

The Aging Policy Agenda - Are we framing it, or being framed?



By Robert B. Hudson

One of the least recognized but most profound developments in recent politics surrounding aging is that after half a century spent getting aging-related items on the public policy agenda, advocates find themselves now trying to steer clear. This is a function of fundamental changes in the nation's larger political landscape, and new (and often misleading) understandings about the well-being of today's older population. Context and construction both have contributed to this agenda transformation.

Constructing the Agenda

The modern era of aging politics, starting in the late 1950s, mostly concerned bringing the unmet needs of older adults to America's attention. Elder poverty rates hovered above 40 percent; many depended upon near-charity medicine to meet healthcare needs, and adult children often housed and provided income support for parents. Sporadic public policy initiatives in the early and mid-1950s had recognized some of these needs, principally through limited medical coverage under the Old Age Assistance program and disability insurance for older workers. Institutional recognition of elders came in 1961 with the establishment of the Senate Committee on Aging, which provided a platform to rally additional support.

Advocates argued that "something needed to be done" because older people were suffering from a host of ills: lack of access to healthcare; no recognition of their social standing and needs; discrimination in the workplace; abject poverty from inadequate or eroding incomes; loss of contracted pension benefits; and unique health and social needs unaddressed by federally sponsored healthcare research.

There soon followed a stunning decade of policy initiatives: Medicare and Medicaid; the Older Americans Act; the Age Discrimination in Employment Act; Supplemental Security Income; COLA protection for Social Security benefits; the Employee Retirement Income Security Act; and establishment of the National Institute on Aging.

The agenda for new policy initiatives soon dried up in the wake of this wave of activity, and as a result of changing economic and political circumstances. Only two major proposals were enacted across the next 30 years: the Medicare Catastrophic Care Act (MCCA) of 1988 and the Medicare Part D prescription drug program in 2003.

Yet in each of these instances there occurred a significant shift in agenda-setting policy, with the MCCA soon repealed because of pressures from an allegedly well-heeled older constituency, and the Part D program enacted as part of a grand bargain to partially privatize the program through a private sector administrative apparatus.

Two additional developments spoke even more clearly to the future political world of aging, where no agenda is a good agenda. The Greenspan Commission of 1983 wrestled with newly emerging short- and long-term Social Security financing issues, resulting in something of a draw involving benefit cuts and tax increases. And Newt Gingrich and the Republican “Class of ’94” tried but failed to wrest \$250 billion in savings out of Medicare (the same Medicare program Republicans now defend in opposition to President Obama’s Affordable Care Act).

Deconstructing the Agenda

To this point, those with interests in aging were either able to put forth proposals roughly on their own terms, or the debate was closely tied to aging-specific concerns. But the last quarter century has seen programs that not only threaten or curtail interests in aging, but also are caught up in larger agendas where elders are not the central concern—although older people will fundamentally be affected by what transpires. Three transcendent developments account for this.

Issue framing. Once upon a time, Social Security was about maintaining income in old age, Medicare was about access to affordable healthcare and Medicaid and long-term-care policy represented a last but decent respite for the chronically ill old.

Today, Social Security debates center on whether the trust fund is real and whether the program contributes to the deficit. The Medicare fight centers on whether it is an out-of-control old age entitlement or a major element of out-of-control healthcare spending. New initiatives in long-term care call for choice and family care giving, with the federal government supporting such efforts behind a sympathetic, though potentially cost-shifting, mantle.

In each of these framings, older people run the risk of being transformed from intended beneficiaries to victims of collateral damage from peripheral battles.

“Constructing” the aging. Traditionally, policies centered on older adults cast them in life-stage terms. “The elderly” were frail, alone, impaired and unable to support themselves—the quintessential deserving poor. More recently, elders have been understood more in cohort terms, where critics argue that today’s older people have been advantaged by common and largely positive life circumstances and expansive government programs.

Now there is a new historical or “period” understanding coming into play. A “lost economic decade” (2001 to 2011) and dire economic prospects will affect people across the board. Yet most attention is focused on young workers and families whose growing levels of unemployment, falling family formation rates and future prospects are cause for alarm on the right and the left.

Recent data find elders faring marginally better under these new circumstances, but do so without noting the low base upon which this presumed advantage is based. Thus, a cross-national literature on “new welfare risks” finds young, diverse and immigrant populations much at risk, with tag lines noting that older people are the beneficiaries of the lion’s share of existing programs.

Ideology trumps populations. From Ronald Reagan’s attacks on Great Society programs to Rick Perry’s characterizing Social Security as “a monstrous lie,” the prevailing definition of

what constitutes a problem and what can be done about it have shifted to the right. In Glenn Thrush's words on Politico, "every outcome for liberals is a loss at this point."

Proposals usually considered non-controversial—from extending unemployment benefits to providing relief to victims of natural disasters—have been caught in a frenzy of deficit reduction and limited government. George Bush's effort to partially privatize Social Security, Paul Ryan's proposal to turn Medicare into a defined contribution voucher program and Republican proposals to turn Medicaid over to the states as a block grant are vetted on ideological and cost-savings grounds rather than on an awareness of the precarious situations in which affected clienteles might find themselves.

Despite a host of needs of older women, elders of color and those with longstanding chronic illnesses, the preferred and perhaps strategic option in many instances for those in aging services is to lie low. In a negative-sum world, to be ignored may, sadly, be the best outcome.

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