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**Advancing Long, Healthy, and Productive Lives:  
A Focus on Gender**

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## **Abstract**

Increased automation, globalization, and longevity demand new thinking by employers and employees regarding productivity. Throughout the lifespan, fuller engagement in education and paid and unpaid productive activities can generate a wealth of benefits, including better health and well-being, greater financial security, and a more vital society. We review challenges and opportunities to advance long, healthy, and productive lives. When possible, we review inequities by gender, race, ethnicity, and other social determinants of health to reveal heterogeneity within the growing U.S. population and workforce. We conclude with implications for research, social policy, advocacy, education, and practice.

*Keywords:* longevity, productive engagement, volunteerism, employment, retirement

## **The Challenge**

The age distribution of societies throughout the world is changing rapidly. In the United States and most other countries with advanced economies, lower birth rates and increasing life expectancy are shifting populations toward “top-heavy” societies, in which there are more people older than age 60 years than there are people younger than age 15 years (He, Goodkind, & Kowal, 2016). In the United States, the population older than age 65 years increased from 36.6 million in 2005 to 47.8 million in 2015 (a 30% increase), and it is projected to more than double to 98 million by 2060 (Administration on Aging, 2013). Throughout the world, 8% of the population was age 65 years or older in 2010, and this will increase to 16% by 2050 (National Institute on Aging, 2011). The growing number and proportion of older adults in these nations present aging-related challenges to families, communities, and countries as a whole—challenges that are unprecedented because never before in human history have so many people lived into the eighth and ninth decades of life. The success of this new longevity has often been overshadowed in public discourse by the daunting issues of economic security and health care, especially long-term care, in these extended years of life.

The press of these challenges has made it more difficult to focus on the opportunities that come with population aging. Of principal note is the reality that as the health, education, and economic security of older adults have become better over time, so too has the interest of individuals to initiate and continue productive activities longer into the life course, as evidenced by greater numbers of older adults engaging in paid work, volunteering, caregiving, and other activities. Thus, another challenge that nations face is increased demand for older adults to continue in and/or take on these roles. Provision of more productive aging opportunities requires a social development response to shape social policies and programs to engage the growing experiences, talents, skills, and professional and personal goals of older adults and to ensure the inclusion of all segments, especially among those who are more likely to be excluded. In short, productive aging asserts the fundamental view that aging societies will do better when they make better use of older adults’ capacity to make economic contributions through employment, volunteering, and caregiving (Gonzales, Matz-Costa, & Morrow-Howell, 2015; Morrow-Howell & Greenfield, 2015).

Multiple positive societal outcomes can be achieved through optimizing the productive engagement of older adults. First, the paid labor force has potential to benefit from the infusion of experienced workers at the same time as the supply of younger workers shrinks; and longer working lives can extend the time that people rely on earned income rather than public pensions and savings (Street & Tompkins, 2017). Second, public and nonprofit agencies would greatly benefit from higher levels of volunteering by older adults

(Bridgeland, McNaught, Reed, & Dunkelman, 2009), particularly those with relevant technical and professional skills, and also by those with lesser skills and great enthusiasm. Third, there will be an increasing demand for caregivers as the number of people older than age 85 years increases. This demand for caregivers (National Alliance for Caregiving & AARP, 2020) can be met at least in part by the growing number of older adults with time, energy, and ability to provide care for those in their families and social networks who need assistance.

Productive engagement can benefit individuals as well. As societies age, living 25 years beyond the normal retirement age of 65 years will be common. Maintaining economic security, social ties, health, and sense of purpose in later life have been shown to be important for quality of life (James, Matz-Costa, & Smyer, 2016). At the individual level, productive engagement can contribute to these important outcomes. Thus, national attention to advancing productive engagement opportunities for older adults at both the society level and the individual level is a crucial investment in maximizing positive outcomes for aging societies.

### **Analysis of the Problem and Opportunity for Improvement**

Although societal aging is often viewed as a “problem,” the trends toward lower birth rates and longer life expectancy have resulted from significant positive economic and social developments in the United States and other advanced economies (Morrow-Howell, Hinterlong, & Sherraden, 2001; Sherraden, et al., 2014). However, as noted previously, these demographic shifts put pressure on various sectors of societies, ranging from publicly funded social welfare programs to private family budgets, from employment markets to individual business owners in search of skilled labor, and from demands for formal long-term care services from nonprofit and public service sectors to demands for informal care from families and friends. Part of the problem is that although we have known for many decades that the population is aging, we have done little to prepare for it. Our institutions, infrastructures, and policies and programs were designed when human lives were much shorter and roles were more singular and sequential rather than multiple and less age-specific. For example, we created pathways that were segmented by age—young people go to school, adults work and raise families, and older adults step back and engage in leisure for their retirement years. Arguably, this pathway was never universal, but with much larger numbers of people living 20–30 years past their 60th birthday, the lack of fit of this presumed life course pattern becomes much more obvious, as have the barriers for productive engagement.

It is not just our physical and social infrastructures that are out of step with the current demographic shifts; our expectations and attitudes about later life and older adults also limit

the potential of a productive aging society. Stereotypes of the frail, cognitively impaired elder ignore the demographic reality, highlighting how pervasive ageism still is in our society. The COVID-19 pandemic has laid bare these underlying attitudes and inequalities like never before, with older adults being portrayed as a weak, vulnerable, and a monolithic group.

Institutional and societal barriers to productive engagement among older adults must be confronted and changed. In part, this can be done by working to shift public discourse away from the idea that population aging is a social problem and toward the view that the growing number of older adults represents a new resource for families, communities, and society at large. Creating more productive engagement opportunities will require institutional change, which is difficult but possible. Specifically, we must improve work environments and employment policies to enable *all* people (regardless of race, gender, socioeconomic status, disability, sexual orientation, gender identity, immigration status, etc.) to obtain and maintain good, quality work across the lifespan, to work longer if needed or desired, and to enjoy a comfortable retirement. We must improve the way that we support caregiving and other forms of care work across the lifespan and in later life particularly, so that individuals and families have increased control and choice and reduced stress. We must create more diverse opportunities for older adults to give back to others and their communities and to engage socially while helping organizations more fully utilize this talent pool. And we must restructure educational institutions to be accessible and inclusive so that individuals can develop new knowledge and skills across the life course.

Dr. Robert Butler, a pioneer in the field of gerontology who coined the term productive aging in 1983, warned that society cannot afford to dismiss the human capital of the older population. Butler described older adults' productive engagement as a necessity, not a luxury (Butler, 1997). However, we must view this societal necessity within a paradigm that optimizes choice to engage in productive activities rather than a mandate to do so (Morrow-Howell, Hinterlong, & Sherraden, 2001). Not all individuals have achieved the same longevity gains, nor do all have the ability to perform or interest in activities such as paid work, volunteering, and caregiving compared to other activity choices or responsibilities. In addition, we must address larger social and structural factors, such as racism, sexism, gender discrimination, and disability discrimination, that shape life opportunities for individuals in to participate in their communities.

As we seek to transform societal norms, programs, and policies to facilitate productive engagement, we must be guided by principles of choice, opportunity, and inclusion instead of by coercion, obligation, or elitism. Gutman and Spencer (2010) and Holstein and Minkler

(2007) express concern that certain older adults will be marginalized, or continue to be marginalized, if certain expectations for productive engagement are not met. Therefore, we propose that efforts to advance productive engagement include the following: (1) ample opportunities for continued engagement for those older adults who choose this route, (2) identification and removal of barriers that artificially reduce productive engagement by older adults, and (3) support for caregivers to participate in and/ or transition to other forms of productive engagement and for those engaged in work and volunteering to transition to caregiving roles. The grand challenge is to reimagine a lifetime filled with opportunities to acquire new knowledge and skills and to utilize talents and resources in a variety of paid and unpaid roles that foster economic security, provide purpose in life, and enrich families and communities. The trend of societal aging presents an open window for moving a productive engagement agenda forward as a means of meeting the challenge of an aging society and improving health, social, and economic outcomes for older individuals.

### **Potential Outcomes of Productive Engagement**

Productive engagement is a potentially powerful mechanism with influence on numerous well-being outcomes. Scholars have conceptualized the effects of engagement in productive roles at the level of the individual, the family, the organization, the community, and society as a whole. Box 5.1 lists the outcomes that are achievable.

#### **Box 1: Potential Outcomes of the Productive Engagement of Older Adults**

##### **Individual**

- Physical health/function
- Mental health
- Self-efficacy
- Purpose in life
- Economic well-being

##### **Family**

- Engaged grandparents and caregivers
- Transfer of income and assets from older to younger
- Healthier/happier older relatives

##### **Organizations/Community**

- Experienced workers/volunteers
- Loyal/dependable workers/volunteers
- Age/generational diversity
- Mentors for younger workers

##### **Society**

- Less reliance on public pensions and savings
- More intergenerational exchange
- Less demand for long-term care due to postponement of disability

The physical, psychological, and financial effects of productive engagement on the individual have received the most scholarly attention because there are straightforward methods to estimate them. Evidence suggests that working can increase economic security while also leading to decreased mortality and better mental health and cognitive function (Calvo, 2006; Rohwedder & Willis, 2010). Volunteering also has been associated with positive health and psychological outcomes as well as higher odds of employment (Gonzales, Suntai, & Abrams, 2019; Gonzales & Nowell, 2017; Kim & Ferraro, 2013; Hong & Morrow-Howell, 2010; Spera, Ghertner, Nerino, & DiTommaso, 2013). Reduced mortality as well as caregiver report of benefits have been associated with caregiving (Roth, Fredman, & Haley, 2015). However, outcomes are not always positive. Working longer in certain employment conditions can reduce health and mental health (Magnusson Hanson, et al., 2018). In addition, the negative effects of caregiving on older adults are widely documented (Coughlin, 2010; Feinberg, Reinhard, Houser, & Choula, 2011).

Assessing the societal outcomes of the productive engagement of older adults may be more challenging than measuring its impact at the individual level. Theoretically, the increased productive engagement of older adults could lead to less reliance on public and private post-retirement income support programs, stronger civic society through increased involvement in volunteering and political engagement, increased intergenerational reciprocity, and higher levels of health among the older population. Indeed, Alvor Svanborg (2001) suggested that the major dividend of productive engagement would come at the society level from postponing decline associated with aging.

The rates and levels of participation of older adults as workers, volunteers, and caregivers have been captured, and we can continue to track these metrics over time. These benchmarks can be attained from several large nationally representative data sets that track older adults and their engagement in productive activities longitudinally. Furthermore, dollar values of these time commitments can be assigned. Reinhard, et al., (2019) estimate 41 million caregivers in the United States who devote 34 billion hours of care to individuals with limitations in daily activities with an estimated economic value of \$470 billion. In 2015, adults aged 55+ contributed more than 3.3 billion hours of civic service, which is valued at \$77 billion annually. Emerging evidence also suggests older workers contribute to a large portion of gross domestic product (Cohen, 2014).

## Current Realities and Innovations

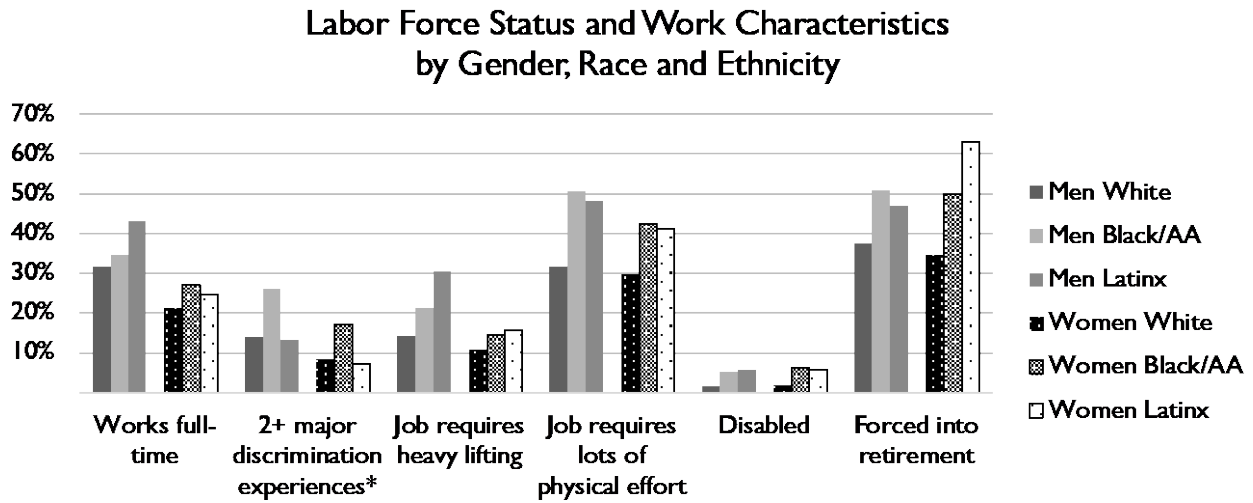
### *Working*

The number of people age 65 years or older who remain in the U.S. workforce is growing as the average age of retirement has risen in the past two decades (US Department of Labor, Bureau of Labor Statistics [US BLS], 2016a). According to a 2014 AARP survey, a clear majority of workers older than age 50 years plan to work past the age of 65 years, including a sizable 18% who indicate that they never intend to retire (Skufca, 2014). There are several noteworthy elements in this overall trend toward working longer. First, more women are working in their later years than ever before. The labor force participation rates of women aged 55–65 years increased from 53.2% in 2000 to 59.2% in 2015 (Brown, Rhee, Saad-Lessler, & Oakley, 2016). The number of working women older than age 65 years also increased from 17% in 1990 to 27% in 2010, a trend that is expected to continue for some time (Poterba, 2014). Although labor force participation rates for older women have risen, women older than age 65 years are 80% more likely than men to live in poverty. Many of these women like their work and want to continue (Kerman & Keenan, 2017); however, many older women need to work in order to make ends meet.

A second later life trend is toward more full-time than part-time work (i.e., fewer than 35 hours/week). Since 2000, the number of adults older than age 65 years working full-time rather than part-time more than doubled from approximately 4 million people (approximately 13%) to 9 million (approximately 20%; DeSilver, 2016). An important factor in this trend may be the recent evidence that increasingly fewer people are “very confident” that they have enough money for a comfortable retirement—only 18% of respondents in a recent survey (Greenwald, Copeland, & VanDerhei, 2017). Whites are more likely to have access to employer sponsored pension plans and accumulate wealth from mid-to-later life when compared to racial and ethnic minorities, which offers some support to the life-cycle hypothesis and critical race theory (Brown, 2016). Due to inequitable access to pension plans and other saving vehicles, women, and especially women of color, have very little savings for retirement (Brown, 2012; Dushi & Iams, 2009). Finally, there is a trend toward self-employment in later life (Halvorsen & Morrow-Howell, 2016). According to a 2016 analysis of U.S. BLS data, the rate of self-employment among workers older than age 65 years was the highest (at 15.5%) of any age group (Hipple & Hammond, 2016). Indeed, analyses of the Health and Retirement Study reveal that 1 in 10 career wage and salary workers transition into self-employment before full retirement (Cahill, Giandrea, & Kovacs, 2014).



Figure 1. An Intersectional Lens on Labor Force and Work Characteristics



When viewed from an intersectional lens, work in later life becomes far more complex. We analyzed data from the latest waves in the Health and Retirement Study, a representative sample of older adults in the United States (Table 1)<sup>1</sup>. Women are more likely to work part-time when compared to men. Surprisingly, men report higher levels of major lifetime discrimination, such as being fired or not hired, when compared to women; but Blacks report higher incidences of discrimination when compared to Whites and Latinx. Women of color tend to have jobs that are more physically demanding when compared to white women. And women of color are also more likely to experience disability and forced into retirement when compared to White women. Latinas report the highest levels of forced retirement across gender and racial and ethnic groups. Although these cross-sectional statistics are basic, they nonetheless support aspects of Critical Race and Black Feminist Standpoint Theories (Bowleg, 2012; Crenshaw, 1991; Brown, 2012) in that women do not all have the same position in society and women of color are further marginalized in society when compared to white women.

Social stratification and inequity are contexts that shape choices and opportunities to work. Providing care to family, for example, often results in more time off of work to provide care, transition from full- to part-time work, forced retirement, and decreased likelihood of returning to work after retirement (Gonzales, et al., 2017; Smith et al., 2020). Women who provide unpaid care tend to have a weak relationship with the formal labor force across their adult lives due to a lack of institutional supports, such as flexible work and respite care.

<sup>1</sup> Data are analyzed from the 2016 wave, with the exception of discrimination measures that come from 2012.

Consequently, they are at risk of poverty in later life (Greenfield, 2013; Lee, Tang, Kim, & Albert, 2015; Wakabayashi & Donato, 2006). The recent COVID-19 pandemic has highlighted how age, race, ethnicity, and gender, intersect in complex ways that heighten the risk for economic insecurity (Halvorsen & Yulikova, 2020). Older workers' labor force participation declined by 64% during the first quarter of 2020 (Ghilarducci, 2020). Approximately 4 out of 10 older workers did not have paid sick leave (Ghilarducci, 2020), many of whom are frontline workers in health care settings, grocery and retail stores, and transportation. Racial and ethnic minorities are often in jobs with very little flexibility or paid sick leave, thus, they are more likely to contract and die from COVID-19 (Gonzales et al., 2020; Selden & Berdahl, 2020). Further research is needed to understand the full and long term effects of COVID-19 on work and retirement pathways across gender, race, ethnicity, and socioeconomic status.

Clearly, federal and state work policies influence tenure in the workforce, as exemplified by raising the full retirement age from 65 to 67 years for Social Security benefits and eliminating the earnings test for workers older than the normal retirement age (Coile & Gruber, 2003; Olshansky, Goldman, & Rowe, 2015). Organizational policies also play a major role in retirement decisions. Specifically, the need for increased flexible work options has been well documented for employees of all ages. More than 90% of non-retirees who plan to work in retirement would like some kind of reduced work arrangement. However, in the face of this demand, only approximately one-third of employed retirees have such arrangements (Bankers Center for a Secure Retirement, 2015). McGuire, Kenney, and Brashler (2010) report that flexible work options include flexibility in the scheduling of hours worked (e.g., compressed work weeks), the number of hours worked (e.g., part-time and/or job-sharing), and the place of work (e.g., working off site or at home) (Cahill, James, & Pitt-Catsouphes, 2015). Although many employers indicate that such options are established policies, few employees take advantage of them for a host of reasons, the most important of which is lack of managerial support and encouragement (Sweet, Pitt-Catsouphes, & James, 2017).

There are innovative employment programs, including career counseling and job search websites, geared toward older adults, yet the effectiveness of these programs is unclear. Private and nonprofit organizations have supported programming at community colleges to guide older workers in career decision-making and training curriculums (Halvorsen & Emerman, 2013–2014). The federal investment in workforce development for older adults remains low, but for more than 55 years, Title V of the Older American's Act has supported a job training program for low-income older workers (Carolan et al., 2018; Gonzales et al., 2019; Halvorsen & Yulikova, 2020; Halvorsen, Werner, & McColloch, 2020; Mikelson,

2017). A nonprofit organization, Senior Entrepreneurship Works, provides training and support to individuals aged 50 years or older to start new businesses.

In summary, there has been program and policy attention at the employer level to support older workers. Employers have been slow to innovate while age discrimination, informal caregiving, job insecurity, and changing technology continue to affect the employment options of older adults (Roscigno, 2010). Women, and women of color, continue to be marginalized in the world of work and more intervention and basic research is necessary to identify effective workplace policies and practices, as well as to trace heterogeneous pathways of work and retirement.

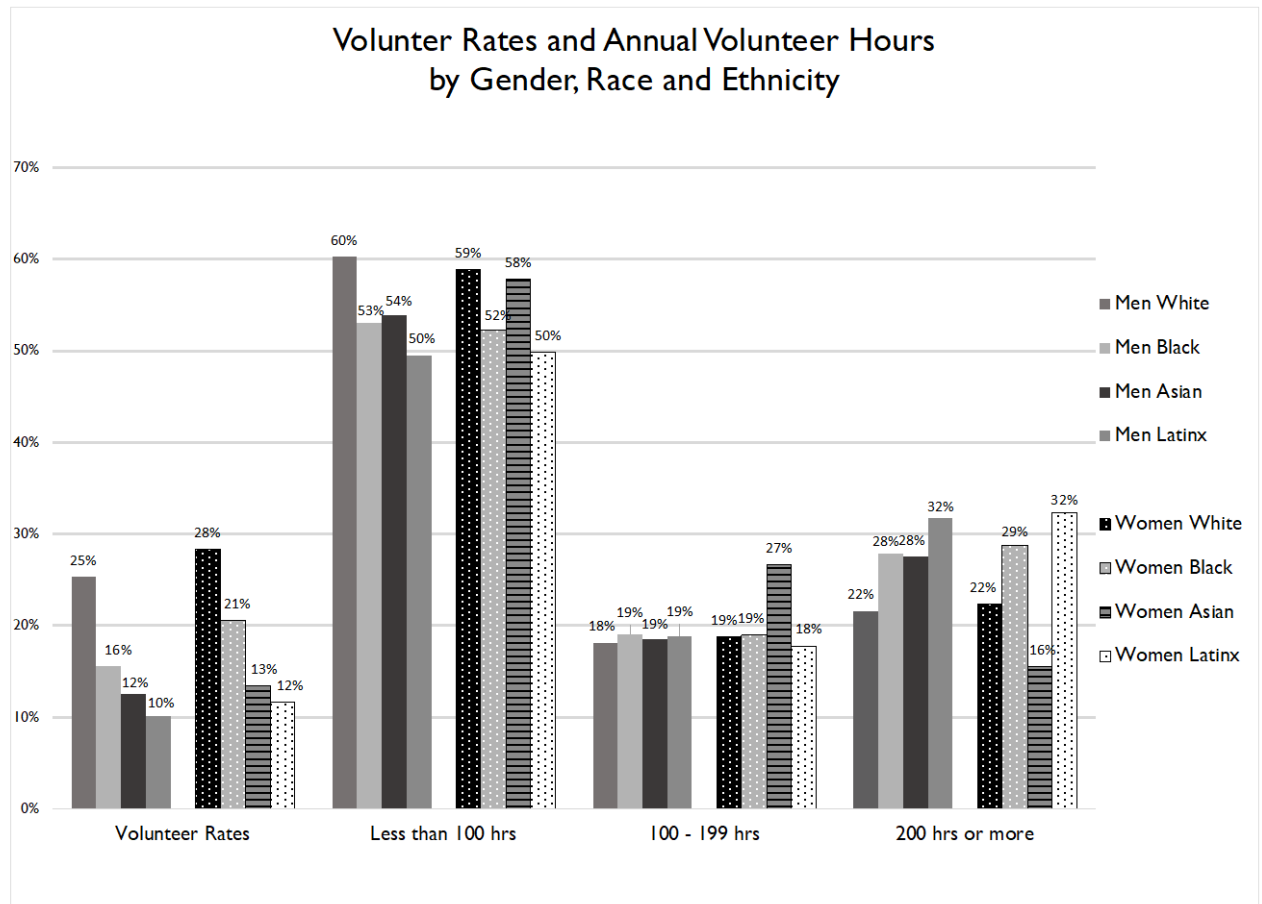
### *Volunteering*

Approximately one-fourth of the U.S. population aged 65+ volunteers (US BLS, 2016b), a rate lower than that of younger adults. The fact is that retired older adults volunteer less than working adults, despite an increase in discretionary time. Decreases in rates of volunteering can be explained by disconnection from work and educational organizations, the major avenues through which people are asked to volunteer (Opportunity Nation, 2014). There is evidence that older adults are more likely to volunteer when asked (U.S. Census Bureau, 2010-2015, 2017) and contribute more hours per year than younger adults (90 vs 32 hours per year, respectively) (Turner, Klein, & Sorrentino, 2020). Furthermore, older adults provide informal volunteer hours assisting neighbors and friends that are not captured in volunteer metrics (Taniguchi, 2012).

To better elucidate issues of intersectionality and volunteer behavior, data from 2010 to 2015 & 2017 Volunteer Supplement in the Current Population Survey, a representative sample of people aged 65 or above in the United States (Table 2) was analyzed. Men were less likely to spend any time in volunteer activities; this gender difference remained similar between racial and ethnic groups (Lee, Johnson, & Lyu, 2018). White older adults tended to have higher volunteer rates than older adults of color. Latinx older adults showed the lowest proportion engaging in volunteering in the United States, compared to other groups. There is an interesting pattern among Asian older adults, with Asian women having more volunteer hours than Whites' in the 100 to 200 hours a year category. In contrast, Asian men had similar volunteer hours as other men of color, consistent with the previous study (Miranda, 2011). These data suggest that older adults of color (perhaps with the exception of Asian women) may not be experiencing the full benefits associated with volunteering, given that it is documented that health and well-being outcomes increased in the first 100 hours per year and slightly increased between 100 and 200 hours. Further research is needed to understand

volunteer behaviors across gender, race, and ethnicity and elucidate effects on differential outcomes.

Figure 2. Volunteering Views Through an Intersectional Lens



Note: Data from the database is weighted automatically, which accounts for supplement non-response. Data only includes samples aged over 65. Volunteer rates (%) refer to the ratio of samples spent any time doing volunteering activities for any organization in the past year OVER all samples. Latinx refer to persons of Hispanic/Spanish/Latino origins. Source: Volunteering Supplement to the Current Population Survey, 2010-2015, 2017

The gap between the actual and potential volunteer time among older adults has increased interest in encouraging greater civic involvement among the older population. Service programs geared toward engaging older volunteers have received attention in the past decade. Examples include intergenerational tutoring programs (i.e., OASIS Intergenerational Tutoring; Experience Corps), coaching/mentoring programs (i.e., Wisdom of Age–National Mentoring Partnership), and friendly visitor programs (i.e., Village Model’s Neighbors Helping Neighbors). Federal programs, including Senior Companions, Foster Grandparents, and Retired and Senior Volunteer Program (RSVP), continue to place older adults in service roles in their local communities. Online websites have reached out to older adults to match

them with community needs (see <http://comingofage.org> and <https://www.volunteermatch.org>). The Serve America Act of 2009 recognized the potential of late-life volunteering and prompted AmeriCorps to increase the number of older adults involved in this national service program.

The COVID-19 pandemic affected formal volunteer roles in major ways. First, many in-person service positions were suspended, like serving meals in congregate settings or in-person mentoring; and these important roles provided engagement and purpose for many older adults. These role losses may have contributed to the increased social isolation that many experienced during the pandemic (Smith, Steinman, & Casey, 2020). On the other hand, some volunteer roles continued as person-power was needed to deliver food and medicine or provide rides to essential doctor's appointments. Older volunteers expressed anxiety about exposure to the virus created by fulfilling these services; and some stopped while others continued despite the fears (Galucia, Morrow-Howell, Sun, Meyer, & Li, 2020). Finally, the pandemic led to some volunteer services going virtual. Before the pandemic, there had been a movement toward virtual volunteering, with the hopes of including older adults who had mobility issues or geographic constraints (Cravens & Ellis, 2014). The pandemic required a rapid switch to on-line formats. As an example, the national OASIS Intergenerational Tutoring program, where older adults work with elementary school children, had to go virtual if volunteers were going to continue to tutor. Tutors expressed concerns about developing relationships with the children on line as well as having the digital competence to conduct tutoring sessions remotely; in fact, only 60% of the tutors expressed willingness to engage in the virtual program, and this varied by education and comfort with technology (Sun, Morrow-Howell, Pawloski, Helbach, 2020).

It must be noted that informal volunteering and acts of neighboring have been spotlighted in the media during the pandemic, as people of all ages reached out to make and distribute masks, to contact isolated neighbors, and to pick up groceries. Retired health care professionals returned to work to help with growing demands on the health care system and people step in to help parents with on-line schooling (Halpern, 2020; Van Buren, 2020). Hopefully, this "invisible" volunteering will continue to flourish, along with other positive outcomes of the pandemic (Turner, Klein, & Sorrentino, 2020). Organizations and older adults have learned a great deal about the potential of on-line connections which can increase inclusivity of volunteer programs. Yet the digital divide within the older population has been more clearly exposed during the pandemic; and although some remedies are being sought through the distribution of digital devices and increased training to use software programs, many low-resourced older people will not be able to take advantage (Sun et al., 2020).

In summary, programs and policies have acknowledged the growing number of older adults and facilitated involvement in volunteering. However, efforts have not been commensurate with the growing potential of the aging population and recovering from the Covid-19 pandemic poses new challenges and opportunities.

### ***Caregiving***

Growing numbers of older adults are providing various forms of unpaid care to family and friends, yet the wide spectrum of different types of caregiving and the intensity of some forms of caregiving, even under the most privileged of circumstances, are often underestimated (Kleinman, 2019). In 2020, an estimated 21.3% of individuals in the U.S. were caregivers, up from 18.2% in 2015 (AARP, 2020). The majority (54%) of all caregivers in the U.S. are 50 years of age or older (35% are 50–64 years old, 12% are 65–74 years old, and 7% are older than age 75 years) and caregivers age 50 to 64 tend to care for loved ones for longer periods of time than their counterparts age 18 to 49 (5.6 years vs. 3.4 years, respectively) (AARP, 2020).

Caregiving comes in a variety of forms. For instance, aging individuals could be raising grandchildren or providing significant unpaid care for them or other children. About 7.2 million children across the country live in households headed by grandparents and in approximately 2.5 million of those households, grandparents report they are responsible for their grandchildren's needs (US Census, 2019). Approximately 16.6% of people nationwide provide care to an adult child, sibling, spouse or other family member who may have been ill or disabled from birth or have become ill or disabled through accident or disease (Family Caregiver Alliance, 2019). When we look at developmental disabilities (e.g., cerebral palsy, down syndrome, epilepsy) alone, we see that about 76% of individuals with developmental disabilities reside at home and in 25% of these homes, the family caregiver is over sixty years of age, while the average age of the care recipient is thirty-eight (Family Caregiver Alliance, 2019).

Eldercare is defined by the Bureau of Labor Statistics (BLS) as providing “unpaid care to someone age 65 or older who needs help because of a condition related to aging” (Bureau of Labor Statistics, BLS, 2019). Fifty-eight percent of all eldercare providers are women and 42 percent are aged 55 or older (BLS, 2019). One study found that, among U.S. workers, over 40 percent have provided care for an aging relative or friend in the past five years, and almost half anticipate doing so within the next five years (Aumann et al., 2010). And lastly, approximately 12% of the U.S. population are “sandwiched” between multiple forms of caregiving (e.g., care for children and parents simultaneously) (Livingston, 2018). Eighty-

two percent of eldercare providers who are parents are employed and 69 percent are employed full time (BLS, 2019).

Those providing unpaid family care often struggle to manage demands from work and other life roles while simultaneously confronting their own age-related changes—often with inadequate support from healthcare and social service systems. For those who are working and caregiving, securing accommodations or flexibility due to care responsibilities of a loved one can be very challenging, especially for those who work hourly, low-wage jobs that provide minimal benefits (Jacobs & Padavic, 2015). Those forced into reducing their hours or permanently exiting the workplace due to care responsibilities are disproportionately women, racial and ethnic minorities, and immigrant workers and are at greater risk of poverty in later life, due to reduced earnings, lower Social Security benefits, and loss of employer-sponsored health insurance (Feinberg & Choula, 2012; Lahaie, Earle & Heymann, 2013).

Lesbian, gay, bisexual, transgender and queer (LGBTQ) caregivers may face several additional barriers, including legal recognition of families of choice, access to services, and burnout and isolation due to lack of support (Stewart & Kent, 2017). Further, a greater percentage of LGBTQ caregivers report high financial strain (27%) compared to those not identifying as such (18%) (AARP 2020).

The COVID-19 pandemic has made family care work even more challenging by adding uncertainty and stress, limiting access to care, and complicating service delivery. When caregivers cannot access the typical social supports of friends and neighbors on whom they rely for social interactions and care or the home-based and congregate supports that they rely on (e.g., respite, home health aides, and adult day centers), social isolation and burnout can quickly escalate (Roman & Snyder, 2020). Lack of access to or comfort with technology may provide further barriers and severe financial hardships are possible as caregivers are faced with reduced work hours, are unemployed due to the pandemic, or are unable to work due to fear of exposing a high-risk loved one to the virus (Roman & Snyder, 2020).

Nonprofit and public agencies have offered psychoeducational support programs and respite programs for caregivers for many years, and a large number of evidence-based interventions aimed at supporting caregiving have (p.89) been developed. For example, the Rosslyn Carter Institute lists more than 70 evidence-based programs, such as REACH, NYU's Caregiving Counseling and Support Intervention, and Skills2Care. Furthermore, to promote the implementation of the strongest programs, the Institute sorts the interventions into two levels of evidence: those tested in randomized controlled trials, demonstrating positive outcomes for caregivers and published in peer-reviewed journals, and those without these

characteristics. There is also indication of whether the intervention is “implementation ready,” in that there are adequate materials for training.

The current challenge is that most caregivers are not reached by these programs. Dissemination and implementation of these programs is limited, and resources are not available within aging network services (Gitlin & Czaja, 2012). Online resources and support groups are being developed to eliminate access barriers. Some of these efforts are directed toward subpopulations of caregivers, such as custodial grandparents and parents of adult children with developmental disabilities. Financial support for caregivers is being made possible by public consumer-directed care programs, in which relatives and friends can be paid to provide assistance (Mahoney, Simon-Rusinowitz, Simone, & Zgoda, 2006).

In summary, there are promising practices and interesting innovations to support older caregivers, but reach is limited. Research must acknowledge the plentitude of forms of caregiving and the ways in which they constrain or expand choice in later life, especially for lower-income individuals. There is also a need for narratives that uphold the value of the work that unpaid caregivers do, that highlight and celebrate the racial, ethnic, and cultural contexts that shape caregiving, and seek to understand the ways in which caregiving can be both excruciating and rich in meaning simultaneously (Burch, Dugan, & Barnes-Farrell, 2019).

### **Next Steps**

As reviewed previously, research and demonstrations have supported the development of interventions to facilitate the productive engagement of older adults as workers, volunteers, and caregivers. Despite this promise, efforts are not widespread enough, not institutionalized enough, and not commensurate with the present demographic revolution. There are immediate next steps to be taken.

#### ***Increase Financial Support to Caregivers***

Most caregivers are employed, and the challenges of working and caregiving concurrently can cause significant financial strains and conflict (Rainville, Skufca, & Mehegan, 2016). Current policies reinforce existing health and economic inequalities experienced by historically oppressed groups, like women, Black, indigenous and people of color, and those with low levels of education (Gonzales, Lee & Brown, 2015; Feinberg, 2014). The United States is the only developed country without paid sick and family leave for all workers. Although federal law allows workers to take up to 6 weeks of leave to take care of a relative, this time is typically unpaid. Nearly half of caregivers who take time away from work to fulfill their eldercare responsibilities report losing income (Aumann, Galinsky, Sakai, Brown,



& Bond, 2010). Of this group, more than half stated they had to leave their jobs because their employers did not allow the flexibility needed to work and (p.90) provide eldercare (Matos, 2014). The FMLA does not guarantee access for all workers to unpaid leave. Employees with low levels of education, low wage workers, and working women are often not covered by the act (Chen et al., 2016). The average caregiver older than age 50 years who leaves the workforce to care for a parent loses more than \$300,000 in wages and retirement income (MetLife Mature Market Institute, 2011). There is legislation under consideration to address the impact of unpaid caregiving. The FAMILY Act of 2020 would provide paid leave when caregivers must temporarily leave the workforce to care for family members.

Evidence from the implementation of paid leave policies at the state level reveals that families benefit and that productivity is not negatively affected (National Partnership for Women and Families, 2016). The Society for Human Resource Management, one of the chief opponents of paid family leave in California, issued a report finding that the law had created “relatively few” new burdens for employers and that employers’ concerns about the program “have so far not been realized” (Redmond & Fkiaras, 2010). Similarly, a survey of New Jersey employers found that a majority did not experience negative effects on profitability or increased paperwork, and no employer was aware of a single instance of the program being abused (Lerner & Appelbaum, 2014).

We can also expand participant-directed programs within the long-term service and support system, particularly those funded through Medicaid that permit beneficiaries to pay caregivers of their choice, including family members. Evidence from participant direction programs, such as the Cash and Counseling randomized control trial, has demonstrated that consumers and caregivers have high rates of satisfaction, low rates of unmet need, and that this type of service delivery model offers flexibility that cannot be achieved through traditional case management (Mahoney et al., 2006). This flexibility permits both individuals and caregivers to exercise choice and preference that supports them in better meeting their care needs (San Antonio et al., 2010) and in adapting to change over time (Harry et al., 2016).

### ***Expand Federal Recognition and Local Support for Older Adults Who Volunteer***

The Corporation for National and Community Service (CNCS) operates several model programs under SeniorCorps, including RSVP, the Foster Grandparents Program, and the Senior Companion Program, which together link more than 243,000 older adults to service opportunities annually (CNCS, 2017). However, SeniorCorps is currently threatened by federal budget cuts or elimination altogether, despite its success in engaging low-income adults in stipended service aimed at children or older adults who need assistance (Tan et al.,

2016). Instead of cutting or eliminating funding to these programs, there are compelling arguments for expansion. Not only do these national service programs have a history of broad bipartisan support but also the entire CNCS budget represents only 0.03% of federal spending (Mulhere, (p.91) 2017). SeniorCorps programs provided almost 75 million hours of national service in fiscal year 2017, and more than 1.2 million older volunteers, children, and veterans in need were served (CNCS, 2017). According to Belfield (2013), the social benefits are almost four times as large as the costs of these programs, and the taxpayer benefits are twice the taxpayer costs. Wacker and Roberto (2013) estimate a 26.1-fold return on the federal dollar for RSVP in 2011. However, these programs are currently only able to reach a small portion of the older adults who could benefit from them because most older adults do not know about these programs and racial and ethnic minorities, immigrants, low-income older adults, non-college-educated individuals, and the disabled continue to be underrepresented in these programs and also service programs in general (Wacker & Roberto, 2013).

Similarly, the promise of the Edward M. Kennedy Serve America Act of 2009 has yet to be fully realized in its potential as a tool for promoting productive engagement. This Act was significant in that it includes several provisions specifically targeting older adults and contains language that promotes service for older adults of all socioeconomic backgrounds by stipulating that organizations specifically target, recruit, and leverage the resources of seniors (Cutler, Hendricks, & O’Neill, 2011). However, the authorized ramp-up of AmeriCorps positions from 75,000 to 250,000 by 2017—10% of which were for those age 55 years or older—has not yet occurred because funding levels have not kept pace.

Finally, we can develop innovative ways to incentivize volunteering at the local level. Many municipalities throughout the country offer property tax work-off programs. For example, the town of Littleton, Massachusetts, offers property owners older than age 60 years the opportunity to provide volunteer services to the town in exchange for a reduction of up to \$1,000 on the amount paid on their property taxes via a minimum wage hourly rate (Town of Littleton, Massachusetts, n.d.). Some local communities have implemented programs that facilitate the exchange of non-cash incentives (e.g., “time banking”). In Montpelier, Vermont, the Administration on Aging has invested in a form of time banks called “Carebanks,” in which older adults can get informal care and support if they or their families pay regular premiums—in “time dollars”—earned helping to build community or helping other seniors in various ways (Cahn, 2011).

### ***Encourage Employers to Support Older Workers***

The federal and state governments and research institutions can be more active in influencing employing organizations to support longer working lives.

According to a recent Transamerica retirement survey, almost 80% of employers agree that they are supportive of their employees working past age (p.92) 65 years. However, workers are less likely to assess that their employers are indeed supportive (Collinson, 2016). There needs to be more research and dissemination of evidence that older workers and flexible arrangements create positive outcomes for all involved. In a randomized controlled trial, Cahill, James, and Pitt-Catsouphes (2015) found that older workers who perceived increased organizational support for flexible work options (the intervention) increased their expected retirement age over the course of 2 years. A second analysis of these same data revealed that having a greater sense of schedule control makes a difference for employee satisfaction with work–family balance even under conditions of high work unit pressure (James, Pitt-Catsouphes, McNamara, Snow, & Johnson, 2015).

There needs to be more education and advice to employers about options for recruiting and supporting older workers. Practices such as adding age diversity to the interviewing team, publicizing an “age-friendly” image, partnering with external organizations that connect employers with older job seekers, and implementing such innovations as “returnships” (an unpaid internship for a specified time) might help employers move beyond the current status quo with regard to hiring practices (Boston College Center on Aging & Work & AARP, 2015).

In addition to support from employers, there are policy options that can enhance the productive engagement of older adults. Berkman, Boersch-Supan, and Avendano (2015) suggest policies that invest in human capital throughout individuals’ lives that enable them to work longer, including early childhood education, poverty reduction, and health care access. Similarly, government can offer incentives for reinvesting in skill development, especially for blue-collar workers (Zissimopoulos, Goldman, Olshansky, Rother, & Rowe, 2015). The government can invest in research evaluating and strengthening current government programs, like the Senior Community Service Employment Program (SCSEP), that support low-income workers specifically. The government can also protect individuals from hostile work environments. The fair employment protection act would protect individuals from discrimination on various characteristics and identities including age, race, ethnicity, gender, gender and sexual identities, and disability.

### ***Support Transitions Between Working, Volunteering, and Caregiving***

Research confirms that older adults who volunteer while still employed are more likely to volunteer after retirement (Tang, 2016). Furthermore, retirement planning can lay the foundation for later-life volunteering. As such, it would be useful for organizations to develop employee volunteer programs geared toward offering continuity after retirement. For example, Intel's Encore Fellows program places retiring employees at a local nonprofit for an assignment that typically lasts 6–12 months, half- or full-time, and involves a commitment to work (on average) 1,000 hours; Fellows are paid a set annual stipend of \$25,000 (Encore.org, n.d.). Such an experience can facilitate the transition from the private sector to the nonprofit sector, in either paid or unpaid work.

We can financially support caregivers who transition in and out of caregiving and the workforce by acknowledging this important work via the Social (p.93) Security system. Legislation has been proposed that would not jeopardize caregivers' future retirement income from Social Security. This legislation (Social Security Caregiver Credit Act of 2014) would count time dedicated to caregiving toward employment history, with a formula assigning 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.

### **Transform Physical and Social Environments to Promote Productive Engagement**

Aging-friendly community initiatives show promise to improve physical and social environments to support productive engagement. Many local governments and community organizations are focusing on ways to reduce barriers and facilitate participation of older adults, improve the possibilities to age in place, and increase age inclusiveness (e.g., see AARP and the World Health Organization's [2007] age-friendly community initiatives). These efforts include increasing walkability and accessibility, improving public transportation, providing affordable housing options, promoting respect and inclusion, and ensuring essential health and social services. Although working, volunteering, and caregiving are all supported through any of these transformations in community infrastructure, many initiatives have specific goals in regard to these productive activities. For example, Age-Friendly NYC (2009) calls for action include the following: provide job training and search assistance to older New Yorkers, increase the number of paid job opportunities for older New Yorkers, promote intergenerational volunteering and learning through partnerships with schools and nonprofit organizations, provide new volunteer opportunities, provide counseling and support services to grandparents raising grandchildren, expand educational materials and supports available to family caregivers, explore policies that would allow more New Yorkers to take family leave when needed, conduct outreach and workshops on long-term care and

caregiving resources for employers in New York City, and expand training opportunities and other supports for paid caregivers.

New York City has since started to answer this call to action, expanding their Paid Sick Leave Law in 2014 by including grandparents, siblings, and grandchildren in the definition of family members, workers can take time off to care for. The city also enacted legislation requiring the Department for the Aging to survey unpaid caregivers in order to inform future legislation addressing their needs (Age Friendly NYC: New Commitments for a City for All Ages, 2017).

Finally, the COVID-19 pandemic has highlighted the challenges older adults face accessing resources in their communities. The pandemic has prompted temporary expansions of Medicare coverage for telehealth visits. The Centers for Medicare and Medicaid Services have already made some of these telehealth coverages permanent (Centers for Medicare and Medicaid Services, 2020). Passing the Protecting Access to Post-Covid-19 Telehealth Act of 2020 would further expand permanent Medicare telehealth coverage (H. R., 2020). This is an important step in eliminating barriers that older adults face in accessing healthcare. However, it is also important for policy makers to consider that telehealth still is not accessible to all older adults. Recent research found that 26.3 percent of Medicare beneficiaries do not have digital access at home (Roberts & Mehrotra, 2020). Therefore, supporting older adult's access to in-person healthcare services remains centrally important.

### ***End Discrimination and Bias***

The negative effects of discrimination and bias in any form and at any age have been documented. The aging population is very diverse, and there is evidence linking perceived discrimination on basic features of an individual—age, sex, race, ethnicity, sexual orientation, physical ability, weight, and appearance—with deleterious physical, cognitive, and emotional health, as well as negative economic outcomes (Allen, 2016; Marchiondo, Gonzales, & Ran, 2016; Sutin, Stephen, Carretta, & Terracciano, 2015). Individuals who perceive discrimination within the workplace are at greater risk of turnover and early retirement (Brooke & Taylor, 2005; Lim, Cortina, & Magley, 2008). Older adults with multiple vulnerable identities are susceptible to ageism and other biases (Sutin, Stephen, Carretta, & Terracciano, 2015), which underscores the importance of social workers to advocate for populations that have been historically discriminated at any age for any reason. The research on structural or institutional discrimination based on race is quite sophisticated (Delgado & Stephancic, 2012; Miller & Garran, 2008), and more can be done to link it with age discrimination, health, and productive engagement. We must see beyond stereotypes, whether negative or positive, and match the capacity of individuals with the employment,

volunteering, or caregiving role—as opposed to current stereotypes of incompetent, useless, and “greedy geezers” (Gendron, Welleford, Inker, & White, 2016).

Future research is needed to identify the prevalence and consequences of discrimination in various contexts (e.g., workplace, volunteer and community settings, and home), as well as the individual and institutional protective mechanisms that buffer health and social engagement across the lifespan. Greater understanding is also needed regarding the effects of the pandemic on age discrimination. Clearly, the pandemic has exposed the widespread ageism in our society: the threat of the virus was deemed “not that great” because it only killed old people (Barnes, 2020), there have been discussions of diverting medical resources to younger people in the face of shortages (Ault, 2020), and it was suggested that targeted lockdown of “seniors” could help reopen the economy (Acemoglu, Chernozhukov, Werning, & Whinston, 2020). The extent of job loss has been substantial among older workers, and previous experience from the 2008 recession suggests that reentering the workforce will be challenged by age discrimination (Bui, Button, & Picciotti, 2020). There has been concern expressed that we have been set back in efforts to promote a productive aging perspective (Morrow-Howell & Gonzales, 2020).

Current legislation seeks to strengthen protection against age discrimination. The Protect Older Workers Against Discrimination Act (POWADA) will reinstate Congress’ original intent for age to be a factor in an age discrimination claim, as opposed to the primary factor. The Fair Employment Protection Act of 2014 (H.R. 4227) will also protect employees from covert discriminatory practices based on age and other vulnerable identities. Employers and volunteer sites that foster inclusion can also benefit financially with a healthier workforce and stronger commitment of diverse employees.

### **Calls for Innovation**

Several specific issues warrant innovative, indeed transformative, solutions. First, there are not many examples of interventions to change attitudes and social expectations about later life or to confront ageism. Perhaps these changes will emerge as programs and policies further re-create the social roles of older adults. However, there may be interventions to accelerate these changes. It is necessary to seek creative solutions to reduce the widespread age discrimination and stereotyping that currently exist and fundamentally limit the participation of older adults in productive roles.

Second, solutions that directly address gender, ethnic, and racial diversity are essential, especially given society’s history of discrimination in the educational and employment sector. For example, older racial minorities are (p.95) underrepresented and under recognized

in the paid and volunteer labor force, and women provide the bulk of unpaid caregiving. American society has a long history of paid and unpaid roles that are tied to gender and race, and Butler (1980) drew parallels between ageism, racism, and sexism. Intervention development to facilitate productive engagement in later life will require innovative solutions that confront the exclusion of less advantaged older adults; otherwise, disparities in later life could increase.

Third, solutions must be developed from a life course perspective. Early and midlife health, education, work, volunteering, and caregiving experiences shape subsequent abilities to engage successfully in paid and unpaid work in later life (Hirshorn & Settersten, 2013). Attitudes and motivations for involvement in family and community are not formed when one reaches older adulthood but, rather, are shaped over decades. Significant innovation will be necessary for solutions that address how attitudes, expectations, programs, and policies can be shaped across the life course to ensure a productive old age.

### **Charge to the Social Work Profession**

Social work education traditionally includes curriculum on older adults, aging policies, and aging network services. However, the topic of the productive engagement of older adults requires a new perspective for social work because we have largely focused on human problems. Indeed, the roots of gerontological social work are helping with the inability to take care of oneself financially or because of disability or dementia. We must confront our own professional expectations and practices because social workers are as vulnerable to age bias and age stereotyping as anyone else. In fact, social work's important commitment to individuals who face challenging psychosocial life situations makes us more vulnerable to distorted views of the aging population. That is, we focus on problems older adults face, including dementia, disabling health conditions, mental disorder, isolation, and neglect, rather than focusing on the whole person and the strengths of each older adult. It is easy to forget that most older adults are living well, and those who face challenges still may be quite interested and capable of participating in productive activities—and often are—despite our misperceptions.

Correspondingly, our educational curriculums skew toward the problems commonly experienced in later life and fail to adequately capture the reality of normal human development throughout the life course. We use language, examples, and experiences that support age stereotyping. For example, discussions of later life in foundation social work courses are often relegated to a single class or reading, whereas discussion of issues related to youth and middle adulthood are well represented throughout the curriculum. Furthermore, (p.96) these discussions often conflate older adulthood with disability, with little focus on an

assets-based orientation in later life, intergenerational equity approaches, or understanding that disability does not preclude engagement.

Clearly, these are critical topics for social workers, and all social workers need to be equipped to mediate the great social transformation signaled by the growing proportion of older adults in society. Yet we fail to include content that portrays the reality of the capacity, desire, and strength of older adults and the potential to improve their lives and the lives of others via productive engagement. These issues could be incorporated into the curriculum in innovative and seamless ways, ranging from an exercise in which students are asked to reflect on maintaining or creating meaningful roles and identities across the lifespan, and particularly in later life, to staging a debate focused on intergenerational tensions/equity/fairness in different contexts and how these issues might be resolved with the goal of an age-inclusive society.

Infusion of productive aging perspectives into social work curriculum is facilitated by the reality that the productive aging framework is highly compatible with social work's person-environment fit perspective. The productive aging perspective focuses on programs, policies, and social contexts to leverage the growing capital of the older population. Interventions to promote working, volunteering, and caregiving focus on supports and opportunities, not on changing the individual older adults themselves. This person-environment fit approach positions social work to lead initiatives and partner with many disciplines to work toward maximizing the productive engagement of older adults. Colleagues from medical and allied professions, psychology, sociology, economics, architecture, business, and public health must be involved to make significant progress toward achieving an aging society that can be characterized, in part, by older adults' productive activity. Social work scholars are also leaders of research that examines productive engagement in later life with particular attention to issues concerning social and economic justice. The Productive Aging Interest Group, associated with the Hartford Geriatric Social Work Leadership Initiative and the Gerontological Society of America, is further evidence of social work's leadership on productive aging within gerontology as a whole.

### **Conclusion**

Population aging is transforming societies throughout the world. The demographic shift is creating significant challenges but also presents great opportunity. To complement long-standing problem-oriented approaches, such as fixing Social Security and reforming health care, we must take a more strengths-based perspective by focusing on increasing the productive engagement of a growing natural human resource: the older population (Freedman, 2011, p. 97). To do this requires applied research and innovations in policy and



programs across multiple disciplines and changes in assumptions about older adults and aging populations. Social work can help lead the productive engagement agenda with an emphasis on creating equity in opportunity for all older adults who desire to participate in productive activities.

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