they often have been persistent over many years. And second, these trends are accompanied by changes in the composition in local area populations between cities/boroughs and townships. These changes include older vs. younger residents, single person vs. family households, lower vs. higher income

groups, minority vs. non-Hispanic white population concentrations, etc. within very local regions.

4. Although some older people need hands-on assistance to help with activities of daily living, the great majority of older people live independently in conventional housing.

---

## **E. Social Profile**

1. The 1990-2000 changes in family patterns in Pennsylvania are striking:
  - A. The population in married-couple families with children less than age 18 declined while the population in married couple families without children remained near zero change.
  - B. The single-parent families population increased, notably that in male-headed families (up 26.6%).
  - C. Householders living alone also increased, with the largest gains (22.6%) for householders under age 65.
  - D. Cohabiting and roommate non-family households also increased markedly (30.9%).
2. The changing marital and family composition that is occurring in the United States is likely to change the types of familial support that are available to people at older ages.
3. The future older population is likely to be better educated than the current older population, especially when Baby Boomers start reaching age 65. Their higher levels of education, better health, higher incomes and more wealth suggest the potential for reentry to the workforce given appropriate workforce development programs.
4. Older women will be increasingly more likely to have been in the labor force long enough to have their own retirement income, although their lower median earnings may translate into lower incomes in retirement.
5. Research on genetic, biological, and physiological aspects of aging is likely to change the future for the older population. In the medical and public health

arenas, research to understand chronic diseases, such as diabetes and Alzheimer's disease, may produce significant improvements for treatment and prevention.

6. The results of these demographic trends show a much greater diversity in Pennsylvania's families and households -- often with different needs. Any legislation or policy targeted at Pennsylvania families must take the changing demographic diversity into account.
7. Single families and older single-individual households have higher poverty rates. And the population increases in these types of families and households put pressure on family support program funds.
8. Few programs or entitlements are available for cohabiting households, although childbearing by cohabiting couples is increasing and may become a child policy concern in the future.

---

#### **F. Diversity by Race and Hispanic Origin**

1. One-in-six Pennsylvanians (16.3%) was a member of a race or ethnic minority group according to the 2000 Census. The comparable figure for the United States was just about one-in-three (32%), twice the proportion of Pennsylvania. The largest Pennsylvania minority is African-American with 10.0 percent of the population, while in the U.S. as a whole the African-American and Hispanic population sizes are about the same at nearly 13 percent each.
2. However, between 1990 and 2000; while the non-Hispanic white population of Pennsylvania declined marginally (-1.0%), all major race and ethnic groups increased in population. This increase ranged from 12.4% for African-Americans to dramatic changes of over 60 percent for Asian/Pacific Islanders and nearly 70 percent for Hispanics. The modest (compared to national standards) immigration rates to Pennsylvania fueled the increase of both Asian and Hispanic minority population, and Hispanics also have higher fertility rates than other majority and minority groups in Pennsylvania.
3. While the 16.3% minority population composition for Pennsylvania is overall quite low compared to the national average, *the percentage is dramatically different across Pennsylvania's largest cities. In 2000, the minority population as a percent*

*of the total population ranged from a high of 82% in Chester and 71% in Harrisburg, to a low of 4.4% in Altoona and 3.3% in Bethel Park.*

---

## **G. Technology**

1. Developments in assistive technology also will have a great impact on the future lives of older people. Indeed, if technology applications are not available and implemented to help the elderly, the sheer numbers of the aging Boomers will overwhelm society. Assistive technology can be used to maintain or improve the functional abilities of individuals. Specialized equipment can help people function more independently and emergency response systems can provide an extra measure of security for people who otherwise could not be left alone.
2. With telemedicine, people can stay at home and receive information and advice about medical conditions. Some conditions can be monitored or even diagnosed from home. The greater use of assistive and other technologies may be one response to expected long-term care provider shortages.

---

## **H. Education**

1. States have had to accommodate large numbers of Baby Boomers and their children as they move through the education system. As the age distribution changes in states, some states may find that they have a surplus of facilities geared towards traditional education and others may find that they have a shortage of such facilities. States also may find increasing demand for continuing education or other types of education. Some older people will seek opportunities for continuing education as a form of recreation, for example. Others may want to keep up to date or learn new skills related to their professions. States must be able to count on a well-educated future workforce to be part of a strong economy. For that reason, it will be particularly important to gear educational programs for both younger and older students to a more diverse population.
2. High school, college age, and young worker cohorts will be increasing over the next fourteen years.
3. Elementary age cohorts will be declining. The number of births in Pennsylvania declined by 17 percent in the 12-year period from 1990-2002, and now is at the lowest number in the last 100 years since birth records have been kept in this state.

4. Pennsylvania has recorded a net internal out-migration (the balance of people moving in and out from other states) in every decade since 1950.
5. In the 1999-2001 period, the most striking net migration losses continued to be the young adult age group (20-29 years) where Pennsylvania had an estimated net three-year deficit of -29,368. The state also had an estimated three-year net migration deficit of -14,685 youth ages 10-19, primarily 18-19 year olds. These are the age groups where migration decisions are heavily determined by the search for jobs and educational opportunities appropriate to young workers' skills and expectations.
6. Educational attainment is the first and foremost indicator of brain drain or brain gain migration. Between 1999-2001 Pennsylvania experienced a brain drain net migration loss of an estimated 20,038 adults who had college and graduate professional degrees. The implication of this brain drain is that Pennsylvania loses twice - first, it loses more people than it gains; and second, it loses some of its best-educated labor force age workers.
7. An equally striking recent migration pattern is the net migration loss of an estimated 27,376 adults with some college training. Workers with associate degrees and some college training frequently occupy technical, administrative support, and other skilled labor positions in business, industry, and government – workers whose skills are essential for effective economic development.
8. The increasing college-age/young worker population of this decade presents the state with a unique opportunity to train and retain an increased cohort of highly skilled young workers. Successive cohorts are unlikely to increase in size for another generation (25-30 years).
9. While declining state elementary school age cohorts reduce overall enrollment trends, the inequalities in local area child demographic trends across the state are increasing.
10. The continuing pattern of brain-drain migration is a major explanation for Pennsylvania's high human capital labor force education gap.
11. Reducing Pennsylvania's brain-drain migration, particularly of highly educated young adults, has got to be a public policy priority if the state is going to break out of its relatively poor early 21<sup>st</sup> century rankings of economic development.

12. What are the general policy options to help stem brain-drain migration? This can involve reducing-the out-migration and/or increasing the in-migration of high human capital workers. The former is much easier to accomplish than the latter. Possible strategies include:
- a. No direct policy focused on the job and migration decision-making of young adults. Rather, continue to emphasize only demand-side job retention and job creation policies.
  - b. An information-only strategy, which seeks to inform young adults about possible job opportunities in Pennsylvania. The key here is seeking to change expectations about employment opportunities and adult life style in Pennsylvania.
  - c. An incentive strategy by Pennsylvania business and industry to give employment priority to current Pennsylvania college graduates.
  - d. An incentive strategy focused directly on employment and migration decision making to current Pennsylvania college graduates to get them to look for and accept appropriate employment opportunities in Pennsylvania.

---

## **I. Transportation**

1. As the population ages, the number of older drivers will continue to increase. Some of the accommodations that may be needed for older drivers are more accessible parking spaces and traffic signs with larger print. Changes involving the redesign of roads, road signs, and vehicles will increase traffic safety for drivers of all ages. The Pennsylvania Department of Transportation has focused on the changing demographics in the re-designing of highways and signage.
2. The number of older people who need transportation provided by others can also be expected to increase as the population ages. Driving may not be an option for the frail elderly or the oldest-old (age 85 and over), and individuals unable to drive well need alternatives to private automobile transportation. The need for more affordable, reliable transportation options, including services to accommodate people with disabilities, will increase.

3. According to the National Highway Traffic Safety Administration, there were 19.1 million licensed drivers age 70 and older in the United States in 2001. By 2030, people age 65 and older are expected to represent 25 percent of the driving population and 25 percent of fatal crash involvements.

---

---

## **J. Tourism and Travel**

1. Frequent short vacations will be replaced by four vacations a year where travelers will seek an "experience" like scuba diving, caving or exploring the canopy of a forest.
2. Third-age" travelers, such as single mothers with children, or grandparents and a child, will force the travel industry to create more flexible travel formats and cost structures.
3. Airplane travel will double by 2015.
4. By 2020 RV ownership will rise 8 percent. There will be 8 ½ million households in the U.S. with an RV.

---

---

## **K. Veterans**

1. The increasingly older veteran population will result in increased demand for long-term care, to include nursing homes and community health care programs and services.
2. Annual veteran deaths are increasing and are expected to peak in 2008, creating greater demand for burial benefits, including interment in national cemeteries.
3. Veterans over 65 accounted for 38 percent of the total veteran population in 1999 and are expected to number between 7.8 million and 9 million until 2020.

---

---

## **L. Civic Engagement and Volunteerism**

1. Demographic trends suggest that fewer early to middle career workers will be available in the coming years to meet increasing labor needs. At the same time, an unprecedented percentage of the population will be in "retirement."

2. Only recently has attention been given to the unprecedented opportunity to increase senior volunteerism. This opportunity stems from vast increases in life expectancies afforded by advances in medical technology, healthier lifestyles and nutrition. Accordingly, it is essential that we find ways to communicate the benefits of volunteerism to all people, especially future generations of older Pennsylvanians.

# PART III

## PROCEDURAL GUIDELINES

### FOR SUBMITTING STATE AGENCY RESPONSES

In review, Part I of this Manual contains The Lifestage Analytic Matrix, which shows how cohort values can provide a foundation for understanding the needs of your constituent groups, now and in the future. Part II includes a compilation of Trends and Issues that will potentially impact public policy and present both challenges and opportunities to the provision of services and programs of state government.

You are asked to reflect on each of the trends in Part II *and consider any other important trends/issues that you believe may have a significant impact on your agency's role, responsibilities, constituents, and/or services.* As suggested in the example on page 30, YOU MAY DECIDE TO USE THE COHORTS AND THE LIFESTAGE MATRIX TO ASSIST IN ANALYZING THE TRENDS you have selected. *Again, you may consider any other important trends/issues not listed in Part II that you believe will significantly impact your agency.*

*Please select the 3 to 5 most significant trends/issues that you believe will present the greatest challenges or opportunities to your agency to the year 2020.* For each trend/issue that you select, please use the following questions to guide your agency's response, to be included in the Pennsylvania 2020 Vision Report to the Governor:

1. Current Actions: What is your agency currently doing to address this trend?
2. Proposed Actions: What actions do you anticipate taking to address this trend over the next 4 years (2010); 9 years (2015); 14 years (2020)?
3. Results: What outcomes are your agency hoping to achieve in preparing for or reacting to this trend?
4. Resources Needed: What resources (fiscal and/or workforce) will your agency require to plan and prepare for 2020?

This planning activity is intended to provide a comprehensive response plan on how agencies can be best prepared to address the challenges and opportunities presented by

anticipated demographic shifts in Pennsylvania and other related changes to the year 2020. For example: How will your agency adapt to an aging baby boomer generation, a shrinking workforce, the “brain-drain,” an increased demand for health and human services, adaptive technology and housing options, transportation, and a shrinking population of children? For an example of forward thinking in response to challenges related to workforce development by an agency, see Appendix I, page 44.

**Response Plan Template. Please use this format to ensure consistency and limit your agency’s narrative to one page for each trend addressed. (See next page.)**

### **Questions**

Questions pertaining to Parts I & II of the Manual may be addressed to Charles Schewe at Lifestage Matrix, at (413) 256-0914 or e-mail to ([schewe@mktg.umass.edu](mailto:schewe@mktg.umass.edu)). Questions about Part III, procedures and submission of reports, may be addressed to Bob McNamara or Marion Yoder at (717) 783-6207 or e-mail ([mailto:PA2020\\_Vis\\_Proj@state.pa.us](mailto:PA2020_Vis_Proj@state.pa.us)).

### **Submitting Reports**

Using the Response Plan Template, next page, please address the trends/issues by priority from greatest impact to least. Respond to all four questions/topics using no more than one page per trend. Agencies are strongly encouraged to submit their Response Templates electronically to the 2020 Vision Project e-mail address ([mailto:PA2020\\_Vis\\_Proj@state.pa.us](mailto:PA2020_Vis_Proj@state.pa.us)).

### **Deadlines**

- ***Please send your Response Template to the Department of Aging (e-mail address, above) by Friday, September 29, 2006.*** Please include the name(s) a contact person and the person responsible for the report if not the same.

**PENNSYLVANIA 2020 VISION PROJECT**  
**AGENCY RESPONSE TEMPLATE**  
(Sample Format for each Trend Selected)

Please send your Response Template to the Department of Aging by Friday, September 29, 2006. Agencies are strongly encouraged to submit their responses electronically to the PA 2020 e-mail address ([mailto:PA2020\\_Vis\\_Proj@state.pa.us](mailto:PA2020_Vis_Proj@state.pa.us)). Thank you in advance for your cooperation!

Name of Person Submitting Report: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone/E-mail address: \_\_\_\_\_

**Trend No.** (for example, “**A.1 Increase in Frail Elderly**” or describe if not listed in the Part II of the 2020 Manual). Address the trends/issues by priority from greatest impact to least.

**1. Current Actions:** (Respond to all four questions/topics using no more than one page per trend.)

**2. Proposed Actions (to the years 2010, 2015, 2020):**

**3. Results:**

**4. Resources Needed:**

# APPENDIX I

## EXAMPLE OF FORWARD THINKING BY A STATE AGENCY

### Workforce Advancement Grant for Education (WAGE) Program

Today, more than 2,700 adult Pennsylvanians are participating in the Pennsylvania Higher Education Assistance Agency's (PHEAA) Workforce Advancement Grant for Education (WAGE) program, and the commonwealth has successfully renewed the program for 2006-07, its second consecutive year. Created for the state's adult learners, WAGE is without a doubt one of the most innovative of Governor Rendell's Job Ready PA initiatives.

For our residents to compete in today's economy, they need higher levels of education than ever before. Pennsylvania's post-secondary education system is among the worlds best; unfortunately, many of our adult citizens haven't been able to avail themselves of this resource, and therefore lack the certification or degree that would strengthen their career skills. WAGE helps put industry certifications or 2- and 4-year degrees within many adult learners' reach, and helps create a highly skilled workforce ready to compete in the global marketplace.

Established through a partnership with PHEAA and the Rendell Administration, WAGE provides financial aid to adult students, many of whom struggle to juggle jobs and family while attempting to further their education. WAGE bridges funding gaps, providing grants to less-than-half-time students and other adults who would not otherwise qualify for financial assistance, so they don't have to stop working to support their families in order to benefit from educational opportunities. WAGE will provide \$10 million in grants, each year for the next four years, to more than 180 eligible post-secondary institutions across the commonwealth. These institutions will then award grants to adult students who meet eligibility guidelines.

Significant strides are being made toward accomplishing the goal of building a workforce comprising Pennsylvanians with the knowledge and skill necessary to be leaders in the 21st Century economy. To learn more about WAGE and eligibility requirements, visit [www.pheaa.org](http://www.pheaa.org) or call 1-800-692-7392 and say "customer service."