THE FUTURE OF SOCIAL WORK IN AGING: "EVERYTHING OLD IS NEW AGAIN"

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Abstract: *With the aging of the baby boom generation, the number of older adults in the US will increase substantially. Using a biopsychosocial framework, this article presents cutting-edge issues of older adulthood and considers emerging roles of social workers with older adults and their families. Research, education, and policy perspectives that will advance social work knowledge, skills and resources in aging are proposed. Social work as a profession is challenged to lead the way in making "everything old new again."*

Keywords: Future of aging, social work with older adults, geriatric social work

INTRODUCTION

By now, the "gerontologizing" of the population is well documented as estimates indicate that one in every five people will be over age 65 in 2030 (U.S. Bureau of the Census, 2000). Even more profound is the expected increase in the oldest segment of the population. Between 1900 – 2000, individuals 85 years and above increased over 43 times! (U.S. DHHS, 2001). By 2050 there will be over one million centenarians living in the U.S. (Aaron, 2005).

In spite of the magnitude of these age-related shifts, the profession of social work has been slow to respond. Several decades ago, Elaine Brody (1970), a pioneer in social work and aging, admonished the profession for the lack of responsiveness to gerontological issues. By some accounts, aging continues to remain a low career priority among social workers compared to other fields of practice (Rosen, Zlotnik & Singer, 2002; Scharlach, Damron-Rodriguez, Robinson & Feldman, 2000). This situation is unfortunate, as a lifespan approach and a person-in-environment perspective-- important frameworks for understanding both normative and problematic aspects of aging --are hallmarks of our profession.

Using a biopsychosocial framework, this article highlights important health, mental health and social issues in late life and anticipates future roles of social workers working with older adults and their families. Borrowing from a seasoned phrase, "everything old is new again," the impending demographic changes will demand that the field of gerontological social work consider new paradigms encompassing broader conceptualizations of aging, new curriculum strategies, new practice models, and new policy directions. Given this imperative, the conclusion explores issues on the horizon for education, practice, policy, and research in social work and aging.

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PHYSICAL AND MENTAL HEALTH ISSUES

While the majority of adults age 65 and over are functionally independent, there are subgroups of the older population with significant physical health challenges. The greatest needs are among those 85 and older who more often have major health restrictions and require help with the activities of daily living (ADLs) and instrumental activities of daily living (IADLs) (McInnis-Dittrich, 2002; Quadagno, 1999). The oldest-old are the fastest growing segment of the older population. At least 80% of older adults have at least one chronic condition, and 50% have at least two (CDC, 2004a). The CDC (2004a) estimates that 12 million older adults living in the community have chronic conditions that limit their activities. Findings from the National Health Interview Survey reveal that the most common chronic conditions of older adults are arthritis, hypertension, and heart disease (Desai, Zhang, & Hennessy, 1999). Preventive interventions are gaining ground as a means to lessen the negative consequences of these and other chronic conditions (CDC, 2004a). Nevertheless, technological advances in the health care arena have contributed to more and more people living longer, often with complex physical and mental health conditions. The Centers for Disease Control & Prevention (2004a) recognizes that the aging of the population will "trigger a huge demand for health care and social services." Social workers will be challenged to remain abreast of changes in patient care "stimulated by technological advances in biomedicine and pharmacology" (Berkman & Harootyan, 2003, pp.2-3). Social workers with geriatric expertise will be especially valued in health care settings (Berkman & Harooytan, 2003).

One of the most difficult practice situations faced by health care social workers concerns the difficult ethical issues surrounding end-of-life care (Csikai & Bass, 2000). The growing complexity of illness at the end of life has contributed to a burgeoning literature on end-of-life care (e.g., Berzoff & Silverman, 2004; deVries, 1999; Emanuel, 2004). The *NASW Standards on Palliative and End-of-Life Care* (NASW, 2004) provide guidance for social workers in facilitating communication among older adults, family members, and health care professionals with decision-making around such issues as the use of life-prolonging medical technologies. The ethical dilemmas associated with end-of-life care go beyond practice issues to unresolved political and social controversies over issues such as assisted suicide, adherence to advanced directives, untimely referrals to hospice care, and unrelieved pain of dying persons (Roff, 2001). As more people live longer and face advanced illness, social workers will increasingly need a clear understanding of bioethics and end-of-life care issues. Much work is needed to enhance social workers' preparation to work with dying patients and their families (Christ & Sormanti, 1999), particularly considering the growth in hospice social work and the fact that over 80% of hospice patients are 65 and over (Waldrop, 2005). Nakashima (2002) calls for the profession to envision social work with older adults at the end of life going beyond coping and adaptation to embracing psychosocial and spiritual well-being.

Social workers must be aware that spirituality is a significant resource for many older adults in addressing a variety of late life challenges (Nelson-Becker, 1999). Many argue that spirituality is integral to mental health in late life (e.g., Kanitsaki, 2002; Kimble, 2002; MacKinlay, 2002; McNamara, 2002). Ortiz and Langer (2002) offer a brief inventory of spiritual questions that social workers can include in a biopsychosocial assessment

with older adults to help ascertain the role of spirituality and spiritual resources in their lives. While it is critical to take into account the impact of older adults' individual spiritual beliefs on their aging experience, it is equally important for social workers to be proactive in engaging in the broader social discourse about aging—a discourse that persistently projects older adulthood as a life stage that is about decline, disability, and depression.

Pervasive negative stereotypes of late life buttress the view that it is normal for older adults to be depressed. Such culturally acceptable notions hamper efforts to effectively identify and treat depression in late life. As many as one in five older adults experience mental health problems that are *not* associated with normal aging (USDHHS, 1999). The most common mental health diagnoses among older adults are anxiety and depression. The highest rates of depression are found in nursing homes where up to half of residents exhibit depressive symptoms (Adamek, 2003). While many barriers exist to identifying and treating geriatric depression, Adamek (2003) presents a social work agenda for combating late life depression—an agenda that emphasizes the collaborative, holistic, social-environmental perspective that social work can offer.

The strong link between depression and suicide among older adults suggests an urgent need for improved and more widespread measures to prevent, assess for, and treat geriatric depression. It is estimated that suicidal behavior among older adults is associated with depression in approximately 90% of cases (USDHHS, 1999). The *Surgeon General's Call to Action to Prevent Suicide* (USPHS, 1999) identifies adults 65 and over as a group with particularly high risk of suicide. Over 5,000 older adults in the US commit suicide every year, making them the age group with the highest suicide rate (CDC, 2004b). "Suicide in later life represents a significant public health challenge that will rapidly grow during the early decades of the 21st century" (Pearson, Caine, Lindesay, Conwell, & Clark, 1999, p. 203). Haas and Hendin (1983) project a two-fold increase in elderly suicides by 2030.

Social workers' training and skill in conducting psychosocial assessments make them ideal candidates for assisting in identification of older adults at risk for depression and suicide. Social workers can play a key role in educating health care providers, older adults, and family members about the connections among physical illness, depression, and suicide in late life (Adamek & Yoder-Slater, 2005). Given that firearms are the most common method of suicide used by older adults in the U.S., Adamek & Yoder-Slater (2005) further call for social workers to support efforts to assess for firearm availability and to advocate for policies to limit firearm access.

While the issues mentioned thus far focus on the "problems" in late life, social workers must remain cognizant that future cohorts of older adults will have longer life expectancies, and will be better educated, healthier, more active, and have greater resources at their disposal. Creativity, energy, and enthusiasm will be paramount for any social worker who sets out to partner with aging baby boomers that are looking forward to many productive years of life. Freedman (1999) asserts that the "demographic revolution" should be viewed as an opportunity to be seized rather than as a problem to be solved. Referring to baby boomers as "pioneers on the frontier of a new stage of life," Freedman claims that retirement is being reinvented through the emergence of a growing group of older adults who plan to remain productive and pursue activities that make a meaningful contribution to their communities. The social work roles that may come about to support and facilitate new opportunities

for retirement-age individuals are yet to be conceptualized, let alone embraced.

Whether working with chronically ill or able-bodied older adults, social workers in the coming years must consider new paradigms of aging that embrace diversity, possibility, and potential---notions typically reserved for younger generations. Neysmith (1999) calls for social workers to let go of the "old gerontology that was focused on age as a major category delimiter" (p. 22). Instead, they call for social workers to become partners in "a transformative agenda" informed by older adults themselves, especially those whose voices are rarely heard:

> ...this breaking apart of the age center of gerontology is a moment of opportunity for envisioning alternatives for what aging can mean in the years ahead. What social workers can do is to open up rather than foreclose possibilities because social workers are strategically located to witness the inequities that affect peoples' lives on a daily basis. (p. 22).

Part of the transition that will be needed in social workers' approach to working with older adults is a willingness to learn about and adopt rapidly advancing technologies with the potential to enhance well-being in late life. Charness, Parks, and Sabel (2001) describe some of the technological advances that will enhance older adults' communication opportunities in the future. Computer-based technologies for advancing home care for older adults include interactive websites, electronic monitoring devices, "virtual house calls," sensors to detect movements and prevent falls, electronic health records, Global Information Systems (GIS), and online support groups (Kropf & Grigsby, 1999; Spry Foundation, n.d.). Social workers who are more comfortable with human interactions and face-to-face communication may need to step outside of their comfort zone and expand their technological knowledge and skills to the extent that such innovations offer promise to enhance practice with older adults. Given core social work values such as self-determination and respect for individual human worth and dignity, social workers can make a contribution to policy and practice decisions about adopting and even designing technological tools to enhance well-being in late life.

SOCIAL RELATIONSHIPS

Increased life expectancies, combined with social role changes, will continue to impact family forms and relationships. A major change has been in the length of marriages, which have increased as a result of extended life spans. Some couples report happy and stable relationships that are able to adapt to the changing life conditions of the partners (Bachand & Caron, 2001). However, mid- and late-life divorces are also increasing as the stresses of aging, including economic, social, and health changes, challenge these relationships (McDaniel & Coleman, 2003). Widowhood is another late life experience that face many older adults, especially older women. By age 85, 79% of all women are widowed (U.S. Bureau of the Census, 2002). Interventions that assist widows through grief and loss provide information to facilitate role adjustment and establish criteria for risk situations in this process as appropriate and necessary (Raveis, 1999).

Families increasingly face the prospect of caregiving for an older family member. Caregivers of older family members often require multiple types of support from social workers such as assessing the need for long term care, dealing with stress, and accessing commu-

nity resources. As the population ages, some families will have multiple generations of older members who may require care. For example, a centenarian may have grandchildren who are in their sixties, and also in need of support and assistance. In coming years, social workers will be challenged by serving greater numbers of families with multiple generations in later life.

Besides being care recipients, older adults often serve as care providers to younger generations. With community-based care on the rise, more parents of adults with mental health and developmental disabilities maintain their care provider roles into later life (Bigby, Ozanne & Gordon, 2002; Botsford & Rule, 2004). In addition, the rates of grandparents who raise grandchildren have increased dramatically. Current estimates of these "custodial grandparents" indicate that about 5—6% of children live in households with grandparents, with about 10% of grandparents having responsibility to raise children (Pebley & Rudkin, 1999). Clearly, the number of older adults who serve as caregivers within their families and communities is growing. As social workers, we can contribute to expanding the conceptualization of "late life caregiving" to include appreciation for the varied care provider roles of older adults.

As people age, their peer relationships may be based more upon proximity to others than earlier in life. Programs that provide an opportunity for social connection with others and that focus on enhancing the emotional well-being of older adults are vitally important. An example of a novel approach is an intergenerational program where high school students teach nursing home residents computer skills. For both populations there are rewards; the residents learn skills and establish relationships, while the students experience positive interactions with older adults in an area of shared interest [c.f. http://www.seniorconnects.org/]. Even older adults who are quite frail can learn how to use computers to stay connected through email, access information on the internet, and play games (Namazi & McClintic, 2003). In addition to providing health and social programs, senior centers have become primary places for a variety of self-enrichment classes including helping older adults learn new technology applications (Turner, 2004).

Other social issues have to do with the composition of the older population as it becomes increasingly diverse. Projections indicate that the percentage of non-Hispanic Whites will decrease from about 83% in 2003 to about 61% of the older population in 2050. During this same time period, the two groups that will increase most dramatically are Hispanics (from 6% to 18%) and African Americans (from 8% to 12%) (Federal Interagency Forum on Aging Related Statistics, 2004). As the older population becomes more diverse, cultural and language issues related to programs and services will gain significance in community-based and long term care settings.

Another form of diversity in late life relates to sexual orientation. While sexuality in older adults is often an avoided issue, sexual orientation and gender identity issues in late life are often omitted in both the gay/lesbian and gerontology literature (Barranti & Cohen, 2000; Humphreys & Quam, 1998). The current cohort of older adults who are gay, lesbian, bisexual or transgendered lived much of their adult life during a time when it was unsafe to openly identify as GLBT (Morrow, 2001). While oppression and intolerance towards people who are GLBT continues, younger cohorts are more open about their sexual and gender identity and more demanding (rightfully!) of responsive social services.

GLBT-specific support groups, living arrangements, retirement planning and other options will be part of the future of aging.

Many other issues fall under the umbrella of social work with older adults including Alzheimers and other forms of dementia, guardianship, elder mistreatment, HIV/AIDS, caregiving, sexuality, assisted living, long-term care, fall prevention, polypharmacy, resistance to care, and home health. A key component to social workers' future success in working with older adults and their families who encounter challenges in late life is the ability to work effectively as members of interdisciplinary teams (Naleppa, 2003). Social work roles with a range of health, mental health, and social issues are carefully considered in two recent edited volumes that provide much needed direction for social work with older adults and their families (Berkman, 2005; Berkman & Harootyan, 2003).

AGENDA SETTING FOR THE FUTURE

Clearly, the older population is rapidly both growing and changing. Every seven seconds, another Baby Boomer turns 50 which translates to about 12,000 each day (Alliance for Aging Research, http://www.agingresearch.org/aging_stats.cfm). We have scarcely begun to consider how the impending demographic changes will impact daily life in the coming years. Although social work practitioners should be at the forefront of service provision to older adults, intensified efforts are needed to expand our knowledge about older clients and their families.

On the occasion of its 25th anniversary, the National Institute on Aging published an agenda which outlines specific priorities in aging research (National Institute on Aging, 2000). The major research initiatives included improving the health and quality of life of older adults, understanding healthy aging, reducing health disparities within the older population, and increasing resources to further high-quality research in aging. As this agenda indicates, future research in aging needs to identify risk situations in later life. However, research on protective and buffering factors is also needed to add to the knowledge of aging successfully.

Within social work, there have also been efforts to establish a research agenda on aging. Using a Delphi technique, Burnette, Morrow-Howell, and Chen (2003) surveyed expert panels of social work researchers and practitioners. The item that received the highest degree of consensus for future social work research with older adults was developing and testing psychosocial interventions across specific populations and conditions. Other items that received high consensus include evaluation of long term care policies, studies on living arrangements and transitions, evaluation of various service delivery issues, understanding caregivers and evaluating services to families, studying mental health issues of late life, and recruiting and training a professional workforce in aging.

In order to adequately prepare graduates for practice with an older population, schools of social work need to consider ways to recruit and educate students for work with older clients and families (Kropf, 2002, 2003). Evidence suggests that exposure to gerontological content and quality of contact with older adults can positively influence students' career choices to work in aging (Carmel, Cwikel & Galinsky, 1992; Cummings, Galambos & DeCoster, 2003). As programs consider ways to recruit students into gerontology, one important issue is how to provide students with the opportunity to work with older adults

across a variety of settings and contexts.

A few strategies seem particularly worthwhile in helping students understand the range of exciting careers with older adults. One is to include service learning opportunities as a required component of the curriculum (e.g., Kropf & Tracey, 2002). Service learning, a teaching technique that has students work in teams to work on real issues within the community, integrates academics with experiential learning. In order to assist programs to establish service learning projects, the Association for Gerontology in Higher Education (AGHE) has developed a compendium of resources to establish service learning projects with older adults (AGHE, 1998-2004).

Another logical place for students to have experiences working with older adults is through their internships. The John A. Hartford Foundation, in partnership with the New York Academy of Medicine, established the Practicum Partnership Program to develop aging-rich internships at six social work programs (e.g., Bures, Toseland & Fortune, 2002; Ivry & Hadden, 2002). Students in these internships have worked with older adults in community – partnership agencies across a continuum of care. In this way, students gain exposure to those older adults who are in frail health, as well as those who have more functional health status. The John A. Hartford Foundation has provided over $25 million to support other initiatives to build capacity in social work and aging including faculty development programs, curriculum transformation institutes and grants, and doctoral student support (O'Sullivan, 2004; Robbins & Rieder, 2002). These and other programs stemming from the Hartford Geriatric Social Work Initiative are described at www.gswi.org. Other organizations, such as the Association for Gerontology Education – Social Work (AGE – SW) and the Aging Section of NASW also provide opportunities for developing networks within aging and social work.

Another resource to build capacity in geriatric social work is the Institute for Geriatric Social Work (IGSW), established at Boston University in 2003 with funding from the Atlantic Philanthropies. The IGSW offers grants and training to upgrade the skills and knowledge of practicing social workers and is "dedicated to advancing social work practice with older adults" (www.bu.edu/igsw). In addition to its primary education and training mission, the GSWI also supports policy and research initiatives related to social work practice with older adults.

In the area of policy, two high budget priorities are Medicare and Social Security. Predictions estimate that in 2005, Social Security will account for 21% of federal expenditures, with Medicare coming second at 13% of federal expenses (Newhouse, 2004). Since about one-third of the federal budget is being spent on these two programs, it is not surprising that several possible changes are proposed. Any changes to privatize, limit access to programs, or shift responsibility need to be carefully analyzed. While many myths abound about the wealth of the older population, certain segments (especially older women of color) are particularly vulnerable economically (Ozawa, 1995). Therefore, any changes in income or health care costs can be potentially devastating to the overall well-being of these segments.

As this manuscript is being prepared, work is being completed for the fifth White House Conference on Aging (WHCoA) scheduled for October 2005 (see http://www.

whcoa.gov). This event will focus on developing policy for the first wave of the baby boom generation. Past WHCoAs have provided the impetus for such important legislation as Medicare and the Older Americans Act. Priority issues will be health and well-being, income and economic security, civic engagement of older adults in the labor force, volunteerism, and lifelong learning, among many other issues. Social workers much seek a place at the table as these important policy issues are addressed.

CONCLUSION

As we look to the future of social work in aging, we are wise to recall Elaine Brody's (1970) admonishment to our profession. Considering the enormity of the coming "age wave" (Dychtwald & Flower, 1990), we have no choice but to include aging in our research, practice, and educational agendas. Some advancement has been made including a raised awareness of the need to know more about aging within social work, partnerships with private foundations that are in the position to infuse resources to make substantive changes, and a realization that aging is not a period primarily of disability and dependence. As the profession based upon a person-and-environment perspective, social work is in a unique position to inform the aging arena and can take the lead with many new and exciting initiatives. A social work perspective will be vital to making "everything old new again."

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