Aging in America
Policy Topic Paper
For the
National Federation of High Schools

By
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"Old age is like everything else. To make a success of it, you've got to start young." – Theodore Roosevelt

Contents

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Introduction

America's population is aging rapidly: nearly one in every seven, or almost 15 percent of our population, is 65 or older. Over the next decade, this number is projected to double. However, even though the United States has an aging population there is still a clear crisis when dealing with aging and its impacts on society.

The elderly used to be a highly respected group and were admired for their experience and wisdom. Changes in the political, social, and economic landscape altered perceptions about aging and ultimately decreased the status and position of the elderly in the United States. Older people are facing a crisis level of political disregard, disrespect, and marginalization. Prevailing social, political and cultural issues have far reaching impacts that merits far more attention than it is now receiving.

Older adults are ethnically diverse. Today, more than one out of five adults age 65+ is a person of color. This figure will more than double by 2050. By 2019, the Hispanic population aged 65 and older is projected to be the largest racial/ethnic minority in this age group.

Older adults are increasingly serving as unpaid caregivers for family members. More than one-third of the approximately 65 million Americans who are providing care for aging parents or a disabled family member are between the ages of 50 and 64. 2.6 million Grandparents are responsible for raising their grandchildren.

Older adults make valuable contributions by volunteering. Approximately one out of four adults age 55+ volunteers in their community. Americans are staying in the workforce longer. In 2016, more than 18 percent of people 65+ were still in the labor force. Older adults vote. 71% of citizens 65 and older reported casting a ballot in the 2016 presidential election.

Yet Some Older Adults Need Help:

Nearly 9 percent of older adults live in poverty. 80 % of older adults have at least one chronic disease; 77 percent have at least two. Chronic diseases account for 75 percent of our nation's healthcare costs and 95 percent of health care costs for older adults.

One in 10 older adults who live at home are subject to elder abuse, including physical abuse, psychological or verbal abuse, sexual abuse, financial exploitation, and neglect. There has been little research on elder abuse, but some research suggest the numbers are equivalent to child abuse. Elderly who live in settings other than their own homes or with relatives have received relatively little attention from either the research or the policy communities. However, elderly who live in residential settings that offer long-term supportive services are at particular risk for abuse and neglect. They are particularly vulnerable because most suffer from several chronic diseases that lead to limitations in physical and cognitive functioning and are dependent on others.

Definitions

Elderly - Traditionally, the "elderly" are considered to be those persons age 65 and older. By that definition, in 1987 there were just over 30 million elderly people in the United States, more than 12 percent of the total U.S. population of nearly 252 million (Table 3.1). This group makes up the vast majority, almost 96 percent, of Medicare recipients.[1]

(https://www.ncbi.nlm.nih.gov/books/NBK235450/#:~:text=Traditionally%2C%20the%20%E2%80%9Celderly%E2%80%9D%20are,252%20million%20(Table%203.1).)

Medicare - Medicare is the federal health insurance program for:

People who are 65 or older, certain younger people with disabilities, People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)

What are the parts of Medicare?
The different parts of Medicare help cover specific services: Medicare Part A (Hospital Insurance) - Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
Medicare Part B (Medical Insurance) - Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.
Medicare Part D (prescription drug coverage) - Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

(https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare)

Medicaid - Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

(https://www.medicaid.gov/medicaid/index.html)

Ageism - discrimination against persons of a certain age group. A tendency to regard older persons as debilitated, unworthy of attention, or unsuitable for employment.

Palliative care - is care given to improve the quality of life of patients who have a serious or life-threatening disease, such as cancer. Palliative care is an approach to care that addresses the person as a whole, not just their disease. The goal is to prevent or treat, as early as possible, the symptoms and side effects of the disease and its treatment, in addition to any related psychological, social, and spiritual problems.

(https://www.cancer.gov/about-cancer/advanced-cancer/care-choices/palliative-care-fact-sheet#what-is-palliative-care)

Predatory Lending - Predatory lending typically refers to the imposing of unfair, deceptive, or abusive loan terms on borrowers. In many cases, these loans carry high fees and interest rates, strip the borrower of equity, or place a creditworthy borrower in a lower credit-rated (and more expensive) loan, all to the benefit of the lender.

Predatory lenders often use aggressive sales tactics and take advantage of borrowers' lack of understanding of financial transactions. Through deceptive or fraudulent actions and a lack of transparency, they entice, induce, and assist a borrower to take out a loan that they will not reasonably be able to pay back.

(https://www.investopedia.com/terms/p/predatory_lending.asp#:~:text=What%20Is%20Predatory%20Lending%3F%20Predatory%20lending%20typically%20refers,loan%2C%20all%20to%20the%20benefit%20of%20the%20lender.)

Social Security - Social Security is the term used for the Old-Age, Survivors, and Disability Insurance (OASDI) program in the United States, run by the Social Security Administration (SSA), which is a federal agency. Though it is best known for retirement benefits, it also provides survivor benefits and income for workers who become disabled.

(https://www.investopedia.com/terms/s/socialsecurity.asp)

Timeliness

(http://fundingguide.giaging.org/guide/fast-facts-aging-in-america/#:~:text=America%E2%80%99s%20population%20is%20aging%20rapidly%3A%20nearly%20one%20in,find%20older%20adults%20among%20the%20populations%20you%20serve.)

Roughly, 1 in 6 Americans are 65 and over, and this is projected to rise to 1 in 5 by 2030. Resources to support older adults, including the number of caregivers, have not kept pace with population growth. In fact, the ratio of potential caregivers for each older person is sharply declining. According to AARP, "by 2030, the ratio is projected to decline sharply to 4 to 1; and it is expected to further fall to less than 3 to 1 in 2050."

(https://www.ncsl.org/research/health/comprehensive-policy-approaches-to-support-the-aging-population.aspx)

The coronavirus pandemic also underscored the importance of strengthening the systems that support older adults who are more susceptible to severe illness or death. Given the multiple challenges older adults face during the pandemic, such as increased health risks and social isolation, policy changes need to be explored.

By 2050, adults over the age of 65 will make up 20 percent of the U.S. population. The budgetary and policy implications of this demographic shift represent two of the greatest challenges faced by federal and state governments today. An aging population will place intense stress on our healthcare system, its funding sources, and American families. Lack of personal savings for long term-care and a fragmented and institutionally-dependent delivery system will pose significant risks to the health and quality-of-life of aging Americans. Our healthcare workforce will need to be re-tooled to manage the multiple chronic conditions prevalent in this vulnerable population. Addressing the needs of the elderly will be a top priority of policymakers at every level.

Meeting the health needs of an aging America requires policy proposals based on the best-available research evidence about how to improve access, affordability and the quality of health services. Today, for many reasons, health policymaking often fails to consider scientific research evidence fully. With aging Americans and their loved ones at risk, policymakers have a responsibility to inform their decisions with rigorous, objective evidence. At the same time, health policy researchers must find a way to present scientific results in a manner that is relevant to and applicable by policymakers. This topic area will create strong policy recommendations being made to address the health needs of older adults in the United States. The policy debate community has not debated the issue of aging in America since the 1988-1989 season when the resolution was; Resolved: That the federal government should implement a comprehensive program to guarantee retirement security for United States citizens over age 65.

(https://www.healthpolicyinstitute.pitt.edu/sites/default/files/SternCtrAddressingNeeds.pdf)

Status Quo

The Federal Government's response to Aging in America is a mixture of federal programs that are executed on the state level. Additionally, barring some major changes, the Older Americans Act is essentially operating the same way as it did when it was passed in 1965.

"Congressional concern about the lack of community-based support services for older people helped spur the passage of the Older Americans Act. Like Medicare and Medicaid, the Older Americans Act was passed in 1965 as part of Lyndon Johnson's Great Society reforms. The Act seeks to ensure retirement income, physical and mental health, suitable housing, employment, protection from age-based discrimination and efficient community services for older individuals. The OAA works to accomplish these goals through direct funding to states and state services and the creation of federal agencies designed to implement the Act."

(https://www.findlaw.com/elder/what-is-elder-law/what-is-the-older-americans-act.html)

Problem Areas

Health Care

Although estimates vary, today, older adults account for a substantial proportion of hospital days, ambulatory adult primary care visits, home care visits, and nursing home residents. Over the next 30 years, as the number of older Americans doubles, almost every medical specialty will have an increasingly older patient base. As a result, society is facing critical challenges regarding health and social services.
Our nation's decision makers are currently confronting an enormous range of specific challenges in health care for the aging. These include:

- Contributions to the Affordable Care Act
- Medicare payment reform
- Restructuring health care delivery systems (e.g., the medical home concept)
- Regulation of nursing homes and long-term care facilities
- Improving quality through financial incentives (e.g., Medicare's Value-Based Purchasing Initiative)
- The role of States in health policy
- Reauthorizing the Older Americans Act
- Strategies for chronic care coordination
- Mental health and preventive healthcare benefits in Medicare
- Health information technology
- Engaging consumers in health care quality
- Funding for health professionals training
- Setting priorities for biomedical and behavioral research in aging
- Providing care for the aging cohorts of U.S. veterans
- Strategies for individuals dually eligible for Medicare and Medicaid

At the same time, the substantial disparities that already exist within the older population promise to become even more pronounced in the future. Single, divorced, or widowed women as well as members of racial minorities and immigrant groups, whose numbers will increase substantially, are especially vulnerable to debilitating chronic health problems, poverty, and unmet health and social needs as they age. Many of these individuals have incomes below 200 percent of the poverty level, less than a high school education, and poor health status and limitations in daily activities. As the older population grows, so will the size of this vulnerable fraction of older adults who need more assistance than those who are fortunate to have good health, strong social connections, and adequate resources.
(https://www.healthandagingpolicy.org/health-and-aging-policy/policy-overview/)

The United States lags behind other developed countries when it comes to elder care:

A recent study that examined the health of people aged 65 years and older in the United States and 10 other high-income countries found that American seniors were sicker and more likely to face barriers in accessing healthcare than their counterparts in other countries.
The authors of the study, which drew on findings from the 2017 Commonwealth Fund International Health Policy Survey of Older Adults, said health insurance coverage in the United States likely plays a big role.
"Unlike other surveyed countries, adults in the United States do not have universal health insurance coverage until they reach age 65. This means that prior to getting Medicare at age 65, millions of adults may have a history of lacking health insurance," Michelle Doty, MPH, PhD, co-author of the study and vice president of survey research and evaluation at the Commonwealth Fund, told Healthline.
"When people lack insurance, they are more likely to put off getting preventive care, skip or not fill prescription drugs, and forgo seeing a doctor even when they are sick," she added. "Gaps in coverage and preventive care during Americans' working year's results in an older population that ages into Medicare with unmanaged chronic illness."
(https://www.healthline.com/health-news/seniors-in-united-states-less-healthy-than-other-countries#The-need-is-there)

Health and aging policies should be policies that aim to improve the whole well-being of older adults. This can include issues of income security and civic engagement. Policy areas that are debatable include:

Policies affecting older adults with multiple, serious chronic conditions – costs of care; impact of health care costs and access by race, ethnicity, gender, socio-economic status; improvements in the health care system including models of care coordination, integrated mental health and preventive care

Policies affecting the economic and physical security of vulnerable and disadvantaged older adults – access to low income benefits (Medicare, Medicaid, LIHEAP, food stamps, etc.), pensions and retirement income; employment and transitions to work; consumer protections (predatory lending, telemarketing fraud); financial literacy; nutrition and "food deserts"; environmental and transportation issues affecting older Americans

Policies that promote civic engagement (volunteerism and community engagement) by older adults and caregivers to improve the healthcare system and the wellbeing of older Americans (especially individuals with low incomes and people of color)

(https://www.healthandagingpolicy.org/health-and-aging-policy/policy-overview/)

Predatory Lending –

Why Predatory Lending and Foreclosures are on the Increase, several factors have led to the increase in predatory mortgage lending. Among them is the deregulation of the consumer credit industry in the 1980s, which lead to the weakening of state regulatory and consumer protection statutes. A change of the tax code in 1986, which established a preference for second mortgage interest over interest on other consumer loans, led to aggressive marketing by lenders of the tax benefits of home equity loans. Consequently, many formerly unsecured obligations, such as medical bills and credit card debt, are now folded into higher-rate loans secured by homes even if the low-income consumer gets little or no tax benefit. Another important factor is the increase in real estate property values from the 1990s through 2006. Some predatory mortgage brokers and lenders profit by making loans based solely on the value of the collateral, the equity in the home, rather than the homeowner's ability to repay the loan. When home values were rising, this practice was profitable because brokers and lenders could encourage homeowners to refinance the home multiple times, stripping-away the homeowner's equity by repeatedly charging excessive fees and commissions. Once the homeowner can no longer refinance or repay these high-rate, high-fee loans, the lender forecloses, purchases the home at auction, and resells it at a profit. This problem disproportionately affects the elderly, since they frequently have substantial equity built up over a long period of time and have little income to repay these loans. Elderly homeowners who have sought legal assistance frequently say that they were unaware of the terms of the loan agreement they were signing. Often the terms of the loan are not fully explained to the elder. At other times, home improvement companies, who often act as brokers for many of these predatory mortgage loans, will use high-pressure tactics or engage in other behavior to intentionally misrepresent or obscure the terms of the loan or its true cost. When elders get loans they cannot afford, they quickly fall behind and ultimately face foreclosure.
(https://www.nclc.org/images/pdf/older_consumers/consumer_concerns/cc_elderly_victimized_predatory_mortgage.pdf)

Financial Security

Financial security is a major issue facing the Elderly. Policy topics that encompass changes to social insurance programs such as Social Security and Medicare must consider the economic realities confronting elderly Americans.

Many of America's 41 million seniors are just one bad economic shock away from significant material hardship. Most seniors live on modest retirement incomes, which often are barely adequate—and sometimes inadequate—to cover the costs of basic necessities and support a simple, yet dignified, quality of life. For these seniors, and even for those with greater means, Social Security and Medicare are the bedrock of their financial security. Any proposed changes to these programs must be evaluated not just for their impact on future budget deficits, but also for their impact on living standards of the elderly.

https://www.epi.org/publication/economic-security-elderly-americans-risk/

Ageism

Ageism is a prejudice against older people and, just as with any prejudice; it creates serious issues in society. According the World Health Organization, ageism is most rampant in high-income countries, like the United States. Americans, as a whole, place great value on youth, beauty, vitality and the ability to earn a large income. Aging is, sadly, often seen as a debilitating process that robs people of these high-prized attributes.

In one study, 70 percent of older Americans said they had been insulted or mistreated because of their age. This can take the form of a server asking a senior's younger companion what the senior would like rather than addressing the senior him/herself or by the numerous portrayals in popular media of elders as crabby, incompetent, and superfluous.

Ageism and Health

The negative impact of ageism has been well documented. Stress, depression and a higher risk of heart disease result when seniors internalize negative messages from the media and from people around them. Older people who feel they are a burden to others see their lives as less valuable, increasing their risk of isolation and depression. Ageism can cause a damaging cycle: marginalization leads to low self-esteem, which in turn accelerates withdrawal and physical decline. A study from Yale showed that negative beliefs about aging may be linked to brain changes related to Alzheimer's disease – specifically, people who had more negative thoughts about aging had a significantly greater number of amyloid plaques and neurofibrillary tangles, two conditions associated with Alzheimer's. Another Yale study showed that positive attitudes about aging could extend one's life by 7-1/2 years – a greater lifespan gain than from low cholesterol, low blood pressure, maintaining a healthy weight, or even being a nonsmoker!

The Economic Impact

Ageism causes damage in other meaningful ways. Age discrimination in the workforce is sending many seniors into poverty. While The Age Discrimination Employment Act (ADEA) makes it illegal to discriminate against workers age 40 and over, as many as 2/3 of workers between the ages of 45 and 74 say they have experienced age discrimination at work. Older workers who lose a job spend a longer time unemployed than their younger counterparts and if they do find another job, it usually pays less that the one they left. And while the "official" unemployment rate for those 55 and older hovers around 3.5 percent, an analysis by Time Magazine revealed that when you factor in those working part-time who would rather be working full-time and those who have given up looking for work altogether, the unemployment rates reaches a whopping 12 percent. According to the National Council on Aging, more than 25 million Americans aged 60 or older are economically insecure.

Ageism Is Harmful Even for the Young

If the health and emotional well-being of the seniors in our life is not motivation enough to check our attitudes, consider this – research by Yale School of Public Health shows that younger people also are damaged by these negative beliefs. The study found a striking link between ageism in early life and poor health later on. When younger people talk about seniors as "a burden," make ugly jokes about the physical changes of aging, or hold unflattering stereotypes of the worth of older people, they reduce their own chances of healthy aging. Some experts believe this is because those who do not look forward

to their later years are less likely to be mindful of their health. It is never too late – or too early – to update our attitude and educate ourselves about age.

(https://seniorplanningservices.com/2017/08/21/ageism-america-hurting-us/)

Elder Abuse

Two other issues that have always been prevalent within the senior community are that of social isolation and elder abuse. Both issues have their own respective impacts, and it is worth noting that each one has significant consequences for our elderly.

Human interaction is a basic yet fundamental aspect of our basic health and wellness. Humans are meant to be social creatures. However, as we grow older, our likelihood of becoming isolated rises drastically. Social isolation causes a wide array of health effects such as higher blood pressure, cognitive decline, anxiety, depression, etc. This effect accelerates and poses a risk to the elderly population as they lose friends and loved ones due to aging.

One unfortunate consequence of this isolation is that seniors are at risk of being subjected to abuse in their advanced years. Whether it is physical, mental, or financial, abuse in any of these fields is deemed elder abuse. The type of abuse can differ widely, but it always ends in seniors being neglected and/or financially exploited. For seniors that are over the age of 60, the possibility is very real.

The types of abuse can be broken down into the following:

Sexual abuse

Abandonment

Neglect

Financial abuse

Physical abuse

Emotional abuse

Healthcare fraud

(https://www.medigap.com/stories/social-issues-facing-elderly/)

Scope

Robert P. Saldin, “The Long-Term Care Challenge'' explains: LTC refers to the services and support that over 14 million chronically ill or disabled Americans require to complete ‘activities of daily living,’ such as eating, bathing, and dressing. For those requiring this form of assistance, there is considerable variation in the level of need, the type of services necessary, and the location where this care takes place. At one extreme are individuals with relatively modest limitations who only may require in-home visits from a family member or aide for a few hours a week. At the other extreme are individuals residing in nursing homes who require round-the clock support.

Health-policy experts have recognized the cost of Long-Term Care as a serious concern dating back to the debates over Medicare in 1965. Given our aging population and the pervasiveness of smaller, more geographically dispersed families, LTC is only going to become more of a challenge for individuals, families, and states as time goes on.

Long term care of the elderly, when they reach a point of needing more care than can be given by family members, is an eye-opening and often heart-breaking experience. Long-term skilled nursing care is prohibitively expensive for many families running between $5,000 and $11,000 per month depending on the region of residence.

Range

A policy topic dealing with Long Term Care and Aging meets the criteria of the NFHS for several reasons:

1. This topic would provide educational ground to students in various areas: Long Term Care is expensive - so expensive that it can deplete a middle-class family's lifetime savings in a few short years. The middle class comprises a wide swath of Americans, from those just over the poverty line to those with health retirement accounts. Once individuals have burned through their assets to the point of impoverishment, Medicaid will come to the rescue. However, this intervention only shifts the burden to state budgets, which crowds out other spending priorities. Without reform, the aging population could impose significant constraints on America's vitality and position as humanitarian rights leader.

2. An Aging topic has a range of skill levels available to debaters. Students could get involved in economic debates, policy debates, and the more complex Kritik debates. A policy topic dealing with aging is accessible to novices since the primary action is easy to explain, but the topic has a lot of depth that more experienced debaters can sink their teeth into.

3. There is a large base of literature on the subject of Aging and long term care of elderly individuals that is both readily available but also ranges from commercial sources to in-depth scholarly articles. Additionally, aging does not go away and there is not much movement in the federal government on the issue of elder care, so the topic will be stable for the duration of the debating season.

4. All debaters of all backgrounds will have a family member, grandparent or parent, uncles and aunts, cousins, who face the aging dilemma. This topic is immediately accessible to students from all socio-economic and racial backgrounds.

Quality

Centering debates on the topic of elder care encourages students to investigate political, historical, scientific and economic discussions that are central to civic discourse. Because the elderly intersect with all facets of life, this topic will keep the interest of debaters interested in economics, health, healthcare policy, human welfare, racial inequity, colonialism, and more.

Material

There are several areas in which a rich base of research evidence and a high level of demand for policy change exist:

Prevention and Wellness interventions lower the cost of care and improve health outcomes by preventing the onset of disease entirely, detecting the early onset of disease through screening, and slowing or stopping the progression of disease. Within this broad category, screening and early detection; nutrition and diet; and patient education, empowerment, and physical activity. In addition, there is a significant shortage in the number of professionals who have the necessary skills to treat complex geriatric patients. Policy debates could support the use of new models of care to expand the role of caregivers, leverage the unique skills of nurses and other advanced practice providers, train the workforce in geriatric competencies, coordinate professional teams to manage care, and identify opportunities for engaging community health workers.

Coordinated Care interventions encourage healthcare payers and providers to move toward a more accountable system, where a greater portion of reimbursement is tied to patient health outcomes. Policy options include interventions related to care pathways and bundles, disease management programs, specialized units, discharge coordination and patient navigation, and coordinated delivery of primary and long-term care.

Patient Self-Care and Self-Management initiatives encourage patients to work with their providers to preserve their health status and minimize avoidable complications. These initiatives utilize strategies such as patient education to encourage healthy decisions and behaviors as well as technology enabled self-care. Better management of chronic disease can help patients with complex; co-morbid conditions avoid unnecessary interactions with the healthcare system, such as costly trips to the emergency room.

Palliative and End-of-Life Care refer to approaches that focus on relieving symptoms for patients with pain and terminal illnesses and providing support and resources for their family members. Approximately one-third of Medicare dollars are spent on patients in their last two years of life; these initiatives seek to reduce the suffering of patients at the end-of-life while creating considerable opportunities for healthcare cost reduction. Such initiatives hope to improve patient and caregiver satisfaction.

Medical Malpractice: A cost-effective, high-value healthcare system would ideally eliminate wasteful and unnecessary care associated with the practice of defensive medicine.

Long-Term Care: While reforming the current long-term care system is a major policy priority. A great deal of policy activity in long term care is happening at the state level, as state leaders use policy levers such as Medicaid waivers to deliver long-term services and supports. However, many significant gaps remain and additional policy options are needed.

https://www.healthpolicyinstitute.pitt.edu/sites/default/files/SternCtrAddressingNeeds.pdf

Interest

Discussing issues of the elderly may not have the "curb appeal" that other topics have. However, everyone knows of or has an elderly person who needs assistance. This would give students an opportunity to examine a growing problem in the United States. Students of today are more focused on other things (climate, racial equity, queer equity, political activism, etc.), and all of those things have their place. However, because of this, protections of the elderly may always "get put on the back burner"; this topic will help us all take steps back and see the pressing need for the care of the elderly.

Balance

Potential Affirmative plans

Although one may feel as though nothing can fix the issues facing our elderly, this is a complex issue that fresh eyes and new approaches can solve. In the face of a daunting task, here are several ways in which each respective issue can be tackled. Depending on the final topic wording, affirmative plans could include:

Improving and expanding the Social Security Medicare Program giving the elderly increased access to resources to pay for some or all of their Medicare premiums, deductibles, copayments, and coinsurance.

Insuring Social Security Retirement Insurance Benefits are stable and available for individuals who have earned enough credits and are at least age 62.

Increasing the Disaster Resources & Nutritional Benefits for Seniors. Programs like the Senior Farmers' Market Nutrition Program (SFMNP), managed by the Department of Agriculture (USDA), provides low-income seniors with coupons to access eligible fresh foods at farmers' markets, roadside stands, and community supported agriculture (CSA) programs.

In addition, affirmative plans can improve and/or increase the Department of Health and Humans Services' (HHS) Administration on Aging programs, which offer programs, and services related to aging, including Disaster Resources for Older Americans.

Swift debaters could plan employment opportunities for seniors by increasing employment opportunities through the Department of Labor (DOL) Senior Community Service Employment Program (SCSEP).

Mental Health Promotion by creating supportive and proper living conditions, which will be designed to offset the effects of social isolation and loneliness – while also preventing elder abuse.

It is also worth noting that identifying (and then optimizing) the treatment of mental health disorders such as Alzheimer's is key to preventing cognitive decline.

Increasing Exercise programs by promoting active lifestyles is one of the best remedies against the decline of physical health and mobility within the elderly population.

Financial Management plans that reducing the amount of debt Americans hold during their later years, it is important that you sit down to reassess your options and put all of your options on the table.

Elder Abuse Intervention plans that can increase the power of government resources such as the Administration for Community Living.

Potential Negative Ground

Government programs for the Elderly are ineffective and harm the Elderly.

The federal government spends an enormous amount of money on the elderly – far more, for example, than it spends on children.

At the same time, rules, regulations, taxes and penalties create enormous burdens for senior citizens when they do such ordinary things as work for wages, withdraw funds from an IRA or even try to insure for medical expenses.

Seniors who claim early retirement under Social Security face the highest tax rates in the nation when they earn more than a modest amount of wage income. These tax rates can exceed 90 percent, and they are far higher than the rates faced by Warren Buffett or Jeff Bezos. Some seniors face higher tax rates on capital gains and pension fund income than younger people at the same income level. Some are even taxed on their tax-exempt income! (https://www.forbes.com/sites/johngoodman/2022/01/28/how-government-abuses-the-elderly/?sh=2c9e9ebe1647)

Spending on the Elderly Trades off with spending for children. The U.S. government spends far more on social programs for the elderly than it does on children, even though a growing body of research suggests investments in early childhood can have substantial long-term benefits for individuals and society. Investments in early life can have particularly strong impacts on later-life outcome, especially for low-income children, including better health, educational attainment and earnings.

States Counterplans: as we learned on the criminal justice and water resource topics, the states counterplan is fertile ground for the negative.

Agent Counterplan; This counterplan ground is something we haven't had in a while, since there are non-governmental organizations that can do the job of the federal government and often do it without trading off or costing tax payer money.

Disad ground can include things like the Political Capital DA, Military Trade-Off DA, and Politics, since we will be nearing the next Presidential election if by the time this topic works its way around.

There is an argument to be made that extending life trades off with the quality of life.

Kritikal ground could include:

Gender: there is ripe ground for gender and ageism and the intersections. The ways in which we think about ageism are grounded in notions of femininity and gendered norms. Negative teams have a unique opportunity to employ unique forms or derivatives of feminism (e.g., feminist gerontology, womanist critiques because of the radicalized bodies excluded from healthcare intersecting with age, and so on).

Healthcare is also prime ground for critiques about race. Several authors have had discussions about the ways healthcare have relegated racial communities.

Racial capitalism and capitalism writ large are other negative critiques that can be used. The way that healthcare props up the capitalist enterprise is a point of contention amongst materialist and non-materialist scholars.

Security kritiks can also be employed due to the affirmative usage of healthcare as a security tactic by military regimens and the department of defense.

Potential Topics -

Resolved: The United States federal government should substantially increase its funding and/or regulation of health care services for the elderly.
Resolved: The United States federal government should substantially increase its public health assistance to the elderly.

Resolved: The United States federal government should substantially expand economic programs designed to aid the elderly in the United States.

Resolved: The United States federal government should guarantee retirement security for United States citizens over age 65

Resolved: The United States Federal Government should substantially increase its protection of the elderly in one or more of the following areas; Retirement benefits, Predatory Lending, and/or Medical Costs

Resolved: The United States Federal Government should reform Social Security