What will society in the United States be like in the year 2030? It is hard to know exactly how different our daily lives will be, but we do know that by the year 2030, our society will be experiencing something that none other has experienced. As we move through the twenty-first century, more Americans than ever before will be in their seventh, eighth, and ninth decades of life. Between 2011 and 2030, about 10,000 baby boomers will turn 65 each day (Cohn & Taylor, 2010). By the year 2030, the first members of the baby boom generation, born in 1946, will be 84 years of age, and the youngest members, born in 1964, will be 65. By the year 2030, there will be about 72 million people aged 65 and older—more than twice the number in 2000 (Federal Interagency Forum on Aging-Related Statistics, 2010). Demographically, the baby boom cohort is sandwiched between two smaller cohorts. As a result of its enormous size and vast racial and ethnic diversity, it has commanded attention at every stage of its life course. In the 1960s, school systems were forced to react to the soaring enrollments of the baby boom cohort; soon, social institutions that serve the older population will be challenged to respond to the baby boomers as well.

Will this graying of our population dramatically change our society? As demographers, economists, gerontologists, sociologists, and others debate this question, we can be relatively safe in predicting that, because of their unique characteristics, the aging baby boomers will cause a reexamination of current aging policies and services. Unlike the generations before them, collectively, they will be better educated, better off financially, living in the suburbs, and beneficiaries of the programs that were put in place for their grandparents. On the other hand, this giant cohort is tremendously diverse. About 77% of boomers have completed high school and 20% have a bachelor’s degree or more (U.S. Census Bureau, 2011b). Although boomers’ earnings are comparable with their parents’ at a similar stage in life, the distribution of wealth in the United States has become more unequal in the past two decades; it is projected that 2% of boomers will live in poverty and 5% will live in near-poverty (up to 125% of the poverty line) in 2030 (K. Smith, 2003). Race and ethnicity are related to poverty in late life. About 6.8% of White elders lived below the poverty level in 2010, compared with 18.0% of Black elders, 14.6% of Asian elders, and 18.0% of Hispanic elders (Administration on Aging [AoA], 2011b).

A new Supplemental Poverty Measure (SPM) released by the U.S. Census Bureau in 2011 provides additional information about the economic profile of older Americans. In contrast to the official poverty rate, the SPM takes into account regional variations in cost of living, the impact of noncash benefits received (e.g., food stamps, low-income tax credits),
chapter 1
On the Threshold of a New Era

and nondiscretionary expenditures including medical out-of-pocket costs. Using this measure, the number of older people living below poverty is significantly higher than the official poverty line indicates—15.9% of all individuals 65 and older are (AoA, 2011b). While not replacing the official poverty measure, the SPM sheds light on the effect of social safety-net programs and the marked impact of out-of-pocket medical expenses for older adults, raising awareness about how many older individuals are hovering dangerously close to poverty at any point in time (Tavernise & Gebeloff, 2011). In the coming decades, high rates of near-poverty and poverty will no doubt have implications for the financial well-being and quality of life of persons of all races and ethnicities in later life.

Another unique characteristic of the boomer cohort is their marriage and family patterns as compared with those of their parents and grandparents. Boomers tended to marry later, have smaller families, and have higher rates of divorce than their parents. In 2009, one in three boomers (aged 45 to 63 years) was unmarried (31% men; 37% women; Lin & Brown, 2012). This was a 50% increase in the number of unmarried individuals as compared to the same age cohort in 1980. Approximately 58% of these unmarried boomers were divorced, 32% were never married, and 10% were widowed (Lin & Brown, 2012). There is a greater tendency to never marry among younger boomers (born 1959–1964): 16.7% of men and 11.4% of women have never married, compared to 7.5% of men and 7.1% of women who comprise the older boomer population (born 1946–1951; MetLife Mature Market Institute, 2010a, 2010b). These unmarried boomers are changing the economic and social landscape of late life—they have a poverty rate almost five times higher than among married boomers; more than three times the number of unmarried boomers rely on public assistance (e.g., food stamps, SSI) than married boomers; and unmarried boomers report twice the disability rate of married boomers, but are less likely to have health insurance coverage (Lin & Brown, 2012).

Boomers also are redefining the traditional definition of “family” and thereby increasing the complexity of kin networks. Boomer families take many forms, including single-parent families, stepfamilies, cohabiting heterosexual and same-gender couples, childless families, and intergenerational families. Because families play a key role in providing instrumental and emotional support, as well as long-term care, to their older members, it is uncertain how these changes will influence family support patterns. Compared to their parent’s generation, boomers are less likely to have a spouse to rely on and will have fewer adult children to serve as caregivers (L. H. Ryan, Smith, Antonucci, & Jackson, 2012). Thus, will adult children feel an obligation to care for both biological and stepparents? Will families who choose not to have children be at risk of having fewer informal resources? Will friends and families of choice be acknowledged and accepted as important sources of support and caregivers for lesbian, gay, bisexual, and transgender elders? Although the exact influence of family composition changes on the use of formal services is not known, we can anticipate that community programs and services will play a significant role in the lives of all older adults.

Collectively, these demographic characteristics will shape the type, amount, and nature of community resources in the future. They will increase the demand for home health care and retirement housing options. Many baby boomers will move into third, fourth, and even fifth careers and seek educational opportunities and greater flexibility in work and retirement options. The social safety net may need to be expanded for the underclass and lower class. The sheer numbers of aged boomers will challenge policy makers to rethink health care, retirement programs, and pension plans. Even now, projections—both dire and not so dire—are being made about Social Security and Medicare. Thus, demographic characteristics of the next generation of older adults will have direct implications on social policies that, in turn, support programs and services for older adults. In this next
section, we discuss a few more of the salient demographic characteristics of the boomer cohort and the current populations of older adults.

GROWTH OF THE OLDER POPULATION

In 1950, 12.3 million persons (8.2% of the population) living in the United States were aged 65 and older. By 2000, the number of persons aged 65 and older had grown to 35 million (12.4% of the population). According to the 2010 Census, there are now 40.3 million (13.0% of the population) aged 65 and older (Werner, 2011). The older population will continue to grow rapidly over the next few decades as the first baby boomers turned 65 in 2011 (Exhibit 1.1). The number of older adults is expected to reach 71.5 million (19.6% of the population) by 2030 and 88.5 million (20% of the population) by 2050 (G. K. Vincent & Velkoff, 2010). Members of the older population are also aging. In 2010, 21.7 million persons were between the ages of 65 and 74, 13.1 million persons constituted the 75 to 84 age group, and 5.4 million people were 85 years of age and older, including 53,364 people 100 years of age and over (Werner, 2011). Moreover, persons 85 years of age and older represent the fastest-growing segment of the older adult population. The number of persons aged 85 and older is expected to grow to 8.7 million in 2050 and reach 19 million by 2050 (G. K. Vincent & Velkoff, 2010).

While growth in the aging population will be seen across the United States, some states and regions will be more dramatically impacted by growth in their aging populations than others. The older population lives predominantly in the most populous states (California, Florida, New York, and Texas), and largely in metropolitan areas (Colello, 2007). In 2010, 78.9% of persons 65 and older lived in metropolitan areas, with 36% of these older adults living in principal cities (AoA, 2011b). However, older adults also account for a larger proportion of the U.S. population living in nonmetropolitan rural areas than any other age group (Colello, 2007), with 20% of older adults living in rural regions (AoA, 2011b). This relatively large proportion of older adults residing in rural communities has stimulated concern among some policy makers and human services providers about their access to affordable housing, transportation, general and specialized health providers, and social services (Colello, 2007).

States and regions of the country are seeing dramatic growth in their population proportion of older adults due to migration patterns. Over the past few decades, some Southern and Western regions have seen an increase in older population because they have become popular retirement destinations, while some states in the Midwest and Northeast have seen a higher concentration of older adults largely due to out-migration of younger workers while older residents remained (Colello, 2007). Between 2000 and 2010, 13 states have seen their 65 and older population increase by 25% to 50%: Alaska (50.0%), Nevada (47.0%), Idaho (32.5%), Arizona (32.1%), Colorado (31.8%), Georgia (31.4%), Utah (31.0%), South Carolina (30.4%), New Mexico (28.5%), North Carolina (27.7%), Delaware (26.9%), Texas (26.1%), and Washington (25.5%).

What are the social implications of such an increase in the older adult population? Many writers in the popular press suggest that the increase in the number of older adults signals an impending social and fiscal crisis, and that aged persons will become a financial burden to society (e.g., Samuelson, 2005; Thompson, 2012). Others (e.g., Singer, 2011) argue that a “crisis mentality” overlooks other important demographic factors. Although it is true that the United States, along with other developed nations, will experience an increase in the older adult population, the number of older adults has steadily increased during the past
130 years. This steady increase has allowed society to adapt to the changes of an aging population, and provided new opportunities for scientific and business innovation and growth. Many scholars believe society will be able to adapt to this new cohort of older adults as well (J. H. Schulz & Binstock, 2006).

The assumption that older adults will place a burden on society is often based on the economic dependency ratio. The economic dependency ratio is the ratio of persons in the total population (including Armed Forces overseas and children) who are not in the labor force per 100 of those who are in the labor force. For every 100 persons in the 2010 labor force, about 100 persons were not. Of this group, about 43 were under the age of 16, 37 were aged 16 to 64, and 22 were 65 years of age or older (Toossi, 2012). The part of the economic dependency ratio that has been steadily increasing is the portion attributable to older persons, and with the aging of the baby boomers, the dependency ratio of the aged 65+ group is expected to increase to 26 by 2030.

The increase in the number of older adults, however, does not automatically result in a greater social burden. The aging population presents serious challenges that face all sectors of society. Meeting these challenges will require a new vision of American life that reaches beyond the immediate challenge of the aging of the boomers and promotes active engagement and a high quality of life throughout the lifespan (MacArthur Foundation Research Network on an Aging Society, 2008).

Exhibit 1.1  Actual and Projected Growth of the Population Aged 60+ (in thousands): 2010 to 2050

Source: Data from U.S. Census Bureau (2008; 2012b).
GROWTH OF THE OLDER POPULATION OF RACIAL AND ETHNIC MINORITIES

With the aging of the baby boomers, the older population is growing more diverse. Approximately 15% of baby boomers are from racial and ethnic minority groups: 9% are Black, 3% are Asian alone, and 3% represent all other races alone or in combination (Federal Interagency Forum on Aging-Related Statistics, 2010). Fewer than 10% of boomers are of Hispanic origin. Although non-Hispanic White older adults will still represent about 58% of those over age 65 in the year 2050 (G. K. Vincent & Velkoff, 2010), the percentages of Hispanics and of non-Hispanic Blacks and Asian Americans will increase dramatically. Exhibit 1.2 shows the percentage of older adults by race for the years 2010, 2030, and 2050 (U.S. Census Bureau, 2008; 2012b). This growing minority of the elder population brings new challenges and opportunities for providers of community programs and services (Goins, Mitchell, & Wu, 2006; Villa, Wallace, Bagdasaryan, & Aranda, 2012).

GROWTH IN THE NUMBER OF OLDER ADULTS LIVING ALONE

A final demographic characteristic with social service implications is the increase in the number of older adults who will be living alone. In 2010, 29% of all noninstitutionalized

Exhibit 1.2 Actual and Projected Distribution of Population Aged 65+ by Race: 2010, 2030, and 2050 (percentage)

Source: Data from U.S. Census Bureau (2008, 2012b).
persons aged 65 years and older lived alone, representing 37.3% of older women and 19.1% of older men (AoA, 2011b). Living arrangements also varied by racial and ethnic status. Among both non-Hispanic White and Black women aged 65 and older, approximately 41% lived alone, compared with 22% of Asian and 27% of Hispanic older women. In contrast, 30% of Black older men live alone, compared to 18% of non-Hispanic White, 11% of Asian, and 15% of Hispanic older men (Federal Interagency Forum on Aging-Related Statistics, 2010). Moreover, the percentage of older men and women living alone increased with age. Among women aged 75 and over, for example, approximately 50% live alone compared with about 30% of women aged 65 to 74 (Federal Interagency Forum on Aging-Related Statistics, 2010). Among men aged 75 and over, approximately 22% live alone, compared to 16% of men aged 65 to 74. Differences in living arrangements of adults aged 65+ by sex, race, and Hispanic origin can be seen in Exhibit 1.3. Most notable is the generally high percentage of men who live with their spouses, compared with women and the large percentage of women living alone, across all groups. Living with other relatives and nonrelatives occurs more than twice as often with Black and Hispanic women than with White women.

Older adults who live alone are more likely to live in poverty. In 2010, approximately 16.0% of persons aged 65 and older living alone were living in poverty compared with 5.3% of older persons living with families (AoA, 2011b). Sex, race, and ethnicity further differentiate the percentage of older adults living in poverty. For example, 40.8% of older Hispanic women living alone were in poverty, compared with 12.3% of older Hispanic

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**Exhibit 1.3** Living Arrangements of Older Adults by Sex, Race, and Hispanic Origin, 2008

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>Alone</td>
<td>With others</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
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</tr>
</tbody>
</table>

women living with their spouses. Likewise, 30.7% of older Black women living alone lived in poverty, compared with 14.9% of their married counterparts.

IMPLICATIONS OF DEMOGRAPHIC CHARACTERISTICS FOR COMMUNITY RESOURCES

These selected demographic projections and unique characteristics have a number of implications for the delivery of community resources to older adults. The growth in the older adult population will increase the demand for all types of services. Professionals working to deliver the programs and services designed to improve the quality of life of older adults will thus be challenged to do even more with less. Because of the diverse nature of the boomer population with regard to ethnicity, income, family history, and life experience, professionals will be expected to be knowledgeable about a wide range of services and programs that serve both mainstream and disenfranchised individuals. Community programmers also must recognize and accommodate cultural diversity and remove the social and cultural barriers to service accessibility. A concerted effort needs to be made to design culturally appropriate programs and interventions that are responsive to the needs of minority communities (AoA, 2010e; Center on an Aging Society, 2004). Professionals must be visionaries in planning and developing services and programs to meet the needs of this new cohort with its diverse characteristics.

Now that we have had a chance to consider the challenges that lie ahead for services and programs that assist older adults, let’s return to the present and consider more immediate issues. In every community, resources are designed to assist older adults in a variety of ways. Therefore, individuals working with older adults need to have a good understanding of these resources as well as the patterns of service use by older adults and their families. Anyone who has ever worked with older adults knows that the problems they confront tend to be complex and multifaceted.

Consider the case of Mrs. Duran, who confides that she is about to be evicted from her apartment. Further questioning reveals that she has not received her Social Security check for two months. She has limited resources for food, has received a utility shutoff notice, and has been unable to renew her insulin prescription for her diabetes. Or consider Mr. Jackson, who does not know what to do with himself since he retired. He has played golf or fished almost every day but is getting bored and disillusioned with retirement life. What community resources can be accessed to help Mrs. Duran and Mr. Jackson? Advocates who have an understanding of various programs and services assisting older adults can recommend appropriate options for both Mrs. Duran and Mr. Jackson.

A TEXT ABOUT PROGRAMS AND SERVICES IN AN ERA OF CHANGE

Because of the multiple challenges that older adults can experience and the changing demographics of the older adult population, we have created a text that provides a broad-based discussion of community resources. We believe that to effectively meet the needs of older adults who can benefit from using services and programs, professionals must understand the social and psychological dynamics of help-seeking behavior. It is not enough to know what services are available and appropriate; practitioners must also be armed with
theoretical knowledge to understand why a daughter, despite her exhaustion, refuses to bring her father to the local adult day program, and why an older adult, who barely survives on a small pension, refuses to apply for additional income support that would make life a bit more bearable. In addition, we believe that practitioners must understand service use patterns and how families interact with the formal network when they need assistance in caring for their older family members. Greater understanding of these patterns can better prepare students and practitioners for understanding the dynamics of when and how families choose to use the formal network.

We also believe that simple descriptions of existing programs and services that assist older adults provide an incomplete picture. Practitioners and students should benefit from the interplay that exists between research and practice because research results have practical applications for the delivery of services and programs. In each chapter, we draw from empirical research to describe who uses and who provides such programs. We also include information about program outcomes when available.

Next, professionals need to be alerted to the infinite number of programs and services in communities that exist outside those funded through the Older Americans Act (OAA) of 1965 and subsequent amendments. Thus, we attempt to introduce readers to many programs that are both publicly and privately funded. Moreover, we discuss the different ways in which aging programs have successfully networked with one another to develop public and private partnerships in an attempt to reach more older adults.

In preparing the fourth edition of this book, we maintained the organizational structure of previous editions while updating and expanding the content to address the changes in community programs and services available to older adults throughout the United States. In addition to including the most up-to-date statistical data available, we have described important updates and additions to federal policies that provide the underlying framework for aging services. Each chapter includes reference to the latest research and highlights some programs and services throughout the United States and across the globe that serve as examples of innovative ways in which communities are meeting the needs of older adults and their families. We acknowledge the increasing diversity among members of the aging population by addressing the need for cultural competency in service delivery and by including new research findings (when available) and illustrative examples of resources and programs for older adults from different racial, ethnic, and cultural groups, as well as older persons living in rural areas, and for older adults who are gay, lesbian, bisexual, or transgender. The increasing availability of information online has allowed us to add many new web-based resources, including a specific section on international resources, for students to access further information about a particular issue, policy, program, or service.

ORGANIZATION OF THE BOOK

This book consists of three parts. In addition to this chapter, Part I has two other chapters. Chapter 2 presents a brief review of major aging policies, including Social Security, Medicare, and the OAA, the basis for the existence of many older adult programs. Chapter 3 explains the patterns of service use by older adults and the theories that can predict help-seeking behavior.

Part II of the book is based on the concept of the continuum of care. Conceptually, the continuum of care is a system of social, personal, financial, and medical services that supports the well-being of any older adult, regardless of the person’s level of functioning. The
goal, of course, is to have the appropriate services available to match the presenting needs. The continuum is often conceptualized in a linear way—older adults move from one end of the continuum (independence) to the other (dependence), and services exist at every point along the continuum to meet their social, medical, and personal needs. In addition, services impinge differently on the personal autonomy of their participants. For example, those who attend senior centers come and go as they please and make choices about their level of participation. In contrast, a nursing home is the most restrictive environment and impinges a great deal on personal autonomy and choice.

We have opted to depict the continuum of services as a more dynamic and interactive system (see Exhibit 1.4). Rather than moving in a linear fashion from independence to dependence, older adults move in and out of areas of service need as they experience changing levels of independence and dependence, health and illness, and financial stability and instability. For example, older adults just discharged from the hospital may need in-home services as well as home-delivered meals. Yet, as they become less dependent, they may access services offered at the senior center. Those who are striving to maintain their independence can access services along the continuum.

Therefore, Part II presents the variety of community resources available for older adults and is divided into three sections, based on our depiction of the continuum of services. The first section presents information about 

**Community Resources**
- Information and Referral
- Education Programs
- Volunteer and Intergenerational
- Income Assistance Programs
- Senior Centers

**Support Services**
- Nutrition
- Mental Health
- Housing

**Long-Term Care Services**
- Case Management
- In-Home Services
- Respite/Adult Day Services
- Nursing Homes

**Health and Wellness**
- Transportation
- Legal

Exhibit 1.4 Continuum of Services

Source: Adapted from Levinson (1988, p. 44). Used by permission.
autonomy. These services offer participants opportunities to enhance personal and social well-being. Specifically, we address information and referral services (Chapter 4), volunteer and intergenerational programs (Chapter 5), education programs (Chapter 6), senior centers (Chapter 7), employment programs (Chapter 8), and income assistance programs (Chapter 9).

Support services are discussed in the second section of Part II. These services help older adults who need assistance in maintaining their level of functioning. Support services include nutrition programs (Chapter 10), health and wellness programs (Chapter 11), mental health services (Chapter 12), legal services (Chapter 13), transportation (Chapter 14), and housing (Chapter 15).

The final chapters in Part II provide information about community-based and institutional long-term care services. These are services to assist individuals who have greater dependency needs. Chapters in this section are on care management (Chapter 16), home care (Chapter 17), respite care (Chapter 18), and nursing homes (Chapter 19).

We have organized each chapter in Part II to include policy background, a description of users and programs, and future concerns. Each chapter includes case studies to help readers think critically about the service delivery issues. These cases were developed on the basis of actual experiences we have encountered (names and situations were altered to protect individuals’ identity). In addition, best-practice models that highlight creative and unique programs and sources for additional information are presented. The best-practice models are representative of the programs and services that exist in various communities. Learning activities designed to expand understanding of the issues are also included. Additional resources, including the names and addresses of professional organizations and Internet resources, are located at the end of each chapter.

Part III contains the final chapter on programs and services for the future (Chapter 20). This chapter presents an in-depth look at the challenges that lie ahead for the aging network.

Accessing Updated Information

Because statistical profiles of older adults are constantly being updated, and because Congress frequently enacts legislation that affects the existence of community resources and programs, information presented in texts such as this can become quickly outdated. To keep up with these changes, we recommend regular visits to the following websites and others suggested throughout this book:

AARP International: www.aarpinternational.org
Administration on Aging: www.aoa.gov
Centers for Medicare & Medicaid Services: www.cms.hhs.gov
Data Warehouse on Trends in Health and Aging: www.cdc.gov/nchs/agingact.htm
FIRSTGOV for Seniors: www.firstgov.gov/T opics/Seniors.shtml
U.S. Census Bureau: www.census.gov