To be assertive and well-informed advocates, gerontological social workers need to master this extensive knowledge base. They must understand and be able to work within the political system to promote the rights of people who are older, the legal system to enforce the rights of older people, and the medical system to protect their rights.

Social Work Practice with People Who Are Older

As the population ages and people live longer, there is greater need for professional social workers. Although people of all ages have medical, economic, and social needs, these concerns become specialized as people get older. What are some of the unique dimensions of gerontological social work?

Historical Background

Although social workers have been employed in health care settings since 1905, the profession paid little attention to practice with older people until 1945 (Lowy, 1985). That year the first professional organization, the Gerontological Society of America, was established to promote age-related issues. Today it is a multidisciplinary organization of physicians, biologists, social workers, psychologists, and others that focuses on research and practice issues with older people. Two years later, in 1947, the National Conference of Social Workers highlighted a paper by social worker Rose McHugh on practice with people who are older. McHugh emphasized the dignity and uniqueness of older clients (Lowy, 1985). In 1958, the Council on Social Work Education, with support from the Ford Foundation, presented the Seminar on Aging in Aspen, Colorado. This was the first time social work educators discussed how to assess the social service needs of older clients and how to build a curriculum that prepared students to work with them (Lowy, 1985).

The federal government began to recognize the needs and contributions of older people in 1960, when it established the National Council on Aging. The first White House Conference on Aging was held in 1961 and led to a 1963 speech by President John F. Kennedy entitled "The Elderly Citizens of Our Nation." In this speech, Kennedy promoted housing, employment, and health care policies that would benefit people who are older.

The momentum from the 1961 White House Conference and Kennedy's 1963 speech led to the passage of several significant pieces of legislation. The Economic Opportunity Act (EOA) of 1964 funded community-based social services, including services for the elderly. The 1965 **Older Americans Act (OAA)** established the federal Administration on Aging (AOA) and statewide **Area Agencies on Aging (AAA)**, both of which were designed to coordinate and fund social services for older people. Unfortunately, both the EOA and OAA were and remain seriously underfunded. However, the federal government recognized the health care needs of people who are older with the establishment of the Medicare and Medicaid programs in 1965.

The 1960s also saw a dramatic increase in the number of skilled nursing facilities. Many nursing homes hired social workers to provide services for residents and their families. For the first time, social workers were beginning to adjust their practice knowledge and skills to the unique needs of older clients (Holosko, 1996).

A second White House Conference on Aging in 1971 identified ways to make life more rewarding for older people. The attendees concluded that the elderly should have adequate incomes, appropriate living arrangements, and independence and dignity. On the basis of conference recommendations, the federal Department of Housing and Urban Development (HUD) worked to provide better housing for people who are older. One HUD project included building rent-controlled apartments for older people on fixed incomes. These apartment complexes were modest, safe, and more attractive than most federally subsidized housing. In 1974, Supplemental Security Income (SSI) was added to the public assistance package provided by the federal government. SSI provides income for older people living in poverty.

During the 1980s, the American Association of Retired Persons (AARP) became more visible and lobbied to increase and maintain gains made by and for older people. AARP is a nonprofit, nonpartisan organization dedicated to helping older Americans achieve lives of independence, dignity, and purpose. With a membership of over 30 million, it is the most powerful organization of senior citizens. AARP's focus on quality-of-life issues and monetary benefits helped change society's perception of older people as poor, sick, or needy. AARP continues to increase awareness about the productivity of older people by highlighting their contributions to society.

Gerontological social work became an established field of practice in the 1980s. Social workers' need for research-based information led to the establishment of the *Journal of Gerontological Social Work* in 1980. By 1989, almost half the schools of social work with master's programs began offering a concentration or specialization in gerontological social work.

Unfortunately, during the same period, federal funding for social services to older clients was systematically reduced, and proposed cuts to Social Security overshadowed critical issues such as ageism, elder abuse, long-term health care, and the need to combat negative stereotyping of seniors (Cox & Parsons, 1993). The third White House Conference on Aging in 1981 sought to address several of these critical issues. Because little changed, the conference was widely viewed as unsuccessful. In 1995, the fourth White House Conference on Aging, despite high expectations, resulted in only one major message to Congress: Save Social Security and Medicare (Elder Law Issues, 1995).

In 2003, Congress enacted the **Medicare Modernization Act (MMA)**, which was initiated in January 2006. This legislation provided prescription drug benefits for Medicare eligible seniors by implementing a Part D benefit where members enroll with private companies to obtain prescription medications. Provision in the legislation does not allow the federal government to negotiate drug prices with the drug companies, a controversial position. Although the legislation did provide some relief for many seniors, it was widely criticized for its complicated enrollment process and variable coverage gaps. Passage of