“Productive aging” puts forward the fundamental view that the capacity of older adults must be better developed and utilized in activities that make economic contributions to society—working, caregiving, volunteering. It is suggested that productive engagement can lead to multiple positive ends: offsetting fiscal strains of a larger older population, contributing to the betterment of families and civil society, and maintaining the health and economic security of older adults. Advocates claim that outdated social structures and discriminatory behaviors limit participation of older adults in these important social roles as well as prevent the optimization of outcomes for older adults, families, and society. We ask two important questions: (a) How can we shape policies and programs to optimally engage the growing resources of an aging population for the sake of society and older adults themselves? and (b) How can policies pertaining to productive engagement reduce health and economic disparities? We answer these questions by first describing the current state of engagement in each of the three productive activities and summarize some current policies and programs that affect engagement. Next we highlight challenges that cross-cut productive engagement. Finally, we provide policy recommendations to address these challenges.

**Key words:** Productive aging, Employment, Caregiving, Volunteering, Disparities, Social policy
Ensuring economic security and meeting the health and long-term care needs of older people are major challenges associated with population aging. In addition to taking a problem-focused approach to address these serious challenges, we must also take a solution-focused approach, a social development approach. The concept of “productive aging” puts forward the fundamental view that the capacity of older adults must be better developed and utilized in activities that make economic contributions to society. We define productive aging as any activity by an older individual that produces a good or service for society, whether paid or unpaid (Bass, Caro, & Chen, 1993). For the purpose of this writing, we include: paid employment (including self-employment); caregiving for an adult or child with a disability; and volunteering for formal organizations. Demographic realities put pressure on job markets, the nonprofit and public service sectors, and families; and society will need a greater portion of older adults to be productively engaged as workers, caregivers, and volunteers. Under the right circumstances, this increased engagement can lead to multiple positive ends: offsetting the fiscal strains of a large older population, contributing to the betterment of families and civil society, and maintaining the health and economic well-being of older adults.

Yet there is evidence to suggest that outdated social structures and ageist attitudes limit older adults’ participation in these important social roles. The objective of this paper is to assess the current state of productive engagement of older adults and to consider challenges and potential changes that might lead to increased engagement. We ask two important questions: (a) How can we shape policies and programs to optimally engage the growing resources of an aging population for the sake of society and older adults themselves? and (b) How can policies pertaining to productive engagement reduce health and economic disparities?

We answer these questions by first describing the current state of engagement in each of the three productive activities. Under each activity, we review the current levels of engagement and relevant issues related to this engagement; then we summarize some current policies and programs that affect this engagement. We then discuss three cross-cutting issues that emerge from our analysis: inclusion, intersectionality of competing productive activities, and cumulative disadvantage. Finally, we provide policy recommendations to address these cross-cutting challenges to maximize productive engagement.

**Current State of Engagement**

**Employment**

**Levels of Engagement**

The overall size and composition of the labor force has undergone substantial changes due to population aging, limited savings for retirement, and desires to remain engaged. We can anticipate a decrease in the labor force participation rate of youths and prime-age workers from now until 2022, whereas the participation of older adults is expected to rise (Bureau of Labor Statistics, U.S. Department of Labor, 2013a).

The workforce will become increasingly diverse in terms of age, gender, race, and ethnicity. By 2020, one in four workers will be 55 and older (Hayutin, Beals, & Borges, 2013), with significant increases in the oldest old (Bureau of Labor Statistics, U.S. Department of Labor, 2008). The percentage of older women participating in the labor force increased by 147% compared with 75% of older male workers between 1977 and 2007 (Bureau of Labor Statistics, U.S. Department of Labor, 2008), where 40 million women aged 55 and older were working or looking for work in 2004 (U.S. Department of Labor, 2005). Although women have gained higher levels of education and expect to live longer than men, they also experience pay inequity and discrimination (Blau & Kahn, 2007) and have higher probabilities of living in poverty in later life due to caregiving demands when compared with men (Wakabayashi & Donato, 2006).

We can expect employment rates of older blacks and Hispanics to increase significantly in the coming years (AARP, 2009, 2011; Angel & Angel, 2015). Yet older blacks and Hispanics face unique work challenges, including limited education, low wages with fewer benefits, fluctuating demand for low-skilled jobs, physically demanding jobs, nonunionized employment, language barriers, and caregiving demands (AARP, 2011; Angel & Angel, 2015). Older Hispanics experience more layoffs compared with whites and blacks and higher-educated Hispanics are often overqualified for their jobs. Improving the prospects of working longer is especially important for blacks given that 22% are expected to have incomes twice below the poverty level at age 67, compared with 12% for whites (Butrica & Uccello, 2004).

**Current Policies and Programs**

The overall practice of saving for retirement has shifted from a “do-it-together” approach to “do-it-yourself” (Munnell, Cahill, Eschtruth, & Sass, 2004). Contributions from individuals, employers, and Social Security, known as the three-legged stool, represented the do-it-together approach. Yet employers have attenuated their role in the practice of saving for retirement with a shift to defined contribution plans (Bureau of Labor Statistics, U.S. Department of Labor, 2009) and withdrawing the provision of retiree health insurance (Fronstin, 2000). Half of the workforce, 78 million workers, lacks a pension (Office of Management and Budget, 2012), where women and people of color are
less likely to ever participate in a pension plan across their lifetimes (Dushi & Iams, 2008). People of color have very limited assets for retirement (Orszag & Rodriguez, 2005). And solvency of Social Security will require cuts, such as gradually increasing the eligibility age. These structural and lifetime experiences add pressure to work in later life, often in physically demanding jobs.

Major legislation such as the Civil Rights Act and the Age Discrimination in Employment Act (ADEA) aim to protect individuals from overt forms of discrimination during recruitment, promotion, and retention. After the Supreme Court’s ruling on Gross v. FBL Financial Services in 2009, the current interpretation of ADEA is that claimants must prove that age was the primary factor to a discrimination claim, which is difficult if not impossible to do. Thus, this national legislation to help protect older people from age discrimination is ineffective and treats age differently when compared with the protection from racism or sexism covered by the Civil Rights Act. Reversing this interpretation to the original intent of Congress, in which age is a factor, is warranted. Furthermore, there is an emerging movement to extend legislative protection for modern forms of workplace discrimination, hostility, and harassment (Chew, 2010) with the rationale that modern discrimination is pervasive, chronic, and negatively impacts mental and physical health and labor force attachment (Pearson & Porath, 2005; Williams & Mohamned, 2009).

The Workforce Investment Act (WIA) intends to provide counseling, training, and referral services which are essential to employ older adults. Yet this program serves less than 1% of eligible workers aged 55 and older (Heidkamp & Van Horn, 2008). Two performance measures may explain the low rates. First, including older adults into services adversely affects the program’s outcomes because they may accept new jobs that pay significantly less than their previous jobs, resulting in a downward wage mobility that negatively affects WIA’s performance. Second, it takes older adults a longer time to find employment when compared with younger workers, which in turn reflects negatively on WIA’s performance. Adjusting these age-sensitive performance measures may reduce the disincentives to serving older adults. The Senior Community Service Employment Program (SCSEP, Title V of the Older Americans Act) is the only federally funded program to help low-income older adults with employment opportunities. Unfortunately, there are ongoing discussions to reduce funding or even eliminate SCSEP (Congressional Budget Office, 2013) although programmatic evidence has shown that the benefits clearly outweigh the costs (Harootyan & McLaughlin, 2012). For example, SCSEP costed $825 million in 2011, yet half of the exiting participants obtained unsubsidized employment and the dollar value of community service was $1.4 billion.

Caregiving

Levels of Engagement

The National Alliance for Caregiving and AARP (2009) estimate that 65.7 million Americans (29%) provide unpaid care to an adult or child with functional impairment. About 13% of these caregivers are over the age of 65 years, and the number of older caregivers is expected to increase as Baby Boomers age and care for family members. The demand for caregivers in their 60s and 70s will increase with the growth of the over-85 population. The majority of caregivers are women and most of the care recipients are older adults with disabilities. Additionally, three million children in the United States are cared by a custodial grandparent (Pew Research Center, 2013). When including noncustodial grandparents, 7 million grandparents have grandchildren younger than 18 living with them (U.S. Census, 2012); and among non-coresiding grandparents, 33% provided between 50 and 199 hr of care, and 5% provided 500 or more hours of care a year (Luo, LaPierre, Hughes, & Waite, 2012).

Caregivers over the age of 65 are more likely to care for older recipients (spouses and siblings); to coreside; to be sole providers of care; provide greater amounts of care for longer durations; and to be in poor health (National Alliance for Caregiving & AARP, 2009). Ethnic older caregivers provide more hours of care for longer periods of time to more disabled care recipients with less social support (Dilworth-Anderson, Williams, & Gibson, 2002; Skarupski, McCann, Bienias, & Evans, 2009) and 19% of custodial grandparents are Hispanics and 24% are black (Fuller-Thomson, 2009).

Clearly, older adults are extensively involved in this largely unpaid productive activity and this work has been costed at $100 billion annually (Johnson & Schaner, 2005). The high value of caregiving must be understood in the context of its widely documented negative effects, including physical and mental health and economic costs (Feinberg, 2014). The impact of caregiving on lost wages and Social Security benefits for women equals $274,044 and $233,716 for men—including both lost wages and lost Social Security benefits (MetLife Mature Market Institute, 2011).

Current Policies and Programs

There is a long history of developing programs to support caregivers, including caregiver support groups, a wide range of psychoeducational programs, and respite opportunities. The passage of the National Family Caregiver Support Act in 2000 signaled the importance of caregiving and provided grants to states and area agencies on aging to shore up their services to caregivers, including delivering information and access to services (e.g., individual counseling, support
groups, training sessions, respite care). However, funds have been very limited and there is substantial statewide variation in service provision (Feinberg & Newman, 2006); and most caregivers, especially ethnic minority caregivers, are not likely to use these services (Magana, 2006).

The National Caregiver Support Act called out grandparent caregivers and encouraged the development of innovative services. AARP provides online information about grandparenting and there are models of intergenerational housing projects (e.g., Grandparents’ House in Baton Rouge, Louisiana; Grandparent Family Apartments in New York) where children and grandparents receive supportive services (Generations United, n.d.). However, the large majority of grandparents do not receive financial help or government supports for which they are eligible (The Annie E. Casey Foundation, 2012).

As social policies shape the long-term services and supports available to older adults, there has been uncertainty regarding the needs of frail older adults versus the distinct needs of their caregivers. Through various federal and state consumer-directed care models, care recipients can decide how to use allocated funds and family caregivers can be paid to provide the necessary services, and it appears caregivers benefit (Feinberg, 2014). The now-defunct Community Living Assistance Services and Supports (CLASS) Act of the Affordable Care Act signaled the importance of increasing the availability of long-term care insurance, and there were provisions in CLASS for consumer direction and direct payments to family caregivers. However, few consumer-directed programs or home and community-based service-waiver programs have services that focus directly on caregivers (Feinberg & Newman, 2006). The recent Federal Commission on Long-Term Care report elevated the importance of family care in the long-term services and supports system by calling for family-centered care, the assessment of caregivers as part of care planning, the inclusion of family in care teams, improving caregiving training, and expanding the availability of caregiving interventions (Chernof & Warshawsky, 2014). The National Council on Aging (2013) policy priorities include the development of caregiving assessments as one approach to ensure services directly to caregivers as well as a refundable tax credit for caregivers.

Volunteering
Levels of Engagement
Although the overall volunteer rate is somewhat lower among older adults (24.1% in 2013) compared with their younger counterparts age 35–44 (30.6%), age 45–54 (28.2%), and age 55–64 (26.0%), rates among older adults have increased by 65% since 1974 (Bureau of Labor Statistics, U.S. Department of Labor, 2013b; Grimm, Dietz, & Foster-Bey, 2006) and older adults commit twice the time to their volunteer activities than their younger counterparts (Corporation for National and Community Service, 2012). Applying the Independent Sector’s (n.d.) value of volunteer time, volunteer work by adults age 65 or older was valued at nearly $40 billion in 2012 and $62 billion for baby boomers (Corporation for National and Community Service, 2012), translating into significant value to communities and organizations.

The personal benefits of volunteering for older adults are substantial, including positive psychosocial outcomes (i.e., reduced depressive symptoms, quality of life, social supports and networks), physical health (i.e., functional independence, fewer doctor-diagnosed conditions, lower mortality), and cognitive health (i.e., mental status, memory, executive function) (Anderson et al., 2014). However, volunteerism also comes at a cost to organizations (i.e., recruitment, training, support of volunteers), and to individuals themselves (i.e., transportation costs, lost time for work or leisure). Thus, effectively recruiting and retaining older volunteers is essential to maximizing the benefits and minimizing the costs for everyone.

Not everyone has the same access or resources to volunteer. Across all age groups, women tend to volunteer at a higher rate than men, while whites volunteer at a higher rate than blacks, Asians, or Hispanics (Bureau of Labor Statistics, U.S. Department of Labor, 2013b). Generally, older adults are more likely to volunteer if they are highly educated, have higher incomes, work part time, are married, and have a spouse who also volunteers (Bureau of Labor Statistics, U.S. Department of Labor, 2013b; Rotolo & Wilson, 2006). Disparities in economic and health resources as well as other structural barriers (e.g., lack of knowledge about volunteer opportunities, lack of skills, time constraints; Center for Health Communication, 2004; McBride, 2007) may account for these differences. Volunteering can be inaccessible to older adults who need to earn an income, caregivers, or the disabled, all of which are circumstances more common among older adults of lower socioeconomic status (McBride, 2007).

Further, certain racial/ethnic groups may be undercounted in the volunteer labor force given that most of the national statistics include only formal volunteer activities and typically exclude informal helping (i.e., helping of friends and neighbors, mutual aid). AARP (2003) found that among individuals age 45 or older, informal volunteering tended to be most prevalent among African Americans and Hispanics. Older adults with lower educational attainment or racial minorities are less likely to be asked to volunteer (Toppe, Kirsch, & Michel, 2001).

Current Policies and Programs
Generally, nonprofit organizations that utilize volunteers have largely disregarded older adults, despite numerous
Programs that help to connect older adults to volunteer opportunities either by providing listings of volunteer opportunities or by matching older adults’ skills, experience, and interests to opportunities represent promising models. Some of these programs (e.g., AARP Experience Corps; ReServe, Inc.) offer small stipends to participants. Although these financial incentives are minimal, they reduce some of the costs of volunteering (e.g., travel expenses) and research has documented a positive effect of stipends on volunteer retention and on perceived benefits of participation among older adults (McBride, 2007).

**Cross-Cutting Challenges to Productive Engagement**

Three cross-cutting issues emerge: (a) inclusion, (b) intersectionality of competing productive activities, and (c) cumulative disadvantage. These issues must be confronted through policies and programs in order to increase productive engagement and reduce disparities in later life.

**Inclusion**

The promotion of work and volunteer activities in later life has largely benefited well-resourced older adults with higher education, income, wealth, health, and social ties; and are advantaged in current initiatives. For example, there is a movement toward employment transitions in later life which emphasize “second careers with a social purpose” and entrepreneurship (Freedman, 2008). This is indeed a positive development; but we must consider what second careers and self-employment might look like for lower resourced individuals, such as manual laborers or housekeeping service workers. In terms of volunteering, formal organizations often rely on volunteers who can afford the costs associated with volunteering and who “fit” with the culture of the organization. How can low-income, low educated, and less healthy older adults participate in such efforts? How can they include more men? In sum, the challenge is to confront the exclusion of less advantaged older adults in any productive engagement initiatives or run the risk of increasing disparities in later life.

**Intersectionality of Competing Productive Activities**

Despite evidence that older adults engage in multiple productive roles concurrently, organizations, programs, and policies have been slow to recognize this reality. Federal, state, and organizational policies do not widely support paid leaves for caregivers (Feinberg, 2013); and there is only limited availability of workplace flexibility options...
that facilitate working and caregiving (Executive Office of the President Council of Economic Advisers, 2010). Workplaces are not adequately facilitating full-time to part-time work transitions, bridge jobs, or career switching—which could enable older adults to work longer but also serve as caregivers and volunteers. Further, caregivers are penalized for stepping out of paid-work through lost wages and Social Security Benefits. Thus, there needs to be more attention to developing institutional structures that provide options for moving between productive roles, or at least not penalizing older adults for doing so.

Cumulative Disadvantage

The challenge of inclusion and intersectionality is closely tied to cumulative disadvantage and life course trajectories. Older adults who are at risk of being excluded often experience this disadvantage in early periods. That is, what people do in later life, what human and social capital they have, and what opportunities they encounter are shaped over a lifetime (Carstensen & Rowe, 2014). Even though programs and policies can encourage and facilitate activity, productive engagement of older adults is determined over the life course. It should be recognized that the investments in developing capacities for productive engagement among all children, youth and younger adults can be further realized if society extends opportunities and supports for ongoing engagement in the face of increased longevity. To date, a life course perspective has not been widely applied to productive aging, yet concepts of cumulative (dis)advantage clearly apply.

For instance, varying social and economic resources early in life are associated with disparate health and economic trajectories later on (Dushi & Iams, 2008; Kahn & Fazio, 2005; Miller & Chen, 2013; Shuey & Wilson, 2008; Wakabayashi & Donato, 2006; Walsemann, Geronimus, & Gee, 2008). For these disadvantaged subpopulations of older adults, there is great concern about their ability and opportunities to successfully engage in working, caregiving, and volunteering longer into the life course—despite the best efforts of programs and policies to be inclusive.

Policy Response

There is legislation in various stages of development that may contribute to the productive engagement of older adults as workers, caregivers, and volunteers (Table 1). Importantly, some of these programs and policies address the challenges of inclusion, the intersection of competing productive activities, and cumulative disadvantage.

Policies that address inclusion are a priority, given the immediate situation that the capacity of the older population continues to grow and it is likely underutilized at this moment. Removing barriers to employment and volunteering could result in higher levels of engagement which may, in turn, reduce reliance on social insurance programs, increase gross domestic product, bolster retirement security, and build a stronger nonprofit sector. Age discrimination is alive and well and current interpretation of ADEA leaves little recourse and protection for older adults needing to stay or enter the workforce. Modifying performance measures to be age-neutral can be realistically accomplished with the WIA; and passage of the Older Americans Act with expanded resources to Title V, SCSEP can remain a vital resource for low-income older adults to obtain the necessary counseling, training, and referrals to employers. Due to the changing race/ethnicity demographics as well as layoffs and unemployment that disproportionately impact older racial/ethnic minorities, we suggest hiring more bilingual job counselors for WIA and SCSEP. Finally, given the large body of research on the health, social, and economic benefits of volunteering, it makes sense to bolster federally funded volunteer programs. Evidence presented earlier lays out a strong case for the benefits of increasing employment and volunteer engagement, particularly for low-income older adults.

Thus, there are compelling reasons to pass the Protecting Older Workers Against Discrimination Act, Fair Employment Protection Act of 2014, WIA of 2013, and Older Americans Act (Table 1). Together, these policies would reinstate the original intent of Congress where age can be a factor in a discrimination claim, protect older workers from hostile work environments and harassment, and provide job training and placement opportunities—particularly for low-income older adults. Protecting Older Workers Against Discrimination is supported by Republican and Democrat voters in Arkansas (Brown, 2014) and WIA is cosponsored by both Republicans and Democrats as we write this manuscript (Congress.gov, n.d.). Movement on the Older Americans Act has stalled due to debates on the funding formula. Historically, these legislations have had bipartisan support because of the idea that these social policies enable individuals to contribute to the production of goods and services through employment and civic service. We hope that this common ground will facilitate the passage of these pieces of legislation.

A rapidly aging society without a comprehensive long-term care insurance policy results in tension between caregiving and paid-work. Although the CLASS Act had promise, it remains a long-term and complicated goal for policymakers. In the meantime, there is a need to reduce the tension between caring for a family member and paid-work. Policies under the intersectionality of competing
productive activities (Table 1) include: the Family and Medical Insurance Leave Act of 2013 and Schedules that Work Act. We include the Social Security Caregiver Credit Act of 2014 here as well because it may reduce the cumulative disadvantages women experience across their lifetimes and help close the economic disparities that exist in later life between women and men. Unfortunately, this bundle of social policy is not as bipartisan as the inclusion policies (see www.govtrack.us). However, evidence exists that companies perform better with flexible work policies that support elder/child care (Executive Office of the President Council of Economic Advisors, 2010; Moen, Kelly, & Hill, 2011).

Finally, it is evident that efforts of inclusion will be an upward battle with health and economic disparities developed earlier in the life course. We have learned from longitudinal population studies on employment/retirement that individuals who remain employed in later life do so because they have higher levels of accumulated human and social capital (Cahill, Giandrea, & Quinn, 2011; Gonzales, 2013; Lahey, Kim, & Newman, 2006; Maestas, 2010), and this capacity has more explanatory power than income and wealth on predicting employment in later life. Thus, while monetary incentives (e.g., reduced benefits for early retirement or delayed retirement credit) may prod some people to work longer, policymakers should consider an alternative perspective: to build and nurture human and social capacity as early as possible. Eliminating health and economic disparities earlier in life will likely result in an aging society that is fully engaged in productive activities later in life and give older adults more choices for engagement.

Thus, adopting a long-view approach, we highlight some policies that aim to reduce health and economic disparities in earlier life (Table 1). This includes supporting employer-sponsored health and wellness and safety promotion programs that can extend the ability of older adults to work for as long as they need or want. The Affordable Care Act is poised to respond. Given the do-it-yourself retirement structure, we need to increase the financial literacy and capacity among individuals. The President’s Advisory Council on Financial Capability, MyRA, eliminating paycheck disparities, and increasing the minimum wage can give individuals greater capacity to personally save for retirement. Aspects of these efforts appear to have bipartisan support. President

<table>
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<tr>
<th>Challenge</th>
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<tr>
<td>Inclusion</td>
<td>Protecting Older Workers Against Discrimination Act (H.R. 2852)</td>
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<td>Fair Employment Protection Act of 2014 (H.R. 4227)</td>
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<td>Workforce Investment Act of 2013 (S. 1356)</td>
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<td></td>
<td>Increased funding for Title V of Older Americans Act (“OAA,” S. 1562, H.R. 4122)</td>
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<td>Ensure cultural competency and hire more bilingual job counselors</td>
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<td></td>
<td>Increased funding for Senior Corps volunteer programs, via OAA</td>
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<td></td>
<td>Targeted recruitment/retention by Senior Corps volunteer programs</td>
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<td>Unemployment/layoffs</td>
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<td>Workforce Investment Act of 2013 (S. 1562, H.R. 4122)</td>
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<td></td>
<td>Increased funding for Title V of Older Americans Act (“OAA,” S. 1562, H.R. 4122)</td>
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<tr>
<td>Intersectionality of competing productive activities</td>
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<td>Family and Medical Insurance Leave Act of 2013 (H.R. 3712, S. 1810)</td>
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<td>Schedules that Work Act (H.R. 5159, S. 2642)</td>
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<td>Flexible work options for all jobs, including low-skilled</td>
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<td></td>
<td>Employers to provide elder and child care benefit and flexibility</td>
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<td></td>
<td>Social Security Caregiver Credit Act of 2014 (H.R. 5024)</td>
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<td>Cumulative disadvantage</td>
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<td>Low health</td>
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<td></td>
<td>Ensure access and utilization of health insurance (e.g., Affordable Care Act [ACA]); and support employer-sponsored health, wellness, and safety initiatives</td>
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<tr>
<td>Pay inequality</td>
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<td>Paycheck Fairness Act (S. 84)</td>
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<td>Lack of access to pensions</td>
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<td>Bolster MyRA and President’s Advisory Council on Financial Capability</td>
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<tr>
<td>Limited education, low-skilled jobs, physically demanding jobs</td>
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<td>WIA, Title V of Older Americans Act, plus education vouchers to obtain higher level occupations</td>
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<td>Low wage jobs</td>
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<td>Increase minimum wage</td>
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Note: ‘With amendments to age-sensitive performance measures.'
George W. Bush saw the importance of financial literacy and had created the Council in 2008. President Obama subsequently introduced policies to help strengthen these efforts.

In sum, there are several pieces of legislation under consideration that could increase the productive engagement of older adults by addressing the challenges of inclusion, the intersection of competing productive activities, and cumulative disadvantage. The specific prioritization of these bills is not evident, and clearly, the effects of any one of these initiatives would cross-cut the interrelated concerns. From the long view, the reduction of cumulative disadvantage by investing in the development of children and youth will decrease need to increase inclusion of more disadvantaged older adults and to mitigate the tensions between working, caregiving, and volunteering in later life.

Older adults currently make substantial economic and social contributions to society through the productive activities of working, caregiving, and volunteering. Yet this contribution might be increased, to the benefit of communities, families, and older adults themselves. The productive aging perspective takes a development approach to addressing the demands of population aging and views policies and programs as the levers that are needed to achieve fuller engagement. Policies that facilitate participation of older adults, and policies that build capacity across the life course, can utilize the productive capacity of individuals into the extended life course. Given the demographic trends, labor needs in the public and private sectors, and long-term care demands of an aging society, now is the time to strengthen policies and programs to support the productive engagement of older adults.

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**References**


