## Critical Public Policies LO 4

The Social Security Act of 1935 was the first major legislation that included programs to aid older adults. (The development of this legislation is discussed in Chapter 2.) Old Age, Survivors, and Disability Insurance (OASDI) is the social insurance program that most people refer to as Social Security. Simply put, all working Americans pay taxes into the system during their working years, and they and eligible family members receive monthly benefits on retirement or in the event of long-term disability.

The average Social Security benefit for a retired worker in 2016 was about $1,341 per month (SSA Office of Policy, 2016). The benefits of Social Security are not shared equally across all populations of older adults. Many low-wage workers receive benefits that are not high enough to pull them out of poverty. Unmarried women, Latinos, and African Americans are the most likely groups to receive below-poverty-level benefits in part because of lower earnings throughout their working lives (Favreault, Mermin, Seuerle, & Murphy, 2007). Social Security was never intended to be a retired person's only source of income, but rather to supplement pension funds and savings. However, many older Americans do not have other sources of income. Only about half of married couples and less than one-third of women living alone receive pension or annuity income (Reno & Lavery, 2007). Social Security benefits play an important role in keeping people who are older out of poverty. More than 22 million older adults stay above the poverty line due to their Social Security benefits (Romig & Sherman, 2016). Although 8 percent of Social Security beneficiaries lived below the poverty line in 2016, without benefits the rate would have been 41 percent, almost five times greater. The majority of older people lifted from poverty due to Social Security benefits are women.

EP 5a

The original legislation did not include medical coverage. In 1950, President Truman signed an amendment to the Social Security Act that provided financial help to states for some health care costs of needy older adults. In 1965, this amendment grew into Medicare and Medicaid. The basic health insurance program for all people 65 and over is **Medicare**, a universal, federally funded, compulsory health insurance program for older people. Medicare covers basic health services, but does not cover nursing home care costs over 100 days or prescription drugs.

Medicare has four parts: Hospital insurance (Part A) helps pay for inpatient hospital care and certain follow-up services; medical insurance (Part B) is optional, with a monthly premium, and pays for up to 80 percent of allowable doctors' services, outpatient hospital care, and other medical services. Medicare Advantage (Part C) provides an expanded set of options for the delivery of health care, typically coordinated care plans through HMOs or PPOs (which are described in more detail in Chapter 9). Prescription drugs (Part D) provides subsidized access to prescription drug insurance. Part D is also optional, with the enrollee paying a premium.

**Medicaid** is a jointly funded (federal and state), needs-based health insurance program for individuals and families whose incomes and assets fall beneath a set amount. Medicaid covers hospital inpatient care, doctors' services, skilled nursing facility care, home health services, pharmacy services, mental health services, and long-term and short-term nursing home costs.



In 1974, the Social Security Act was amended to include Supplemental Security Income (SSI). This program includes cash assistance to people who are poor and elderly or poor with disabilities. The average monthly benefit for those over 65 years is $430 (Social Security Administration Office of Policy, 2016, but the amount an older person receives depends on other income and where the person lives. Some states add money to the basic SSI rate. However, in most states, SSI benefits are only 75 percent of the poverty level.

The Social Services Block Grant program provides federal funds for adult foster care and day care programs, as well as for home meals and other social services primarily for SSI recipients. The Older Americans Act (OAA) of 1965, which has been reauthorized several times, also funds social services like senior centers and nutrition programs.

Women, the primary caregivers in our society, pressed hard for passage of the **Family and Medical Leave Act (FMLA)** of 1993. The FMLA allows women and men time off from work to care for dependent parents and newborn children. The act requires covered employers to grant eligible employees up to 12 weeks of unpaid leave during any 12-month period for the birth of a child, adoption of a child, or placement of a foster child; or to care for a spouse, child, or parent with a serious health condition. As a result of this legislation, adult children can take unpaid leave to care for ailing parents, with a guarantee that they will not lose their jobs.

Gerontological social workers need to be aggressive advocates for elder care programs. However, the inevitability of funding cutbacks requires social workers to explore new, innovative approaches to home health care. The trend is for family members to provide care in their own homes or in the homes of the elderly. To make this work, family members and caregivers need technological and medical support and plenty of respite. The concerns of family caregivers and caregiver stress are discussed later in the chapter.

# The Roles of Social Workers

The general roles of gerontological social workers include direct practice, program planning, and administration in numerous settings. Although gerontological social workers draw on the skills presented in Chapter 6, there are also specialized techniques and approaches to working with older people.

## Current Practice Interventions

Case management services are the treatment method of choice for older clients who live in the community and need ongoing care. The first step is to complete a psychosocial needs assessment. Once Ms. Curtis's multiple strengths and needs are identified, her case manager will plan the appropriate interventions. The social worker would link Ms. Curtis with appropriate community resources, such as transportation services, household care assistance, adaptive