

Aging in Poverty

A CALL TO ACTION



FAMILIES IN SOCIETY

The Journal of Contemporary Social Services



new age
of aging

Aging in Poverty

A CALL TO ACTION

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A PDF document of this supplement is available on these websites: alliance1.org, FamiliesInSociety.org, and newageofaging.org.





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Preface

PURPOSE OF SUPPLEMENT

Families in Society: The Journal of Contemporary Social Services and the New Age of Aging initiative of the Alliance for Children and Families continue their collaboration of proactively informing academia and the nonprofit human service workforce about research and practice as it relates to older Americans struggling to survive during economically challenging times. This supplement to the journal, *Aging in Poverty: A Call to Action*, allows the New Age of Aging to educate and motivate staff and serve as a catalyst to work creatively and effectively to address older adult needs, as well as highlight demographic trends and new practice models.

The supplement includes a wealth of expertise from researchers and practitioners working in various fields who share their ideas and practical experiences. Organizational model programs are also discussed that can enhance the knowledge of the human service workforce and address the concerns of older adults aging in poverty.

NEW AGE OF AGING

The New Age of Aging, a 5-year initiative of the Alliance, is working to become a change agent as well as build solutions that bridge the gap between the human services community and the dynamics associated with a growing aging population.

Funded by a grant from The Atlantic Philanthropies, the New Age of Aging assists the Alliance and its membership in developing new ideas and constructs to address challenges and plan for the physical, social, and emotional needs of the new and growing generation of older adults in the United States.

Since its inception in 2007, the initiative has awarded a total of \$758,000 in various grants to 106 Alliance member organizations. For example, the New Age of Aging mentoring initiative provides grants to support yearlong mentoring relationships between members who are adept in aging services and those who are prepared to improve their services.

Targeted outcomes for the New Age of Aging include improved capacity for Alliance members to offer older adult services and provide support for aging services through knowledge sharing and enhanced staff skills. Through the New Age of Aging, the Alliance is becoming recognized as a resource on aging and an expert with a demonstrated commitment to the field. The initiative has represented a comprehensive approach to responding to the needs of the rapidly increasing number of older adults by improving organization readiness within the Alliance membership.

Preliminary results that demonstrate movement toward cultural change within this network include:

- Nearly 6,000 individuals were reported as being served by projects implemented with New Age of Aging mini-grant funds. These individuals were identified as staff, board members, volunteers, community members (older adults and family members), and interns.
- Mini-grant recipients reported the development of unexpected and lasting collaborations beyond the mini-grants.
- 23% of members that identified themselves during the New Age of Aging planning process survey as not having aging services are currently involved in aging through participation in webinars, grant awards/grant application submissions, and a university continuing education certificate course.
- An increased number of child welfare agencies that previously did not have an aging-specific program are now engaged in providing aging services.
- Several mentor and mentee agencies report keeping in contact beyond the grant timeframe, and within their communities are naturally beginning to develop additional mentoring relationships.

Over the remaining 2 years of the Atlantic Philanthropies-funded initiative, additional culture change and organizational transformation will continue. The Alliance is committed to being a leader in the

development of and support to its member network in the field of aging programs.

The New Age of Aging appreciates the vast expertise of the *Aging in Poverty: A Call to Action* contributors, including their ideas, practical experiences, and organizational model programs. We would also like to give special gratitude to the Alliance's *Families in Society* and communications department staffs. We are grateful for the veteran editorial experience and insights they brought to cultivating and directing this special supplement.

More information about the New Age of Aging is available at newageofaging.org.

THE ATLANTIC PHILANTHROPIES

The Atlantic Philanthropies is dedicated to bringing about lasting changes in the lives of disadvantaged and vulnerable people. Atlantic focuses on four critical social problems: ageing, children and youth, population health, and reconciliation and human rights. Programs funded by Atlantic operate in Australia, Bermuda, Northern Ireland, the Republic of Ireland, South Africa, the United States, and Vietnam.

More information about Atlantic is available at atlanticphilanthropies.org.

ALLIANCE FOR CHILDREN AND FAMILIES & FAMILIES IN SOCIETY

The Alliance for Children and Families, headquartered in Milwaukee, is a nonprofit membership organization representing more than 300 child- and family-serving and economic empowerment organizations in the United States and Canada. The Alliance will celebrate its 100th anniversary in 2011.

Members of the Alliance are private, nonprofit human service organizations that provide a vast array of community-based programs and services to all generations. Essential community services like residential care, adoption, foster care, child care, job counseling and training, and elder care are provided by Alliance members in both rural and urban communities.

The Alliance works to strengthen America's nonprofit sector and through advocacy assure its continued independence. The Alliance

public policy staff, operating in Washington, DC, work with federal, state, and local lawmakers to advocate for legislation that maintains and improves the vitality of the nonprofit human services field.

The Alliance's mission is to fuse intellectual capital with superior membership services in order to strengthen the capacities of North America's nonprofit child- and family-serving organizations to serve and to advocate for children, families, and communities so that together we may pursue our vision of a healthy society and strong communities for all children and families.

As part of its commitment to strengthening capacities and intellectual capital resources, the Alliance is the publisher of *Families in Society: The Journal of Contemporary Social Services*. As the oldest and one of the most respected social service journals in North America, *Families in Society's* editorial content links scholarship in social work and the social sciences to the world of practice. Originally published as *The Family* by Mary E. Richmond, widely considered the founder of social casework practice, the journal celebrated its 90th anniversary in 2009.

More information about the Alliance and *Families in Society* is available at alliance1.org and FamiliesInSociety.org.

Carla Washington

Director, New Age of Aging



This supplement to the journal allows the New Age of Aging to educate and motivate staff and serve as a catalyst to redirect them to work creatively and effectively to address older adult needs, as well as highlight demographic trends and new and thoughtful practice models.

Acknowledgements

LIST OF CONTRIBUTORS



Fran Bauer
Freelance writer

Bauer recently retired from a 33-year career as a newspaper reporter for *The Milwaukee Journal Sentinel* where she specialized in covering aging issues. She covered the White House Conference on Aging in 1995, and has interviewed many of the nation's top experts on aging at national seminars and conferences. Bauer has received numerous awards for her writing from organizations such as the Coalition of Wisconsin Aging Groups, the Wisconsin Agencies on Aging, the Wisconsin Alzheimer's Advisory Council, the Milwaukee Full Citizenship Initiative Coalition, and the Mental Health Association in Milwaukee County. In 1995, Seniorfest gave Bauer its first Spirit of Aging award for her leadership in journalism and efforts to increase public awareness of aging issues.



Dave Bell
Program Manager, Caregiver Homes of Rhode Island, Child & Family Services of Newport

As the Caregiver Homes™ of Rhode Island program manager, Bell works closely with organizations to assist individuals and families with finding alternatives to nursing home care. He has more than 20 years of experience in elder services and has served as director of the Elder Services Program at Child and Family of Newport County, and with several Rhode Island senior service organizations such as the Edward King House, the Salvatore Mancini Resource and Activity Center, and Mount St. Francis Health Center. Bell has participated in

numerous government, steering, and education committees, including the Global Waiver Task Force, Senior Center Accreditation, and Alzheimer's Association of Rhode Island.



Gina Botshtein
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Botshtein, vice president of Older Adult Services at Jewish Family Services Milwaukee, oversees several organization programs, including LinkAges, Family Care, and Kosher Mobile Meals. She also supervises the service coordinators who provide assistance to clients in subsidized buildings. Botshtein previously worked with the Milwaukee County Department on Aging. Her educational background includes a master's degree in social work from the University of Wisconsin–Milwaukee.



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Conwell is professor of psychiatry, vice chair in the Department of Psychiatry, and codirector of the Center for the Study and Prevention of Suicide at the University of Rochester School of Medicine and Dentistry. He received his medical training at the University of Cincinnati, and completed his psychiatry residency and a fellowship in geriatric psychiatry at Yale University School of Medicine. In addition to teaching and clinical care, Conwell directs a multidisciplinary program of research in suicidal prevention, with a special emphasis on later life.



Deborah Cutler-Ortiz
Senior Policy Advisor, Wider Opportunities for Women (WOW)

Prior to her current position as senior policy advisor, Cutler-Ortiz served as the director of national programs and policy at WOW. She had oversight of the Family Economic Self-Sufficiency Project and Elder Economic Security Initiative, and led WOW's national organizing and federal public policy efforts, which focused on workforce development, vocational education, and welfare systems. Earlier in her career, she spent 10 years developing the Community Service Society of New York's Public Benefits Resource Center, serving as a consultant to providers on a range of government benefit programs. She has also served as an adjunct professor at Fordham University. In 2003, she joined the Children's Defense Fund as the director of Family Income.



Tom Frazier
Executive Director, Coalition of Wisconsin Aging Groups

Frazier recently retired after serving nearly 27 years as executive director of the Coalition of Wisconsin Aging Groups, which for the past 30 years has been helping shape public policy to meet the needs of older adults. The Coalition aims to ensure older adults have access to affordable prescription drugs; serves as the voice of older adults, advocating on their behalf; and assists older adults in accessing programs and services such as Medicare and Social Security through its Benefit Specialist Program. The Coalition, which helped launch SeniorCare, Wisconsin's prescription drug assistance program, further assists older adults through programs and services such as its Guardianship Support Center and Wisconsin's Senior Medicare Patrol Project.



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Frumer developed the standards for many programs at Alpert Jewish Family & Children's Service (West Palm Beach, Fla.), including the agency's Baby Boomers Ambassadors project, Enhanced Companion Program, and Holocaust Survivors' Assistance Program. Frumer has served as an adjunct professor at Nova Southeastern University, where she taught graduate courses in gerontology and administration; published articles on geriatric social service systems and engaging baby boomers at nonprofits; and coauthored a white paper for the John A. Hartford Foundation on models of community-based services for older adults. She serves on the American Society on Aging membership committee and is a past chair of the Foster Grandparent Program for the Treasure Coast Area on Aging.



Donald H. Goughler
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In addition to his role as president and CEO of Family Services of Western Pennsylvania, Goughler is a part-time faculty member and cochair of the Dean's Council at the University of Pittsburgh School of Social Work. He chairs the board of Three Rivers Connect, is a member of the advisory board for the Pittsburgh Regional Indicators Project, serves on the board of directors for Ways to Work®, and chairs the New Age of Aging's National Leadership Advisory Committee. He has published in journals such as *Families in Society*, *The Gerontologist*, and *The Journal of Volunteer Administration*, and contributed a chapter to *Handbook of Human Factors and the Older Adult*.



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Hackett, a licensed practical nurse and community information and referral specialist for the Elder Program at Child & Family Services of Newport, has more than 20 years of geriatrics experience. She also serves as the Senior Health Insurance Program coordinator for areas of Rhode Island, assisting Medicare beneficiaries in making health care decisions. A graduate of the Chesapeake Center for Science and Technology, she earned a Certificate in Aging from Boston University School of Social Work in 2008.



Stephanie Johnson
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Johnson is a neuropsychologist with a private practice called Cognitive Solutions in Washington, DC. She specializes in the diagnosis and treatment of neurodegenerative disorders. She is also a consultant for the Wisconsin Alzheimer's Institute at the University of Wisconsin–Madison and the Stroke Disparities Program with Georgetown University Hospital. Johnson completed a postdoctoral fellowship at the Joseph and Kathleen Bryan Alzheimer's Disease Research Center at Duke University Medical Center, after which she joined the Department of Neurology medical faculty at Johns Hopkins Hospital. While at Johns Hopkins, her research expanded to include the exploration of the physiological effects of stress on the development of Alzheimer's in ethnic populations.



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Judd, assistant professor in the Department of Social

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As a case manager with Child & Family Services of Newport, Kager provides older adults with assistance in obtaining Medicaid through programs for assisted living and programs that allow older adults to stay in their homes with assistance at no or very low cost. She also works with the State of Rhode Island Department of Elderly Affairs in conducting early interventions and responding to self-neglect reports.



Mary Kanerva
Director, Aging & Adult Services, Catholic Family Center

Kanerva is director of Aging & Adult Services and codirector of Eldersource Community Collaborative at Catholic Family Center in Rochester, N.Y. With Kanerva's leadership, the aging department serves more than 18,000 older adults annually, providing a range of services to adults 60 and older that help them remain independent and in their own homes. Services include case management, transportation coordination, home repair, friendly visiting, mental health services, adult guardianship, legal consultation, and kinship care services.



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For the past 15 years, Kelley has been a consultant in planning, program development, facilitation, and proposal-writing, primarily for nonprofit organizations serving older adults. Prior to consulting, Kelley served as senior planner for the Social Development Commission in Milwaukee County, Wis. Since 2001, Kelley has also served as project coordinator for Milwaukee’s Connecting Caring Communities Partnership. This award-winning program develops neighborhood connections between older adults, organizations, business owners, neighbors, churches, and other entities to support the ability of older adults to remain in and contribute to their neighborhoods. Kelley holds a master’s degree in social work with an emphasis in community organizing and planning from Boston College.



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Under Kuriansky’s leadership, WOW works to achieve economic independence for women throughout their lifetimes. She previously served as executive director of the Older Women’s League where she cofounded the Campaign for Women’s Health. As executive director of Women Against Abuse, she promoted the establishment of the first dedicated domestic violence civil and criminal courts in the United States. Kuriansky chairs the National Coalition on Women, Jobs and Job Training, and serves as an advisor to the Institute on Women’s Policy Research. She is an appointed member of the DC Workforce Investment Council, chairs the DC Jobs Council, and serves on the steering committee of Defeat Poverty DC.



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Molloy has more than 20 years of experience working in older adult protective services. As the manager of Protective Services, Self-Neglect, and Elder Abuse, she works with local police senior advocates of the Victim of Crime Program to assist older adult crime victims. Molloy earned a master’s degree in counseling from Rhode Island College.



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Moore is the director of the baccalaureate program in the Department of Social Work at Texas A&M University–Commerce. Her professional work experience includes direct practice, administration and planning, and consultation in settings such as the Salvation Army of Tarrant County, United Way, the City of Arlington, and the Day Care Association of Greater Fort Worth. Moore also served as a contract grant writer for Youth Impact Centers of Dallas. She holds a doctorate of philosophy in social work, and is a licensed master social worker with advanced practice.



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 Associates*

Olson is president of E jj Olson & Associates, a health care and human services management consulting group which provided initial planning and coordination for the New Age of Aging initiative. As the vice president for geriatrics at the Geriatrics Institute of Sinai Samaritan Medical Center, Olson developed the Robert Wood Johnson Foundation-funded Geriatric/Hospital Initiatives

in Long Term Care. Olson has taught in various educational settings such as University of Wisconsin–Milwaukee, University of Illinois, and University of Michigan. He has been a member of numerous national policy boards including the Urban Elderly Coalition and the American Society on Aging, and has served as chairperson of the Milwaukee County Commission on Aging.



William E. Powell

*Editor, Families in Society:
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Powell is a professor and former chair for the Department of Social Work at the University of Wisconsin–Whitewater. Within the social work program, itself the largest in the state and one of the largest in the country, he coordinated the Graduate Achievement Program in Gerontology. Powell has extensive clinical experience in geriatric medical and psychiatric social work, including several years as a supervisor at the Fort Wayne State Hospital in Indiana. He has also worked as a research specialist on a National Institute on Aging project in long-term care. He is widely published on topics such as advanced directives, aging, spirituality, and the art of social work practice. Powell has long been a valuable member of *Families in Society*, assuming positions as book review editor, advisory board member, associate editor, and, since 2000, editor.



Mark R. Rank

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Rank is widely recognized as one of the foremost experts and speakers in America on issues of poverty, inequality, and social justice. Rank's areas of research and teaching have focused on poverty, social welfare, economic inequality, and social policy. His first book, *Living on the Edge: The Realities of Welfare in America*, explored the conditions

of surviving on public assistance, and achieved widespread critical acclaim. Rank's most recent book, *One Nation, Underprivileged: Why American Poverty Affects Us All*, provides a new understanding of poverty in America. His life-course research has demonstrated for the first time that a majority of Americans will experience poverty and will use a social safety net program at some point during their lives.



Richard Richardson

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Richardson is a National Certified Guardian and he directs the Tippecanoe Adult Guardianship Services Program at the Wabash Center in Lafayette, Ind. In the past he has also served as the executive director of Mental Health America in Tippecanoe County, the community education director for Transitions Senior Behavioral Healthcare at Witham Hospital in Lebanon, and the director of Indiana Business College in Lafayette. Richardson is a Purdue University alumnus.



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Sanders is the director of the Elder Economic Security Initiative at WOW. Through the initiative, WOW works with state- and community-based organizations across the country to promote the use of an economic security framework and tools in older adult programs and policies. The initiative combines research, organizing, and advocacy at the national, state, and community levels to ensure older adults and their families are able to meet their basic needs and age in place with dignity. She previously worked at the Hastings Center, a nonprofit bioethics research institute. Sanders earned a master's degree in social work from the University of Michigan.



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*Director, Milwaukee County
 Department on Aging*

Stein was appointed by County Executive Tom Ament in 1993 to direct the Milwaukee County Department on Aging. Her 25 years of service to older adults is exemplified by advocacy and collaboration building. As director of the department, she oversees 170 staff and works with the 16-member Commission on Aging, the county executive, and the County Board of Supervisors to enhance the lives of older adults. Stein also serves on two national boards and frequently writes and lectures on aging-related issues.



Charles P. Tommasulo
*Executive Director, Family
 Service Agency of
 Mid-Michigan*

Tommasulo has served Family Service Agency (FSA) of Mid-Michigan since 1979. Beginning his career at FSA as a clinical social worker, Tommasulo then served as director of professional services and is now the executive director. He also helped create the first comprehensive protocol for dealing with elder abuse—The Adult Abuse Protocol. He is an adjunct faculty member at Mott Community College, teaching classes on social welfare and community development, and has earned multiple degrees and certifications in sociology, social work, and public administration. Tommasulo is a member of numerous boards, including those of Head Start; the Senior Companion Program; the Foster Grandparent Program; The Disability Network; and the Center for Independent Living, where he serves as board president.



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Washington, who has more than 20 years of experience

in the nonprofit sector, joined the Alliance as the director of the New Age of Aging initiative in May 2010. She previously served as the manager of community partnerships at Froedtert Hospital in Milwaukee, where she was responsible for strategy development and implementation of community benefit initiatives, the employee community service program, community health assessment, and hospital outreach activities. Washington also served on the New Age of Aging review committee for mentoring grants. She earned her master's degree in management from the University of Wisconsin–Whitewater.



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Williams' primary research and community services include juvenile delinquency, adolescent problem behaviors, health promotion and disease prevention, mental health, social issues of the African American community, and social development. His published writings have explored a variety of children, youth, and family issues, and his funded research includes grants from the National Institute of Mental Health and the U.S. Departments of Justice, Education, and Health and Human Services. Previous to his GSSW appointment, he served as the E. Desmond Lee Professor of Racial and Ethnic Diversity at the George Warren Brown School of Social Work, Washington University in St. Louis and the Foundation Professor for Youth and Diversity at the School of Social Work, Arizona State University.



Introduction

POVERTY AND AGING: ON DOING WHAT MATTERS

This supplement to *Families in Society* is focused on aging and, more particularly, the intersection of poverty and aging. But, before going on, it is good to remember that aging and poverty cannot be reduced to two solitary actors on a single stage as the play of life has innumerable characters and events in its narrative.

We should further note that when we talk about aged persons we are talking about the survivors of the process of growing older. Though life is a gift, there are substantial numbers of persons who do not make it to “old age,” or who die on its cusp. Some people arrive at their 60s quite healthy and vigorous while others arrive with a palette full of wounds and habits that are deleterious to a healthy life, for example, smoking or drinking to excess, bodies broken by their work, poor nutrition, unresolved stress, unmet potential, a lack of life skills necessary to coping with discrimination, etc. Even a history of depression and loneliness makes one prone to

heart problems and a reduced life expectancy. As I said, some people don’t arrive at the threshold of old age in dire straits. Others have taken very good care of themselves, have had social opportunities open to them, and reach the next chapter in their life’s story in good repair. Life chances are not distributed equilaterally and neither are the odds for happiness. But, either way, we have known for years that the events and circumstances and connections in peoples’ lives are pretty good predictors of longevity, quality of life, and later health status.

It would also be foolhardy to assume that we all have the same biological inheritance and thus equal odds of being healthy throughout life. It is equally foolish to believe that social class or status is unimportant to longevity. (The English are particularly cognizant that class and where one resides contribute to major differences in one’s chances for a longer and healthier life. Same things apply in the United States.) Recent studies (Brown, 2009)

have shown that major stressors early in life (e.g., abuse, prolonged hunger or a bad diet, parental conflict, lack of close and supportive relationships, etc.) make, on average, a 10-15 year difference in life expectancies. Science, through the emerging study of epigenetics, is revealing how life circumstances actually shape the physical or biological course of aging beginning at, or even before, conception. One cannot be a wise practitioner in the field of aging by being oblivious to the long view and the circumstances of lives. The social opportunities we have available to us, the hand we are dealt, shapes our well-being as we age into being “old.” But, it doesn’t stop there.

So, poverty in old age, as a topic, first applies only to those who actually persevere the required number of years. All aged people do not sit in the same boat. Some have more options and flexibility and others less in their later years. Some live in cities with many services and others live in rural areas with few. Some are embedded in a network of close personal relationships and confidants and others arrive in old age alone. Some are treated impersonally and objectively and others are accorded more personalized consideration. It is hard to dodge issues of fairness and opportunities and social realities if we are competent advocates and service providers.

In planning and preparing this appendage to the journal, we began with discussions about what we all should know about aging in poverty and ways of framing the critical issues. We also began with thoughts of the need to illuminate actual work with the aged. That is, where the rubber meets the road—what is it like on the front lines for workers and what is it like for the vulnerable populations they serve, this business of being old? What of peoples’ emotions and hopes? What skills and characteristics and personalities do we want in those who provide services?

We considered ways of seeing—competent researchers know that the best “evidence” comes from triangulation, or seeing things from multiple vantage points and perspectives and conceptual frames. That in mind, we solicited papers from learned and experienced people in the field of aging. We conducted interviews

of those who do the work, oversee the work, and do the political wrangling needed to get others to gain the courage to do what is right. We pondered simple sounding but terribly important issues—how do we provide another spark for improving the life circumstances of a whole cohort of people? (A cohort group of them that we will all join sometime.) What should we know? What should we do? What is asked of us?

With social work often the linchpin between circumstances and potential, schools of social work need to mature and connect both ends of the life span. It is well and good that faculty are now studying aging and becoming involved in research, but to what extent has substantial information about the realities of the aging process and the lives of aging people seeped into the curriculum? Students learn by example—do schools attend to the need for role modeling of skills necessary for successful work in the field of aging? Do they demand the use of well-written textbooks that do a better job of helping young people comprehend the universe of the elderly? Do schools help students comprehend the broad knowledge and expansive mental vista needed to effectively manage service-providing agencies and better formulate social policies—to pull the pieces together into a coherent fabric? Do they focus on helping students empathize with aged clients and see them as the emotional and cognitive and biological beings that they are? We ask that schools of social work take to heart the educational preparation of students—that they pass along not only the knowledge, skills, and sensitivity needed for effective work in the field of aging but also the preparation for skills of moral reasoning and human mutuality. Aging is about people and doing what is best and just. It is not just about being smart, it is also about doing good.

Some would argue that poverty is not an overwhelming problem for older folks since only 15% to 20% of them are folded into that category. That’s like saying one’s house is in good repair—except for the rooms that are crumbling. Poverty in old age is not like a lottery, “Oops, wrong number. You lose! So sorry, better luck next year.” It is not randomly

parceled out. It's hard for me personally to rationalize misery and disparities—a country that has adequate health facilities to provide good care for everyone, food enough for all, housing stock sufficient to shelter all, yet spends more energy rationalizing inequality than compensating for it, is firmly in the arms of a moral quandary. I love the common good, the *commonweal*. Which is more important and which makes us stronger, in the end: efforts to improve the common good or rationalizing—normalizing—inequality? Wrestling with that is like wrestling with the best way to construct a foundation for our collective “home” because all else is built upon such things: our knowledge, skills, sensitivity to others, services, and policies; our future(s); ways of framing our reality; and the vitality of our collective soul.

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William E. Powell, PhD, LCSW

Editor, Families in Society: The Journal of Contemporary Social Services

FROM THE PUBLISHER

In crafting this special supplement to *Families in Society*, the Alliance for Children and Families desired to continue its commitment of bringing awareness to the various facets of pervasive poverty. Over the past 91 years, the journal has published works that demonstrate the usually evident, and sometimes “hidden,” causes and consequences of individuals and families who are affected by conditions of economic disparity, particularly poverty. In 2007, we published the largest single issue in the journal's history with a collection titled, *Working But Poor: Next Steps for Social Work Strategies and Collaborations*. In that issue, several contributors touched on the worsening situation for older adults whose work histories have been sporadic, or who have held jobs that provide meager, if any, retirement benefits.

When in 2008 the current U.S. recession first began demonstrating its most obvious strains on seniors and soon-to-retire individuals, we felt it important to partner the journal, with its focus on the conditions of living for families, and our New Age of Aging initiative, which is working on developing service capacity within the Alliance's network of member organizations. From these efforts *Aging in Poverty: A Call to Action* was conceived.

The challenge posed by both researchers and front line social workers seems clear. Who will speak for unassuming seniors who can not, or will not, ask for help? Who will educate the policymakers on how to wisely reshape public policy and fiscal priorities? Who will learn from today's problems and set a different course for tomorrow?

The answer may be up to you.

ALLIANCE FOR CHILDREN AND FAMILIES & FAMILIES IN SOCIETY

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The Alarm: Aging Boom Brings Changes

The callers sound nervous and uncomfortable. Most seniors who contact agencies like Family Service Agency of Mid-Michigan never dreamed they would be the ones asking for help. They still see themselves as being the providers who take care of everyone else in the family. Consequently, it's hard for them to accept that their lives have dramatically changed. Now, with automobile and manufacturing plants across the country shutting down, like those in Flint, Mich., Family Service Agency's home, the resulting recession has dramatically eaten away at the pensions and health care benefits these seniors expected to live on throughout their retirement years. A combination of economic factors has wiped out the security they worked long years to ensure they would have.

These are some of the circumstances today's retirees and seniors are suddenly trying to cope with—a life in poverty they never expected, according to social work professionals on the front lines like Charles P. Tommasulo, executive

director of Family Service Agency. In the past, Tommasulo says, the members of the Alliance for Children and Families have focused largely on issues involving children and youth. "Yet over the coming 20 years, these simply will not be the key issues that affect us," Tommasulo says. "We cannot abandon child welfare, but the demographics relating to the growth of our aging populations are sounding a warning alarm."¹

Tommasulo suggests the time has come for social work professionals to talk about what they are seeing while working on the front lines.

"We need to speak out on behalf of seniors too proud to ask for help. We should expect and plan to increase services for seniors as time passes, as their resources are depleted, as their health fades, as they become more vulnerable physically and emotionally. If overall community welfare is what drives us, we need to realize that the aging boom will change the face of our communities: the community will increasingly become one of older adults."²

For Tommasulo the change is already here. Listening to the calls that come in to his agency, Tommasulo recognizes the mix of pride and fear in the callers' voices.

"These callers certainly don't want any part of being on welfare. But someone in the family is ill and needs care. The costs are staggering, and they are shocked at how quickly they are running through savings they worked so hard to put away. They struggle just to hold onto their homes."³

The financial impact of aging has hit home across the country. Gina Botshtein, vice president of Older Adult Services for Jewish Family Services Milwaukee, cites as an example one woman who still has \$4,000 in her savings account. "The good news is that she still has some savings," says Botshtein. "The bad news is that she has to spend it all to become eligible for Medicaid, before she can get the care she so desperately needs."⁴

Botshtein is trying to convince the woman that this is the rainy day she's long been saving for: "She needs to spend all her savings now.... Yet the woman clings to what little she has because it is so much more important to her to have a nest egg she can leave as an inheritance to her children."

The lives of today's older people are very complex and stressed, according to Stephanie Sue Stein, director of the Milwaukee County Department on Aging. "Just when life should be simpler, it is becoming far more complex. People are trying to cope when they have far less ability to cope. Life presents them with one assault on top of another."⁵

Like many who work with the elderly, Stein sees the clouds of a perfect storm gathering. The storm won't affect the very poor, who are already protected by a number of federal and state programs that make it possible for them to get by, as much as those just above the official poverty level (an annual income of less than \$10,830 for a family of one⁶) and those whose income, assets, and options are being wiped out by the current recession and have nowhere to turn for help. If these older adults become ill, there is no safety net. They will struggle and then discover they don't know where to get help.

She says these people are not eligible for the caseworker, who, in states like Wisconsin, helps benefits-eligible individuals select and obtain a blend of subsidized care options. Once they are eligible for Medicaid, the government will pay for meals to be delivered to their homes if needed or perhaps a personal care worker who comes in to help them do functions of daily living when they're no longer able to do so without assistance.

Many of those living just above poverty limits may attempt to buy those care services, Stein adds, but their savings can be quickly exhausted. "The dilemma is that personal care services that might have cost just \$7.50 an hour several years ago now are more likely to cost \$20 per hour and up."

Yet if seniors don't buy the care they need, how long can they stay healthy enough to remain independent and live in their own homes? Where will they go if they are no longer able to live alone without assistance? Certainly a nursing home or assisted living center would be many times more costly.

For the professionals in social work who deal every day with their calls, it is increasingly difficult to find ways to help these seniors. Those working on the front lines or doing the research to document the need for better options see firsthand how hard seniors are struggling. Together, these professionals join the Alliance for Children and Families in sounding a call to action.

There is a vital need to understand that aging into poverty is a growing reality and a crippling challenge for many older adults. The time to review and change our current policies is now—before the overwhelming storm hits and an estimated 80 million baby boomers head into retirement, dramatically swelling the ranks of the nation's retirees by 2030.

So why are all these older people facing the risk of living in poverty? Aren't the years after retirement supposed to be the golden years? There's solid evidence that poverty is a much more significant problem for seniors than the figures on official rates of poverty reveal. For example, one in five families aged 50 and older

who live in poverty have debt payments that total 40% of their total income, according to *Congressional Research Reports*.⁷

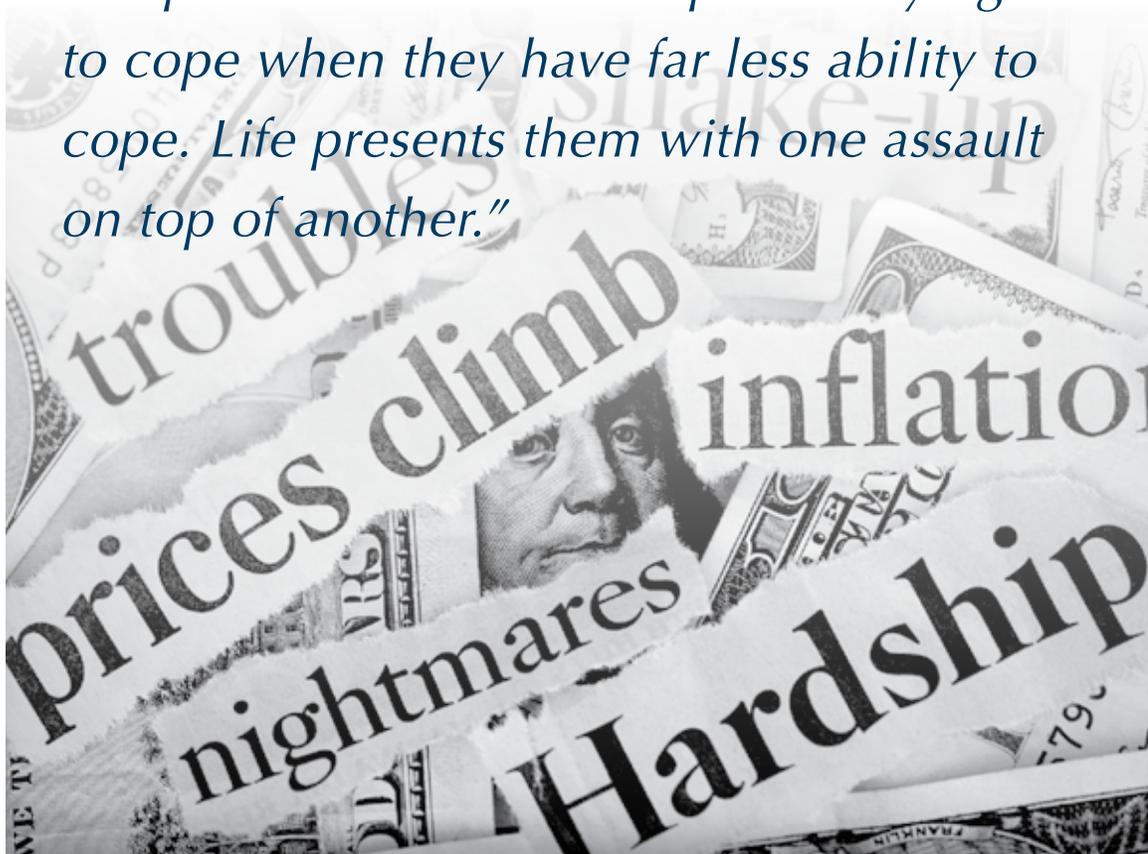
Almost a quarter of them admit that they haven't seen their doctor in the last year because they can't afford the cost. Their median net worth is just \$10,000, leaving no real savings to cover emergencies.

Many of them own homes—half of those in poverty aged 50 to 64 and two thirds of those who are just above the poverty level in the same age bracket—but the rising costs of homeownership force them to live in fear that they will become homeless when they can't afford the costs of home ownership.⁸

The problems facing many seniors are growing rapidly, and all three of the federal safety net programs they most rely on—Social Security, Medicare, and Medicaid—risk running out of money in the decades just ahead if no major changes are made to them.

Virtually all the people interviewed for this report see the current financial crisis for seniors as the worst they have ever experienced in the many decades they've been working in human services. They are also worried that few people and organizations are willing to speak up for the elderly at a time when so much of the services and support across the life course are falling prey to budget and service cuts.

“The lives of today’s older people are very complex and stressed. People are trying to cope when they have far less ability to cope. Life presents them with one assault on top of another.”





How Did We Get Here?

Certainly the biggest success story for seniors over the last 50 years was the implementation of the federal Social Security program in 1935 that cut the rate of poverty to 9.7% in 2008 compared to 35% of the elderly who lived in poverty in 1959.⁹

But there is substantial evidence that poverty is a far more significant problem for older Americans than is reflected in any year's poverty rate. Mark R. Rank and James Herbert Williams, in their research that was funded by grants from the Longer Life Foundation and the Panel Studies of Income Dynamics at the University of Michigan, Ann Arbor, cite three reasons why poverty is underestimated: (a) a sizeable number of elders live just above the poverty line, (b) the way poverty is measured by the U.S. federal government results in a significant undercount, and (c) poverty is not looked at across the entire duration of the later period of the life course—when it is, high probabilities that seniors will experience poverty are evident.¹⁰

Rank and Williams also urge those in the social work field to use a different lens—to

see the risk of poverty as not only a lack of income but also as a loss of assets. Using those measures, the later stages of life are marked by significant economic risk and turmoil that greatly increase the level of poverty in the elderly, especially for those who are African American.¹¹

To better quantify what it costs to live and understand why seniors aren't able to meet their basic needs, Wider Opportunities for Women (WOW) and the Gerontology Institute at the University of Massachusetts Boston developed an index to reflect a more realistic picture of the basic costs facing seniors. The National Elder Economic Security Initiative™ includes the Elder Economic Security Standard™ Index (Elder Index). The Elder Index measures the income that older adults require to maintain their independence in the community and meet their daily costs of living, including affordable and appropriate housing and health care.

WOW acknowledges that measures of poverty are necessary, but works to promote the use of economic security measures that reflect the real cost of living for workers,

families, and elders. As such, the measures in the Elder Index vary according to the financial and health characteristics of elders and elder households: household size, homeownership, mode of transportation, and health status; and illustrates cost differences based on geography.¹²

According to WOW staffers Stacy Sanders, director of the Initiative, and Joan Kuriansky, executive director, the problem with the current measure of poverty is that it uses U.S. Department of Agriculture statistics and is based only on food, not the whole market basket of basic needs. Nor does the federal poverty rate reflect how costs vary, depending on the various parts of the country where seniors live.

WOW documents that housing is the largest cost facing seniors; second is out-of-pocket health care. Often, the payments from Social Security are the only income keeping these elders out of poverty. But the real worries begin when a senior's health declines and family is not there to help provide care. The cost to bring services such as help with meals or bathing into their homes can double, if not triple, the costs that the seniors must pay out of their pockets, making it even more difficult to make ends meet.¹³

Yet staying at home is far cheaper than having to move into a nursing home, a situation that *The New York Times* recently reported can cost as much as \$200 per day, or \$72,000 a year, depending on the level of care.¹⁴ It's much cheaper in terms of services to help seniors stay in their homes or in a community-based facility, according to AARP. Medicaid dollars can support nearly three seniors living at home for what it costs to have one person living in a nursing home.¹⁵

The Elder Economic Security Standard Index, US Average, 2008				
Monthly Expenses for Selected Household Types				
Monthly Expenses/ Monthly and Yearly Totals	Elder Person		Elder Couple	
	Owner w/o Mortgage	Renter	Owner w/o Mortgage	Renter
Housing	\$376	\$705	\$376	\$705
Food	\$222	\$222	\$407	\$407
Transportation (Private Auto)	\$297	\$297	\$363	\$363
Health Care	\$237	\$237	\$474	\$474
Miscellaneous	\$226	\$226	\$324	\$324
Elder Index Per Month	\$1,358	\$1,687	\$1,944	\$2,273
Elder Index Per Year	\$16,294	\$20,248	\$23,323	\$27,277

Source: Laura Henze Russell, Ellen A. Bruce, Judith Conahan and Wider Opportunities for Women, *The WOW-GI National Elder Economic Security Standard: A Methodology to Determine Economic Security for Elders* (Washington, DC: Wider Opportunities for Women, 2006). Values updated using Consumer Price Index inflation.

"Ironically, many people who are living in poverty are much better off than those who are living just a few dollars above the cutoff point," says Gina Botshtein of Jewish Family Services Milwaukee.¹⁶

People who meet the income guidelines for being poor are eligible for Medicaid or, if they live in Wisconsin, Family Care, a program that blends state and federal dollars to provide a number of care and medical services. So, if the eligible seniors need housekeeping services or help with personal care, those programs will pay for it, enabling the impoverished seniors to remain in their homes much longer.

"But Medicare doesn't pay for care services for people living just above poverty or in the 'middle class.' These are the people who are the most vulnerable," Botshtein says.

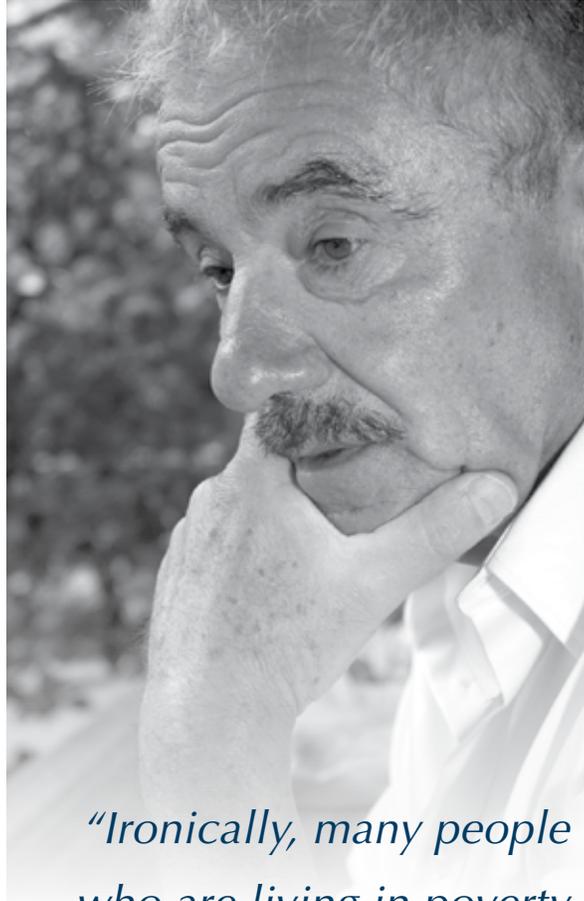
The cost of holding onto their homes is rising and many older adults struggle to make ends meet. So the first thing to go is usually their medications. Some trade for pills their neighbors no longer need or take meds that have expired. They have started cutting pills in half or skipping a dose to make their supply last longer. Or they don't get a yearly mammogram or see their doctor on schedule because they can't afford the copay.

Their diets may not be the best as they scout out sales and buy unhealthy food items due to price which may lack nutritional value, Botshtein adds. Some individuals take advantage of the Food Share program and use food pantries to get meals, while others,

especially those who lived through the Great Depression, don't want to ask for help. They want to keep their independence and don't feel comfortable spending the money they have or getting assistance.

Botshtein recalls what happened to a man from Sicily who had saved around \$75,000 and was working and living comfortably until he had a massive stroke. His hospitalization, medical care, and rehabilitation wiped out every penny of his savings. Once released from the rehab facility, he could no longer afford the insulin he needed to keep his diabetes in control. So he cut his doses in half or skipped them to make his insulin last longer. He also stopped seeing his doctor because he could not afford the fees charged to him before becoming eligible for Medicare benefits. Within a week he was back in the emergency room. "It was heartbreaking," Botshtein says. Though he had saved all his life, his assets went very fast when he had to pay \$3,000 a month for medical costs.

It's hard to watch people cut even minimal services because they can't afford them. Botshtein recalls one widow who needed a personal care worker to come in to bathe her and put her to bed. She had \$100,000 in savings, but when she saw how quickly it was being eroded, she cut back on the number of nights a personal care worker came in to assist her. Now, she risks falling and breaking fragile bones that might force her to recuperate for months in a nursing home. She risks having to pay for nursing home care because she thinks she can't afford the \$22 an hour for help. Yet, if she pays the personal care worker, she risks running short of the money she needs for food and her housing.



“Ironically, many people who are living in poverty are much better off than those who are living just a few dollars above the cutoff point... Medicare doesn't pay for care services for people living just above poverty or in the 'middle class'. These are the people who are the most vulnerable.”



Who is Most At Risk to Live in Poverty?

It may be possible, but very difficult, for some to live on less than \$10,830 annually, or about \$29 a day—the current federal poverty level. What makes that meager survival possible is being eligible for such government programs as Supplemental Security Income (SSI) and Medicaid that cover health and personal care services. Depending on where they live, economically vulnerable individuals may also be eligible for state and regional programs that provide subsidized housing, meal programs, and transit.

Women make up 6 of the 10 older people at risk or already living in poverty, according to *Congressional Research Reports*,¹⁷ and women and minorities have been the most at risk of living in poverty because they earned less or dropped out of the workforce to care for a loved one.¹⁸ Gonyea and Hooyman (2005) also point to this persistent gender inequity faced by women who disrupt their paid employment to meet family care responsibilities, which may

increase the number of zero-earnings years and reduce the amount paid into Social Security (thus reducing the eligible amount they will later receive in benefits).¹⁹ Women are also far more likely to live alone, and must cut back sharply to live on just one Social Security check if a spouse dies.

Stephanie Johnson, a neuropsychologist with a private practice called Cognitive Solutions in Washington, DC, who is researching how Alzheimer's disease affects caregivers, is also concerned about the plight of women who are caretakers.

"It may be expensive to hire a caregiver, but most who provide this care are older women who work long hours, often juggling a low-paying job with the care of an elderly relative at home. Most caregivers earn no pensions and are only paid enough to earn minimal Social Security benefits once they retire. Who will care for the caregiver should she retire or lose her job?" Johnson asks. "Minority caregivers are far more

likely to be poor—29% live in poverty compared to just 9% of White caregivers.”²⁰

THE EFFECTS OF SPIRALING HEALTH COSTS

Accelerated by the economic recession, the loss of jobs and pensions has also brought the loss of medical insurance which is often too expensive to replace. So many older adults go without care and ignore the warning signs, even though treating a major illness once it progresses will be far more costly and might put at risk their ability to maintain independent living at home.

“We’ve had many calls from people who have never asked for help before,” says Don Goughler, CEO of Family Services of Western Pennsylvania.²¹ “Some are on Medicare but live on fixed incomes and can’t afford to buy the supplemental health insurance that would cover a larger part of their medical care. Or they’ve reached the so-called ‘donut hole,’ the Medicare Part D coverage gap between the difference of the initial coverage limit and the catastrophic coverage threshold.”

It is clear to see how heavily the financial stress weighs on them, Goughler says. So his agency has begun using nursing staff to assess for clinical depression. Though he has not done specific research, it seems apparent to him that depression is on the rise and it’s connected to all the financial stress many seniors are living under.

Depression often goes undetected and inadequately treated, especially among poor and minority seniors, according to Mary Kanerva, who directs the Aging and Adult Services program for Catholic Family Center in Rochester, N.Y., and Yeates Conwell, a professor of psychiatry at the University of Rochester Medical Center. They contend that the ultimate cost of depression is high, since it can lead to an array of health problems and the risk of death from chronic disease or suicide.²²

Even if they can afford care, many seniors avoid doing so because of the stigma they attach to being treated for a mental illness. So their depression deepens even though it could be successfully treated in many cases

by using a combination of antidepressants and psychotherapy.

Another problem is that depression is sometimes misdiagnosed as a part of “normal” aging. As a result, only a small fraction of seniors are diagnosed and treated for depression, according to Kanerva and Conwell. They describe how a joint venture between their region’s two largest aging services programs has been able to improve the mental health and well-being of the area’s more impoverished seniors by combining the care offered by primary care doctors with social and mental health screening.²³

Goughler’s staff, however, find it very difficult to get seniors to the point where they talk freely about the problems that actually underlie their surface concerns. “These are very proud people,” he says. “You have to build a relationship first. They’ll seldom open up and talk about all the financial stress they’re under until a case manager finally earns their trust.”²⁴

He sees lots of seniors out looking for work, even if it’s only part time, to try to supplement their fixed incomes. “The declining value of their 401(k)s has been a disaster in terms of providing security,” he reports.

In a recent study, AARP found that there were two million unemployed workers who were aged 55 or older in July 2009.²⁵ A study of 2,000 of the older unemployed conducted by Experience Works, a jobs training program for low-income older workers funded by the U.S. Department of Labor, found that nearly half (46%) of the study’s low-income unemployed workers needed a job to keep from losing their homes or apartments. And 49% had been looking for work for more than a year.²⁶

The signs of seniors in severe stress are also clear to Richard Richardson.²⁷ He describes seeing an explosion in geriatric mental health issues in the people who seek his help as the guardianship coordinator for the Wabash Center in Lafayette, Ind.

“A lot of seniors have to choose between food, housing, or their meds. So their meds are sacrificed first,” he says. “But that just leads to other health problems. Eventually, they have to turn to the hospital for a more severe problem

which just increases their health care costs and puts more of a strain on them.”

It’s hard for Richardson to see where seniors will be in 5 to 10 years with the cost of health care rising so rapidly, and the outcomes still unknown for the federal welfare reform (i.e., the Patient Protection and Affordable Care Act). It’s true that some seniors were in denial and didn’t adequately plan or save enough for their retirement. But he wonders how even he, at age 62, can plan for the day he will retire from the career he has had for 35 years. He worries that the huge increases in health care costs may make it impossible to plan for the future: “There’s just no way you can plan. Now, even with \$300,000 in the bank, it could all be gone in 2 years.”

Many of his clients have turned to reverse mortgages to cover their spiraling costs. The mortgages pay them monthly, allowing them to live on the assets they’ve built up in their homes over the years. But the downside is that they now live in homes that no longer belong to them, a situation that just adds to their fears.

Stephanie Johnson, who has been researching poverty and Alzheimer’s disease from a caregiver’s perspective, says that a new understanding is needed of the care necessary for people diagnosed with Alzheimer’s disease.²⁸ She explains that until recently, Medicare would not even cover such things as the memory testing that identifies the disease. And there is no help for most families, even though a person diagnosed at age 55 can be expected to live another 10 to 15 years and requires care that grows dramatically as the disease progresses.

Johnson worries less about the very poor, who can turn to Medicaid for help, or the wealthy who have the financial means to manage on their own. Her chief concern is that there is such limited help for the majority of low- and moderate-income families.

So a family member often takes on the round-the-clock care alone, just as Johnson’s own father did. He was so committed to caring for his wife that he didn’t take care of himself. Eventually, he became ill and died 3 years before his wife did. Johnson sees many

cases just like her father’s.

Caregivers desperately need respite care to provide much needed time off, so they don’t become depressed, burned out, and ill. Unfortunately, she says, there is far too little respite care available.

Nor, she says, is there the help that families need in planning how and when to transition to the next stage of Alzheimer’s disease. Most families put off making needed plans, since they can’t afford the \$5,000 a month it often costs for a loved one to live in a memory care facility once the disease is too advanced to handle at home. What will happen when the baby boomers begin being diagnosed in greater numbers? Just the cost of Alzheimer’s patients alone could cripple both Medicare and Medicaid, she predicts.

Dave Bell, who until recently was the director of the Elder Services program at Child & Family Services of Newport in Rhode Island, used to hear a similar story when people called the agency to see if they were eligible for services. Other staffers—Mary Kager, a case manager; Leisha Hackett, an information and referral specialist; and Caroline Molloy, the manager of Elder Protective Services—agree with Bell.²⁹

Usually the agency’s callers think that Medicare is going to cover home services. When they find out they’re not eligible for subsidized care, they often feel they can’t afford to purchase the services they need. Or they wind up cutting services back to a minimum to keep costs low. For example, even though home delivered meals may cost just \$3, they cut their deliveries back to 2 days a week and risk malnutrition to keep their expenses down. “We need to take a better look at how we define what low income really is,” Bell says, “and make more services available to people living just above the poverty line.”

Like many other states, Rhode Island is shifting to covering more in-home services as a way of reducing the far more costly nursing home care. But Bell worries where the money will come from to meet such rapidly growing in-home care needs. And he questions if it’s realistic to think we can keep the majority of people safe while they live alone at home or

in the community.

It takes a lot of time for Bell's staff to research what alternatives might be available to callers who aren't eligible for Medicare or Medicaid. Meanwhile, the number of callers asking for help just keeps growing.

Tommasulo adds that for the harried social workers answering those calls, there is the added problem of needing to do a better job of explaining to seniors what will be required if they want services.³⁰ In his experience, seniors often wait until they are desperate to finally make a call to his agency.

"On that first call," he says, "they can be very guarded. These are very dignified people who resist asking for help until the problem can no longer be ignored. Even then, they may say it's their partner that needs a little help, when in truth they are the ones in serious trouble."

Tommasulo has learned the hard way how important it is to repackage the way his staff talk about the services they think will help. For example, staff tried to offer the seniors coupons to use at the farmers' market to reduce their food budgets. But the coupons were a tough sell, according to Tommasulo, because they sounded too much like welfare. Tommasulo says they had to convince the seniors the coupons were the agency's way of trying to help out the farmers. Once the agency changed its approach the seniors were "okay" with it. "But," he notes, "the wording you choose is critically important."

One of the biggest problems seen by Tom Frazier, who recently retired after serving nearly 27 years as executive director of the Coalition of Wisconsin Aging Groups, is the severe isolation facing seniors who live in rural areas.³¹

Often, a county might have just one or two small vans to use for senior transport. So, in effect, there is no way to get these stranded seniors to any of the services that might help them. Frazier points out that it makes no difference how good the meals are or how adequate the programs are at the area senior center if older adults can no longer drive or find rides to get them there. As a result, no one sees these isolated seniors regularly and no one is able to recognize the warning signs and

intervene as their health deteriorates.

A lack of transportation is a huge problem for all seniors, Frazier says, since isolation will quickly lead to illness and decline. But the problem is worse in rural areas where elderly farmers may see no one on a regular basis, and live miles from any help. "Service providers in rural regions must find a better way to get these isolated seniors the help they need."

The problems facing the rural elderly are expected to become far worse in the decades ahead for states like Wisconsin, Frazier predicts. He says that the state projects seniors will make up as much as 35% of the population in its rural counties in the next 2 decades. The trend is for the young to leave for jobs in the city, but the elderly can't afford to move so they remain behind in growing numbers.

Depression often goes undetected and inadequately treated, especially among poor and minority seniors.





Public and Private Programs That Work

Back in 1965, the Older Americans Act was enacted by the U.S. Congress, along with Medicare and Medicaid, to make sure that all state and local governments set up programs for people aged 60 and older, and especially for those living on minimal incomes with few resources. The law mandated that Area Agencies on Aging be created in each county or region and that these units would set up a whole array of local services such as meal programs, senior centers, transportation, case management, and friendly visitors.³²

Cities like New York, Los Angeles, and Milwaukee found ways to blend their Medicare and Medicaid dollars into innovative programs that offer a combination of physical, mental, and social services, according to Edward J. Olson, a former chairperson of the Milwaukee County Commission on Aging and former administrator of the Geriatrics Institute of Sinai Samaritan Medical Center in Milwaukee.³³ Wisconsin was among the first states to

create Family Care in 1998—its goal was to redesign Wisconsin’s long-term care system and to create a flexible, new benefit to cover long-term care services.³⁴ The program, which took more than a year to create, was designed jointly by administrators from Wisconsin’s Department of Health and Human Services and professionals working with people who are older or disabled. Family Care initially began as pilot projects in five counties, including Milwaukee County, where the state’s largest urban population lives.

Family Care offers resource centers which act as “one-stop shopping centers,” offering a complete description of all the long-term care options that are available. Then, case managers work individually with people who are eligible, guiding them in selecting the best services for their situation. Each case continues to be monitored, ensuring care costs are contained and that the person remains as healthy as possible, thus keeping them

out of hospitals and nursing homes until their condition necessitates admission.

In 2006, when the Older Americans Act was reauthorized, \$28 million was set aside to create Aging and Disability Resource Centers all across the country that would provide similar one-stop centers offering all the information on local long-term care resources.

According to research done by Rebecca G. Judd and Brenda A. Moore at Texas A&M University–Commerce, individuals and their families actually need a lot more help once they reach the stage of selecting the necessary elder services they will need. In Texas, a service delivery model which offers components effective for creating a seamless delivery of services includes the Community Resource Coordination Groups (CRCGs), initiated in 1987 for children and youth, and expanded to include adults in 1999. CRCGs are county-based interagency groups comprised of public and private agencies that partner with adults who have complex multiagency needs in order to develop individualized service plans. Merging this concept with that of the Aging and Disability Resource Centers and incorporating a care management program targeted at individuals living in or at risk of becoming impoverished would allow for a more comprehensive, seamless service setting for people aging in poverty. This combined system is especially important for promoting better physical and cognitive outcomes in this target population, according to Judd and Moore.³⁵

In Milwaukee County, calls to the Elder Care program are answered 24 hours a day by trained professionals who know how to recognize and quickly refer the caller to the most appropriate resource.³⁶ The hotline also serves as the gateway into Family Care for families who are eligible. But Milwaukee hopes to soon go a step further, and has already brought together a group of local organizations working in health care, long-term care, and caregiver support. The hope is to find ways these agencies can coordinate and facilitate help to families and caregivers as they learn where to find the level of support needed as they navigate the very complex long-term care system.

Stephanie Sue Stein, who heads Milwaukee County's Department on Aging, hopes that by working together, all the agencies will be able to more clearly see the whole picture, not just the little problems that people initially call about.

"We need to more quickly recognize what's really wrong," she says, "so that we can deal with the person's whole problem before it worsens and becomes most costly to treat."

It's also essential to use workers who have the training and sensitivity to sort out all the complex issues facing seniors and find solutions, Stein says. "You can't really help them until you know how to navigate the health care and social service systems. Only then can you help seniors navigate their way."

Stein wishes that same unified approach could also be brought to the health care field. "There are so many symptoms that may mask what is really wrong with an older adult. It often takes a gerontologist, trained to recognize how such symptoms are interrelated, to accurately diagnose them," she says.

But there aren't enough health care professionals trained in geriatrics. So Stein cautions that the first doctor may simply treat a symptom, thus driving up costs since the underlying problem has yet to be diagnosed or treated. Stein criticizes the health care system in the United States that compensates doctors based solely on the number of patients they are able to see, not on the accuracy of their diagnosis. She hopes that reforms will one day establish a better way of recognizing seniors' complex health issues from the start. She also hopes that more young doctors will decide to specialize in geriatrics, even though it is not as highly paid as many other medical specialties.

The current recession and tough economic times have changed how many people in the United States handle their spending. As consumers tighten their budgets, many nonprofit programs that rely heavily on donations have been forced to rethink how they can get by on much less.

For example, Richardson's program, which trains volunteers to be guardians for adults incapable of caring for themselves, recently had to find new funding, which fortunately it

did, when the State of Indiana cut back the allocation that had largely supported The Wabash Center.³⁷

Compounding the problem is that the economic downturn has forced some companies to close their doors or sharply cut back costs, ending their long tradition of local giving. Individual donors also have cut back sharply as unemployment and wage freezes have put new limits on what they can afford to give.

Some local and state governments, facing severe budget constraints, have turned instead to privatizing local services. Unfortunately, in many situations, this has just shifted the financial burden from the state to the contracted service providers. This has left many nonprofit social service agencies struggling for survival when these contracts pay pennies on

“As far as I can see, privatization has been a failure here in Indiana and the state seems to realize it. But they’ve already let all the people who ran those government services go. Now, the state can’t go back. It has no choice,” Richardson says.

It can be very frustrating to deal with the cutbacks and shortages on a day-to-day basis, Richardson warns. One caseworker he knows used to handle a caseload of 200 Medicaid recipients. Now, her caseload has grown to 900. She can’t handle them all and the job has become overwhelming, he adds.

“She feels really guilty because she can’t help these people. But, unfortunately, when it comes to cuts, the poor don’t have much of a voice,” says Richardson.

The hope is to find ways these agencies can coordinate and facilitate help to families and caregivers as they learn where to find the level of support needed as they navigate the very complex long-term care system.

the dollar, or result in slow payment.³⁸

In some cases and in some states, privatization involving for-profit providers has resulted in reduced services for those needing them. States like Indiana have cut costs by hiring private firms that promise to do the work for less than the cost the local government had budgeted. “But what happens is that callers often can’t get through because not enough staff are available to answer their calls. That’s how these private for-profit companies cut the bottom line,” Richardson says. He adds that people in Indiana are now forced to wait 6 to 9 months to receive food stamps.

He also warned that some nonprofit agencies don’t have enough cash to cover their operating costs as they wait long months for Medicaid to reimburse them for their services. So they are forced to close, reducing the number of agencies available to help seniors just as the number of seniors needing their help is on the rise.

Despite facing a severe shortage of funding, some agencies have managed to create new ways of doing things.

No state has seen as big a tidal wave of retirees flocking to its shores as Florida. Today, south Florida has the nation’s second largest population of elderly Jewish people, topped only by the state of New York. Jewish older adults constitute the largest group of all ethnic groups combined according to Jenni Frumer, associate executive director of Alpert Jewish Family & Children’s Service (AJFCS) in West Palm Beach. Contrary to popular belief, many of the seniors are far from wealthy, she says. They’re still living in the modest homes and condos they bought back in the 1970s and 80s. They paid off their mortgages years ago. But now, half of them rely primarily on Social Security as their only source of income and 50% of their checks must go to pay the condo fees, property taxes, and insurance premiums that increase every year.³⁹

Thousands of elders live on the second floors of condo buildings that have no elevators. Many of them are isolated and alone, and struggling with all kinds of health concerns. Most have no adult children living nearby to help them. AJFCS knew it could not turn for help to the State of Florida, which provides only very limited public dollars to take care of its elderly.

Since 1989, AJFCS has recruited, trained, and matched active retirees (more recently baby boomers) with elders who need companionship, assistance with grocery shopping, meal preparation, and transportation. The volunteers may also escort elders to medical appointments and provide in-home respite to caregivers.

This is a Neighbor-Helping-Neighbor[®] initiative, which draws upon the natural resource pool retirees represent in southeast Florida. The program is part of the University of Maryland's Department of Health Services Administration demonstration project and the U.S. Legacy Corps for Health and Independent Living. "Enhanced Companions" provide approximately 10 hours of service a week to at least one older adult, and are closely supervised by professional social workers.

In addition, AJFCS developed the Ambassadors Strategic Model[®], and has trained over 84 volunteers to serve as liaisons in the Ambassador's Initiative. The volunteers visit with seniors in their gated communities, getting to know the problems they face. Each volunteer ambassador has been trained to help residents with such issues as caregiving, bereavement, life planning using advanced directives, how to talk to their doctors, and ways to protect against fraud and the scams often aimed at vulnerable seniors.

The hope is to build connections to these once isolated seniors and identify their needs well before there's a crisis, significantly reducing potential costs, Frumer explains. There's also a benefit for the senior volunteers who often talk about how the program has brought new meaning to their lives.

Another example of a program that is training volunteers to reach out to isolated seniors living in low-income neighborhoods was launched several years

ago as a grassroots effort in Milwaukee County. Initially funded by a Robert Wood Johnson Foundation grant with help from local foundations, the Connecting Caring Communities (CCC) initiative, led by a core leadership group which includes older adults, has developed successful projects in seven of Milwaukee's neighborhoods.⁴⁰

The goal of CCC is to find ways that are unique to each neighborhood to help seniors stay and continue to make contributions there as they age. As a first step local leaders, young and old, were recruited to form neighborhood partnerships and create a plan to solve some of the problems local seniors believed might force them to move.

For example, one neighborhood developed a walking club so seniors could travel together safely in a group. They also revived a local senior center that has become a popular gathering spot for older adults, complete with a fitness center and computer lab.

Another neighborhood convinced several of the senior membership facilities in its area to open their social and cultural gatherings to additional older people living in the neighborhood. In the heart of the inner city, seniors who used to be too afraid to leave their homes now gather regularly at a local alternative high school to talk with students over breakfast about everything from jobs to education. Several of the older men even showed the students how to wear a tie and dress for a job interview.

Milwaukee County is also developing an ambassador program similar to the one that is active in Palm Beach County. Soon, older volunteers in Milwaukee will go out to places where seniors gather, such as coffee shops, beauty salons, and churches, to talk with older people about the resources they might need for long-term care.

The ambassadors will follow the model that has worked well in Milwaukee's senior centers where information specialists build relationships and become the people that seniors turn to when they need to know more about where to find help. The ambassadors rely on word of mouth to be the most effective way to offer information.⁴¹



Who Speaks for Older Adults in Need?

There is no doubt that our population is aging. In fewer than 25 years, 1 in 5 Americans will be 65 or older. Yet there is increasing uncertainty about the future of many public assistance programs on which older adults rely. Family structures are changing, leaving many with no children nearby to help care for them. Even people with chronic conditions are living longer, thanks to medical advances that extend their lives.⁴²

More seniors are calling or contacting social service agencies than ever before. As described earlier, many of those agencies have traditionally focused on helping youth and nuclear families. The Atlantic Philanthropies recognized the profound implications of an aging American society and funded the Alliance for Children and Families' 5-year project, the New Age of Aging, in an effort to improve services for older adults that are provided by Alliance member agencies.

Strengthening services to individuals, families, and communities who are experiencing profound changes due to societal shifts is a cornerstone of social work practice. "Social work as a practice," as noted by a prominent social work educator in gerontology, "has always been shaped by the needs of the times, the problems they present, the fears they generate, the solutions that appeal, and the knowledge and skill available. The profession changes from within depending on how members perceive and define what they do."⁴³

Researchers Mark Rank and James Herbert Williams sum it up this way: "There is a clear need to think in creative and innovative ways about how to change our public policy if we are to protect the elderly from poverty and reduce the strain so they can live healthier and more productive lives in ways that work to everyone's benefit."⁴⁴

Based on the research and experience of the preceding contributors, it is clear that addressing

older adult poverty covers a wide field. Some of the more immediate recommendations include:

- creating and utilizing a more accurate measure to determine what is “real” poverty,
- restructuring Social Security and Medicare so that they better cover all those who are most in need,
- doing a better job of screening to get care to people in the early stages of a health condition before it progresses and becomes more expensive to treat, and
- using case managers to help design care that is both more effective and cost efficient.

Charles Tommasulo would add to the list the trend toward establishing more person-centered care that moves away from caring for people according to the traditional medical model based on a person’s disabilities. Instead, he favors caring for people based on their abilities and what they can still do.⁴⁵ Again, this is another paradigm shift reflected in social work: incorporating strengths-based practice and facilitating the resiliency of service users.

But most politicians at both the local and federal levels seem out of touch with senior issues and are far more focused on cutting taxes than on recasting programs to make them more effective, warns Tom Frazier, who, as the former head of the Coalition of Wisconsin Aging Groups, was an influential lobbyist for seniors for nearly 27 years.

Over the years, the Coalition, which represents 450 seniors’ groups, always counted on being able to work on grassroots issues that usually won approval from all sides and were considered nonpartisan. “Now, every issue has become partisan, making it very difficult if not impossible to forge broad support,” states Frazier.⁴⁶

However, Wisconsin has a far better track record for enacting legislation benefitting seniors than most other states, reports Frazier. One key reason is that in 1977, more than 4,000 people marched on the state capital to protest a lack of any programs for seniors in the proposed state budget. It was the largest demonstration state officials had ever seen and

it had a dramatic effect. Despite the governor’s vetoes at the time, the legislature held firm and overrode the vetoes to create such things as a homestead tax credit, elderly nutrition programs, transportation, and home- and community-based care.

The seniors realized they had to keep up the pressure and within a year had founded the Coalition to watch out for their interests and lead in forging the innovative new solutions they needed. The seniors also determined that they needed to forge partnerships if they were to gain the changes they proposed, so they linked arms with groups representing people with disabilities. Another critical partnership was with the state’s 72 counties and seven Native American reservations that run most of Wisconsin’s social services at the local level. It took the combined efforts of all those who had a vested interest to win the state’s approval of such major programs as Family Care and Senior Care, a prescription drug plan for low-income elders.

“Family Care grew out of concerns that nursing homes were getting all the state and federal dollars, leaving home- and community-based care with only the crumbs,” Frazier says. “We knew people preferred to stay in their own homes. So part of our strategy was to develop relationships with groups that had once been our adversaries. It was by working together that all these groups succeeded in making Wisconsin one of the first states to reform its long-term care system, making home- and community-based care and the case management system that oversees it a real option that could stretch scarce government dollars.”

Among the major issues still on the Coalition’s agenda is trying to reform the state’s property tax structure. Wisconsin relies far too heavily on property taxes to fund public services, Frazier explains. But many of the state’s seniors live on less than \$25,000 a year. “They’re not poor, but they’re not going to be able to pay for the steep increases ahead if public services keep relying on the property tax. Those taxes aren’t sustainable, especially once the baby boomers reach retirement and make up 25% of the state’s population,” he says.

Frazier was also involved in lobbying the U.S. Congress for health care reform. He hopes that

“Advocacy needs to be kept alive. If you’re not at the table, then you’re not looking out for the needs of older people and their needs will be ignored.”

its recent passage helps to contain health care and Medicare costs that keep rising with the rate of inflation. “If there is no change, Medicare will run out of money by 2017,” he says, “seriously increasing the pressure that health care is already imposing on seniors now.”

“We need to keep on doing what we’re doing now,” Frazier continues, “but we also need to look ahead. Yet we’re in a time when no politicians want to talk about taxes. It’s sad to see so many politicians talking about no increases or even decreases. I’m even afraid to talk about shifting dollars from one program to another.” He asks, “Are we just going to let everything go?”

“Advocacy needs to be kept alive,” he continues. Frazier predicts that this will be key in trying to create programs that keep seniors out of poverty. People may think that lobbying is a dirty word, but Frazier has learned that’s how things get done. “If you’re not at the table, then you’re not looking out for the needs of older people and their needs will be ignored.” In fact, he has been working with Wisconsin Senator Herb Kohl, chairman of the U.S. Senate Committee on Aging, to get funding to cover hiring advocates in every state as part of the Older Americans Act. A similar model has been part of the Americans with Disabilities Act for many years.

Five years ago, advocates for seniors in Flint, Mich., sought to make people more aware of the increasing needs facing seniors, remembers Tommasulo. So they held a workshop for county leaders and were able to get a mill tax enacted that now funds services for seniors.

“We had to get the message out because politicians won’t. But the measure passed by a margin of 2 to 1 once we explained that every \$1 we spend on home care saves \$10 in Medicaid costs for nursing homes,” he says.

“Every agency should be thinking about its role as an advocate, to make sure the

public knows the real problems facing today’s seniors,” Tommasulo continues. “But advocates also must do their homework in advance and have all the facts and numbers ready. It also helps to find a politician who has a family member receiving care because they already know the importance of seniors’ issues.”

Stephanie Johnson believes that social workers need to take on the role of educating policymakers: “There is such a disconnect because many politicians just don’t seem to recognize how hard it is for seniors and their families to pay for the health care they so vitally need.”

As bleak as the financial picture is, this is also a time of huge opportunity, predicts Donald Goughler. He wants to see age discrimination eliminated so that more older people can continue working. “There are a lot of people now in their 60s and 70s who both want and need to stay in the workforce. We’re creating poverty when we lay them off in their 50s and 60s, because we’re forcing them to live on a low level of Social Security payments and small pensions.”

He also predicts the baby boom generation will “get mad when they realize what lies ahead for them and demand changes in government policy. The baby boomers are a generation that has always set many new trends as they reached the next age levels.” He expects their move into retirement will be just as apt to bring major changes.

Like many others in the field, Goughler expects many baby boomers to take on second careers and become active as volunteers in a variety of ways that bring new energy and enthusiasm to programs for older seniors. “One of our roles as agencies is to become advocates who speak out for seniors,” he says. “This baby boom generation has a lot of political clout. Hopefully, they’ll help us reach out to policymakers. Right now Congress is totally out of touch.”



Conclusion: Next Steps

An estimated 80 million baby boomers will turn 65 or be old enough to retire by the year 2030. Over the following 2 decades, their numbers will swell to nearly 87 million, dramatically changing our families, our communities, and our nation.

While we can't change the demographics, we can influence how we respond to them. The Alliance for Children and Families continues this effort via its New Age of Aging initiative, to help its membership and their workforce prepare for the changes this shift will mean for all human service organizations.

"We can and must be change agents," says Alliance President Peter Goldberg. "By preparing to celebrate the strengths of older adults and by ensuring we are equipped to maximize their potential while addressing their needs, we can help our members and society as a whole dispel the doomsday forecasts."

It is clear that there is indeed a "perfect storm" brewing as referenced by several of the contributors to *Aging in Poverty*. It is also true that there are many caring, dedicated, and

well-intentioned people and organizations—both private and public—doing what they can to address the deteriorating conditions for seniors. But what is seemingly lacking is a common voice, a shared agenda, that will propel the movement forward and allow older adults to finish their lives with dignity and care out of poverty.

What is needed is a coming together of the disparate forces and interests working to improve the quality of life for older adults. A national agenda can be created that honors and respects, through action, the tremendous contributions that older adults have provided and continue to provide. True, there is a lot that is being done, but it is still difficult to see the forest for the trees.

The call to action in this supplement seeks to assist a broader effort toward these goals. It must be a nonpartisan movement, crossing all socioeconomic, racial, gender, and religious boundaries. It must encompass people of all ages, including some younger people of today who may not be aware of the storm and, therefore, lack concern for its implications. All

great social movements have advanced their causes through the dedication, hard work, and sacrifice of multitudes. And there are always champions who have succeeded in bringing the issues to such a level that they resonate with the masses—Jane Addams and Martin Luther King, Jr. are but two historical examples. The question of leadership in solving the problems of economic deprivation is a complicated one, and one not easily answered, yet the challenge is before us.

We hope that this supplement to *Families in Society* can help demonstrate the urgency of necessary action. By themselves, *Families in Society* and the New Age of Aging can't provide the leadership needed, nor can the Alliance. We

can be part of the solution, but a much larger partnership of involved parties—nationally and locally—are critical to the effort.

How will you as a practitioner, an administrator, an educator, a researcher, or a policy analyst respond to this challenge? What are your responsibilities as a citizen in this society? What are the solutions to the problems identified in this supplement? Where will the leadership come from? Visit alliance1.org, FamiliesInSociety.org, or newageofaging.org and share your reflections and recommendations. Perhaps from them will come the impetus for collective action—the nation's aging adults are counting on us.

“We can and must be change agents. By preparing to celebrate the strengths of older adults and by ensuring we are equipped to maximize their potential while addressing their needs, we can help dispel the doomsday forecasts.”



Appendix

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Supplement to *Families in Society*.
The Journal of Contemporary Social Services
Print ISSN: 1044-3894; Electronic ISSN: 1945-1350

A PDF document of this supplement is
available on these websites: alliance1.org,
FamiliesInSociety.org, and newageofaging.org.

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The Journal of Contemporary Social Services



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