FIS

Not Just Another Population

Carol D. Austin, Guest Editor

This special issue of *Families in Society* is designed to serve as a resource for the future development of social work practice with older adults. The issue begins with overview articles on practice and policy with specific examination of practice in health care settings. The next section is devoted to diversity issues. The remaining sections focus on capacity building with families, in communities, and within the profession.

Editing this special issue has been a stimulating and unexpectedly reflective experience. Having spent 30 years professionally focused on issues affecting older adults, I must confess that I forget other social workers may not look at these issues with as much urgency as I do. And yet, this should not be particularly surprising. As social workers we are continually faced with the challenge of working with numerous underserved populations in chronically underfunded programs. Compared to other areas of specialized practice, gerontological social work is relatively new. It has not historically been core to the profession, as social work in child welfare has been. Even recognizing this reality, I still find myself surprised that there is not more awareness of the challenges we face as the demographic, cultural, and social phenomenon of dramatic population aging fast approaches. For many, it appears, older adults are "just another population."

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As social workers, we do not live or practice in a vacuum. Our practice is grounded in a commitment to understanding the relationships between various client systems and the environments (cultural, economic, political) in which they function. We understand the significance of human development, the challenges and opportunities clients face as they move through the life course. Yet, even with these practice frames of reference, we are not personally or professionally immune to the power of the culture that surrounds us, a culture that glorifies youth, denies death, and transforms aging into a medical condition that can be cured and a cosmetic challenge that can be fixed. We live in a throwaway society, where, too frequently, we prefer the newer model. Ageism is not just profound and pervasive. Its ultimate power is that ageist attitudes are uncritically internalized and ageist behavior is too often viewed as acceptable.

Those of us whose careers have focused on practice, policy, and service delivery issues affecting older adults have been anticipating the challenges now being framed as "crises" for many years. The demographic data have been clear for some time. Perhaps predictably, this is how change occurs, with a crisis and not with a plan. Does the momentum for change, whatever direction, rest on the social construction of "crises"?

There can be little doubt that until recently there has been only minor momentum and focus on social work education, practice, and service delivery affecting older adults. Emerging fields of practice compete with more established settings for budget, positions, space, curriculum focus, students, and continuing education offerings. Another way to promote change, beyond declaring situations "crises," is to make new resources available, to provide incentives for innovation, to provide support and direct energy toward preferred initiatives.

Since 1999, social work practice with older adults in the United States has benefited from an infusion of foundation support; resources that provided the external stimulus. The John A. Hartford Foundation, the Robert Wood Johnson Foundation and the Atlantic Philanthropies have stimulated attention and work on gerontological social work education, research, continuing education and intervention focused on older adults. These investments are critical to the change process we have witnessed thus far. Yet much remains to be accomplished.

My view is that the biggest challenge we face is the medicalization of aging, the continued transformation of growing older into a series of diagnostic categories, organ systems, diseases to be conquered, and drugs to be administered; the dominance of curing over caring. The medical model reinforces the perception of older adults as frail, disabled, dependent, and passive. This emphasis diverts attention from policies, programs, and practices that address cultural and psychosocial realities. Although we advance a biopsychosocial model of gerontological practice, within a medicalized context, each of the three elements of this model may not be adequately addressed. William Thomas, creator of the Eden Alternative, writes, "For all its power, though, medicine remains strangely silent on the question of what use we are to make of our extended life spans" (Thomas, p. 104).

Another movement is now emerging, the transformation of retirement, an emphasis on civic engagement, and a new approach to community volunteering. Here population aging is a huge opportunity, not a burden. Here older adults are sources of experience, talent, and capacity. The emphasis is on strengths, integration, and building relationships, capacity, and social capital. While these may be identified as social determinants of health, the emphasis is decidedly on the social. In my view these developments provide an opportunity to expand the model of gerontological practice and recommit to advocacy and community work.

Older adults are the most diverse population of all. This group encompasses diversity of race, ethnicity, culture, gender, sexual orientation, and ability. As well, each person is the product of her or his life experience—a unique individual. Aging is a universal and dynamic process. Older adults may be our clients, colleagues, and friends, as well as our current and future selves. They (we) are not now, and in the future will not be, "just another population."

References

Thomas, W. (2004). What are Old People For? Vander Wyck & Burnham: Acton, MA.

Carol D. Austin, **PhD**, **RSW**, is professor, University of Calgary School of Social Work, Calgary, Alberta, Canada.