



*Enhancing the
knowledge and skills
of those working
with older adults
and their families.*

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WHCoA Listening Session
American Society on Aging
Presented by Anita L. Rosen, Ph.D.

The Honorable Dorcas Hardy
Chairman, Policy Committee
White House Conference on Aging
Administration on Aging
Department of Health and Human Services
Washington, DC 20201

To the Honorable Dorcas Hardy:

The American Society on Aging (ASA) is the nation's largest multidisciplinary community of professionals working with, an on behalf, of older people. ASA's membership of 6,000 professionals includes representatives of the public and private sectors, service providers, researchers, educators, advocates, health, allied health, social service, managed care and long-term care and mental health professionals, students, policy makers and planners.

For over 50 years, ASA has been an active and effective resource for professionals in aging and aging-related fields who want to enhance their ability to promote the health and well-being of aging people and their families. Within its overall membership, ASA has eight special interest groups that address aspects of aging: the Healthcare and Aging Network (HAN), the Mental Health and Aging Network (MHAN), the Business Forum on Aging (BFA), the Forum on Religion, Spirituality and Aging (FoRSA), the Lifetime Education and Renewal Network (LEARN), the Lesbian and Gay Aging Issues Network (LGAIN), the Multicultural Aging Network (MAN) and the Network on Environments, Services and Technologies for Maximizing Independence (NEST).

ASA seeks to:

- Foster a sense of community among professionals working with and on behalf of the aging.
- Provide high-quality professional education and training.
- Promote research and disseminate information.
- Facilitate innovative approaches to service delivery.
- Collaborate with other organizations to enhance the well-being of older people and their families.

ASA holds a reputation for providing the highest quality education and training programs for professionals working with older adults. Each year, ASA conducts hundreds of education and training sessions including its Joint Conference with NCOA with over 1200 sessions and 4,000 attendees; four-day Summer Series on Aging programs on the East and West Coasts with a total of more than 140 half and full day intensives; and other special training events.

As a member of the Leadership Council on Aging, ASA is delighted to have this opportunity to present to you today. ASA values a broad range of positive efforts to strengthen the quality of life for older adults. However, today we wish to emphasize three important points for the White House Conference on Aging (WHCoA) Policy Committee to consider in its deliberations.

1. Provide sufficient attention to developing policies and programs that support a secure, productive and meaningful retirement for an aging population that is living longer and healthier lives. This should include opportunities to tap the social capital of older adults and of Baby Boomers. ASA ascribes to and values that people of all ages are interdependent and that each generation has a responsibility to contribute to the well-being of others, regardless of age. Everyone deserves an old age of personal meaning and social significance. ASA considers that older adults have the right and responsibility to contribute to their own development and to the communities in which they live.

We would hope that the WHCoA gives attention to the quality of life in older age and does not rely on conventional “volunteer” activities or conventional definitions of “retirement” but a rather a broad range of creative, intergenerational and productive opportunities that tap into the plethora of skills, knowledge and interests of older persons. The concept of “civic engagement” encompasses many of these goals. Programs that promote community service, mentoring, new and renewed employment opportunities and the opportunity for creative engagement in the arts must be strengthened and expanded.

Meaningful old age requires maximizing the independence of elders. Integration of what still remain largely fragmented systems of health care, long-term care and social services in community settings is essential to independence. Our communities must be made elder-friendly, accessible to people with a wide range of abilities, including mobility options ranging from programs for older driver safety to community transportation and walkability.

The corporate community must be engaged and supported in developing products and services that serve people of all ages and abilities.

2. Assure that programs and policies are responsive to cultural difference and diversity, including attention to important issues of ethnicity, sexual orientation, disability and gender. A great deal of the work of the ASA and of its members suggests that professionals and policymakers must be informed by cultural competence in order for programs and services to be most effective. Diversity is a positive attribute of our society and is highly valued at ASA. A significant value of ASA is then to encourage society to demonstrate a commitment to older adults who are at greater risk. Greater risk may be a result of level of income, age, race, ethnicity, religion, gender, sexual orientation, disability or past discrimination. Attention to cultural difference and diversity helps address risk factors that affect the quality of life of older people and their families and lowers costs to society. We strongly urge that the WHCoA actively encourage participation by diverse groups of elders and by professionals with the knowledge, skills and experience to address culturally competent practice and programs.

Investment in programs that seek to reduce health disparities, especially improved access to services in underserved communities, is essential. Programs that support health and financial literacy that focus on ethnically diverse groups are badly needed. Incentives to

- improve cultural awareness among professionals serving elders and rewards and recognition for programs that demonstrate positive outcomes should be developed.
3. Address the challenges of recruiting, retaining and training the workforce needed to support the aging of the Baby Boomers. A great deal of the work of the ASA centers on the need to train and support an adequate workforce in geriatrics and gerontology. National studies and the U.S. Department of Labor indicate that there is a current workforce shortage in such areas as health care, mental health care and long-term care. As an example, less than one-fourth of older adults suffering from mental illness have access to or opportunity to obtain services from qualified, trained mental health professionals, even though mental illness in older adults is treatable and treatment is cost-effective. We would urge that the WHCoA brings some prominence to the critical issue of workforce, including such topics as: training incentives, scholarships and fellowships for a broad range of health, mental health and social service professions; loan forgiveness programs; incentives to enrich professional education curricula; broader opportunities for continuing education for professionals and rewards for those who improve their skills and knowledge; and reimbursement policies that encourage professionals to want to work with older adults as a life-long career. Special incentives should be considered for attracting people of diverse ethnic, religious, sexual and racial backgrounds to work with older adults and their families.

The ASA, through its educational materials, on-line courses, national conferences, and leadership councils of professionals offers to make its expert staff and membership available to the WHCoA. We hope to have further opportunity to work with you over the coming year, and to provide representatives to the WHCoA in order to help insure that the 2005 WHCoA values older adults and the professionals who work with them.