The White House Conference on Aging (WHCoA), held once every decade since the 1960s, offers a unique opportunity to shape the national landscape for policies affecting older Americans. Although some have debated the impact of past WHCoAs on public policy developments in the field of aging (Binstock, 2006; Cohen 1990), there is consensus that the 1961, 1971, and 1981 conferences were catalysts for the establishment of many key programs representing the aging policy of the United States today—including Medicare and Medicaid, the Older Americans Act nutrition program, the Supplemental Security Income program, the National Institute on Aging, Social Security reform, expansion of home care coverage under Medicare, and the Older Americans Act (Bechill, 1990). The 1995 and 2005 conferences primarily focused on reaffirming support for existing federal social programs, notably Medicare and Medicaid. Although few new initiatives were proposed, these more recent conferences highlighted a new vision of national aging policy. Framed on the concepts of aging as a lifelong process embracing all generations and recognition of the growing diversity of the older population and its vast reserves of talent and experience (Morrow-Howell, 2006), the 1995 and 2005 WHCoAs featured significant involvement of grassroots stakeholders, with more than 800 pre-conference events in 2005.

The Gerontological Society of America (GSA) always has had a special relationship with the WHCoA. GSA played an active role in many previous conferences; its members and staff were involved in numerous preparatory events and follow-up reports. In 2005, thanks to GSA-led cross-country forums, focus groups, and subsequent white paper recommendations, civic engagement was included as a key WHCoA theme (Morrow-Howell, 2006).

In that spirit, The Gerontologist committed to developing a Special Issue preparing for the 2015 WHCoA. We invited authors to contribute novel conceptual manuscripts that outlined a vision of older adults’ economic and retirement security, health, caregiving, and social well-being for the decade ahead. Since 2015 also marks the 50th anniversary of Medicare, Medicaid, and the Older Americans Act as well as the 80th anniversary of Social Security, we welcomed papers that explored ways to ensure the modification and/or continuation of these and/or similar programs. In keeping with the mission of The Gerontologist, we requested that articles focus on policy or practice.

In March 2014 when we developed our call for papers, very little was known about what shape the WHCoA would take in 2015. Indeed, even now, no date has been set for the conference. In the past, conference processes were determined by statute with the form and structure directed by Congress through legislation authorizing the Older Americans Act. To date, Congress has not reauthorized the Older Americans Act, and the pending bill does not include a statutory requirement...
or framework for the 2015 conference. However, the White House is committed to hosting a WHCoA in 2015, albeit as an invitation-only summit rather than a full-delegated conference. Selected as the Executive Director for the 2015 WHCoA, Nora Super brings both substantive expertise on the issues and the experience to help maximize outreach and engagement with older Americans across the country. The conference will be preceded by a series of five regional forums designed to gain input on the key issues from older Americans, their families, caregivers, and gerontological thought-leaders. The regional forums—scheduled from February to May—are being cosponsored with AARP and coplanned with the Leadership Council of Aging Organizations, a coalition of more than 70 organizations serving older Americans, with GSA among them. Participation is by invitation only, but the events will be webcast to various locations.

The WHCoA is encouraging people to submit their ideas directly through the “Get Involved” section on the Conference Web site at www.WhiteHouseConferenceOnAging.gov. The Web site provides regular updates on conference activities as well as opportunities for older Americans and leaders in the field of aging to provide their input and personal stories. Altogether, this new model is likely to be much less expensive than past conferences because it requires no hotel conference site contract nor travel expenses for thousands of delegates. And, although the benefits of this new format can be debated, it is good to see that the White House is willing to try new approaches. In particular, the 2015 WHCoA has already begun to leverage low-cost social media (e.g., blog posts and Twitter) and web-based teleconferencing (e.g., webinar), technologies that were not available to earlier conferences. As the first conference since Twitter’s creation in 2006, it will be interesting to see how social media shapes the 2015 conference—potentially raising visibility beyond its traditional constituents (i.e., the aging network) and stakeholder community organizations. Social media may help mobilize participants and the public to seek follow-up actions based on the Conference’s outcomes.

The 2015 WHCoA will focus on four areas: ensuring retirement security; promoting healthy aging; providing long-term services and supports (LTSS); and protecting older Americans from financial exploitation, abuse, and neglect. The articles in our Special Issue relate directly to these focal themes.

### Retirement Security

The WHCoA acknowledges that a secure financial foundation for retirement historically has been viewed as a three-legged stool—balanced on support from Social Security, pensions, and savings or investments (U.S. Department of Health and Human Services, 2015). However, as private pension options change and fewer workers spend long-term careers with a single employer, these sources rapidly are changing. Polivka and Luo (2015) recognize the importance of the three-legged stool of retirement. They blame the rise in neoliberal thought for the erosion of retirement security—particularly of vulnerable groups—in the United States. To counter this erosion, they recommend a universal private pension system, the shoring up of Social Security and Medicare through revenue increases rather than benefit cuts, and the expansion of stimulus policies.

### Healthy Aging

The 2015 WHCoA’s attention to promoting healthy lives for older adults puts a strong focus on physical activity, nutrition, health screenings, preventive care and treatment for chronic conditions, and enhanced partnerships across health care, aging, and housing services to support older Americans’ desire to remain independent, healthy, and vital in their communities as they age. Greenfield, Oberlink, Scharlach, Neal, and Stafford (2015) note that the 2015 WHCoA’s attention to “[c]reating and supporting communities that are age-friendly” (U.S. Department of Health and Human Services, 2015) indicates increasing recognition of the potential of such communities to promote older adults’ health and well-being and to prevent or delay the onset of disease and disability. The authors describe three general categories of “age-friendly community initiatives,” or AFCIs, including community planning, support-focused, and cross-sector partnerships. Following this conceptual overview, they posit four key policy-relevant questions with implications for the expansion of AFCIs, including which public policy supports are necessary for their implementation across diverse communities, how entities outside of aging can be engaged to collaborate, to what extent advocates for various models can work together, and how the outcomes of these initiatives can be rigorously evaluated.

Although not explicitly mentioned in the WHCoA’s focus on healthy aging, there are few more compelling or complex issues that will confront our aging society over the next decade than Alzheimer’s disease and related dementias. These health conditions impose enormous costs to our nation’s health and prosperity (Hurd, Martorell, Delavande, Mullen, & Langa, 2013). Assisted living facilities have become a primary place of residence for older adults with dementia. Current estimates suggest that up to 70% of assisted living residents experience some form of cognitive impairment (Zimmerman, Sloane, & Reed, 2014). Kaskie, Nattinger, and Potter (2015) review state regulations of assisted living facilities for those with dementia along three dimensions: environmental safety, staffing, and use of chemical restraints, advocating for a set of minimum national standards for these conditions and a surveillance system to ensure that these standards are met.

Gitlin, Marx, Stanley, and Hodgson (2015) review proven dementia caregiver interventions and note that few
have been translated into practice. They recommend key ways in which the United States could facilitate this process going forward, including (a) establishing conceptual clarity, consensus, and criteria to guide which interventions move forward for translation; (b) increasing funding for translational efforts; (c) improving the clinical relevance of evidence; and (d) promoting dissemination and use by creating a central repository for proven programs, integrating this knowledge into health professional training programs, and changing payment incentives for providers.

Garrett, Baldrige, Benson, Crowder, and Aldrich (2015) focus on the unique characteristics of the American Indian or Alaskan Native (AIAN) population and why it is important to address depression and dementia among these groups. They propose a national review of prevalence and incidence rates and amendments to Title IV of the Older Americans Act to better support the AIAN community.

Lin and Lewis (2015) review 13 countries’ national plans on dementia. They find that the United States focuses entirely on the concept of dementia-capable—the ability to fulfill the needs of those with dementia and their caregivers. They recommend, however, that the United States adopts the concept of dementia friendly, which is included in a variety of foreign nations’ plans, to create physical and social environments that better support people with dementia. They suggest that the United States goes a step further by adopting the concept of dementia-positive—seeing those with dementia as meaningful contributors to society.

Morrissette, Herr, and Levine (2015) draw on a human rights–based framework, calling for the WHCoA to prioritize a broad-based “palliative turn” in aging and health policy. Such policy would encourage the U.S. health care system to establish the social and economic conditions that would allow palliative care to be delivered efficiently and effectively, toward the goal of “improving the relief of pain and suffering and quality of life for older women and older men.”

Gonzales, Matz-Costa, and Morrow-Howell (2015) discuss the concept of productive aging—any activity that produces a good or service for society, whether paid or unpaid. Examples include volunteering, employment, and caregiving. They recommend policies and programs to better support productive aging and reduce health and economic disparities.

Recognizing the unprecedented number of older adults that are extending their time in the labor force, Pitt-Catsouphes, James, and Matz-Costa (2015) urge that the United States better leverages workplace health and wellness programs. They suggest new incentive structures that may increase older workers’ engagements in these programs—increasing their workplace longevity and shoring up their economic security.

Finally, Hanna, Bienvenu, and Noélker (2015) note that the arts are central to healthy aging. In this work, they review the progress that has been made since the 2005 WHCoA in this area, identify remaining gaps, and recommend additional evidence-based, empirical research going forward.

Long-term Services and Supports

Developing a plan to address the pressing financing, service delivery, and workforce challenges facing the nation’s unevenly organized system of LTSS is a priority for the 2015 WHCoA. Several papers in this Special Issue examine ways in which to improve the LTSS system. Lynn and Montgomery (2015) propose a model for providing higher quality LTSS care at a lower cost. Called the “MediCaring Accountable Care Community,” they believe that their vision for the care of frail, elderly Medicare beneficiaries would generate savings that could be invested into LTSS accountable care communities that would organize service delivery across a variety of providers.

Although they recognize improvements in LTSS over time, Kane and Cutler (2015) contend that the LTSS system is broken due to its overemphasis on safety, inattention to the physical environment, regulatory and professional rigidity, and poor communication—particularly at transition points. They recommend a variety of reforms, including a move toward single occupancy in publicly financed assisted living facilities and changes to the prerequisites for age-friendly communities.

Kane (2015) takes this idea a step farther by positing that the entire LTSS system, which has been shaped by payment policies and regulations, needs to be reinvented. In his “long-term care manifesto,” he proposes a variety of changes that would level the playing field between large institutional care facilities and community-based care. He argues that postacute care needs to be separated from LTSS. Finally, he contends that informal care should be the backbone of the system.

Rose, Noélker, and Kagan (2015) agree that informal care is key to the LTSS system’s success. As such, they note that family caregivers and the direct-care workforce need better access to caregiver respite services. They first review federal, state, and international initiatives, policies, and programs for respite care. Then, they create a template for the delivery, supply, and funding of caregiver respite care services.

As the pool of traditional family caregivers declines in coming years, Roth, Fredman, and Haley (2015) call for “a more balanced and updated” portrayal of both the negative and potentially positive health effects of informal caregiving to counter the prevailing narrative that providing care to a person with a disability is, in general, a highly stressful, overwhelming, and even dangerous activity. In particular, they highlight that well-controlled population-based studies that distinguish stress from caregiver status typically show better health outcomes for caregivers and point to
the need to better target evidence-based programs and other supports to the subgroup caregivers who are highly strained or otherwise at risk.

**Elder Justice**

In its first public communication about the 2015 WHCoA, the White House announced that one of its priority topics would be national action on elder “financial exploitation, abuse, and neglect” to help fulfill the vision of the Elder Justice Act, enacted as part of the Patient Protection and Affordable Care Act in 2010 (Muñoz, 2014). Pillemer, Connolly, Breckman, Spreng, and Lachs (2015) review key issues in the field of elder abuse, identifying three major challenges in preventing and treating mistreatment in older adults that relate to: (a) developing a knowledge base for elder mistreatment; (b) creating a comprehensive network of elder mistreatment services and training opportunities; and (c) forging a coordinated policy approach to reduce elder mistreatment. Within each of these domains of research, services, and policy, the authors recommend several promising initiatives that the WHCoA could address.

In sum, the 2015 WHCoA is the catalyst for developing an aging policy designed to meet the challenges and opportunities presented by the dramatic aging of our population in the decade ahead. The papers presented in this Special Issue highlight these challenges and opportunities while also showing us several innovative solutions through their thoughtful recommendations. We view them as visionary, laying the foundation for effective policies supporting an aging society in the years ahead.

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