

# Policy Recommendations for Meeting the Grand Challenge to Advance Long and Productive Lives

In the United States and throughout the world, declining birth rates and increasing life expectancy are dramatically changing the population's age distribution. With fewer younger people and more older people, "top-heavy" societies present serious challenges and opportunities for families, communities, and nations as a whole. These trends are playing out in the United States. By 2030, 20% of the U.S. population will be over the age of 65 years.<sup>1</sup> Health inequities, health-care and long-term care costs, economic security, and social isolation are major concerns for our society. A promising response to the challenges posed by population aging is to shape social policies and programs in ways that optimally engage the growing human capital of the older population; facilitate paid and unpaid work longer into the life course; and ensure the inclusion of all segments of the older adult population, especially the inclusion of people who are likely to be excluded because of their race, ethnicity, or abilities.<sup>2</sup> This brief presents three policy recommendations that target the productive activities of working, volunteering, and caregiving.

## **Recommendation 1:**

### **Create Flexible and Transitional Employment Arrangements**

Many older adults must work longer for economic reasons, and many want to work longer for purposeful engagement. There is particular concern among preretirees who have not saved enough for retirement. However, older workers need and want to work differently than the schedule prescribed by the standard work week. Some need flexibility to meet demands of caregiving or chronic health conditions, and others would like to transition slowly from full-time employment to full retirement.<sup>3</sup> Flexibility can come in the number of work hours, schedule, place of work, and time-off options. It also can take the form of a transfer to a job with less responsibility and/or less pay. Workplace policies that provide alternative arrangements emanate from the employers themselves; and current estimates indicate that about one third of organizations offer some flexible arrangement. Barriers to implementation of flexible work arrangements include concerns about abuse of such policies, productivity, and fairness.<sup>4</sup>

To create more flexible employment arrangements, these organizations need

1. strong evidence that such work arrangements create positive outcomes for the organization;
2. consultation, education, and advice about various models/options; and
3. incentives, such as tax incentives for retaining older workers (Work Opportunity Tax Credit), and recognition (AARP's Best Employer Award).

Nationwide, social workers and advocates can ask legislators to cosponsor proposed federal legislation, such as the Schedules that Work Act.<sup>5</sup> They also can work with state and city-level policymakers to adopt similar measures.

## **Recommendation 2:**

### **Provide Financial Support to Caregivers**

The United States is the only developed country without paid sick and family leave for all workers. Although family caregiving is the backbone of this country's long-term care system and saves our nation billions of dollars annually (e.g., the estimated economic value of informal caregiving was \$450 billion in 2009<sup>6</sup>), it imposes health and economic costs on informal caregivers and families. For example, older caregivers, especially women, jeopardize their own economic security by missing employment opportunities and incurring out-of-pocket expenses.<sup>7</sup> Currently, the Family and Medical Leave Act provides *unpaid* leave and excludes many from access to leave. In particular, many working women, low-wage workers, and employees with low levels of education are not covered by the act.<sup>8</sup> Participant-directed care, represented by the Cash and Counseling program, enables Medicaid clients to pay caregivers of their choice, and family members (excluding spouses) are eligible for this employment. However, the current reach of participant-directed care programs is minimal.<sup>9</sup> Overall, current policies perpetuate health and economic inequities, particularly for women, racial and ethnic minorities, and people with low levels of education.<sup>10</sup>

Several policy changes follow from this recommendation:

1. Expand family and medical leave so that it is paid and accessible to all employees. Passage of the Family and Medical Insurance Leave Act of 2013 could achieve some of these goals. Similarly, municipal policymakers can replicate the San Francisco Paid Sick Leave Ordinance in their own cities.<sup>11</sup>
2. Pass the Social Security Caregiver Credit Act of 2014. This law would enable caregivers to count their caregiving toward their employment history and not be penalized for being out of the formal workforce. A specific formula would be used to assign a paid wage to Social Security work history records during each month in which a caregiver provided at least 80 hours of assistance without financial compensation. This initiative would ensure that caregivers do not jeopardize their future Social Security income if they are not in the formal workforce due to family caregiving responsibilities.
3. Expand the Cash and Counseling Program to cover all low-income caregivers. The expansion could reduce the financial stress of caregiving.

### Recommendation 3:

#### Expand the Corporation for National and Community Service's Support for Engaging Older Adults

Volunteering yields many health and economic benefits to older adults as well as to the communities and organizations they serve. Unfortunately, the rate at which older adults volunteer is lower than the rate for any other age group. Volunteering rates are even lower among older racial or ethnic minorities, older people with less education, and older adults in poor health.<sup>12</sup> Many policies and programs facilitate volunteering by older adults. For example, the Corporation for National and Community Service supports volunteering in later life through Senior Corps and AmeriCorps programs. Senior Corps includes the Retired and Senior Volunteer Program, or RSVP, which supports local communities in providing clearinghouse functions to match older adults with volunteer opportunities. Via two other Senior Corps programs, Foster Grandparents and Senior Companion, low-income older adults can receive a stipend and commit time to serving children or older adults who need assistance.<sup>13</sup> The Serve America Act of 2009 charged AmeriCorps with expanding the number of older AmeriCorps members and allows the transfer of education stipends from older members to younger individuals in the same family.<sup>14</sup>

Several possibilities follow from this recommendation:

1. Experimental or quasi-experimental research can document how these programs affect the health, social, and economic conditions of older adults as well as the people served by those programs. Such research can underscore for policymakers and funders the importance of older adults in society.
2. All of these programs can be expanded and promoted as the number of older adults grows. By raising the income limits that restrict access to stipends and by expanding flexibility in contractual arrangements, policymakers could increase participation.
3. National service could be normalized as a step in the retirement process; and this could be facilitated by the development of formal arrangements that guide the transition from employment to participation in these programs.

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#### End Notes

1. Ortman, Velkoff, and Hogan (2014).
2. Morrow-Howell and Greenfield (2016); Gonzales, Matz-Costa, and Morrow-Howell (2015).
3. Gonzales, Lee, and Brown (2015); Lee, Tang, Kim, and Albert (2015).
4. Pitt-Catsouphes, Matz-Costa, and Besen (2009).
5. The act was introduced first during the 113th Congress in 2014 (H.R. 5159; S. 2642) and again during the 114th Congress in 2015 (H.R. 3071; S. 1772).
6. AARP Public Policy Institute and National Alliance for Caregiving (2015).
7. Gonzales, Lee, et al. (2015); Lee et al. (2015).
8. Chen (2016); see also Family and Medical Leave Act (1993).
9. Mahoney, Sciegaj, and Mahoney (2014).
10. Feinberg, L. F. (2014); Gonzales, Lee, et al. (2015).
11. San Francisco Paid Sick Leave Ordinance (2006).

12. Morrow-Howell and Greenfield (2016).

13. Tan et al. (2016).

14. Morrow-Howell and Greenfield (2016); Gonzales, Matz-Costa, and Morrow-Howell (2015).

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