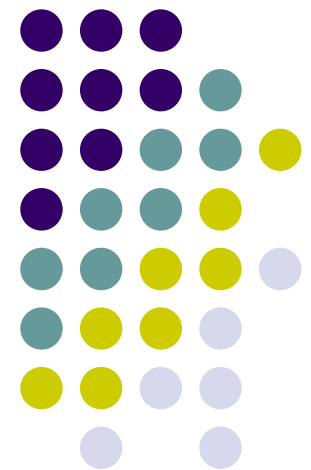


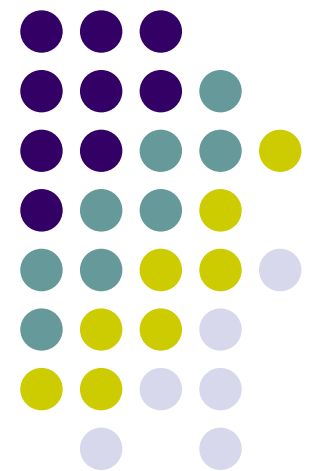
Aging in America: the Impact on the Social Work Profession

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The Demography of Aging

**Prepare to work with more
older clients**





Population Aging

- **An increasing proportion of older people in a population**
- **It is not numbers of older people**
- **Measures, either the mean or median**
- **Aging of the aged population - increase in the number of the oldest old**

Personal Terms

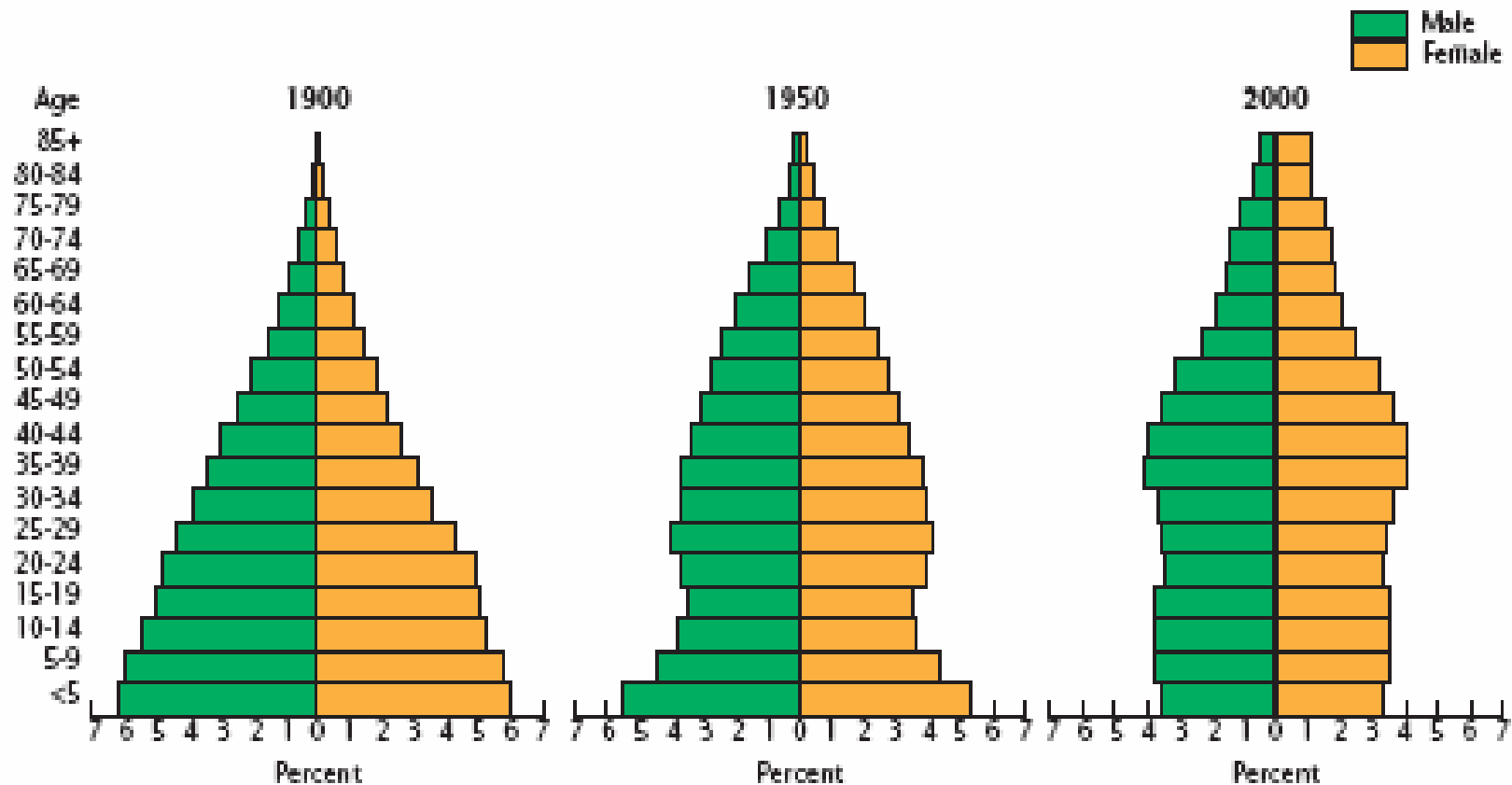


	1985	2005	2030
Parent			
Self			
Child			

Demographic Transition in the US: Shifting Age Composition Since 1900



Figure 2-2.
Age and Sex Distribution of the Total Population: 1900, 1950, and 2000



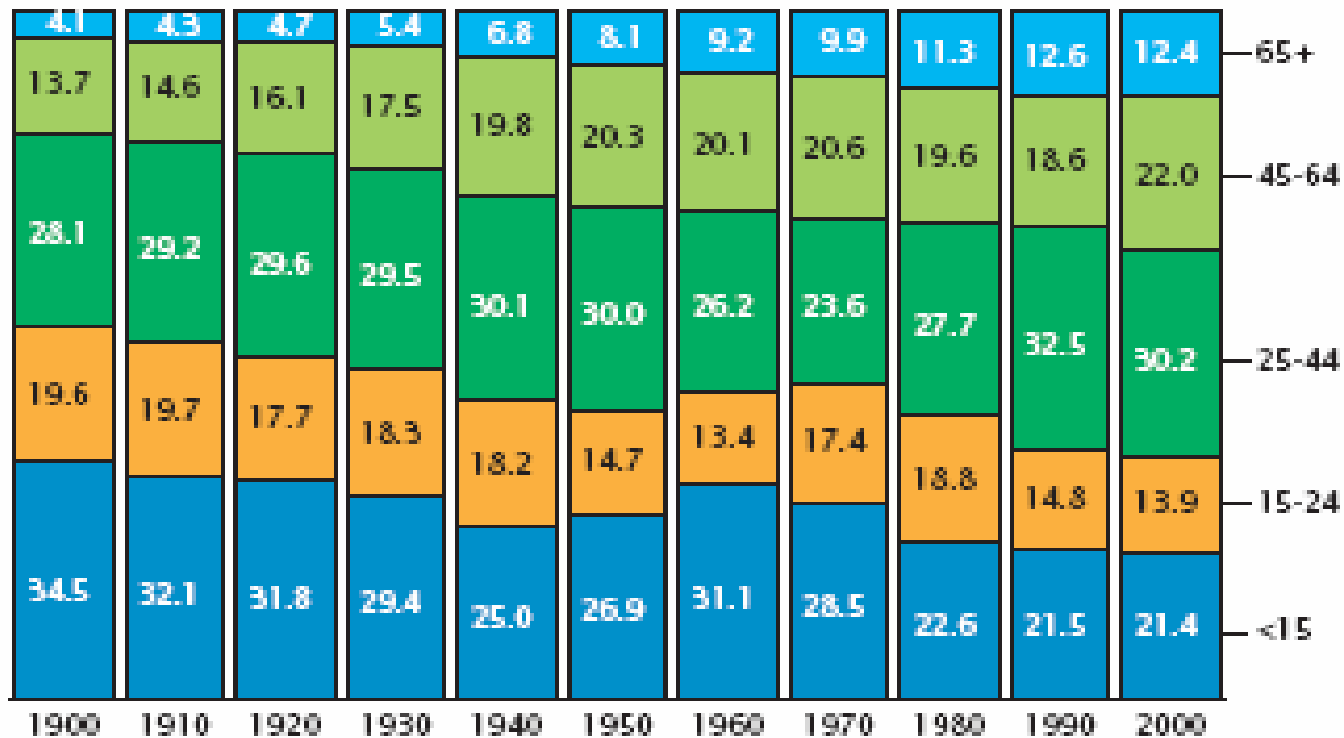
Source: U.S. Census Bureau, decennial census of population, 1900, 1950, and 2000.

From Bureau of the Census. 2002. *Demographic Trends in the 20th Century*. Washington, DC: Bureau of the Census.

Demographic Transition in the US: Shifting Age Composition Since 1900



Figure 2-4.
**Percent Distribution of the Total Population
 by Age: 1900 to 2000**



Source: U.S. Census Bureau, decennial census of population, 1900 to 2000.

From Bureau of the Census. 2002. *Demographic Trends in the 20th Century*. Washington, DC: Bureau of the Census.

Demographic Transition in the US: Future Age Composition

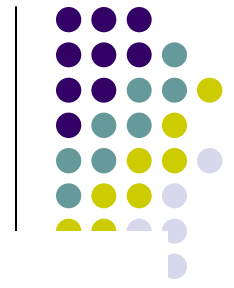
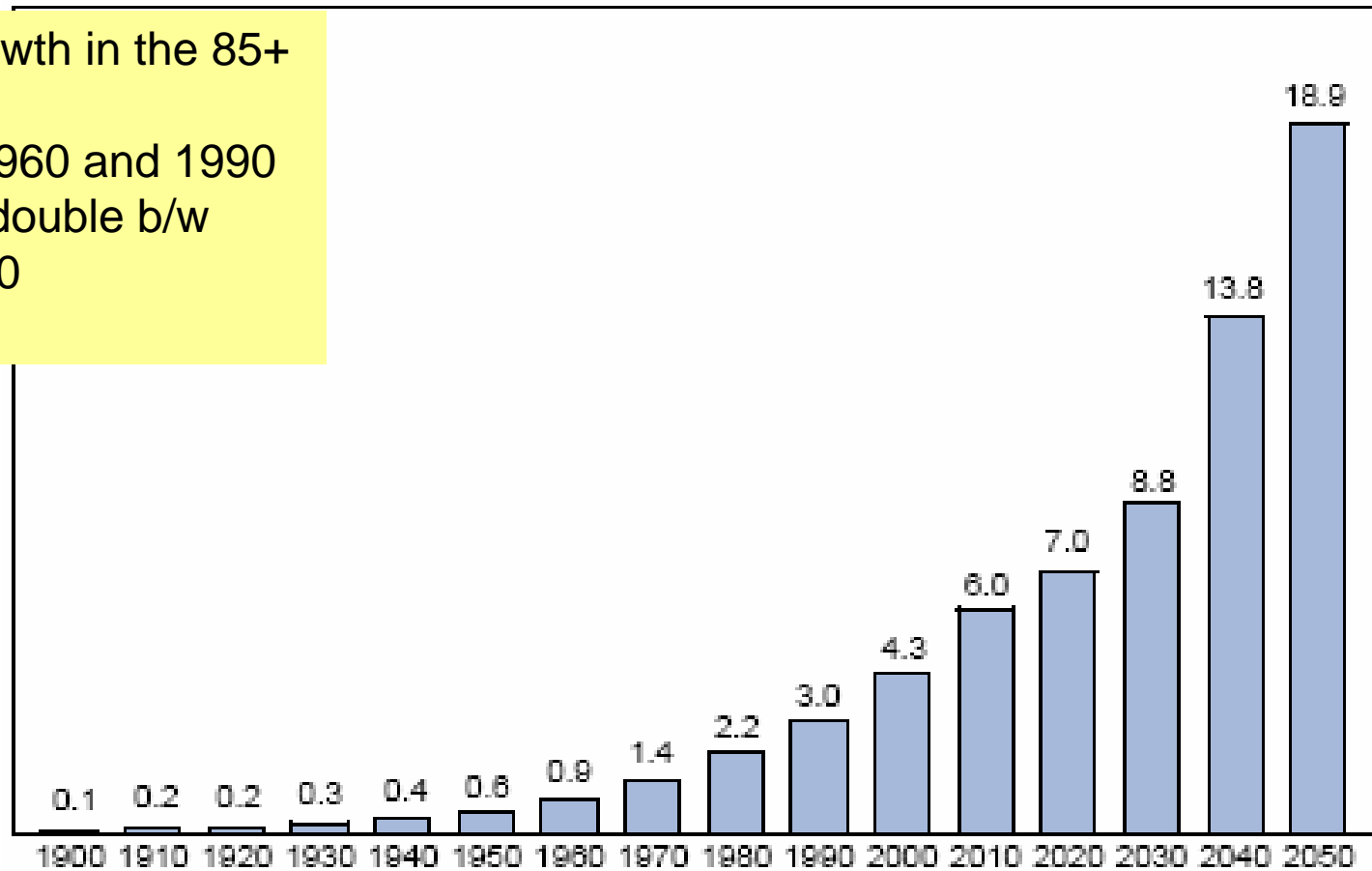


Figure 2-8.
Population 85 Years and Over: 1900 to 2050

(In millions)

Numerical growth in the 85+ population

- Tripled b/w 1960 and 1990
- Expected to double b/w 1990 and 2010



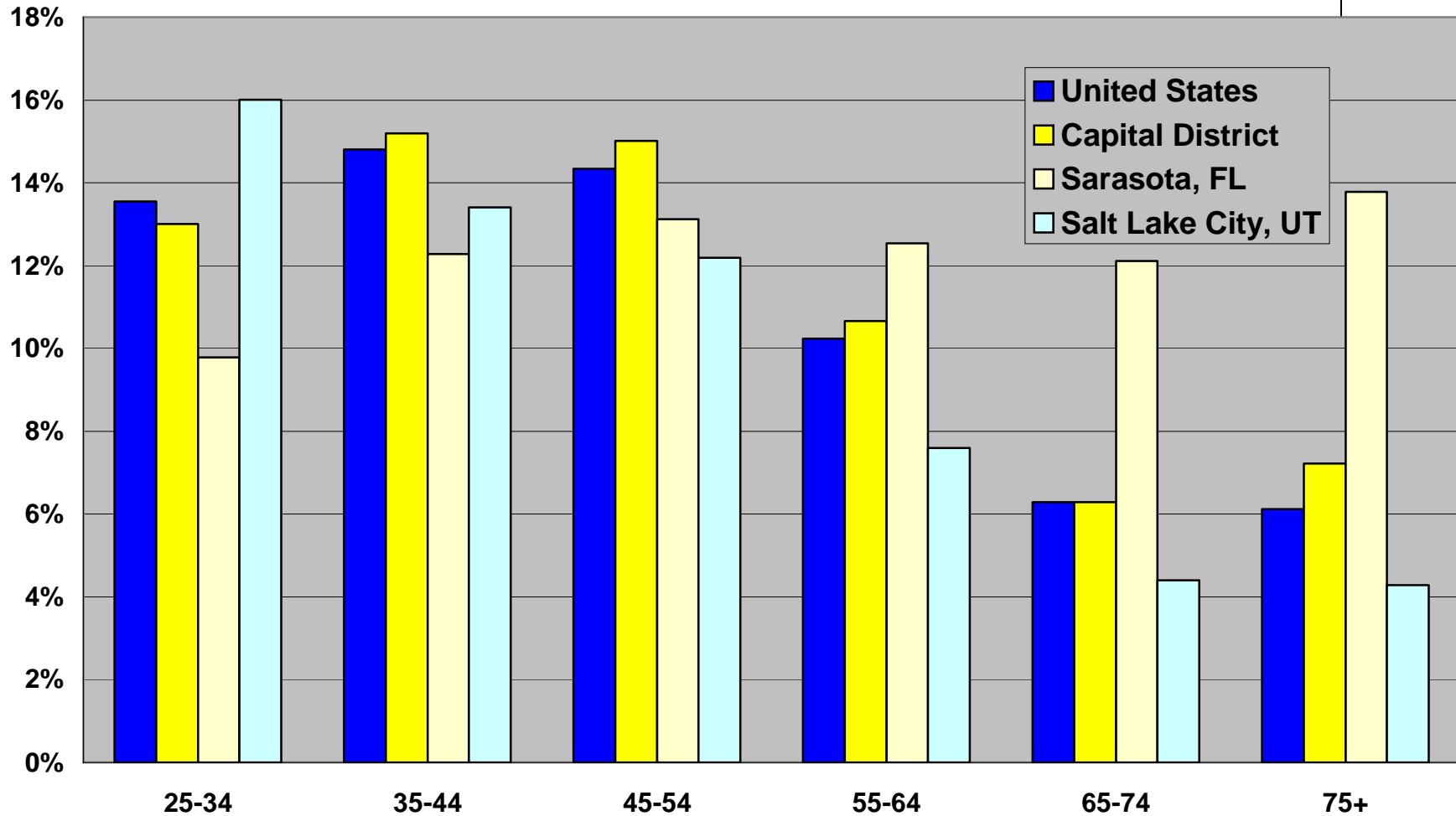
Bureau of the Census. 2001. *Age 2000*. Washington, DC: Bureau of the Census.



Dependency Ratios

- **Total dependency ratio** - the ratio the total number of persons under age 18 and aged 65 and over to those aged 18-64
- **Child dependency ratio** - ratio of the number of children under age 18 to those 18-64
- **Elderly dependency ratio** - ratio of the number of those aged 65 and over to those 18-64

Comparison of Age Structures, 2005





Population Projections

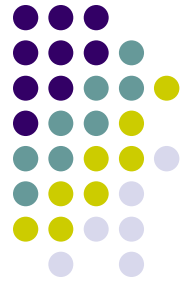
<u>YEAR</u>	<u>AGED 65+</u>	<u>% of POP</u>
2000	35,322,000	12.9%
2010	40,104,000	13.3%
2020	53,349,000	16.4%
2030	70,175,000	20.1%
2040	77,014,000	20.7%
2050	80,109,000	20.4%

Life Expectancy at Birth by Race and Gender



<u>Sex/Race</u>	<u>1900</u>	<u>1980</u>	<u>2002</u>
W Males	46.6	66.5	75.1
AA Males	32.5	59.1	68.8
W Females	48.7	72.2	80.3
AA Females	33.5	62.9	75.6

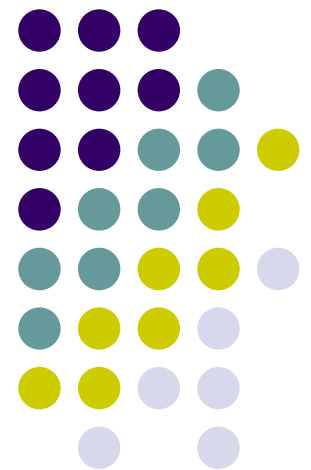
Explaining Racial Differences in Male Life Expectancy Rates?



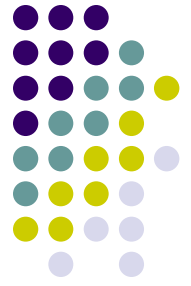
- Higher rates of heart disease, cancer & liver disease
- Higher rates of accidents, homicide and suicide
- Social Factors: Less access to medical care, employment in dangerous occupations, lower income

The Economics of Aging

**Poverty, Social Security,
Medicare Part D and the
Changing Environment for
Social Work**



Poverty Rates – All Older People and African Americans



- All Older Persons

Below poverty = 10.4%

125% of poverty = 17.0%

150% of poverty = 24.8%

Without Soc Sec = 23.9%

- Older African Americans

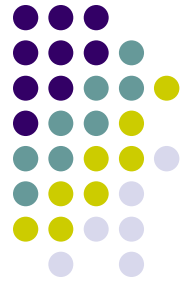
Below poverty = 23.9%

125% of poverty = 33.5%

150% of poverty = 43.1%

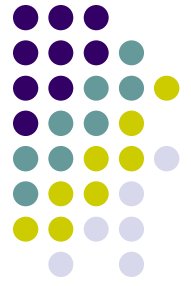
Without Soc Sec = 58.2%

Why have the poverty rates declined?



- Many of today's older people benefited from the post World War II prosperity
- Family stability
- Improvements in Social Security benefits
- Passage of Medicare
- Increased coverage by employer provided pensions
- Increasing rates of home ownership

But, . . . problems lie ahead for the baby boom generation



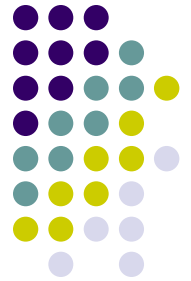
- Larger cohorts, more competition for jobs
- Poor economy from 1975-1992 had a negative impact on retirement incomes
- The latest stock market declines have reduced savings and lowered pension benefits
- High divorce rates, family instability
- Compensations have been made – more working women, delayed marriage, fewer children (smaller social support system in later life)

The Three-Legged Stool of Retirement Support



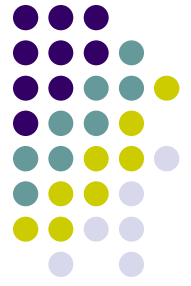
- Private savings and investments (401k plans, equity in a home, other savings)
- Private pension (defined benefit and defined compensation plans)
- Social Security

Public Support is High but Confidence is Low – Why?



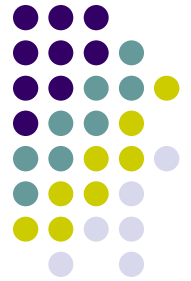
- Aging of the baby boomers
- Fewer children entering the workforce
- Increasing longevity
- A misunderstanding of the program
- A campaign of disinformation by the Bush Administration and other interested parties

Supplemental Security Income (SSI)

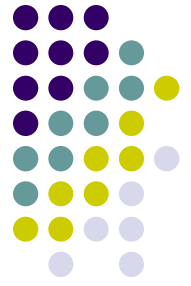


- 74% of older people who receive SSI are women
- The average monthly payment is 72% of poverty
- Even a single older women who is eligible for SSI, food stamps and other programs will still be living in poverty

Medicare Part D Prescription Drug Coverage



- Provides help with the cost of prescription drugs
- Must have Medicare Parts A & B
- Started in January, 2006
- Offered by private insurance companies
- Monthly premiums (there is **extra help** for those with low incomes)
- To avoid future premium penalties, older people need **creditable coverage** by May 15



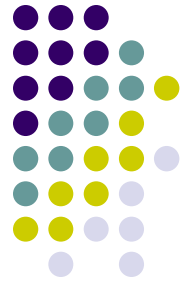
Standard Benefit

- First \$250 – 100% out-of-pocket (the deductible)
- \$251-2250 – 25% out-of-pocket (\$500 total)
- \$2251-5100 – 100% out-of-pocket (\$2850 total)
- Above \$5100 – 5% out-of-pocket

$$\$250 + \$500 + \$2850 =$$

\$3600 out-of-pocket costs plus premiums

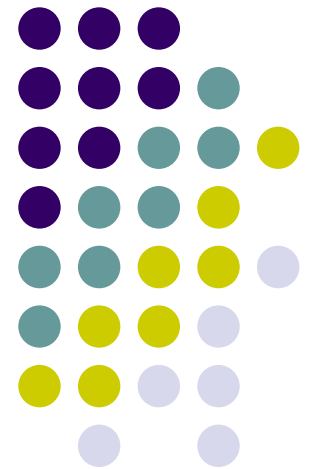
Terms and Concepts Related to Part D



- **Dual Eligible** – those recipients who receive both Medicaid and Medicare (\$1-\$3 co-pays)
- **Extra Help** – up to \$14,700 (income)/\$10,000 (resources) or less for single person or up to \$19,800 (income)/\$20,000 (resources) for a couple (\$2-\$5 co-pays)
- **Formularies** – each plan must cover at least two drugs in each therapeutic class of drugs

The Profession of Social Work

Adjusting to the Next Society

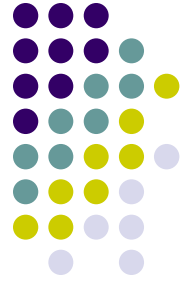




The Next Society

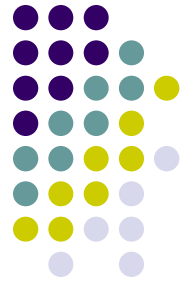
- Aging society: more over 65, 85 and 100
- More ethnically and culturally diverse society
- New opportunities for fraud, abuse and neglect
- Services will more and more be technology based
- More opportunities for increasing divisions between rich and poor

The Computer Technology Timeline



- **1981** – IBM shipped the first desktop PC
- **1985** – Microsoft shipped its first version of the windows operating system
- **1991** – A British computer scientist created the first website
- **1995** - Netscape was launched as the first web browser
- **2005** - 800 million people were connected to World Wide Web and eBay, Amazon.com and Google had become household names

Require a More Professional Workforce

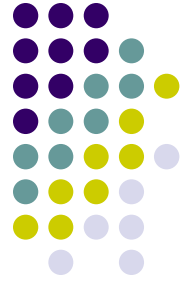


- Clients with more complex medical conditions
- The technological divide may create more clients who are in a permanent condition of poverty
- Clients who have health problems as a result of the war in Iraq – TBI cases for example
- More complex home care services



Long-Term Care

- More people living at home with less reliance on nursing homes
- Long-term care insurance –working with middle class and professional families aged 45-65
- Single-point of entry systems
- Supporting family caregivers
- Consumer directed home care services



Old Roles in New Clothing

- Advocates – navigators and expeditors
- Improving the quality of life through the monitoring of services
- Case management – private, for-profit care managers
- Changes in the managed care environment
- Creating new and innovative models of service
- Linking nutrition, exercise and self-care within a model of successful aging
- Providing new and meaningful roles for older people



William C. Lane, Ph.D.

Dr. William C. Lane received his Bachelor's of Science and Master's of Science degrees from Pittsburg State University and a Ph.D. from Kansas State University, all in sociology. He also completed two post-doctoral research fellowships from the Gerontological Society of America. Until 2006 he was a member of the faculty of the State University of New York College at Cortland in the Department of Sociology. There, he founded and served as the first director of their Center for Aging and Human Services.

Dr. Lane has been actively involved in gerontology for many years. He has made over 60 presentations at national and international conferences and organized an equal number of sessions and symposia in the United States, Canada, Mexico, England and India. He has published a number of articles, book chapters, reviews and other reports. He has conducted research on the following topics: pre-retirement planning, older people living in the most rural areas of the Catskill region of New York State, participants in the Elderhostel program, people living in both retirement and assisted living communities and the knowledge of Alzheimer's disease among staff providing care for Alzheimer's patients. Prior to forming GoldenLane Associates, Inc., he had been a consultant for various college and university gerontology programs, The New York State Teacher's Retirement System, Loretto Geriatric Center in Syracuse, NY, United Parcel Service and the Albany Institute of History and Art's *Remembering Together* Project.

Dr. Lane continues to be active in the Gerontological Society of America, the American Sociological Association, the State Society on Aging of New York, and the National Task Force on the Infusion of Aging into the K-12 Curriculum. He is currently Vice-President and Treasurer of GoldenLane Associates, Inc., a Gerontological consulting firm located in Glenmont, NY.