

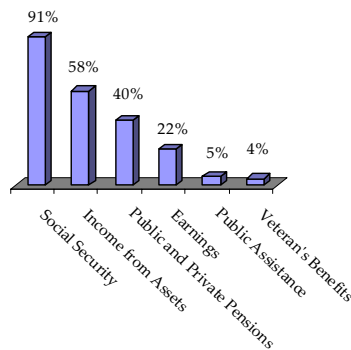
OVERVIEW

In 2002, aging Americans, commonly defined as persons who are 65 years or older, represented 12.4 percent of the total U.S. population. In Massachusetts, aging residents accounted for more than 13.5 percent of the population. (U.S. Census Bureau, 2000) With the “baby boomer” generation reaching retirement age and people generally living longer, it is estimated that the percentage of seniors in the U.S. will more than double by 2030. (AoA, *Statistics on the Aging Population*, 2003) As a result, *Social Security* faces a crisis and an estimated 4.6 million jobs will need to be filled in 2008. Many analysts are hoping that by creating programs and policies that incorporate seniors in the workforce and as part of the community, some of the costs associated with aging Americans will be absorbed. (Dennis, 2004)

Older Americans Act (OAA)

The *Older Americans Act* was signed into law in 1965 to create the U.S. Administration on Aging (AoA), as well as authorize grants providing services to seniors and research on aging. Since its creation, the *Older American Act* has been amended to provide local services through Area Agencies on Aging. Most recently, the *National Family Caregiver Support Program* authorized \$125 million in state grants assisting thousands of families caring for elderly relatives. The program also includes support for grandparents 65 years old who are solely responsible for raising their grandchildren. (AoA) This provision addresses the growing population of seniors who are responsible for their grandchildren’s care which according to the 2000 census neared 400,000 individuals. (*A Profile of Elder Americans*, 2003)

Figure 1: Major Sources of Income for Aging Americans



Source: Social Security Administration, 2001

The Social Security Act

The *Social Security Act*, passed in 1935, created the *Social Security* program providing benefits to individuals and their families as they enter old age or when they are afflicted with a disability or disaster. Unlike welfare, *Social Security* provides benefits based in part on the individuals employment record and contribution to the *Social Security* system. Since 1965, the program has been overseen by the Social Security Administration (SSA) and has included the provisions of Medicare and Medicaid. (LII)

- *Medicare* extends health coverage to almost all citizens of retirement age

and certain individuals younger than 65 with other health issues. In 2003, the *Medicare Prescription Drug, Improvement and Modernization Act (MMA)* was signed into law to provide recipients with more choices and better benefits. Currently 40 million Americans are covered by Medicare.

- *Medicaid* provides medical assistance for certain individuals and families with low incomes and resources. Medicaid is funded at both the federal and state level and provides the largest amount of medical funding for low income people. (CMS)

Social Security benefits are paid to almost 46 million Americans every month and an estimated 40 percent of seniors would fall below the poverty line without them. (Public Agenda, 2004) *Figure 1* demonstrates the major sources of income for seniors in the United States.

The Social Security crisis

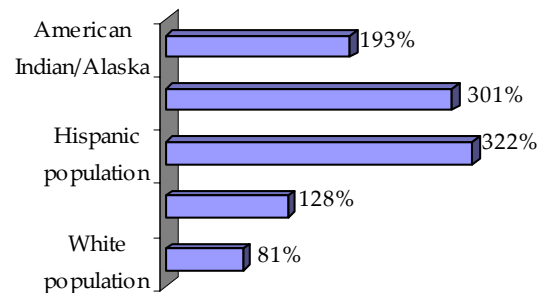
Social Security, considered the most popular federal program, is facing a crisis as the elderly population grows faster than any other population. In 2011, the first of the baby boomer generation (individuals born in between 1946 – 1964) will reach 65 years old. By the time all baby boomers are retired, the elderly population will double to an estimated 80 million. For *Social Security* to succeed, a substantially larger number of people must be in the work force than out of it. The projected growth spurt in seniors will mean the program's expenditures will exceed its income by 2017 and funds will be completely depleted by 2042. (Public Agenda, 2004) To maintain *Social Security* as it currently exists, the government would be required to significantly raise taxes or reduce benefits. Recently, much of the discussion about *Social Security's* future has been around varying levels of privatization. Some analysts suggest the government invest some of its *Social Security* tax revenue in the stock market to provide greater returns, others feel that a mandatory retirement savings account replace the system entirely. Most people reject the risk involved in investing in the stock market, but do not want to see *Social Security* replaced altogether, so its future continues to remain uncertain. (Public Agenda, 2004)

Ethnic minority seniors are at a disadvantage

Between the years 2000-2002, 10.6 percent of Massachusetts' aging population was living below the poverty line, a slightly higher percentage than the national average. (AoA, 2003) Although this number is relatively low compared to other age groups, there is some indication that because of the sluggish economy and the rising cost of living, poverty is on the rise among seniors. Particularly hard hit are seniors who are ethnic minorities. Studies demonstrate that poverty among seniors is not distributed evenly among various ethnic groups, but is quite localized. While only 8.3 percent of white elderly individuals were classified as poor in 2002, their minority counterparts experienced poverty at more than double

that rate, with 23.8 percent of Black and 21.4 percent of Hispanic elderly below the poverty line. (AoA, 2003) Ethnic minorities similarly experience poor health in disproportionate numbers. A growing body of research suggests the disparity in health and wellbeing in ethnic minorities is the result of services and programs that are not "culturally sensitive" therefore underutilized or inaccessible. If not addressed, the problem will only worsen. Ethnic minorities currently represent 16 percent of all elder Americans and projections suggest that by 2030 they will experience a 217 percent increase. (AoA, 2003) *Figure 2* shows this projected growth among seniors by race.

Figure 2: Projected Increase in Elderly Population by Race, From 1999-2030



Source: AOA, A Profile of Elder Americans: 2003

In an effort to help bridge the gap in services, the AoA promotes *Healthy People 2010*, an agenda for

disease control nationwide. *Healthy People 2010* establishes the preventable threats posed to aging Americans of all races and ethnic groups and provides a framework for caregivers to offer appropriate services. (AoA, 2001)

Support of Massachusetts' elder population

Massachusetts offers and administers many programs and services for its elder population. Below are some of its most prominent and well-utilized senior services.

- *Prescription Advantage*: The *Prescription Advantage* program is offered to all residents age 65 or older through the Executive Office of Elder Affairs. This program puts a cap on the amount seniors spend on deductibles and co-payments based on their annual incomes. (Elder Affairs, 2004)
- *Nutrition Program for the Elderly*: The *Nutrition Program for the Elderly* was created by the Older American Act and is overseen by the AoA. The program is the largest community nutrition services program that serves elder Americans. In Massachusetts, the Executive Office of Elder Affairs is responsible for the 27 nutrition programs that serve more than 8.5 million seniors annually. Meals are provided to more than 400 congregate sites, as well as directly to seniors in their homes. (Elder Affairs, 2004)
- *Area Agencies on Aging*: Established by the OAA, Area Agencies on Aging (AAA) are non-profit agencies designated by the state to address the local needs and concerns of elderly residents as well as distribute OAA funding to a specific region. AAAs also implements the *Elderly Nutrition Program* locally. (Elder Affairs, 2004)
- *Councils on Aging*: Massachusetts provides more than 440,000 of its senior residents, their families and caregivers

support through 348 Councils on Aging (COA). COAs are volunteer, municipally appointed agencies that provide for elderly through services, education and advocacy. Currently 33,000 volunteers contribute 2.7 million hours of service annually through Massachusetts COAs. (Elder Affairs)

Improving the quality of life for seniors locally

Some of the most important preventative services are provided for seniors outside of a health care setting. Since most seniors prefer to live in their own homes, instead of a nursing home, many community services are geared to keeping seniors active and healthy, while allowing them to remain independent as long as possible. Oftentimes these services come in the form of nutrition and exercise services or transportation to ensure access to medical care, senior programs and activities.

- *Nutrition and Exercise:* Proper nutrition and at least a minimal amount of exercise are vitally important to keep seniors healthy and more resilient to illness. Many local non-profits offer this support in the form of meal services either provided at specific locations or brought to an individual's home. Oftentimes these services keep many seniors from chronic illness and from being placed in a nursing home. In Boston, area community centers provide free health screenings, exercise and wellness classes, newsletters and workshops regarding nutrition.
- *Access to transportation:* The rate of fatal accidents involving seniors rose 14 percent from 1988 to 1998 while fatalities among other age groups dropped. (LUHS, 2001) As aging Americans are less confident to drive themselves, it is essential that they have access to transportation for basic needs like shopping and medical appointments, as well as for community activities. Recognizing the importance of providing public transportation, the U.S. Federal Transit Administration (FTA) and the U.S. Administration on Aging (AoA) created the Coordinating Council on Access and Mobility to better coordinate services for people without access to transportation. Most recently the Council issued *United We Ride*, a five-part initiative meant to reduce barriers between service providers that will in effect, make transportation more accessible to people who need it. In Boston, a Senior Shuttle is offered free of charge to individuals more than 60 years old for non-emergency medical purposes and shopping. Seniors may also purchase taxi vouchers that provide a 50 percent discount.

Seniors and community service

The Corporation for National and Community Service (CNCS) created Senior Corps to utilize the many talents of the senior population. More than half a million Americans age 55 or older provide their time and services to local non-profits and agencies through one of Senior Corps three programs. The three programs offered by Senior Corps are:

- *Retired and Senior Volunteer Program (RSVP):* Engages volunteers, age 55 or older, in a variety of volunteer activities that range from tutoring to renovating homes. In 2001, approximately 480,000 individuals volunteered at 65,000 local organizations through 766 RSVP projects.
- *Foster Grandparent Program:* Provides individuals 60 years old or older with a limited income to work with children and young people with special needs. For their services, Foster Grandparents receive a small hourly wage to help supplement their income. In 2001, 30,000 adults participated in the *Foster Grandparents Program* providing care for 275,000 young people.
- *Senior Companions Program:* Gives senior men and women with limited incomes a way to make a small income while providing friendship and assistance to adults with disabilities that make daily tasks difficult. In 2001, 15,500 Senior Companions provided services for 61,000 adults. (CNCS)

An aging workforce

In 2002, 4.5 million seniors were employed, constituting 3.1 percent of the total labor force. (AoA, *A Profile of Older Americans*, 2003) By 2010, this number is expected to grow by 32 percent, whereas the number of workers between the ages of 35 and 44 is projected will shrink by 10.2 percent. Despite the growing pool of qualified and talented seniors, age discrimination often prevents aging Americans from seeking and retaining employment. WFC Consulting produced "Voice of Experience: Mature Workers in the Future Workforce" with Conference Board to offer incentives and suggestions for utilizing aging Americans. Their study indicates that employees 55 and older demonstrate the highest level of commitment to their companies. Some of their recommendations include offering appropriate compensation for experience, flexible hours and work load, challenging work and sufficient training, and opportunities to mentor younger employees. (WFD, 2003)

Because the aging population represents the largest growing age group of Americans, the trend of improving the quality of life and independence of seniors, particularly among people of color, will continue to be a priority of government agencies and health groups nationwide.

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ONLINE RESOURCES

Local & State

City of Boston Elderly Commission
www.cityofboston.gov/elderly/default.asp

Committee to End Elder Homelessness, Inc.
www.ceeh.org

Massachusetts Executive Office of Elder Affairs
www.mass.gov/portal/index.jsp?pageID=eldershomepage&L=1&L0=Home&sid=Elders

National

American Association of Retired Persons
www.aarp.org

American Society on Aging
www.asaging.org

National Institute on Aging
www.niapublications.org

Government

Administration on Aging
www.aoa.gov

United States Department of Health and Human Services
www.hhs.gov

For more information on this and other local issues, we encourage you to utilize the *Boston Indicators Project*, available online www.tbf.org/indicators. Produced and maintained by the **Boston Foundation**, this web site features indicators of change and progress in ten sectors and is regularly updated with new information and reports.



This report was produced with support from the Boston Globe Foundation.

About Boston Cares

Boston Cares organizes and leads volunteer teams and services in and around Boston that have a positive impact on individuals and communities. Since 1991, thousands of people of all ages have volunteered through Boston Cares at over 240 Greater Boston schools and non-profits.

Boston Cares is a member of the Hands on Network (formerly City Cares,) an alliance of volunteer organizations working to transform individuals and communities through service and civic engagement, with affiliates and partners in 41 US and international locations



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