

AGENDA FOR SOCIAL JUSTICE: SOLUTIONS 2012

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CHAPTER 11

Societal Aging in the U.S.:
Impact on Health, Economic Security and Retirement

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THE PROBLEM

Income and retirement security for older people, as well as for those with chronic illness or disability, are facing threats we haven't seen since the implementation of major welfare policies in the 1960s. These threats arise in the aftermath of economic recession and fiscal retrenchment at multiple levels of government; at a time when the society is demographically aging; and when the proportion of the most economically vulnerable sub-populations of older adults, single women and people of color, is expanding.

Despite widespread consensus regarding the prime causes of the current recession in the domain of political economy—including tax cuts throughout a decade of foreign wars, global economic recession and, in the U.S., reckless lending practices leading to a speculative bubble in the housing market and inflation of value in this key sector of the economy—the pain of the recession has fallen heavily on vulnerable people across the class spectrum, as documented by researchers Engemann and Wall, as well as Allegretto. This erosion of the *aged welfare state* (of which Social Security and Medicare are cornerstones) comes amidst demographic aging spurred by the maturation of approximately 70 million baby boomers, as well as significant increases in the segments of the older population that are most vulnerable to poverty in late life—single women, and ethnic and racial minorities. Moreover, proposals to reduce Social Security and Medicare benefits are especially dangerous at a time when both the availability and value of private pensions have eroded. Taken together, these trends foretell longer work careers, and economic distress for millions of older Americans who have, in good faith, contributed to entitlement policies for decades. While many older people are willing and able to work to supplement retirement income, research by Kenneth Lang and Yang Yang reveals that those with the greatest financial need tend to be less healthy, and more subject to chronic illness and disability. Thus, while major entitlement programs have not resolved persistent economic disparities within the older population, the need for such programs will only increase in the years to come.

Legitimate concerns about generational equity can obscure appreciation of

the longer, life course trajectories and contributions of the older population. Now that the baby boomers are retiring, most after long socially and economically beneficial careers, many policy-makers imply that they are not deserving of the full benefits they have earned. The current focus on the retiree to worker ratio as the central problem, rather than the overall dependency ratio (working adults to children/retiree/disabled dependents) promotes intergenerational conflict and blatant ageism.

Understanding the historical context is essential; Social Security was created during the Great Depression, a time not so different from the current economic recession. Social Security and other New Deal programs enhanced elders' economic security, stimulated the economy, opened up jobs for younger adults and reduced the care-giving burden on working age adults. However the role of programs like these in supporting economic security are largely ignored in mainstream media and current political discourse about how to bolster the wavering economy. Without economic security, many older adults would once again return to the workforce or rely on family members and communities to support and care for them. Without economic security, older adults would be more reliant on welfare programs, crowd working age adults out of the workforce, and cease to be consumers in an economy sorely in need of increased consumption.

Alas, prospects for fair-minded, incremental policy responses to these challenges seem ever more remote as national political debates have devolved into divisions over long-term budget deficits and tax policy. The failure of a Congressional "super committee" to arrive at a compromise on deficit reduction portends across-the-board cuts to discretionary programs, even as unemployment and foreclosure rates remain high and states are implementing draconian cuts in social services.

THE RESEARCH EVIDENCE

Millions of middle-class, stably-employed workers, have seen their retirement assets (private pensions and savings) dramatically decrease in value. Ostensible safeguards of such assets, such as the Federal Government's *Pension Benefit Guaranty Corporation*, are woefully inadequate to provide such protections. The impact of this cascade of events, evident in

rising rates of poverty and other indicators of income insecurity, is especially disruptive, coming as the eldest of the baby boomer cohorts are reaching their mid-60s. This demographic “bulge” coincides with an economic recession, potentially of global scale, and with polarization in the political process that is unprecedented in modern American history.

Demographic Trends

Persistent patterns of decreased birth and death rates in recent decades, in conjunction with the maturation of the large baby boomer cohorts of the post WWII period, have combined to accelerate societal aging in the U.S. At the turn of the twentieth century, fewer than 5 percent of Americans were over the age of 65; in the first decades of the twenty-first century, that proportion will approach 20 percent—a nearly five-fold increase. Within this grayer nation, the proportion of the “oldest old,” aged 85 and over, is the fastest-growing segment of the older population. Presently numbering some 5.8 million Americans, this number is projected to more than triple by mid-century according to U.S. Census data. Inasmuch as there is a *compression of morbidity* or illness in the final years of life, with concomitant increases in health care costs at this stage of life, improvements in health status for elders as a group will only *partly* buffer the increased economic pressure on major entitlement programs—Social Security, Medicare, and Medicaid, the latter being the largest public funding source for long-term care.

Public Discourse and Social Construction of Fiscal Crisis

The cultural and media framings of these challenges, and the measures taken thus far to address them, have revealed the political economy of the U.S. in a harsh light. The massive federal “bailout” that spanned the Bush and Obama administrations, has protected the financial industry and corporate profits, even as unemployment and foreclosure rates in the U.S. have reached historically-high levels. John Williamson and Diane Watts-Roy have shown that media coverage often focuses on the rudimentary demographics and economics of social programs, e.g., worker to retiree ratios, 75-year projections of financial stability, and the annual percentage of GDP spent on social programs. They argue that worker to retiree ratios are often used to mislead audiences into believing that social programs are

unsustainable with fewer workers financing more beneficiaries. However, when examining the *overall* dependency ratio—the ratio of children, retirees, and the disabled to working-age adults—we see that in fact it will be lower at the peak of the retirement of baby boomers than it was nearly a half-century ago when the baby boomers were younger.

Similarly, the aging of the population has led some politicians and pundits to fan the flames of *apocalyptic demography*, implying that the sheer numbers of elders represent a crushing burden on major entitlement programs. One hears repeated claims, for example, that the Social Security trust fund is “broke,” despite the fact that (according to non-partisan projections) the fund is projected to deliver full, guaranteed benefits until 2037, and will continue to pay out 76 percent of benefits in the years to follow. Despite alarmist rhetoric about the solvency of the Social Security system, we know that incremental changes can be made that will preserve the system for decades to come. Indeed, some such changes, such as raising the level of income subject to Social Security taxes, would also bring greater progressivity to its funding.

Similarly, alarmist rhetoric regarding inflation in health care costs, centering on Medicare, often attributes the trend to societal aging. However, according to the Congressional Budget Office, while there will be cost increases associated with the spike in the number of beneficiaries, the continued rise in Medicare costs will have more to do with *general* health care inflation due largely to costs associated with the development and utilization of new medical technologies. Ironically, however, one of the greatest areas of need in U.S. health care policy is *not* in curative technomedicine, but rather in relatively low-cost, low-tech aspects of preventative, home and community-based care for the chronically ill.

Poverty in the Older Population

Beginning with the passage of the Social Security Act in 1935, according to sociologist Beth A. Rubin, a social contract or *labor-capital accord* was struck with American retirees. The funding reconciled the goals of structuring Social Security as an earned entitlement—with benefits tied to paid work and indexed to earnings—while also achieving modest redistribution of

wealth in order to provide a modicum of economic security to the lowest wage earners. Three decades later, with the passage of Medicare, the country took another major step toward ensuring economic security for retirees.

The positive impact of these programs is not in dispute: according to a brief by the *Center for American Progress*, between 1959 and 1974, the overall poverty rate among older Americans fell from 35 to 15 percent. Incremental changes in Social Security, including cost of living adjustments and elimination of the “income penalty” for beneficiaries (by which they had been penalized, dollar for dollar, for post-retirement earnings) led to continued decreases in poverty rates among older people. By 2006, overall elderly poverty rates fell to roughly 9 percent, though substantial disparities continue within sub-groups of older people. Over 2.3 million women over age 65 are poor, which is roughly twice the number of older men who are poor by this standard. Nearly 20 percent of women who are single, divorced, or widowed are poor, and their risk of poverty increases with age. Women over the age of 75 are more than three times as likely to be poor as their male counterparts, an alarming finding in light of the fact that, as our society ages, the greatest growth of the older population is among those 85 years and older. Current analyses *underestimate* poverty by failing to include out of pocket medical expenses. It is past-due for the Census Bureau to have revised the formula. Preliminary estimates are that the aged poverty rate of roughly 9 percent will double, once medical expenses are deducted from income.

As the U.S. population becomes older, it is also becoming more ethnically and racially diverse. Unfortunately, the legacy of inequalities in education, earnings, pensions and health insurance will exacerbate what have been persistent inequalities in these expanding communities as they age. We know, for example, that income disparities between non-Hispanic whites and people of color are substantial and that the latter are significantly less likely than whites to have pensions that supplement Social Security benefits. In addition, the disparities in income are modest in comparison with the gap in wealth; according to 2009 data calculated by Rakesh Kochhar and colleagues, the median net worth of white households was twenty times that for blacks.

In turning our attention to the most economically vulnerable in the class spectrum (single women, ethnic/racial minority members, and disabled workers), many of whom have labored in the service or informal economies and thereby lacked employment benefits or adequate wages/salaries, the risks and adversity are especially stark. Federal austerity, combined with deficits in many state governments, is leading to draconian cuts in Medicaid funding and the extensive network of health and social service programs reliant on such funding sources.

Lastly, the tendency to use a “unified budget” rather than a budget depicting the federal fund (exclusive of trust funds which are financed by payroll taxes and earmarked to support Social Security and Medicare) obscures the federal budget and drivers of the federal deficit. By including the expenses of Social Security and Medicare in descriptions of the budget and as a percentage of necessary spending, without acknowledging that it is fully funded, not only distracts from the proportion of spending on the military but also subjects these fully funded programs to attacks on spending in the name of reducing the deficit. Social Security and Medicare add not a dime to the federal deficit. Yet, the National Commission on Fiscal Responsibility and Reform published a report advocating several changes to the Social Security Program including reducing cost-of living adjustments (COLAs), raising the retirement age, and changing the benefit formula. These same proposals were made by members of the United States Congress Joint Select Committee on Deficit Reduction (the “super committee”). As a result of partisan politics, the super committee failed to agree to a plan that would avert automatic cuts to both defense and discretionary funding (Medicare benefits, Medicaid, and Social Security are exempt from cuts) in 2013.

RECOMMENDATIONS AND SOLUTIONS

"A nation's greatness is measured by how it treats its weakest members."
Mahatma Gandhi

In order to evolve into a more just society, we must be able to preserve the existing tools of economic and social justice, reframe the ways in which social and economic justice are perceived and measured, and proactively

pursue an overall social justice agenda. The fight for social justice for the elderly and people with disabilities will commence in the cultural, economic, and political arenas. The effective use of Internet and communication technologies (ICT) is necessary to effect change.

Organizational bureaucracy, competition for funding, and proprietary claims on intellectual capital, often work against the interests of organizations, individuals, and policy makers. The challenge facing social and economic justice advocacy groups is the need to join forces and be proactive rather than separatist and reactive. For example, the *Strengthen Social Security* Campaign is comprised of nearly 300 national and state organizations representing more than 50 million Americans from many of the nation's leading aging, labor, disability, women's, children, consumer, civil rights and equality organizations. The coalition has bridged many issues that, traditionally, have prevented coalitions from succeeding. They have quickly become the resource for mainstream media on Social Security and are called upon for expert testimony, interviews, and speeches.

The efficiency of new ICTs facilitates access to the cultural, economic, and political arenas in which a social justice agenda can potentially be fulfilled. Mark Surman and Katherine Reilly argue that the issue of "...using networked technologies strategically, politically, creatively – is amongst the most pressing that civil society faces in the information society". Online informational campaigns combined with petition gathering and letter writing has facilitated the democratic participation of previously disenfranchised groups. Effective use of technology can fuel social change and help to overcome many cultural, monetary, and political barriers to progress.

Changing Hearts and Minds

The following recommendations assume the existence of free discussion of issues and equal access to free and accurate information and technology. Supporters of a social justice agenda, with respect to health, economic security, and retirement in an aging U.S. find consensus on the need to:

- **Combat ageism.** Ageism against the old includes prejudicial attitudes towards older people, old age, and the aging process; discriminatory practices against older people; and institutional practices and policies that perpetuate stereotypes about older people. An economically and socially just society regards older adults as individuals who have earned their benefits, contribute to society, and are worthy of respect and a life of dignity and security. Ideally, tens of millions of retired Americans with the time and commitment to serve their communities should be celebrated as a deep resource. Unfortunately, our society has used stereotypes to construct a climate of crisis around age and *dependency* through concepts like apocalyptic demography, the silver tsunami, greedy geezers, intergenerational equity, unsustainable worker to retiree ratios, 75-year solvency projections, and demagogic warnings about the bankruptcy of Social Security and Medicare.
- **Require public education about Social Security and Medicare.** Education about social insurance programs is essential to maintain support and build a populace devoted to social and economic justice. Social insurance programs need to be reconceived as social goods benefitting all Americans, not just those currently receiving benefits. Coalitions like Strengthen Social Security and organizations like the Gray Panthers and the National Committee to Preserve Social Security and Medicare are on the front lines of these efforts. These efforts will help sustain high levels of public support for such policies.
- **Improve access to, accountability in, and validity of mainstream and alternative media.** An initial step to changing public perception of aging and social and economic justice is to expand and monitor the use of alternative media as a trusted source of information. Online news and blogs have created a venue for voices kept out of mainstream media, and social media has created an increasingly smaller world where information can be shared across geographic, cultural, and socioeconomic divides. Social and alternative media have enabled movements to operate outside of the standard political, economic, and cultural arenas of power that have previously barred their access to the social collective conscious.

People Over Profit

Without campaign finance reform, more stringent financial regulations, and increased accountability in the finance sector, the pursuit of profit will continue at the expense of some of our most vulnerable citizens. The recent Supreme Court Decision on *Citizens United v. Federal Election Commission* may have further eroded the voice of the citizenry in elections, by eliminating restrictions on campaign spending by corporations and unions.

- **Re-evaluate and implement a measure of poverty reflective of economic security.** Economic justice entails the right of all citizens to live with dignity and with an income that meets basic necessities. Our current measure of poverty, the Federal Poverty Level (FPL), was developed in 1964 and was calculated using only the cost of food, estimated to be one-third of an individual's budget. Economic security today requires enough money to be able to pay for rent, food, childcare, health care, transportation, and taxes. Institutionalizing an updated measure of poverty will ensure people in need can access programs like Medicaid, Supplemental Security Income (SSI), Food Stamps, and the Children's Health Insurance Program (CHIP). We welcome the revision of the decades-old Federal Poverty Measure adopted in 2012 by the Department of Health and Human Services.
- **Allow caregiving credits in the eligibility criteria for Social Security and Medicare.** Much of our necessary caregiving work is unacknowledged and uncompensated. The years spent raising children and caring for loved ones do not qualify an individual for Social Security and Medicare. A just society needs to recognize the value of caregiving and support caregivers in their role in order to avoid costly and unnecessary hospitalization and institutionalization. Furthermore, even as their labor force participation approaches parity with those of men, caregiving responsibilities seriously undermine both the continuity and career trajectories of women's employment.
- **Expand the use of *quality of life* measures in business and politics.** Today's economic environment overvalues returns on investment and virtually ignores quality of life. This narrow focus on

monetary value and growth neglects the potential social harm of many capitalist endeavors. While economic growth can lead to a higher quality of life, the two are not synonymous and improving quality of life needs to be the ultimate goal of all economic activities. Quality of life measures need to be used in tandem with other measures of social and economic progress.

Proactive Politics

Given the partisan politics ruling Washington, DC today, the proactive participation of citizens and advocacy organizations is crucial to achieve any progress on social and economic justice issues. The following recommendations are proactive and feasible solutions that will improve the economic and social justice of older adults and their families. However, without improved accountability in politics, the restoration of the budget process, and the examination of the political processes that promote partisan politics, these changes will not be possible.

- **Reform the health care system to meet the needs of people.** Although imperfect, the Affordable Care Act of 2010 (ACA) represents a step in the right direction. A centrist approach, which preserves the central role of private insurers, this policy had its origins in bi-partisan proposals developed over many years. We can build upon the structure established by this reform, claim successes where they are found, and expand the cost-saving mechanisms that will enable the health care system to affordably and effectively treat all people. If the health care exchanges fail to provide quality affordable health care and help control costs in the overall health care system, a public option must be made available. If the public option fails to provide quality and affordable health care that can slow health care spending, a single payer health care system is the solution. We are the only industrialized nation without universal coverage, we spend more than any other nation on health care costs, and yet our health care system is ranked 37th in the world by the World Health Organization. Better models have been proven to work elsewhere and if the ACA won't deliver the healthcare system we deserve, it's time to change our approach.

- **Create policies to control the costs of in-home health care and long-term care.** One example would be to reinstate and make mandatory the Community Living Assistance Services and Supports Program (CLASS). The unmanageable costs of the CLASS program that led it to be abandoned were the result of the optional nature of contributions. Without a mandatory, social insurance approach, only the sickest people will contribute to and benefit from the program. If CLASS was mandatory, individual premiums for long-term care (LTC) insurance would be modest, Medicaid spending on LTC would decrease, nursing home costs would be controlled, and community living and in-home supportive services can be expanded. A LTC social insurance program would allow people to remain in their homes and in their communities decreasing costs while prioritizing patient preference rather than nursing home profits.
- **Strengthen and expand existing Medicare and Social Security systems.** Both Social Security and Medicare can be strengthened and expanded to offer better economic and health security. Many of the feasible policy options will benefit the economy, by ensuring that beneficiaries can continue to act as consumers and maintain their health independence, avoiding high institutional costs without burdening family members or loved ones. Improving these programs can also decrease the need to provide support to inefficient or failing programs like Medicaid's LTC funding and the Children's Health Insurance Program. The following options are stand-alone policies that could be passed independently and not as a bargaining chip in larger political negotiations. These are solutions that are cost effective, feasible, and practical.
- **Other policy recommendations Vis-a-Vis Medicare:**
 - Decrease the 2-year waiting period for Disability benefits.
 - Create a Medicare operated prescription drug plan that can negotiate prices.
 - Allow drug importation / re-importation.
 - Improve preventative health services.
 - Create formularies and coverage guidelines.

- Expand Medicare to cover community-based long-term services and supports.
- Support, educate, and provide respite services to informal caregivers.
- Establish mental health parity.
- Improve and expand hospice and palliative care options.
- Expand Medicare to cover an increasing portion of the population.
- **Strengthening Social Security:**
 - Raise the cap on taxable income or lift the cap completely.
 - Include state and federal workers.
 - Decrease the 2-year waiting period for disability benefits.
 - Implement a care giving credit for informal caregivers.

Recent campaigns to preserve and protect Social Security and

Medicare have relied upon simple messaging, inter-organizational collaboration, and appealing to the social values of family, community, and solidarity. These campaigns have been strengthened by the realities of living in a period of economic recession, increased influence of lobbying and corporate influence in the political process, partisan "gridlock," and a growing disenchantment over the status quo. However, in addition to defending programs, fighting bad policy, and refuting myths, the movement toward a more just society in an aging U.S. must be proactive in messaging, advocacy, cross-generational coalitions, and politics.

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