ILC USA

Discussion of lessons and Challenges Reflections on aging in developed (USA) and developing countries (Brazil/DR)

Aging in Developed and Developing Countries

- Population Aging is occurring in a range of diverse settings and different stages of development:
- Developed and developing countries face it and the demographic shift has collided with global, financial crisis

Background: Demographic Trends in the U.S.

- Rapid population aging as Baby Boomers grow older

- Population aging in the U.S. is occurring at a slower rate than other developed countries; however, primarily due to immigration trends

- General trend towards urbanization, with more older persons relocating to urban settings during later life

United States birth rate
(Births per 1000 population).
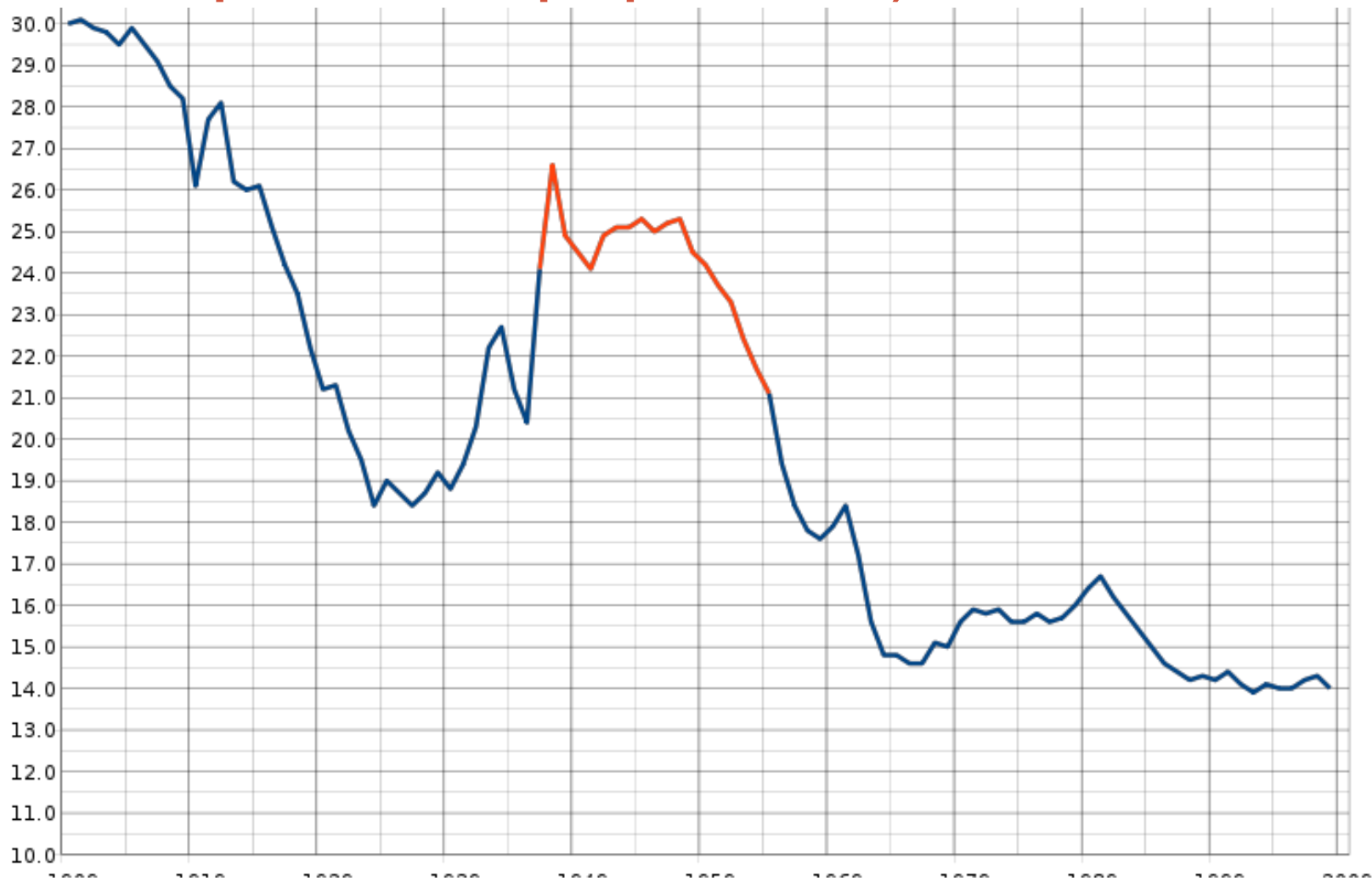
Income Security

- Retirement income policy has historically relied upon a "three-legged stool" model–Social Security, private pensions, and personal savings/investments

- High poverty rates during old age

- More than one in three seniors (36%) are economically insecure and 40% of senior households are financially vulnerable (Meschede, Sullivan, & Shapiro, 2011).

Health and Health Care

Health

•High prevalence of chronic disease among older persons (e.g., approx. 80% live with at least one chronic condition (EIU 2010), and one in eight individuals aged 50 years old or more lives with Alzheimer's disease (Alzheimer's Association 2012).

Health Care

•While health care coverage in the U.S. is not universal, Medicare, a federally funded program that covers individuals aged 65 and above, helps older adults pay for needed health care services

•Lack of a viable long-term care option (presently, Medicaid, a federally funded program for persons below the Federal Poverty line or those that meet other eligibility criteria, is the only public entity that subsidizes long-term care)

Health and Health Care:
Policy Recommendations

- Critical need to invest in the training and expansion of a health care workforce
- Enhance access to, and reimbursement for, services such as palliative care
- Coordinate care across health care settings (e.g., pay-for-performance; medical homes)
- To look at innovative health or pension schemes

Health and Health Care: Economic Solutions

- Increasing life expectancy also spurs three key behavior changes
- 1. With better health and increased life expectancies, one can expect individuals to work longer
- 2. Increased life expectancy implies an increase in savings rates in countries with universal pensions coverage
- 3. Longer life expectancies and smaller family sizes is increased labor force participation
- Encouraging extended working years and reforming public pension system incentives to early retirement

Filling a policy vacuum in settings without a 'welfare state'

- Population aging will have modest impacts on economic growth in developing countries as low fertility will imply low youth dependency, better education and female work participation (Bloom and Canning)

- However, developing countries reliance on private family networks to provide the elderly with care, companionship, and financial support will be challenged

- Increased female labor force participation, smaller numbers of more mobile children, widening generation gaps, and a tidal wave of non-communicable disease like diabetes, cancer, and stroke

- Need for health or pension schemes when society faced by increasing number of old

Income Security: Policy Recommendations

- Strengthen Social Security, especially for vulnerable groups (e.g., low-income earners, persons who participate in the informal work sector).
- Create and adopt innovative, flexible, and unorthodox work schemes, by which older individuals have freedom of choice whether or not (or how) to work
- Federal and state enforcement of laws penalizing ageism in the workplace
- Allocating financial capital to allow older individuals to self-employ or participate in independent contracting and part-time work
- Offering financial incentivizes to employers (via subsidies) to offer their workers greater flexibility (e.g., hours, working from home, shifting roles)
- Legitimatizing informal work (e.g., offering stipends for volunteer work)
- Bolstering federal-state job-matching programs to assist older workers in attaining suitable jobs
- Investment in job training (and retraining) programs for older adults at the federal, state, and local levels to aid individuals in acquiring new and/or updated job skills

Social Participation/Engagement

- Civic engagement among older Americans has emerged during recent years as a critical gerontological movement

- Commonly operationalized as volunteering in the public sector, several studies of volunteerism among older Americans have corroborated that volunteering during later life is associated with positive health outcomes, such as increased longevity and greater reported physical and emotional well-being (Grimm, Spring, & Dietz, 2007).

Successful Models:

- **Experience Corps (EC)**- places older volunteers (aged 55+) in public elementary schools to tutor and mentor children who are at risk of failing

- ***Age-friendly NYC Initiative***- part of the World Health Organization's *Global Age-friendly Cities Program*; champions policy and program development to meet the needs of seniors in diverse NYC neighborhoods and encourages multisectoral collaboration across city government agencies

Social Participation/Engagement: Policy Recommendations

- Policy makers must avoid reinforcing a master narrative that touts "productive aging" as the gold standard

- Civic engagement should incorporate varied avenues- including both paid and unpaid volunteer opportunities- that reflect the diverse mechanisms through with older persons can, and do, socialize.

- Older persons must be included in discussions that dictate policy decision-making.

- A critical lens must be used to evaluate the varied meanings that are applied to social roles, how political and economic forces influence participation in these roles, and how devising new realms of social participation impacts older persons who cannot, or choose not to be, civically engaged

Lifelong Learning

- Many older Americans have voiced interest in pursuing activities that facilitate personal development and education during later life (AARP, 2004; Winsten, 2004).
- Community colleges have long been champions of lifelong learning and have demonstrated innovation in older adult educational programming
- Structural impediments (e.g., financing and transportation), however, make participation in lifelong learning unrealistic for many older persons, especially those with low incomes and/ or minorities (Lakin, Mullane, & Robinson, 2007).

Successful Models:

- **"My Turn" program** at Kingsborough Community College (KCC) in New York City: Tailored towards older adults through course offerings that range from personal enrichment to job retooling and enable students to work towards earning Associates degrees, Bachelors degrees, and even graduate degrees; tuition-free (with a nominal registration fee) and only requires that persons who are interested in enrolling be New York City or State residents and aged 65 years or older by the first day of class.
- **The Plus 50 Initiative:** Course offerings are tailored to meet the needs of older adults and are organized into three categories: workforce training/career development; learning and enrichment; and, volunteering.

Lifelong Learning: Policy Recommendations

- Diversify financing mechanisms to increase access to higher education for older persons
- Compile more comprehensive information about which older adults are participating in lifelong learning programs
  - Need for qualitative research with persons who are not white, highly educated, and in the middle class (Kim & Merriam, 2004).
  - Need information about students who solely take not-for-credit courses
- Conduct research to gain a better understanding of the educational needs and wishes of heterogeneous older populations, with particular sensitivity to variations across lines of age, race/ethnicity, gender, income level, and geographic location