"This new textbook creates a paradigm shift with a very practical approach to problem solving. Its focus on well care rather than just sick care by understanding physical fitness, sexual fitness, consumer fitness, nutritional fitness, and social fitness, among others, all point to aging as an asset leading to civic fitness and the potential for intergenerational support. This text may help springboard gerontology into the 21st century as the field creating excitement and hope for students and teachers alike."

— Cullen T. Hayashida, PhD
Director, Kupuna (Elder) Education Center
Kapi‘olani Community College, University of Hawaii

This research-based yet highly engaging textbook for undergraduate and master’s-level college students ushers in a new paradigm of aging—that of aging as a positive stage of life. It offers an interdisciplinary perspective on the broad range of topics that comprise gerontology, using theoretical and research-based information while providing engrossing narratives and real examples of new trends, surprising findings, and controversial topics.

The volume dispels many of the myths about aging through careful reporting of facts, issues, and trends. It sheds a positive light on getting older by viewing the elderly and near old as a diverse, capable subset of our population. A discussion of roles in the family, workplace, and greater society along with physical and cognitive changes, health, sexuality, diverse living environments, retirement, finances, and cultural considerations reveals the challenges and opportunities faced by our rapidly aging population. Consideration is also given to problems of elder abuse, the politics of aging, and the issues of older women and minorities in regard to health disparities. Real-life scenarios of older adults, with video clips interspersed throughout, highlight special concerns, challenges, and triumphs, and narratives by leading gerontology professionals along with learning objectives in each chapter reinforce information. Included with the book is an instructor’s manual with true-or-false and multiple-choice questions, topics for discussion or essay assignment, and plentiful resources for additional research.

Key Features:
• Conceptualizes aging in America as a positive social revolution with far-reaching consequences
• Engages the reader with vivid narratives
• Includes practical applications of knowledge throughout the text
• Targeted to the needs of undergraduate and master’s-level gerontology students
Introduction to Aging
Judith A. Sugar, PhD, a nationally recognized teacher and scholar in gerontology, has served in leadership roles in prominent professional gerontological organizations, including the Association for Gerontology in Higher Education (AGHE), the Gerontological Society of America (GSA), and the American Psychological Association’s Division of Adult Development and Aging. She received her PhD in psychology from York University in Toronto. She has chaired the gerontology program at Colorado State University, and served as associate director of the Borun Center for Gerontological Research at UCLA and director of the Graham and Jean Sanford Center for Aging at the University of Nevada, Reno, where she continues to develop innovative approaches to teaching gerontology and recruiting students into the discipline. Her national and regional reputation in the field of aging led Governor Miller to appoint her to the Nevada State Commission on Aging, and she was later appointed as a facilitator for the 1995 White House Conference on Aging. Valued both by students and faculty, she has been honored with numerous awards as a teacher and scholar, including Fellow of the AGHE, Woman of Achievement by the University of Nevada, Reno, and the inaugural award for Distinguished Faculty Scholar by the Sanford Center for Aging.

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Michael A. Faber, MA, is a licensed social worker and holds a BS in gerontology and an undergraduate mental health and aging certificate from Madonna University. He earned an MA in sociology, specializing in aging and the life course, from Marquette University. He has worked with older adults, their families, and caregivers for the last 22 years in a wide variety of roles including case coordinator for frail homebound elderly, long-term care advocate, and dementia specialist. His current role is educational gerontologist and program administrator at GRCC. In his current position, he is responsible for fund development, programming, strategic direction, and the daily operations of the Older Learner Center, which serves older adults, their caregiving families, and aging service professionals. He teaches and coordinates the Gerontology Certificate Program. He has authored and coauthored numerous research grants in aging education/outreach and made many presentations at local, state, and national levels. He is a member of the team that produced the national award-winning Successful Aging television/video series, and has cofounded and coleads the nationally recognized Caregiver Resource Network (www.caregiverresource.net). He has served on a variety of boards and committees at the local, state, and national levels including the Membership Committee of the AGHE, as chair of the AGHE Community College Task Force, and as former chairperson of the Michigan Partnership for Community Caring Board of Directors. He is also Associate Editor of the AGHE Exchange—the national newsletter of the AGHE. In 2010, he was elected a Fellow of the Association for Gerontology in Higher Education, and awarded the Anthony DeVito II Memorial Award from the University of Michigan Geriatric Center.
Introduction to Aging

A Positive, Interdisciplinary Approach

Judith A. Sugar, PhD, Robert J. Riekse, EdD, Henry Holstege, PhD, and Michael A. Faber, MA
To “Teddy” Corfield, my mother, on her 91st birthday, for her inspiration on growing older with grace; to my mentors in gerontology, Marilyn Zivian and Jim Birren; and to my partner in life, Richard Tracy, who provides technical and editorial assistance, moral support, and encouragement.—JAS

To Sydney, Jenna, Taryn, Raina, and Ella Riekse for their enthusiastic intergenerational living and their potential to become pioneers in a new paradigm of aging across the 21st century.—RJR

To my parents, Betsy and Henry Holstege, who taught me how to meet the vicissitudes of life with grace and humor.—HH

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To the late Professor David Peterson for significantly advancing the field of gerontology across the United States and the world through his impactful teaching, research, writing, consulting, and administrative leadership while at the University of Nebraska and the University of Southern California.—JAS, RJR, HH, and MAF
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Our nation is experiencing an aging revolution. Its population is growing older at a rather remarkable rate. For the first time in its history, America is beginning to move away from a youth-based culture. However, there has been a lack of recognition of, and even a reluctance to recognize, the realities of an aging population on the part of many movers and shakers in the worlds of business, government, entertainment, religion, and advertising. But the realities must be faced.

In a newspaper article entitled, “A Nation in Denial About Its Age,” a CEO of a large nonprofit in Texas stated, “People don’t want to grow old—I just don’t think it’s a big issue for a lot of people” (Hull, 2008, p. 1A). The article went on to point out that “the graying of the population carries complex economic, political, cultural, and social implications for America” (p. 12A). The late Robert Butler, MD, a legendary gerontologist and geriatrician, stated that “the biggest challenge of all is actually denial” for a nation whose elderly population will almost double by 2030 (Hull, 2008, p. 1A). It is interesting to note that all of the persons who will make up this large number of older people in 2030 have already been born.

Some years ago the term gerontology was coined to describe the study of aging. Like many terms used to describe a subject area taught in college, gerontology is the joining of two Greek words; it literally means the scientific study of the old. What an appropriate area of study this is, given the realities of an aging America as well as an aging world. The study of aging is essential to understand the opportunities and challenges of the fastest-growing sector of our population.

The field of gerontology remains somewhat hard to define, despite the high level of professionalism of both the pioneers in the field and its current academic leaders. This is due in part to the fact that—as the late Professor David Peterson, a pioneer in gerontology at the University of Southern California, pointed out—gerontology is both an academic discipline and a profession. It has the characteristics and functions of both.

As a profession, “it is a field of practice in which professionals and paraprofessionals plan, provide, administer, and evaluate a variety of programs and services aimed at
meeting the needs of older persons and their families” (Peterson, 1993, p. 1). As Professor Peterson pointed out, the “real purpose of professionals is to apply knowledge in order to solve problems rather than to create knowledge for its own sake” (p. 2).

There is a range of jobs that use the knowledge and skills of professional gerontologists (Peterson, Wendt, & Douglass, 1991). What typically comes to mind are the jobs in the “aging networks” across the nation, in the wide array of agencies and organizations that focus all or part of their activities on meeting the needs of older people—for example, senior centers, area agencies on aging, respite care centers, adult day care facilities, senior meal programs, and many others. But some businesses are beginning to recognize the explosive growth of the older portions of the population, to appreciate older people as contributors to our society and consumers of products and services, and to acknowledge the need to have staff members who are knowledgeable about aging. Opportunities for professional gerontologists should grow rapidly in the years ahead.

As a discipline, gerontology is multifaceted and interdisciplinary. By necessity, it encompasses a broad range of subject areas that address the issues and conditions older people, their families, and persons who work with them experience. They include, but are not limited to:

- Psychology, because of the psychological changes and challenges older people and those around them experience as a result of the aging process, including personal adjustment to losses, interaction with family members and peers, and adjustment to some forms of dependency;
- Sociology, because older people live in social settings that affect their lives and experience social forces such as racism, sexism, and ageism, as well as social stratification and deviancy;
- Humanities, because older people and society can benefit from reminiscing about lifetime experiences as well as the enrichments derived from the arts and religion/spirituality;
- Political Science, because societal decision making—who makes decisions and how they are made—directly relates to the political power of older people and governmental programs that relate to our older population;
- Public Policy, because assessing the needs of various groups in society and devising strategies to balance and address these needs—particularly in the face of competing demands for limited resources—require public policy expertise;
- Medicine, because maintaining health into the later years and managing chronic health conditions, which generally increase as people grow older, should be top priorities of our health care professionals;
- Public Health, because health promotion, disease prevention, nutritional needs/awareness/safeguards, and coping with disability among the old present challenges to public health policies and strategies;
- Economics, because some older people are concerned with investment strategies and estate management while others are challenged by basic economic survival;
- Biology, because the biological process of aging is integral to the human condition and directly affects the lives of older people;
- Public Safety, because older people are the special target of confidence scams, schemes, and particular forms of abuse;
- Communications, because communication strategies can help older persons in their interpersonal relationships, and communication training will improve the ability of health care professionals to be more effective in promoting health and
diagnosing and treating their patients, and the ability of service providers to be more effective in designing, delivering, and advocating for social services;

- Architecture, because the physical living environments of older people in their homes, apartments, retirement homes, and long-term care facilities greatly affect the quality of their lives;

- Vocational Skills, because home repairs and adapting everyday items to the physical needs of older people are vital to safe and secure living;

- Education, because through educational programs older people can train/retrain for appropriate jobs, acquire coping skills for changing life circumstances, and gain enjoyment through avocational recreational activities; and

- Law, because millions of older persons face legal issues in trying to qualify for benefit programs, in attempting to comply with tax and governmental regulations, and in coping with estate planning.

Indeed, gerontology encompasses every academic discipline that in some way relates to the lives of older people and their families in contemporary America.

As gerontology is both a profession and a multifaceted academic discipline, what type of book is appropriate for an introductory gerontology course? Having taught gerontology courses for many years in community college and university settings, we have felt the need for a text specifically designed for the range of students who typically populate the introductory courses. Although many fine gerontology texts have been developed over the years, for some time we have looked for a text that covers the range of issues that persons interested in aging or persons working with or preparing to work with older people face on a practical level. This book is designed to systemically address the conditions, issues, opportunities, and problems people face as they grow older. It is designed to acquaint the reader with the realities of the aging process and with what it means to grow older in the 21st century; to describe theories about aging; and to explain the social and economic realities of aging in our society.

The methodology of the book is direct. Each chapter addresses the issues at hand, using extensive research in a simplified, applied manner. The application of important historic and current research to the issues older people face is the primary goal of this text. Current demographic and research data are used whenever possible. Some older research findings are included where they are appropriate or where more current data are not available. Extensive instructor’s resources are available by contacting textbook@springerpub.com.

This new book is developed for gerontology courses as well as other courses that have gerontology components—a trend we have seen develop in many colleges and universities. It is designed to be academically sound but easily readable by a range of students in our colleges and universities. The thrust of the book addresses the reality that we are facing a new paradigm in aging. By this we mean that the roles of older people (including the near-old, the young-old, the aged, and the oldest-old) in the family, in the workplace, and in the broader society continue to evolve. We explore this evolution as older people become more diverse, more capable in identifiable aspects, more numerous, and hopefully more productive and integrated into society.

Judith A. Sugar, PhD
Robert J. Riekse, EdD
Henry Holstege, PhD
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Judith A. Sugar, PhD

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pioneering a wide range of academic courses, programs, and services in aging education that have received state and national acclaim. Linked to the OLC’s successes is the administrative support for aging education at GRCC that dates back to the early 1970s under former president Richard Calkins, and former Executive Vice President Cornelius Evingaard, which continues under the creative leadership of President Steven Ender and Eric Williams, executive director for equity, community, and legislative affairs.

We also wish to express our appreciation to our partners in the aging network, especially Thomas Czerwinski, executive director of Region VIII’s Area Agency on Aging of Western Michigan, Inc., one of the most effective Area Agency on Aging directors in the nation.

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And, of course, we send our love and appreciation to our families who have provided support, indulgence, and a myriad of illustrations from everyday living.

Robert J. Riekse, EdD
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PART I

GROWING OLDER IN THE 21ST CENTURY
The learning objectives of this chapter include understanding

- How the United States and the world are experiencing an aging evolution—we are growing older.
- How this population paradigm shift calls us to be joyful for extended years of life but realistic about the personal and societal outcomes of longer life.
- The importance of mobilizing all sectors of society to address the realities of an aging society.
- The categories of older people—the young-old, the aged, and the oldest-old—each having different characteristics that uniquely impact society.
- How Baby Boomers will continue to impact the future of aging.

THE NEW AMERICAN REVOLUTION

America is going through a revolution. No, we are not being overthrown by some sinister internal plot or another nation. And no, we are not referring to the technological revolution that swept business, industry, and education beginning in earnest in the 1990s that continues into the 21st century. We are referring to a revolution that some key leaders are beginning to recognize—the aging of America. It is a paradigm shift in the overall composition of not only the U.S. population, but also the world’s population. As a whole, Americans are becoming older, and there are many more older people among us than ever before in our history (U.S. Census Bureau, 2011).

Upon first hearing this news, it may not sound too exciting or even interesting. We now have the opportunity to see what the aging of America really means to the life of each of us as individuals; persons in relationships; family members; students; workers; or potential workers, retirees, and citizens. We can begin to understand how this social revolution...
is changing America. This revolution is not over—it is not even slowing down. In fact, with the aging of the 76 million Baby Boomers (who began turning age 65 in 2011) this revolution is gaining momentum. If we think that the United States is experiencing many issues dealing with all of the needs of an aging population currently, to paraphrase old-time comedians, “You ain’t seen nothing yet.” But in a new paradigm of aging, this does not mean that an aging population with all its associated needs is something to be feared or looked at as a burden to society. It simply means that as a society, we have to be joyful for our extended years, realistic about the outcomes of longer life, and creative in mobilizing and utilizing our vast national resources for all sectors of our growing population.

AGE CATEGORIES OF OLDER AMERICANS

To better understand what an aging America means, it is important to look at whom we are referring to when we use terms such as older Americans, the elderly, senior citizens, mature persons, people of the third age, old people, and so forth. According to the U.S. Census Bureau, the overall older population is defined as people aged 65 and older. However, there are subcategories that are significant when studying aging. We will need to use these subcategories of the older age population to adequately address the characteristics, issues, and needs of each age group. For convenience and simplicity, the U.S. Census Bureau (2011) provides three subcategories of the elderly population:

1. The young-old (65 through 74 years);
2. The aged (75 through 84 years); and
3. The oldest-old (85 years and older).

In addition to these major subcategories of older people, two other distinctions are important: the frail elderly and the centenarians. The frail elderly refers to persons aged 65 and older with significant physical and mental health problems. Centenarians are persons aged 100 years or more. They represent a small but relatively fast-growing sector of the older population.

The reason these subcategories are important is because the characteristics, desires, strengths, and needs of people at different stages of life can be very different. There can be great differences between the vigor and good health of so many of those classified as young-old to the multiple chronic conditions and frailties of so many of the oldest-old. This obviously does not mean that all persons who are in the young-old category are vigorous and healthy, but there is a greater likelihood of this being the case. Nor does it mean that most of the oldest-old persons are frail and living in a nursing home, but there is a greater likelihood of having some form of dependency as a person moves into the oldest years of life.

It is important to know that the fastest-growing sector of the American population is made up of persons 85 years and older. This is not the largest sector of our population—far from it. This group of the older population is important to focus on because the oldest-old consistently need the most assistance with their daily activities and the most support from their families, community agencies, and long-term care facilities to survive (U.S. Census Bureau, 2011).

THE EMERGING OLD

It is no longer adequate to consider just the categories of those persons aged 65 and older when studying the field of gerontology. Another cohort of our population that is not technically defined as old or elderly has great impact on the study of gerontology. This
is the cohort called Baby Boomers, those persons born between 1946 and 1964 numbering between 76 and 77 million persons, depending on how immigrants are counted. The first of the Baby Boomers began turning age 62 in 2008 (the first year they could begin collecting old age Social Security benefits) and age 65 in 2011 (U.S. Census Bureau, 2011).

THE YOUNG-OLD

In contrast to the oldest-old sector of the population that is more likely to have characteristics that make them vulnerable and dependent, today’s young-old (aged 65 through 74 years) are more likely to be entering their later years with relatively good health, higher educational attainment, more vigor and vitality, more mobility, and financial security. Of course, this is a generalization. The people in this young-old group are more likely to have these characteristics, just as we have seen that the members of the oldest-old category are more likely to have other characteristics. Obviously all cohorts (age group categories) of the population—youth, young adults, middle-aged, young-old, oldest-old—are heterogeneous. They are all made up of different people with a wide range of needs and resources. Nonetheless, the young-old can be described as a pioneering generation in health, affluence, and vitality.

Who Are the Young-Old?

The young-old are the youngest category of the population generally referred to as elderly. They are persons aged 65 through 74, by far the largest segment of the elderly population. Of the 40.3 million older people in the United States, over half (21.7 million) are in the young-old category compared to 13.06 million aged 75 through 84, and 5.4 million aged 85 and older (U.S. Census Bureau, 2011).

Among the young-old, the number of men compared to women is much closer than in the two other elderly categories. The excess of women is most pronounced at older ages. This is termed the sex ratio, which is defined as the number of men per 100 women. A sex ratio of 100 would show an equal number of men and women. A sex ratio under 100 would show more women than men. At birth, the sex ratio in the United States is about 105, meaning more boys are born than girls. Because death at every age is mostly higher for men, the sex ratio declines as people age. This sex ratio progresses through ages 85 and older, which results in more and more women compared to men as the population ages. As a result, for the three categories of older people, the sex ratio decreases as people progress from the young-old, the aged, and the oldest-old. However, between 2000 and 2010, the sex ratios increased somewhat for the three older-age categories due to increased longevity for men at the older ages (U.S. Census Bureau, 2011).

Health and Vigor of the Young-Old

When some people think about the elderly as a whole, they picture frail, weak, dependent persons, some in nursing homes and many confined to their homes. This is certainly not a picture of the young-old. Some 78% of the young-old consider their health to be good to excellent compared to 66% for persons aged 85 and older (Older Americans 2010). The rest consider their health to be good, or excellent.

The following chart (Figure 1.1) demonstrates the differences the various age categories have in relation to selected chronic health conditions that cause limitations of activity.
The Young-Old Helping Parents

Even though the health and vitality of the young-old person is likely to be good, it is this group and the middle-aged sector of the population that bears most of the responsibility for caring for aging parents and other elderly relatives. It has long been established that family members provide 80% to 90% of the care needed by the dependent old (Brody, 1990). Never before has there been so many middle-aged and young-old caregivers providing so much care to so many oldest-old dependent relatives. A MetLife Mature Market Institute report in June 2011 indicated that the number of adults aged 50 and older caring for parents has tripled since 1994. And an AARP study in 2009 showed that as many as 61.6 million family members were providing care for an older adult during that year (Abrahms, 2011).

Financial Status of the Young-Old

As might be expected, the young-old tend to be better off financially than persons in the aged and oldest-old categories. The young-old are likely to have higher incomes (65+ in the United States, 2005).

In looking at income and poverty rates for the young-old compared to the aged and the oldest-old, it is easy to understand why the young-old are better off. Even though there had been a trend toward early retirement, many more of the young-old are working compared to persons in the other elderly categories. And many in this category have had better paying jobs with pensions. Higher incomes also impact the amounts of Social Security benefits workers receive in retirement.

Mobility and Location of the Young-Old

It is the young-old who are likely to move, especially to put some fun into their lives. Research indicates that it is the healthier, financially secure, and younger old that typically
travel to better climates or more ideal living environments in retirement. The frail-old, according to research over the years, particularly the oldest-old, are less likely to move unless they need to be placed in a nursing home or move to an area where they have relatives and friends when they need assistance with daily living (Rosenwaike, 1985).

**Widowhood and Living Alone**

Widowhood is much more common for elderly American women than for older men (Older Americans 2010). Women aged 65 and older are three times as likely as men to be widowed. Among the young-old, only 7% of the men are widowed compared to 25% of women. And among women 85 and older, 76% are widowed.

Closely related to widowhood is the probability of living alone. As women grow older, the likelihood increases that they will live alone, regardless of their ethnicity. This is because of the shorter life expectancies of men and the tendency of men to marry younger women. But living alone for young-old women does not necessarily mean they are isolated or experiencing a poor quality of life. If their health and economic status are reasonably good, research going back many years has shown that women living alone can live satisfying lives (Chappell & Badger 1989; Riley, 1983). Women are better at developing and maintaining social contacts. They typically have more and better friends. Many enjoy not being dependent on others.

**Implications of a Vigorous Young-Old Population**

The emergence of a pioneering generation experiencing better health, greater affluence, and more vitality is having, and will increasingly have, significant impacts on the people in this age category, and on businesses, governments, and society as a whole.

**THE OLDEST-OLD: A PIONEERING GENERATION IN LONGEVITY**

The oldest-old sector of the elderly population—persons 85 years of age and older—has been defined previously. Having people in this age category among us is not new in America. Benjamin Franklin was in his 80s when he participated in the Constitutional Convention in 1787, but he was an exception. Most of the men who developed the U.S. Constitution were young. America has been a “young” nation, young in years, young in its people, and young in spirit; but the dramatic aging of its population is bringing about a social revolution.

**The Growth of the Oldest-Old Population**

Nowhere is the aging of America more evident than among its oldest-old population. Never before have we had so many people in this age category. As we have not had significant numbers of persons in this age group, not much attention had been paid to their characteristics and needs. Indeed, it was some years ago (1984) that the term oldest-old was coined by the American Association for the Advancement of Science (Suzman, Manton, & Willis, 1992). In that same year, the U.S. Senate Appropriations Committee recognized the importance of the rapidly growing oldest-old sector of the population and set up funds for the National Institutes of Health to carry out research concerning persons in this age group. Since that time, research and interest in this sector of the population have grown rapidly.

The oldest-old population could grow from 5.7 million in 2008 to 19 million by 2050 (U.S. Census Bureau, 2010). Some researchers predict that death rates at older ages will
fall more rapidly than is characterized in the U.S. Census Bureau’s projections, which could lead to faster growth of this aged population (Older Americans 2010). This is because Baby Boomers will move into the oldest-old category.

**Characteristics of the Oldest-Old**

The following are characteristics that tend to define the oldest-old population:

**Female Predominance**

At all ages, the death rates for men are higher than those for women. As a result, as people grow older, there are fewer and fewer men compared to women. This has been identified earlier as the sex ratio. The 2000 Census indicated that the age of 85 years was the point at which there were twice as many women as men. That age point has increased by 4 years to the age point of 89 years, according to the 2010 Census. This later age point is further evidence of the narrowing gap in mortality between men and women at the older ages (U.S. Census Bureau, 2011).

Although the sex ratio of the oldest-old has indicated increased numbers of men between 2000 and 2010 and is expected to decrease in the future, it is still projected to show about 5 million more women than men in this oldest-old age category.

**Higher Levels of Disability**

As people get progressively older, their chances of having multiple chronic health conditions increase. Similarly, with advancing age, the need for assistance with the basic activities of daily living (ADLs) increases. ADLs include such functions as bathing, dressing, getting out of bed, going to the bathroom, and feeding oneself. The following chart (Figure 1.2) demonstrates the increase in assistance needed as people age.

**Less Likely to Be Married**

Only 15% of women aged 85 and older are still married compared to 55% for men the same age (Older Americans 2010). This has major social and economic implications for the lives of older women.

**More Likely to Live in a Nursing Home**

The likelihood of living in a long-term care facility increases with advancing age. Only 2% of people aged 65 to 74 live in a long-term care facility or community housing with services, compared to 15% of those aged 85 and older living in a long-term care facility, and 7% living in community housing with services (Older Americans 2010). And almost three fourths of older nursing home residents are women according to studies over the years (Centers for Disease Control and Prevention, 2004).

**Implications of a Booming Oldest-Old Population**

The main reason the study of the oldest-old has become so important is not simply because there are so many oldest-old people, nor is it because this group makes up the fastest-growing sector of our population—and will continue to do so for years to come. The primary reason these people are so important is because they are having and will continue to have major impacts on themselves, their families, other groups in society, and governments.

**Impact of the Oldest-Old as Individuals**

When the authors surveyed members of the oldest-old group on how they prepared or looked forward to becoming 85, 89, 91, or 94 years of age, most laughed and said they had no idea or no expectation that they would ever live so long. Being so old and knowing there are many like them were not part of their expectations while they were young.
or middle-aged. To be sure, there were oldest-old people in the past, but not so many that reaching oldest age was a common expectation. Hence, a large proportion of our current oldest-old people did not prepare for these very elderly years. It could be argued that even if many had expected to live to 85 years and beyond, the social and economic conditions through which they lived offered limited opportunities to plan and prepare for these years. Having been born in the late 19th or in the early 20th century, these people lived through two world wars and the Great Depression plus other foreign and domestic crises.

Compared to today, there was little emphasis on health and wellness in the matur- ing years of our oldest-old. Cigarette smoking was considered a norm, especially for men. Physical fitness and nutrition counseling were almost unknown. Essentially, phy- sicians had no training in nutrition until relatively recent times. And trying to survive through the economic crises of the 20th and 21st centuries has left many of the oldest- old incapable of coping with today’s prices and expenditures for everyday living.

Women Live Longer—Implications

We have already noted that the death rates for men are higher than those for women at all ages. Women simply live longer than men do—currently, by about five years. The longevity advantage of women has great implications for the oldest-old. As noted, the proportion of widowed persons is higher at the older ages. Older women are more likely than older men to live in poverty. And poverty tends to increase with age (Older Americans 2010).
I. GROWING OLDER IN THE 21ST CENTURY

Women Predominate in the Dependency Years

Longer life expectancies, with women the clear winners, can bring mixed results for the oldest-old. The older the person, especially in the oldest-old category, the more likely he or she will suffer from chronic medical conditions that lead to dependency. Poor health and chronic conditions are not inevitable in the oldest-old years, but they are more likely. More and more people, especially women, are living long enough to experience more long-term chronic illness, disability, and dependency. More people are living long enough to suffer from diseases such as senile dementia and Alzheimer’s disease.

Running Out of Money

Reaching the oldest-old years can mean running into financial troubles. This may result from a combination of factors, many beyond the control of the aged persons and their families. Indeed, many of our oldest-old persons experience poverty or near-poverty status for the first time in their lives. Some continue in poverty into their later years.

Most of the oldest-old worked at a time when wages, salaries, and prices were generally lower than they are today. Even among those who were able to save for their retirements, many were not prepared for today’s prices or needs. As noted previously, many had no idea that they would live so long. For many of the oldest-old, saving for their retirement years has been difficult. For example, only 19% of older persons’ incomes comes from private pensions (Older Americans 2010).

Even though Social Security benefits have had a tremendous impact on the economic lives of the elderly in America, receiving Social Security as the primary or sole income in old age does not protect against poverty. In 2008, Social Security accounted for 83% of the total income of the poor elderly (Older Americans 2010).

Perhaps the biggest economic threat most of the oldest-old face is the possibility of being placed in a long-term care facility. It is important to note that persons in the oldest-old category have the greatest probability of needing the services of a nursing home. With the high costs of nursing homes, a majority of older Americans are required to “spend down” into poverty to qualify for Medicaid assistance, currently the only major government assistance program available to pay for long-term care.

In addition, with the demise of defined-benefit pension plans and the shift to defined-contribution retirement plans, where the employee is forced to save and invest in his or her retirement (typically in the equity markets), there is no guarantee that there will be retirement payments for life. There is a finite amount of retirement money, which can run out before death.

Impact of the Oldest-Old on Families

Never before in history has America had so many oldest-old people. This has great implications for American families. We have already seen that as people reach their oldest-old years, they are much more likely to develop a variety of chronic and disabling conditions that limit their ability to perform the range of activities necessary for daily living. The likelihood of needing assistance increases with advancing age.

A good way to look at the roles families play in the lives of the oldest-old is to be aware that families provide most of the support the people in this age category need, and to consider the number of oldest-old people relative to the number of people aged 50 to 64, the age of the likely family-member caregivers. This is called the family or parent support ratio. In 1960, the parent support ratio—the number of persons aged 85 and older per 100 people aged 50 to 64—was 3.4. In 2000, it was 10.1. By 2050, it will be 30.4 (65+ in the United States, 2005).

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THE BABY BOOMERS

So far, we have focused on the categories of older people as defined by the United States. According to the U.S. Bureau of the Census, these categories are the young old (aged 56–74), the aged (75–84), and the oldest old (85 years and older). The numbers and percentages of these groups have increased dramatically changing the nature of the American population. To fully understand the scope of this paradigm shift, however, it is important to turn to another group in the American population, the emerging old. For planning purposes, preparations need to begin now to accommodate the largest group of persons ever born in one period of American history—Baby Boomers. The aging of Baby Boomers will solidify the shift America is experiencing with the aging of its population.

Born between 1946, the year following the end of World War II when millions of service personnel returned from overseas duty, and 1964, Baby Boomers number about 76 million. The huge number of births in this period was 70% greater than the number of babies born in the previous two decades (U.S. Census Bureau, 1993).

When Baby Boomers were babies, there were not enough of the things they needed. For example, when they began to go to school, there were not enough schools. Such has been the way with this generation. Their numbers have always given them visibility and power in American society. It was no accident that the TV program Thirty Something aired when it did—many of the Boomers were moving through their 30s. To date, the United States has had three presidents classified as Baby Boomers: Bill Clinton, George W. Bush, and Barack Obama, although Obama is classified by some as a post–Baby Boomer because he was born near the end of that period and because the culture of the youngest Boomers is often different from the oldest Boomers.

Baby Boomer Growth

According to the U.S. Census Bureau projections, a substantial increase in the number of older people occurred when the Baby Boom generation began to turn 65 years old in 2011. In fact, the older population is projected to grow by leaps and bounds over the next four decades—from 13% of the U.S. population in 2010 to over 20% by 2050. And, the percentage of those age 85 years and over is projected to more than double during this time (Older Americans 2010). The following chart (Figure 1.3) illustrates this projected increase.

Again, these rates are important because the oldest-old are the most likely to have daily needs for economic and physical assistance. The pressing needs of the oldest-old who require the assistance of their families, especially their adult children, are most likely to come at the very time when their adult children are planning for, or have reached, their own retirement years. Some of these caregiving adult children of the frailest oldest-old have health problems of their own or are caring for a spouse with such problems.

U.S. POPULATION GROWTH COMPARED TO OTHER DEVELOPED COUNTRIES

Despite the growth of the older population, the United States is still relatively young compared to other developed countries. For example, in 2010, 13% of the U.S. population was 65 and older, while in many developed countries, that proportion ranged between 16% and 18%. Some of the reasons for this difference are that the United States has had higher levels of fertility and immigration in recent decades than other countries have had (65+ in the United States, 2005; U.S. Census Bureau, 2011).
GROWING DIVERSITY OF THE OLDER POPULATION

As the older population grows larger, it will also grow more diverse, which reflects the changes in the overall U.S. population. By 2050, programs and services for the elderly will need to be more flexible to meet the needs of a more diverse population (Older Americans 2010). For example, in 2008, non-Hispanic Whites accounted for 80% of the U.S. older population. Black Americans made up 9%, Hispanics 7%, and Asians 3% of this population. By 2050, it is projected that the composition of the older population will be 59% non-Hispanic, 20% Hispanic, 12% Black American, and 9% Asian (Older Americans 2010).

Even though the older population among all racial and ethnic groups will grow, the Hispanic population is projected to grow the fastest, from just under 3 million in 2008 to 17.5 million by 2050. During this same period, the Asian older population is projected to grow from just over 1 million to 7.5 million. That is why when studying gerontology, it is important to consider age, sex, race, education, and health status.

DEFINING RACIAL GROUPS

In discussing issues of race and older persons in the United States, it is important to be aware of the terms the U.S. Census Bureau uses to identify the different racial groups in the nation. The following descriptions used for the census are taken from the federal standards the Census Bureau uses, as established by the Office of Management and Budget (OMB) in 1997:

1. The term White refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their

FIGURE 1.3 Percentage of the Population Age 65 and Over and 85 and Over, Selected Years 2010 to 2050.

Reference population: These data refer to the resident population.
Source: Adapted from Older Americans 2010, Table 1b.
race or one of their races as White, or write entries in the Census such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

2. Black or African American refers to people having origins in any of the Black racial groups of Africa. It includes people who indicate their race or one of their races as Black, African American, or Negro or write in entries in the Census such as African American, Afro American, Nigerian, or Haitian.

3. American Indian and Alaska Native refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who indicate in the Census their race by marking this category or writing in their principal or enrolled tribe, such as Rosebud Sioux, Chippewa, or Navajo.

4. Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. It includes people who indicate in the Census their race or one of their races as Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, or Other Asian, or write in entries such as Burmese, Hmong, Pakistani, or Thai.

5. Native Hawaiian and Other Pacific Islander refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands (U.S. Census Bureau, 2007).

**CENTENARIANS**

Reduced mortality rates at older ages in recent decades has also increased the number of people living to very old ages, such as 100 years or more, who are called centenarians. Centenarians make up a small percentage of the total U.S. population. But researchers want to learn from their experiences. What helped them live so long? In 1990, there were 37,000 centenarians. By 2010, there were 53,364. Nine out of 10 centenarians are between 100 and 104 years of age (U.S. Census Bureau, 2011).

**MEDIAN AGE**

As the number of people aged 65 and older increases, the U.S. population as a whole becomes older. One measure of population aging is its median age—the age that divides a population into two groups—half younger and half older.

In 1900, the median age in the United States was 22.9 years, which represented a young population—similar to moderately high-fertility populations found in the developing world today. Due primarily to a decline in fertility, the U.S. population became progressively older, so that by 1950, the median age was 31.1 years. The Baby Boom era—a period of high-fertility rates—caused the U.S. median age to decline in the 1950s and 1960s. But since the 1970s, the population has been aging as the fertility rate dropped following the Baby Boomers. By 2010, the median age increased to 37.2 years and is projected to increase to 39 years in 2030 before leveling off once again (65+ in the United States, 2005; U.S. Census Bureau, 2011).

**OLDER WOMEN AND OLDER MEN**

As in most countries of the world, older women outnumber older men in the United States, and women’s share of the older population increases with age. The reason for the preponderance of women at older ages is due to the sex differentials in death rates.

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Even though male births outnumber female births by about 5%, males generally have higher mortality rates at every age. These higher mortality rates translate into women outnumbering men starting at about age 35. The outnumbering of women over men is most pronounced at the older ages.

As men are generally older than their spouses and women have a longer life expectancy, high proportions of women, especially the oldest-old women (aged 85 and older), are widows, many of whom end up living alone. This situation influences the tendency for these women to be institutionalized, have reduced incomes, and live in poverty. All of these factors, combined with the large number of older and especially oldest-old women, raise the issue of what types of support systems—from families and the larger society including government supports—are needed and how they can be provided.

**OUR AGING WORLD**

To better understand aging in the United States, it is helpful to look at aging trends in the rest of the world. As fertility (birth) and mortality (death) rates have declined in most countries of the world, populations are aging in virtually all countries—although at different rates. Developed countries have relatively high proportions of people 65 and older. But the most rapid increases in the proportions of older populations are in the developing countries. For example, even in countries where the percentage of 65 and older people remains small, the actual numbers of these people are increasing rapidly.

In 2000, 420 million people in the world were 65 and older, which was about 7% of the world’s population. By 2030, the number is expected to double to 974 million, which will be 12% of the world’s population. Also, in 2000, the majority of the world’s older population—59%—lived in developing countries. That proportion is expected to rise to over 70% by 2030 and to nearly 80% by 2050 (65+ in the United States, 2005).

**LIFE EXPECTANCY (LONGEVITY)**

Life expectancy represents the average number of years of life remaining to a person at a given age if death rates remain constant. Improvements in health with lower death rates have led to increases in life expectancy—more people living to older ages. Americans are living longer than ever before. Life expectancies of persons both 65 and 85 years of age have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of 18.5 years, about 4 years longer than people age 65 in 1960. The life expectancy of people who live to age 85 is 6.8 years for women and 5.7 years for men (Older Americans 2010).

At the beginning of the 20th century (1900), 88% of infants survived to their first birthday, and 41% of adults lived to age 65. Over the course of the 20th century, the percentage of people who lived to 75 years of age increased from 6% to 35% (65+ in the United States, 2005).

**The Gender Gap in Life Expectancy**

Historically, female life expectancy has been higher than male life expectancy at most all ages, and both Black American and White women live longer than their male counterparts. The sex difference in life expectancy is due to differences in attitudes, behaviors, social roles, and biological risks between men and women. In 1900, life expectancy at birth was 47.9 years for men and 50.7 years for women. By 1940, the year before the beginning...
of World War II, life expectancy had increased to 61.6 years for men and to 65.9 years for women, about a 4-year difference. By 1990, the life expectancy difference between men and women had increased to 7 years (Centers for Disease Control and Prevention, 2010).

It should be noted that the gender gap in life expectancy has declined in recent years. This is due largely to male heart disease and lung cancer—both of which are related to widespread cigarette smoking among men. The gender gap in life expectancy has narrowed due to proportionately larger increases in lung cancer among women than men and a proportionately greater decline in heart disease among men than women (65+ in the United States, 2005).

**Racial Gaps in Life Expectancy**

While improvements in life expectancy have occurred across racial groups, racial differences in life expectancy and survivorship remain. In 1900, an estimate of life expectancy at birth for Black Americans was 33 years, while life expectancy for Whites was 47.6 years. That nearly 15-year gap had narrowed to 5.7 years by 1982 but increased to 7.1 years in 1993 before renewing a declining trend after 1993. By 2006, the racial gap for life expectancy was still five years (Centers for Disease Control and Prevention, 2010).

**International Life Expectancy**

Life expectancy at age 65 in the United States is lower than that of many other industrialized countries. For example, in Japan, women age 65 can expect to live 3.7 years longer than women in the United States. For men, the difference is 1.3 years (Centers for Disease Control and Prevention, 2010).

**Limits to Longevity**

Considerable progress has been made in increasing life expectancy over the past century. Although most of the advances early in the 20th century came from improvements in socioeconomic factors, living conditions, and a decrease in infectious disease deaths, gains during the later part of the century and into the 21st century have come from breakthroughs in public health and medical research that have led to new treatments for, and a later onset of, chronic diseases.

Two basic views on human longevity are currently under debate. The first contends that the practical limits have already been reached. The second view is that old-age mortality will decline at a more accelerated rate in the future. Some researchers believe that the maximum average life expectancy is about 85 years. They argue that the incremental improvements needed to achieve much higher levels of life expectancy are unlikely. Others believe that recent declines in mortality rates will continue, given the steady progress against the diseases of old age, that life expectancy could reach much higher levels in the 21st century, and that medical developments will extend life expectancy to 100 years or more.

Among the steps toward progress in life expectancy are advances in the prevention and treatment of heart disease; improved knowledge of the genetic links to cancer; and adoption of healthy lifestyles, such as engaging in physical activity, eating a balanced diet, and maintaining a stable, lean body weight.

Although women can expect to live longer than men, the gap is narrowing as death rates by sex have started to come closer together over the last couple of decades. Some
researchers suggest that this narrowing of death rates is due to changes in women’s behavior, including increased cigarette smoking and stresses related to multiple roles such as housework, occupational activities, and caregiving (including childcare and elder care; U.S. Census Bureau, 2005).

A Snapshot of Older Persons

Figure 1.4 demonstrates the projected growth of the older population age 65 and over and age 85 years and over.

A CHANGING AMERICA

In colonial America, half the population was under the age of 16. Most people never made it to old age. At age 83, Benjamin Franklin was a rarity among the framers of the U.S. Constitution. Two factors kept America a youthful nation in terms of population: high-mortality (death) rates and high-fertility (birth) rates. But now fertility rates have dropped dramatically, from an average of seven births per woman to two. Death rates have also declined (U.S. Census Bureau, 2005).
Population aging is one of the most important demographic dynamics affecting families and societies throughout the world. The growth of the population aged 65 and older is challenging lawmakers, families, businesses, and health care providers to meet the needs of aging persons. How people experience aging depends on a variety of factors including social and economic characteristics as well as health status. This text will detail the range of factors that impact aging in America in the 21st century as well as how an aging America is changing the social paradigm of our nation.

SUGGESTED RESOURCES

   The MetLife Mature Market Institute is MetLife’s center of expertise in aging, longevity, and the generations and is a recognized thought leader by business, the media, opinion leaders, and the public.
National Centenarian Awareness Project: http://www.adlercentenarians.org
   This nonprofit organization celebrates active centenarians as role models for the future of aging.
U.S. Census Bureau: http://www.census.gov