Getting Ready for the 21st Century: The Aging of America and the Older Americans Act

Thirty-four years after the establishment of three of the four major federal programs for older Americans, national policymakers in the Executive and Legislative branches are engaged in crafting and advancing proposals to modernize, redirect, and secure Social Security (enacted in 1935), the Medicare program (enacted in 1965), and the Older Americans Act (OAA, P.L. 89-73, enacted in 1965). These proposals are being introduced for public discussion and congressional action in 1999, an auspicious year for older Americans—the United Nations International Year of Older Persons.

Motivating factors underlying the flurry of activity around these programs for older Americans can be readily identified. They include a growing measure of apprehension about some of the more obvious economic, social, and other consequences that would result from inattention to an unprecedented longer-living population. Specifically, the potential policy and program effect of the aging of 76 million baby boomers is beginning to develop a critical mass of interest as more sectors realize that the boomers will make up the largest generation of older people the world and our nation have ever seen. The interest of both the public and the private sectors in managing and containing the costs of health and long-term care, providing quality care for consumers, and ensuring the availability and viability of a mix of provider organizations and programs also are motivating factors. Finally, aging issues, in particular a desire for long-term care reform, already are being promoted as a core concern for the 2000 election.

Possibly the most complex discussions in the nation’s capital have to do with the Medicare program. Although the Medical Trust Fund has declared the solvency of the trust fund until 2015 instead of 2008, there is abiding interest in adjusting the benefits package and other features to be more responsive to emerging health care needs and issues. Unfortunately, the Bipartisan Medicare Commission, charged with the daunting task of reviewing the Medicare program and developing policy and program recommendations, was unable to arrive at a consensus before it adjourned.

The plan articulated by the commission co-chairs, Senators John Breaux (D-LA) and Craig Thomas (R-WY), called for raising the eligibility age for beneficiaries from 65 to 67 and included a very modest prescription drug benefit administered as a means-tested Medicaid benefit. The Breaux-Thomas plan also proposed “premium support” or higher premiums, that is, the shifting of costs to program beneficiaries through higher premiums for Medicare, and envisioned a new administering bureaucracy but did not address the long-term solvency of the fund. Dissenting members did not embrace premium support and called for more generous prescription drug coverage.

As an alternative, a set of guiding principles and a proposal have been offered by the Clinton administration. The administration has called for a more “competitive” Medicare program, has emphasized the need to “smooth-out provisions in the Balanced Budget Act that may be affecting Medicare beneficiaries’ access to quality services” (“President Clinton’s plan,” 1999), and has called for the use of 15 percent of the budget surplus over the next 15 years to underwrite modernization of the program. Proposed new benefits include a $1,000 prescription drug benefit for both older and disabled Americans and free preventive health services, such as mammograms, prostate cancer screenings, and diabetes self-management. Close scrutiny of all options may be expected to precede legislative action in...
the remaining days of the first session of the 106th Congress.

Policy decisions that result in the modernization of social security, Medicare, and OAA will determine very much the quality of life of the nation’s longer-lived, increasingly diverse, predominantly female older Americans and their families in the 21st century. Despite ongoing comparisons of public or private sector strategies, there is strong consensus that Social Security must be “saved” for future generations of older Americans. For women, economic security in old age may hinge on whether gender equity and other issues are addressed satisfactorily through Social Security reform.

One set of policy proposals on which this article is focused calls for the reauthorization of the OAA, the singular federal policy vehicle dedicated solely to the quality of life of older Americans and their family members. OAA is best known for its nutrition, transportation, and long-term care ombudsman programs. The act established the nationwide Aging Network composed of 57 state and 655 local agencies on aging, 225 Native American Indian tribal organizations representing more than 300 tribes, more than 2,000 senior centers, and 27,000 providers of services through which older people and their families in communities all across the United States are served.

The reauthorization proposal submitted by the Clinton administration through the Administration on Aging in the Department of Health and Human Services (HHS) would sanction three new initiatives to meet better the diverse needs of current and future older people and their families: a National Family Caregiver Support Program, opportunities to modernize OAA services and programs, and a Life Course Planning Program. Together, the initiatives offer an indication of some potential foci for social work practice with older Americans and their families in the new century.

**Demographic Imperative**

Although the percentage of older adults in the United States has tripled since 1900, the elderly population is expected to double between now and 2030. But older Americans are not just greater in number, they are also living much longer. In fact, the age 85 and over population has grown 31 times larger since the turn of the century. Moreover, the most rapidly growing group of older people in the United States is that of adults 100 years of age and older. The U.S. Census Bureau (1996, 1998) point to a doubling of the number of people 100 years and older since 1990. The Census Bureau has suggested that the expected continuation of this trend may result in a centenarian population of 834,000 by 2050, from an estimated 70,000 currently. However, because human longevity is not yet part of the mind-set of the general population, most older people are “surprised survivors” (Hagestad, 1998).

Women make up the majority of older people and have a life expectancy at birth that is approximately seven years longer than men’s. Although there are within-group differences in life span and in health status by race and ethnicity, as a group women account for four out of five people 100 years of age and older. As might be expected, women are more likely to experience chronic illnesses and disabilities because of their longer lives. They are also more likely to be single, live alone, and be poor in their older years than men are. Yet, access to the resources and tools that are necessary to be able to prepare adequately for the advanced years has not been readily available to most women.

Demographers have predicted dramatic increases in the number of ethnic minority older people in the next century. From 1997 to 2030, it is expected that American Indians, Eskimos, and Aleuts will register a 159 percent increase in the number of older people. African American older people will increase by 134 percent over the same period, whereas increases of 368 percent and 354 percent are anticipated for Hispanic and Asian and Pacific Islander Americans, respectively. Thus, the older American population of the 21st century will look vastly different from the profile of older Americans at the turn of this century.

**Older Americans Act**

OAA has provided the policy foundation for the development of a nationwide infrastructure of state and local agencies dedicated to advocacy, planning, and policy and program design and implementation on behalf of older Americans. OAA services are meant to be gap filling and are targeted to people in greatest economic and social need, with special attention to low-income members of ethnic minority groups. Much of the development of the home- and community-based services system for long-term care and...
supportive assistance, congregate and home-delivered nutrition services, and local to national information and assistance system may be traced to the OAA and authorizations provided under its various sections (Title III, Grants for State and Community Programs on Aging, authorizes the Assistant Secretary for the Administration on Aging to provide funds to states for a variety of services, including supportive services and senior centers under Part B, congregate nutrition services under Part C-1, and home nutrition services under Part C-2).

The special needs of Native American, Alaskan Natives, and Native Hawaiian older people are acknowledged in Title VI of the OAA, which calls for grants to tribal organizations and to an organization that represents Native Hawaiians. Consumer protection services—the Long-Term Care Ombudsman, older persons rights and legal assistance development, adult protective services, and outreach, counseling, and assistance programs for insurance and public benefits—are addressed through Title VII, Allotments for Vulnerable Elder Rights Protection Activities. As might be expected, the need for OAA services exceeds the supply.

The reauthorization and FY2000 budget proposals transmitted this year to Congress by the administration through HHS Administration on Aging offers three new initiatives intended to support essential work that must occur at the macro, mezzo, and micro levels to ensure that the nation, its communities, its families, and its individual citizens understand, are given the best possible opportunity to prepare for, and have available resources that can be of assistance in dealing with population as well as individual longevity. These initiatives call for the establishment of a National Family Caregiver Support Program, the establishment of life-course planning as a nationwide focus of the Aging Network, and the modernization of OAA programs and services. A 19 percent increase in funding also has been requested to meet needs, which exceed current service capacity.

**Growing Need for Caregiver Support**

A number of surveys have documented the extent to which family caregivers are involved in the provision of long-term care to older relatives with functional limitations. For example, a survey by the National Alliance for Caregiving and the American Association of Retired Persons (AARP) estimates that there are 22.4 million households involved in caregiving to older people (National Alliance for Caregiving and AARP, 1997). For nearly two-thirds to three-fourths of elderly Americans with impairments, their caregivers are their sole source of assistance (Alexich, 1997; Doty, 1986; National Academy for an Aging Society, 1997).

Although disability levels have dropped over the past decade (Manton, Corder, & Stallard, 1997), the sheer size and the anticipated longevity of the future elderly population will make long-term care an even more compelling issue for the American family in the 21st century. If the growth in the 85 and older population continues to rise at dramatic rates, for example, the need for long-term care will not decline. Moreover, geographic mobility of family members, work force participation by women, delayed childrearing, and the older parent and grandparent-to-child ratio are among the realities that will continue to shape the ongoing availability of informal caregivers.

Caregivers of older relatives are themselves coping with a variety of demands and concerns. As an example, among caregivers to older persons in the National Alliance for Caregiving/AARP study, about 52 percent were employed full-time. More than 50 percent of these caregivers reported conflicting work and caregiving demands that resulted in their rearranging work schedules, reducing work hours, or taking unpaid leaves of absence. Many primary caregivers also have described their own health as fair to poor (Mui, 1995; Pruchno, Peters, & Burant, 1995; Schulz et al., 1997). In relation to this and to indications of caregiver burden, stress, and depression, Tennstedt (1999) cautions, however, that we must differentiate between the experience of caregivers of people with dementia and of people with other chronic illnesses and disabilities. Tennstedt notes, in this regard, that caregivers of people with dementia are more likely to experience higher levels of burden, stress, and depression.

Although most family caregivers tend not to use formal services to augment their assistance, recent studies have found that the use of adult day care by the care recipient reduces caregiver stress and that with counseling and support provided to caregivers, care recipients with Alzheimer’s disease are able to live at home for an additional year before requiring institutionalization.
In recognition of the demands associated with caregiving, the HHS, through the Administration on Aging, has proposed to establish a National Caregiver Support Program through an amendment to Title III-D of the OAA. The nationwide program would be implemented through the existing Aging Network and would ensure that caregivers of older people in every state and territory would have access to information; assistance; counseling, support groups, and caregiver education; daytime and overnight respite services through adult day care, residential care, and other options; and supplemental services as required. The proposal has been introduced by Senator Tom Daschle (D-SD) through Senate Bill 10 and by Senators Charles Grassley (R-IA) and John Breaux (D-LA) through Senate Bill 707 and in the House by Representatives Matthew Martinez (D-CA) and Henry Waxman (D-CA).

**Population Longevity Suggests the Need for Life Course Planning**

A 1999 AARP poll of Americans ages 18 and older reveals that the majority of the people surveyed expect to live to 80 years of age, would like to live to about 91 years, but do not wish to be centenarians. Ninety percent of survey respondents believe that how they age is somewhat within their control and, reflecting an interest in maintaining their health and in remaining active, 84 percent report that they are exercising and engaged in some form of activity that promotes good health. Although those polled anticipate that life will be better for the much older person in the 21st century, they are fearful of the possibility of poor health and financial insecurity in old age (AARP, 1999).

The trepidations expressed by the AARP study respondents are not misplaced. If retirement income security is a measure of preparedness for successful aging, then the findings of the 1997 Retirement Confidence Survey suggest that we have a well-intentioned but “naively unprepared population” (Employee Benefit Research Institute, 1997). Although almost 70 percent of U.S. workers are saving for retirement, only 27 percent have any notion of the financial resources they will need—beyond the benefit level provided by social security—to retire when and how they desire. Furthermore, the survey found that only 36 percent of all workers have sought to determine how much retirement income they will need when they retire. Moreover, a review of the study data indicates that the confidence expressed by some respondents in their preparedness may not be well founded.

In a context of increasing longevity, individuals and families without access to knowledge and tools to plan adequately for their later years of life are likely to experience disastrous consequences in the years ahead. Already there is reason to believe that baby boomers will live longer than their financial resources will last (AARP, 1999). Similarly, women, who have longer life expectancies, lower lifetime earnings, smaller pensions, and are more reliant on social security than are men, have not been able to plan or prepare for their old age. Unfortunately, the premises that undergird current retirement and pension policies and practices, as well as community planning and individual and family lifestyles, plans, and behaviors, do not yet reflect life expectancy that will be even more commonplace in the next century.

The second new policy and program initiative developed by the Administration on Aging and presented in its OAA reauthorization proposal calls for the establishment of a nationwide Life Course Planning Program, which would be implemented by states. Specifically, the Life Course Planning Program would establish comprehensive public information and counseling programs to advise middle-aged and older people and their families about the critical aging issues for which they must prepare. Because states and area agencies are required to develop state and area plans that document the needs of older people and their families, identify program and service responses, and seek community input throughout the plan development process, the Life Course Planning Program would require the Aging Network to use a multiyear planning process to initiate discussions of general community preparedness for and responsiveness to its own aging population. States also would be expected to systematize, strengthen, and promote the coordinated use of services that address various facets of concerns that can determine whether an individual is able to age successfully, that is, concerns that are best addressed by legal services, pension benefits counseling, health insurance counseling, elder protective services, senior centers, long-term care ombudsmen,
consumer awareness and protection, and other network services and programs.

The coordination and systematizing of these services through the proposed Life Course Planning Program would enable the Aging Network to better inform, counsel, and assist older people and their families in identifying, navigating through, understanding, negotiating, and selecting from among the array of options for financial security, housing arrangements, assistive devices, health and long-term care, social activities, personal safety, and general consumer goods and services with which many older people are confronted and with which as many are not familiar. Through the Life Course Planning Program, the Administration on Aging and the Aging Network would serve as access points at the national, state, and local levels to provide information, consumer protection, counseling, and education to communities, families, and individuals. The Aging Network would strive, from a longevity perspective, with public and private sector partners, to increase awareness of health risk factors, promotion of good health, and disease prevention; reduce health disparities among older ethnic minority Americans; increase opportunities for active aging; protect the legal and other rights of older people; and increase the financial literacy and preparedness of middle-aged and older Americans.

MODERNIZING OLDER AMERICANS ACT SERVICES AND PROGRAMS

Through the early 1990s major discretionary funding support was available under Title IV of the OAA for the testing of new service delivery models and innovative programs. Since then, Title IV funding levels have been significantly lower and appropriations have been earmarked by Congress for specific purposes, organizations, or geographic localities. Among the innovations tested under Title IV during the 1970s and 1980s, area agencies on aging, the congregate and home-delivered meals program, the PACE program, and the long-term care ombudsman program occupy important places in the existing constellation of aging services and programs. Area agencies on aging and the meals and long-term care ombudsman programs were piloted and later written into the OAA to be permanent structures and service programs. For example, authorization for area agencies on aging is in Title IIIB, Section 321, Supportive Services and Senior Centers. Authorization for congregate nutrition services is in Title IIIC1, Congregate Nutrition Services, and IIIC2, Home-Delivered Nutrition Services. Authorization for the Long-Term Care Ombudsman Program is provided under Title VII, Allotments for Vulnerable Elder Rights Protection Activities, Chapter 2—Ombudsman Programs.

Scientific discoveries and effective new technologies, models, and strategies that have implications for service and program interventions are available and will continue to emerge in the new century. For the Aging Network to have the opportunity and the resources required to incorporate research findings and technological and other innovations in a timely, outcome-oriented manner, the Administration on Aging has proposed that states be permitted to request the use of the greater of 4 percent or $300,000 of Title III OAA funds to underwrite service and program innovation initiatives.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

As the 20th century draws to a close, there is a renewed interest in policies and programs that address the needs of older people worldwide. Such interest is reflected in the declaration of 1999 as the International Year of Older Persons by the United Nations and by the discussions that center around proposals to reform Social Security and Medicare and to reauthorize the OAA. In each case, there is consensus that programs serving older Americans must be modernized. Without a doubt, a motivating force for modernization has been the sheer number of people who will come of age in 2011, when the baby boomers begin to reach age 65.

For the social work profession, there will be numerous opportunities to provide leadership in and work on behalf of what will be a very diverse population of older adults and their family members. Although older women and ethnic minorities will require special attention because they will continue to be most at risk in their later years, three general clusters of need were identified in this discussion: long-term care and caregiver support; life course planning; and the modernization of services and programs for older Americans.

Although rates of physical disability are decreasing among older Americans, the size of the elderly population and extended longevity mean
that long-term care will remain a significant concern. In this domain, research clearly shows that both caregivers and older people with functional limitations will have multiple needs, ranging from the need of the caregiver for clinical services to deal with stress and depression to the need to develop policies and programs for evidence-based, outcome-oriented services.

An even larger area requiring development is life-course planning. As noted, society's preparedness for the effect of an aging population and increased longevity is yet to be realized. Communities will need to examine the implications of the ongoing aging demographic revolution from a systems perspective, identify policy and program options, and commit to creating "a society for all ages" to which the United Nations International Year of Older Persons is aimed—a society in which citizens are able to function as independently as possible and remain productive and contributory through to the latest years of life. In addition, Americans of all ages must anticipate the possibility of long life and have access to critical information and resources to be able to plan for their own life course.

Third, there is much work to be done to ensure that all aging services and programs integrate and use recommendations and technologies emerging from multidisciplinary research. As an example, the growing body of research on diverse segments of the elderly population and their caregivers must be translated and integrated into programs and services as outcome-oriented interventions. Even simple assistive devices to enhance the quality of life of older people with functional limitations are neither widely known nor widely used. Their availability and utility must be routinely incorporated in care plan discussions and consumer awareness initiatives.

The real challenge facing the social work profession will be whether it can prepare an adequate number of professionals with requisite levels of substantive knowledge and skills to meet the diverse needs of current and emerging populations of older Americans. Will social work education programs be able to revise curricula to permit this to occur? Will there be a sufficient number of continuing education courses to educate practitioners in meeting the needs of an aging America? All of us will experience the consequences of the answers to these questions in the 21st century. The new century is one in which we can create a world in which longevity and aging present real opportunities for millions of Americans.

References


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