

## Chapter 6

# Race, Ethnicity, and Aging

Jan E. Mutchler and Jeffrey A. Burr

Sociologists recognize age and race as key dimensions of social reality, especially in the American context, with its heterogeneous population, turbulent race relations history, and rapidly changing age structure. As so-called “master variables,” age and race (along with sex) are regarded as statuses shaping and penetrating nearly every aspect of social life, including but not limited to economic opportunity and overall well-being (for reviews, see Leicht 2008; Mayer 2009; Riley and Riley 2000; Winant 2000). Sociologists who focus their research at the intersection of age and race sometimes struggle to define the “social” boundaries of these constructs, as independent from perspectives found in the biological, anthropological, and psychological sciences. Understanding how race and ethnic group status, along with the related issue of culture, shape the experience of aging itself remains an elusive but worthwhile goal.

A series of literature reviews dating from the 1980s laments the theoretical and research limitations in the field of race and ethnic aging (Angel and Angel 2006b; Markides and Black 1996; Markides et al. 1990; Williams and Wilson 2001). Among the earliest of these commentators, Jackson defines the scope of the field as “the study of the causes, processes, and consequences of race, national origin, and culture on individual and population aging” (Jackson 1985:265). Jackson notes that a substantial share of the scientific literature at the time focused on *describing differences* among socially defined groups rather than developing theories and garnering evidence to help explain diverse outcomes in the aging context. Not much has changed in this regard. In the mid-1980s as well as currently, a substantial share of the published studies explores *dimensions of disadvantage* associated with race or ethnic group membership, with far less attention directed toward identifying commonalities across groups or areas of strength derived from association with and membership in specific race and ethnic groups (intra-ethnic sources of social capital being one prominent example). As a result, we know quite a lot from descriptive studies about the disadvantages faced by older members of some racial and ethnic groups in later life, especially in terms of the social factors that correlate with health, economic security, and family life. In contrast, the potential benefits associated with ethnic group membership are poorly documented. Moreover, far less knowledge has been accumulated relating to the causal pathways linking race or ethnic group membership to these outcomes as people age.

The field of sociology offers uniquely valuable insights in two areas critical to understanding race and ethnic status as markers of diversity in aging. First, the foundational insights relating to the role of social context and social forces in shaping individual experience and behavior are central (e.g., Durkheim 1951; Mannheim 1952). We outline below a number of ways in which this is the

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J.E. Mutchler (✉)

University of Massachusetts, Department of Gerontology, Boston, MA, USA  
e-mail: jan.mutchler@umb.edu

case, and we emphasize the opportunities posed by a life course framework for expanding this understanding. Second, although we acknowledge the potential drawbacks associated with an *over-*emphasis on dimensions of disadvantage, we note that understanding the forces linking racial and ethnic group inequality and aging is, in fact, useful in further developing the sociology of aging, race, and ethnicity (Markides and Black 1996). Significant and growing inequality based on social class characterizes American society, with the result being that many individuals, regardless of race and ethnic status, reach old age with insufficient economic and health resources (Crystal and Shea 1990; Gerst and Mutchler 2009). Sociological insights can be effective in helping to understand the processes that yield disadvantage for racial and ethnic minorities, as well as in drawing our attention to strengths associated with positive outcomes in later life.

The purpose of this chapter is to review briefly the limited scholarly literature in the sociology of aging that identifies social processes linking race and ethnic status to the aging experience. Illustrations are drawn from the empirical literature, focusing primarily on income security and health-related outcomes. Due to space limitations, many other dimensions of race and ethnic group status and aging are not covered here (e.g., impact of cultural beliefs and spirituality on coping and health outcomes). Following a description of the demographic context, we introduce the reader to several conceptual frameworks: double jeopardy, age as leveler, and cumulative (dis)advantage. We also briefly outline life course sociology and recommend that this approach has the potential to emerge as a viable framework for organizing research in this area. Cultural distinctiveness and assimilation are posed as potentially useful intervening and modifying constructs in developing a life course perspective on the sociology of aging, race, and ethnicity. Opportunities posed by recent methodological developments are discussed as avenues for enriching our understanding of race and ethnic diversity in aging. We also offer some potential linkages with policy consistent with this approach.

## The Demographic Context

For much of the twentieth century, sociological studies of race focused primarily on comparing the experiences of African Americans to whites (e.g., Park 1950), while investigations into ethnicity were based largely on the “old ethnic” populations such as Italians or the Irish (e.g., Alba 1990; Lieberman 1980; Thomas and Znaniecki 1974). The foci of these earlier explorations were motivated in part by the demographic characteristics of the U.S. at the time. Most of the population was non-Hispanic and white or African American, and as late as 1980 only 9% of the population of all ages reported Asian, Native American, or another race, or Hispanic ethnicity (Gibson and Jung 2002). During the last 30 years, the share of the U.S. population that is both white and non-Hispanic has dropped precipitously and now represents less than two-thirds of the population for all ages combined. These changes are largely due to patterns in fertility and recent immigration, including large migration flows from Latin America and Asia and relatively small flows from Europe and Africa. [The topic of immigration as it relates to the older population is taken up in a subsequent chapter in this volume (Markides), and readers are advised to consult this work for a more extensive discussion.]

The spatial settlement patterns of both U.S.-born and immigrant racial and ethnic populations have resulted in geographic clustering of ethnic groups, residential segregation by race and ethnicity, and the development of ethnic enclaves in many areas of the country. Although race and ethnic minority populations are becoming increasingly dispersed geographically (Frey 2006), distinctive spatial patterns continue to characterize most groups and this geographic patterning contributes to differential experiences and outcomes among ethnic groups.

The Hispanic population now exceeds the African American population in size; Hispanics represent 16% of the population, whereas African Americans represent 12% of the total U.S. population.

Looking ahead, it is expected that population growth in the coming 30 years will be even more heavily Hispanic as well as Asian. More than half of total population growth will be among Hispanics, a group that is expected to represent 30% of the U.S. population by 2050 according to projections from the U.S. Census Bureau (U.S. Bureau of the Census 2008). The Asian population is expected to double in size from 4% in 2000 to 8% in 2050, while the share of the population that is African American is projected to remain steady at about 12%. By the middle of this century, the share of the population that is white and non-Hispanic is expected to drop below 50%.

The growing diversity of the older population parallels that of the overall population, although for some groups the expansion is advancing at a somewhat slower pace. For the elderly population (age 65 years and over), the largest rate of growth is among Hispanics, a group that is expected to increase from its current level of 5% of the elderly population to almost 20% by 2050 (U.S. Bureau of the Census 2008). The Asian population is expected to quadruple in relative size, increasing from 2 to 8% by 2050. The older African American population will grow from 8 to 11%; and although the older Native American population will grow numerically, it will remain a relatively small share – about 1% – of the older population. Only relatively recently have sociologists of aging begun to consider the minority aging population in broader terms (e.g., Angel and Hogan 2004). Yet these compositional changes have implications for a diverse aging society and the manner in which sociologists frame their research.

As noted above, immigration plays a sizable role in the growth of both the older and the total populations. Within the Hispanic population, 40% of the year-to-year change in size is due to immigration (U.S. Bureau of the Census 2008). Higher still, 70% of the growth of the Asian population is directly due to immigration. Immigrants from Latin America or Asia who arrived as youths or young adults are aging in place within their new U.S. communities. Other immigrants arrive in the U.S. after they are already older, often following younger family members, and thus may be described as seeking a place to age. In 2008, an estimated 96,000 persons aged 60 years and over obtained legal permanent resident status; this age group accounted for nearly 9% of the admissions that year. Most of these individuals (82%) were admitted as immediate relatives of U.S. citizens, with another 7% admitted under more broadly defined family-sponsored preferences (Department of Homeland Security 2008). The bulk of the projected U.S. population growth depends on immigration, which will simultaneously yield steady increases in the size of the Hispanic and Asian populations. The growing race and ethnic diversity in the aging population is, therefore, inextricably linked with immigration processes; and many of the factors shaping incorporation of younger immigrants also shape the well-being of older immigrants, the vast majority of whom are non-white or Hispanic (Angel and Torres-Gil 2010; Markides and Mindel 1987; Treas and Mazumdar 2002).

## Some Conceptual Issues

The development of sociological theory specifically addressing the intersection of race, ethnicity, *and* aging is nascent, at best. However, scholarship informing this topic draws on a rich set of general sociological perspectives and concepts that have the potential to lend insight to this combination of social statuses. Many of these ideas focus on socially structured sources of disadvantage in later life (e.g., cohort location; discrimination; policies that work against the maintenance of families), and some also provide insight into sources of cultural variability that have implications for aging (e.g., health beliefs; linguistic acculturation). The sociological concepts introduced below share a focus on several central themes, including a longitudinal view of the issues, the importance of social status to life outcomes, and implications of being embedded in a social structure (Lynch 2008).

## *Early Sociological Perspectives*

Modernization Theory, outlined initially by Burgess (1960) and developed more extensively by Cowgill (1972), highlights structural sources of distinctiveness in the significance and implications of age prevalent among different societies. Most relevant for this discussion, this perspective proposes that in developing regions of the world, where economic well-being depends on mutual support, cultural values arise and are reinforced that emphasize familial solidarity and filial piety. Given that sizable segments of the fastest growing race and ethnic groups in the U.S. are composed of immigrants coming from less industrialized countries in which elderly family members are respected and held in high esteem, it is likely that these values are retained in one form or another, even after some level of incorporation into the majority culture occurs. The maintenance of family norms from country of origin may act as a buffer for the difficulties that arise during the incorporation process, including offsetting some of the resource limitations.

## *Social Demographic Contributions*

Themes drawn from the social demographic research literature also offer conceptual guidance with respect to race, ethnicity, and aging. The cohort concept (especially birth cohorts; Ryder 1965), for example, highlights the experiences and circumstances to which people who share the time period of their birth are exposed; people who subsequently move through stages of life together, including transitioning into later life. Through the process of cohort succession – by which birth cohorts with unique life course experiences are, over time, replaced by subsequent birth cohorts having a different set of life course experiences – the understanding of what it means to be “old” shifts over time. A familiar example of cohort succession compares persons who grew up during the “Great Depression” to those who came of age during the Vietnam War era. In a similar way, we anticipate that increases in ethnic and race heterogeneity among the older population will potentially change norms and expectations about aging. Evidence shows that different minority groups face different levels of discrimination and blocked opportunities, and that these experiences have evolved over time and across cohorts – yielding different levels of well-being in later life, different expectations about retirement, and different expectations about family responsibilities, including care receipt and delivery.

Another important insight offered in the social demographic literature relates to the understanding that any comparison of groups in later life is necessarily a comparison of survivors. A well-developed picture of this process occurs in the research literature on mortality differences by race, as depicted by the so-called “crossover effect.” Crossover effects have been documented most extensively for African American populations compared to non-Hispanic white populations, but have been identified for Native American and other groups as well (e.g., Hummer et al. 2004). Social demographers have described extensively the risks to mortality posed by social and economic disadvantage, disadvantages that frequently are more concentrated in minority populations. As a result of these risks, for example, African Americans are more likely than whites to die at virtually every age. Some evidence suggests that survivorship rates may reverse or “crossover” in later life, at which point the risk of dying for African Americans (and, in some studies, for other groups with a history of disadvantage) drops below the mortality risk for more privileged groups (Eberstein et al. 2008). The extent to which this “crossover” is the result of selective survival, or alternatively, reflective of poor data quality, has not been resolved entirely. Because of this selectivity effect, comparisons of some minority groups to the majority group may be biased because only the healthiest minority group members survive. This is one reason why data are needed that cover long periods of the life course.

The principle of selectivity is reflected also in populations that are heavily shaped by immigration, such as among the Hispanic and Asian populations. Unlike the African American population, immigrant populations appear to have lower morbidity (for some conditions) and mortality risk than their non-Hispanic and white counterparts across the life course. To some extent, characteristics of the immigrant segments of these populations are affected by positive selection, a process by which the more advantaged segments of a population are more likely to migrate to the U.S. – particularly, those with the most to gain by moving. Inasmuch as good health and other forms of highly valued capital may be a prerequisite to initiating and benefitting from an international move, Hispanics and Asians who migrate to the U.S. may be more healthy and less likely to die than their U.S.-born, white counterparts (the “healthy immigrant” effect; see discussion in Mutchler et al. 2007b). Moreover, immigrants who experience declines in health or the onset of disabilities may choose to engage in reverse migration (the “salmon effect”); leaving behind in the U.S. their counterparts who are in better health, and who have a lower risk of dying (see discussion in Markides and Eschbach 2005 and Turra and Elo 2008). The research literature indicates that in some cases, healthy lifestyles among immigrant populations that are influenced by cultural practices (e.g., healthy nutrition behaviors) may contribute to relatively high levels of health and survivorship; however, these lifestyle advantages may erode with time (e.g., Frisbie et al. 2001).

A central insight offered by social demographers is that when segments of the older population are compared with respect to their well-being only in later life, what is observed is behavior that may be related to differential survivorship rates across race and ethnic groups (Lynch 2003; Shuey and Willson 2008). Because so many older minority group members are also immigrants, the well-being of race and ethnic populations is conditioned by processes of mortality *and* immigration, both of which are selective with respect to who survives to a given age.

### *Double Jeopardy Perspective*

Among the sociological perspectives focusing explicitly on the intersection of age and race, ideas relating to double jeopardy are perhaps the most often referenced in the research literature. The general concept of double jeopardy has been widely used throughout the social, behavioral, and medical sciences to describe how two factors interact to influence a wide range of outcomes. In the sociological treatment of age and race, double jeopardy suggests that these characteristics combine to create a “double disadvantage” for aging members of minority groups (Dowd and Bengtson 1978). Among the individual characteristics examined with respect to the double jeopardy thesis are income, social interaction and engagement, health status, life satisfaction, and mortality (e.g., Dilworth-Anderson et al. 2002; Lynch 2008; Markides and Mindel 1987). The hypothesis holds that the disadvantage associated with being a member of a race or ethnic minority group increases with age; as a result, longitudinal data are required to adequately test this hypothesis (Ferraro and Farmer 1996). The double jeopardy concept offers a convenient, but largely descriptive way of summarizing expectations for widening gaps between minority and majority groups in later life. Racism and ageism are implied as the causal mechanisms for these expanding inequalities. The possibility of a triple jeopardy effect, based on gender and undergirded by sexism, has also been forwarded (Ferraro and Farmer 1996).

The double jeopardy perspective, as applied by sociologists interested in aging, often does not acknowledge the considerable heterogeneity within specific race and ethnic groups. For example, the African American aging experience is different from the experience of black persons from the Caribbean (e.g., Taylor et al. 2007) and the experience of aging is different when comparing Korean and Chinese elders (the Chinese group is further differentiated by persons whose background may be from the People’s Republic of China or from Taiwan; Mui and Shibusawa 2008). The predictive

power of the double jeopardy hypothesis, as well as any other perspective that does not account for this heterogeneity, is thus limited.

An alternative to the double jeopardy perspective is the age-as-leveler perspective (Dowd and Bengtson 1978). Mixed support in the research literature has been generated for this hypothesis, which proposes that race and ethnic group gaps in critical dimensions of well-being decline with age (e.g., Herd 2006; Kim and Miech 2009; Willson et al. 2007). Strong evidence has been offered in support of a “persistent inequality” thesis, at least with respect to health (Ferraro and Farmer 1996). However, it is likely that race and ethnic group differences in survival rates and income security would be even larger if not for selectivity in the mortality experiences of members of minority groups, return migration of less healthy immigrants, and the social insurance policies of the federal, state, and local governments aimed at older Americans (e.g., Social Security, Medicare, Supplemental Security Income, Medicaid).

### *Cumulative Advantage and Disadvantage*

The underlying premises of the double jeopardy and age-as-leveler hypotheses are expanded within the more fully developed cumulative advantage–disadvantage perspective. This concept has also been applied to a wide variety of issues within sociology, as well as economics, psychology, epidemiology, and criminology. A central hypothesis derived from this framework holds that over the life course, *initial inequalities* – in financial resources, in health, in social status, in educational opportunity, and in other dimensions of well-being – are heightened. Disadvantages experienced in childhood or young adulthood are accentuated, while advantages experienced by members of privileged groups multiply. Scientific evidence suggests that accumulated advantages and disadvantages are carried into old age, resulting in a persistently high level of economic inequality among those 65 years old and over (e.g., Crystal et al. 1992; Dannefer 2003; Henretta and Campbell 1976; O’Rand 1996; Walesmann et al. 2008). The original idea for this perspective flows from Robert Merton’s observations surrounding the trajectory of scientists’ careers, also known as the “Matthew Effect” (DiPrete and Eirich 2006; Merton 1968). Researchers more often emphasize the intersection of aging and inequality as defined by economic class rather than by race or ethnic status (Dannefer 1987); yet this approach has recently been usefully applied to dimensions of structured inequality in later life as defined by race and ethnic group membership, especially in the area of health (e.g., see Lynch 2008 for an introduction to a special issue of *Research on Aging* on this topic).

On average, members of some race and ethnic groups (most notably, African Americans, Native Americans, and Hispanics) are more likely to be born into families with fewer advantages than are their white counterparts, and they accumulate fewer resources as they age due in part to blocked opportunities for the development of human, financial, and cultural capital, yielding less prosperous outcomes in early adulthood (see Duncan and Brooks-Dunn 1997; McClanahan and Percheski 2008). We know from early seminal research in sociology that the intergenerational transfer of inequality among Americans is jointly determined by class and race (Blau and Duncan 1967). Unequal access to education, employment options, high status and high paying occupations, health care, and enriching life experiences are based at least partly on overt and institutional discrimination and partially on unequal returns to human capital (Leicht 2008). Gaps in the accumulation of wealth and in homeownership levels are also evident across race and ethnic groups (Burr et al. 2010; Sykes 2003), having substantial impacts on income security in later life and placing limits on the intergenerational transfer of wealth.

One advantage of the cumulative advantage/disadvantage thesis, as compared to the double jeopardy hypothesis and the age-as-leveler hypothesis, may be that by explicitly directing attention to

broader stratification processes associated with accumulation of human and other forms of capital (Nee and Sanders 2001), work and career trajectories, and the intergenerational transmission of poverty, it offers opportunities to specify within-group differentiation, while still acknowledging differences between race and ethnic groups as related to important trajectories and outcomes (Leicht 2008). For example, race and ethnic group membership shapes the values attached to (or benefit received from) important cultural characteristics such as family ties and other culturally defined conditions such as gender roles (O'Rand 1996). Further, a systematic devaluation or discounting of the human capital held by some race and ethnic groups (including immigrants), coupled with inflated valuation of human capital held by dominant groups, may over time be reflected in diverging patterns of well-being in later life consistent with the cumulative advantage/disadvantage hypothesis. Notably, processes of cumulative advantage/disadvantage are expected to result in divergence within racial and ethnic groups as well. African Americans, Latinos, or others who achieve early accomplishments through obtaining access to higher education, building a business within an ethnic enclave or elsewhere, or embarking on a promising career ladder, would be expected to reap higher levels of asset accumulation throughout their lifetimes, with enhanced well-being in later life an expected result.

Our reading of the empirical literature identifies a common issue in findings from research on late-life social group diversity on a variety of dimensions (e.g., living arrangements, income, and health). It is often the case that these differences remain statistically significant even after controlling for the factors believed to underlie these differences (e.g., Shuey and Willson 2008). Researchers typically identify methodological limitations in their research designs as being responsible for this outcome, including poor measurement, small samples and limited time frames of observation. Another limitation that is both related to research design and conceptual development in the field is the impact of unobserved variables (e.g., cultural and community variables).

### ***Cultural Distinctiveness and Assimilation***

One way to address the issue posed above is to expand our theoretical models by including explicitly in research projects the concepts of cultural distinctiveness and assimilation. A large scientific literature dating back many decades highlights the *cultural distinctiveness* of ethnic and race groups (e.g., Cox 1948). Members of social groups share a cultural heritage, often reflected in religious practices and beliefs, language, value systems, and norms; these differences distinguish them from the majority group and should shape aging experiences and behavior in distinctive ways.

The assimilation perspective (Gordon 1964) holds that over time, and with increased involvement in the broader society and culture, this distinctiveness will disappear. Whether in fact cultural distinctiveness disappears or evolves in form and significance are topics of considerable debate (e.g., Alba and Nee 1999; Portes and Zhou 1993). Nonetheless, for older members of many ethnic groups, culturally based norms and values may be related to distinct behaviors and expectations that impact social support and social engagement, income security, health and disability, and life satisfaction. For example, researchers find that older African Americans and Hispanics report stronger attitudes about family values than their non-Hispanic white counterparts, and that group variability in intergenerational co-residence is accounted for by these attitudinal characteristics (Burr and Mutchler 1999). Evidence relating to the role of assimilative processes has also been reported showing that the influence of cultural markers (i.e., English language proficiency and duration of residence in the U.S.) on the likelihood of living alone among older Hispanic women diminishes with higher economic status, but does not completely disappear (e.g., Burr and Mutchler 1993).

## *Life Course Sociology*

The life course perspective as applied by sociologists is a central thesis for understanding social aspects of the aging process (e.g., Mortimer and Shanahan 2003). Although falling short of a formalized body of theory (e.g., Mayer 2009; Settersten 2003, 2006), the rich concepts and logic of the life course perspective provide a well-developed foundation for a sociological understanding of the dynamics of the aging process. The life course perspective provides a way to conceptualize the “twists and turns” of an individual’s life through a focus on the transitions and trajectories that mark taking on, playing out, and relinquishing roles and statuses (Hagestad 1990).

Changes in roles and statuses are a hallmark of moving into the later years of an individual’s life brought on by the relinquishment of work and family roles, the adoption of roles of family patriarch and matriarch, and the eventual acceptance of the retiree status (Weiss 2005). Although each individual’s path is somewhat unique and is modified by individual free will and choice (*human agency*), the life course perspective highlights the social forces that influence and lend significance to those individual choices. Each individual’s life course is also shaped by those of family members and significant others with whom he or she is linked both inter- and intra-generationally (*interconnected lives*). Features of the broader social structure relating to educational and work organizations, labor markets, and public policies attach significance to the age at which transitions occur (*timing*), the occurrence of transitions relative to one another (*sequence*), and the length of time spent in given statuses (*duration*) (Elder 1985).

Settersten (2006:4) writes that the life course perspective invites attention to “differentiation in aging-related experiences across cohort, sex, *race*, and social class groups, generations within families, and nations” (emphasis added). Lifetime experiences generate life course capital that is shaped by membership in race or ethnic groups. This life course capital is carried into later life, where its significance influences resource, health-related, or social support-related vulnerabilities (O’Rand 2006). Yet attention to differentiation defined by race and ethnic group status has occurred in the late-life life course research literature in a piecemeal fashion rather than as an integrated approach. In fact, in a recent, otherwise comprehensive review of life course sociology, very little attention is paid to race and ethnic group issues (Mayer 2009). One example where these insights are usefully applied relates to the differential accumulation of human capital over the life course. Barriers to obtaining schooling or training associated with race or ethnic group membership filter into the diversity of life-long accumulation of occupational and economic benefits, which have implications for later-life resources in the form of wealth, pensions, Social Security credits, and health (see Walsemann et al. 2008). Thus, the life course approach is linked to some of the central tenets of the cumulative advantage/disadvantage thesis, which in turn is linked to the double jeopardy and age-as-leveler hypotheses.

A more refined appreciation of how race and ethnic group membership among older persons shapes other aspects of the life course is under-developed. For example, the life course perspective attaches significance to the timing and sequencing of events, suggesting that events that occur “off-time” or out of sequence relative to other life course events result in negative consequences (e.g., having children before completing one’s education; or retiring from the labor force at an early age due to health or employment discrimination). Yet for some group, distinctive norms may support an alternative sequencing or timing of events. Gibson’s (1987) introduction of the “unretired-retired” concept, describing a scenario in which middle-aged African Americans find neither the “retired” nor the “worker” statuses fully available, is an example. Several questions need to be addressed. Are the consequences of off-time transitions consistently negative for older members of specific groups? And, if so, to what extent are these negative consequences enforced by social policies or social institutions that may increasingly be out of step with the way that people live their lives? Continued research combined with conceptual development and theorizing regarding the life course as structured by race and ethnic group status is required, along with a fuller evaluation of the implications of those structures in later life.



## Opportunities Ahead

Several emerging frontiers for increasing our understanding of race and ethnic social issues as they relate to aging are identified here. Some of these opportunities involve building on the strengths offered by unique characteristics of the sociological imagination, relating to the importance of social context and specifying dimensions of inequality that are identified with race and ethnic group status. Other opportunities are defined by the ways in which sociologists may advance their contributions to interdisciplinary investigations of aging and diverse populations, investigations that increasingly characterize the study of aging. Methodological issues that represent opportunities for propelling the field forward are also identified, as well as barriers that challenge these efforts.

### *New Intellectual Frontiers*

One active area of sociological study in recent years surrounds the immigrant experience, including the processes and degrees of incorporation of the so-called “new immigrants” into the broader society. Included here are the debates surrounding whether over periods of time the new immigrants will experience levels of assimilation similar to earlier European immigrants or whether they will achieve a kind of segmented assimilation versus various forms of entrenched stratification, highlighted by little progress in residential segregation, income inequality, and so forth. Scholarship on immigrants and immigration offers promise for the sociology of aging, race and ethnicity, representing a potentially rich area of theoretical development that has not yet been systematically incorporated into the discussion. For example, we know much about the residential segregation of younger immigrants but virtually nothing about the implications of this form of spatial segregation for older immigrants. A well-developed literature exists on the implications for working-age immigrants of living in ethnic enclaves (e.g., Logan et al. 2003; Xie and Gough 2009), but little is known about the implications for older immigrants. We have a significant body of research on homeownership, residential crowding, and home values for younger immigrants (e.g., Friedman and Rosenbaum 2004), but little for older immigrants. We also know very little about how the variable nature of reception into the structure of American culture impacts quality of life among immigrant elders.

Sharpening our understanding of how the advantages and disadvantages associated with race and ethnic group membership play out across the life course may yield better insights regarding the differences that we observe in later life, and help us identify appropriate targets of intervention. One step toward this goal may be the continued development of the cumulative advantage and cumulative disadvantage perspective as represented in the cumulative inequality theory offered by Ferraro et al. (2009). Ferraro et al. (2009) conceptualize the implications of linked stratification processes occurring over a lifetime. This approach invites a focus on childhood effects on late-life well-being (e.g., Crosnoe and Elder 2004; Palloni 2006; Warner and Hayward 2006), acknowledges the importance of life-long inequalities, and directs our attention to how the impact of discrimination in its many forms helps to accelerate the aging process among some minority groups; this is sometimes referred to as the “weathering hypothesis” (Geronimus 2001; Taylor 2008).

Useful linkages may also be forged between a more comprehensive theory of life-long inequality over the life course and stress theory (Pearlin 2010). Specifically with respect to race or ethnicity, experiencing chronic discrimination and subtler forms of bias may be a source of stress that yields a cascading trajectory of negative mental and physical health outcomes that last a lifetime (see also Williams 2004). However, some research suggests that African Americans and perhaps some other ethnic groups may be more successful in coping with stress. For example, African American women may more effectively cope with the stress of caregiving – for grandchildren as well as for family members in need of long-term care (Musil and Ahmad 2002; Roff et al. 2004; Sands and

Goldberg-Glen 1998). The way in which racial and ethnic group membership shapes the matrix of exposures to potentially stressful circumstances, as well as the coping behaviors and social capital that may mediate stress response, is a topic for further consideration.

Another promising area is the expansion of theory relating to the importance of community or neighborhood characteristics, coupled with improved methods for analyzing these relationships. Understanding the importance of the connection between individual and social context, a hallmark of life course sociology, may be particularly important when studying race and ethnic differences in health in later life. Thus, increased attention is also usefully directed toward spatial and environmental features that extend beyond one's intimate social network, into the neighborhood, the community, and the service environment. The extent to which differences in behavior or experiences across older members of different race and ethnic groups – such as use of medical services and income supports, or co-residence with younger relatives – are conditioned by features of the communities in which they live (e.g., cost of living, availability of services, transportation options, crime) has not been fully explored (however, see Mutchler and Burr 2003). The availability of methodological tools that permit more robust examinations of these multilevel effects promises to support the expansion of sociological insights relating to macro-level and meso-level influences on micro-level behavior. Recent research using such techniques demonstrates, for example, that both individual and neighborhood SES contribute to differences in self-rated health among older African Americans and whites (Yao and Robert 2008). Similarly, among both Hispanics and Chinese Americans, immigrant ethnic composition of the neighborhood has been shown to be related to health behaviors (specifically, healthier food choices, but less physical activity) (Osypuk et al. 2009).

One area in which sociologists are making substantial contributions to multidisciplinary investigations of aging and diverse populations is in the area of health disparities (Williams 2004). Members of some groups, most notably African Americans and Native Americans, are less likely to survive to old age, and more likely to enter old age in a disabled state than are older whites and Asian Americans (e.g., Goins et al. 2007; Hayward and Heron 1999). The Institute of Medicine concludes that disparities exist in the quality of formal care received by members of ethnic minorities, and suggests that eliminating these disparities will require a multi-dimensional approach that considers providers, patients, and service environments (Smedley et al. 2003). Yet much of the research focus has been on documenting differences in health care and health outcomes, rather than explaining them (LaVeist 2004). Over time, it has become clear that no single discipline can provide a comprehensive understanding of the origin of health disparities relating to race and ethnic group status, nor adequate remedies or interventions.

The biopsychosocial approach to health research highlights the combination of biological, psychological, and social structural influences on well-being in later life; this approach lends itself to the inclusion of race and ethnic group status, immigration, and cultural context (e.g., Bengtson et al. 2009; Berkman et al. 2000). Sociologists have made and will continue to make important contributions to understanding and correcting the modifiable bases of health disparities by highlighting the role that race and ethnic group membership may play in influencing health outcomes, through health behaviors such as diet and exercise, as well as along pathways relating to bias and inequality, such as unequal access to health care and poor interactions with health care providers. We need additional research on how psychological characteristics (e.g., anger, hostility, self-efficacy) and health behaviors and health life styles (e.g., obesity, smoking, alcohol consumption, physical activity) mediate and modify the relationships between race and ethnic group status and a large range of indicators of well-being. Finally, we need to explore and explain how being a member of a minority group is related to so-called “under the skin” biological factors (e.g., immune system and sympathetic nervous system) that impact health and mortality differences. Fortunately, several new data sources are available to help us begin this research journey. An example of a question that needs continued evaluation is whether long-term exposure to racial discrimination impacts the psychological characteristics, health behaviors, and biological functions that lead to disparities in health.

On balance, the literature on race and ethnic issues in aging emphasizes the disadvantages experienced by members of racial and ethnic minority groups, vis-à-vis their non-Hispanic white peers. A more limited literature suggests sources of strength within minority populations, lending new insights to build on in future investigations. Cultural attributes – such as strong religious or spiritual beliefs or healthy behaviors relating to diet or exercise – along with meaningful culturally defined roles may yield measurable advantages to older members of ethnic groups. Resilience, or the capacity to generate well-being despite adversity (Ryff and Singer 2009), may be associated with many cultural beliefs or practices in ways that are not yet understood. For example, some evidence suggests that African Americans may have better mental health than their white counterparts, despite circumstances that would be expected to yield more negative outcomes (Keyes 2009). Specific religious beliefs may not only be more common among some race and ethnic groups, but also have a more positive impact on emotional well-being (Krause 2005).

Cultural meanings associated with being an older person, or playing age-graded roles, may yield benefit to older members of some ethnic groups. The familistic values expressed by members of some ethnic groups, and the resulting support received by many older family members, are frequently highlighted as defining cultural features (Dilworth-Anderson and Burton 1999). Some ethnic groups, such as Native Americans, value grandparents and other older family members as carriers of traditional practices and values, and older individuals may draw great satisfaction from participating in the intergenerational transmission of cultural beliefs (Schweitzer 1999). Yet culturally based behaviors may not always prove beneficial. Although it is well established that older Asians and Latinos are less likely than their non-Hispanic white counterparts to become institutionalized, and more likely to live in intergenerational households (Angel and Hogan 2004; Burr and Mutchler 1993, 2003), some of these individuals may be housed in environments that are inadequately supportive, or in homes in which they are socially isolated or economically dependent (Treas 2008–2009). Although the expectation of intergenerational family support may not always benefit older individuals, familistic norms may prove to be advantageous if policies shift to place more emphasis on “private” sources of support for economic security or for long-term care in later life. Should policy shifts in this direction occur, groups with stronger norms for family-based support may experience unexpected benefits.

### ***Methodological Barriers and Opportunities***

As noted above, the development of specific theories focusing on race and ethnic group status and aging processes and outcomes is only beginning. Inductive theory, a common form of theory building in the social sciences, is based on the accumulation of sound information from rigorous exploratory and descriptive studies; to date this approach has yielded some verifiable hypotheses in this area. However, a clearer, comparative portrait of the landscape of aging among ethnic and race groups is limited in part by the shortage of data adequate to test those hypotheses that have emerged. Our strongest conceptual material focuses on processes relating to aging that may take different forms across subgroups, and about processes that occur across decades and even lifetimes. Questions that arise from these frames require longitudinal data spanning many decades (lifetimes would be ideal, but generally are not available) with adequate sample sizes. Key aspects of the aging process are put in motion before old age begins – in the womb, infancy, childhood, early adulthood, or middle age – making clear that long spans of high quality, comprehensive longitudinal data are necessary for methodological as well as theoretical reasons (Lynch 2008). Relatively few longitudinal data sources are available focusing on targeted race or ethnic groups that permit in-depth examination of life course features and cultural characteristics as they relate to life course outcomes and trajectories (the Hispanic Established Populations for the Epidemiologic Studies of the Elderly

is one excellent example, although it does not offer comparative data for other ethnic groups; for a review of the longitudinal data available for life course sociology see Mayer 2009).

One of the best examples of a data source with adequate sample size capturing the U.S. experience is the Health and Retirement Study (HRS; another example is the Panel Study of Income Dynamics). Although the sample size of the HRS is sufficiently large to permit comparisons of non-Hispanic whites and African Americans with Hispanics, for confidentiality reasons the data do not allow for examination of other major racial groups (e.g., Asians; Native Americans) or national-origin groups within Hispanic ethnic categories (e.g., Puerto Ricans, Cubans). The HRS also begins observing its sample members in mid-life, making it more difficult to explore fully the impact of earlier life experiences, although some retrospective questions on childhood experiences are available. Moreover, multi-purpose data sets such as the HRS often do not include sufficient measures of cultural traits, such as reliance on a language other than English; measures of culturally based health beliefs; or indicators of the extent to which social support networks are composed of members of the same ethnic group. Themes highly relevant to immigrant and minority populations, such as how social capital impacts social support in later life, are thus difficult to examine (Angel and Angel 2006a).

Several methodological innovations offer optimism with respect to advancing the field. Of special interest is the broader application of growth curve models that allow for the examination of change over time within and between individuals, and hierarchical models that offer the ability to properly estimate the independent and joint effects of individual level and contextual level factors. Strategies for examining the effects of mortality selection bias are also being implemented. While continuing to look at the main effects of race and ethnic status, it is also necessary to examine more thoroughly the interaction effects of race and ethnic status with other characteristics, such as gender, immigration status, kinship characteristics, economic status, and so forth. The implementation of interaction models is employed with increasing frequency to examine race and ethnic differences in the developmental trajectory of health and disability-related outcomes (Kelley-Moore and Ferraro 2004; Shuey and Willson 2008; Yang and Lee 2010).

## Social Origins and Consequences

The intersection of race, ethnicity, and aging provides an especially fertile area for observing the implications of social processes. Two areas of particular strength in the sociological approach – attention to the importance of structural or contextual influences on individual behavior and experiences, and a focus on the forces that produce inequality across social groups – are especially relevant. At this intersection, social processes related to group membership, intergroup relations, environmental settings, and access to opportunities and resources converge.

Settersten (2006) has issued a call for bringing “the social” back into the study of the sociology of aging and social gerontology. We agree that a greater focus on the life course provides a vehicle for achieving this goal. For this to be beneficial in the area of race, ethnicity, and aging, the conceptualization of the life course must be broadened and must be flexible. We need to identify places in the life course where race, ethnicity, and culture matter the most, and to explore the social forces at work in those areas that result in different consequences for members of different groups. Moreover, we need to understand the points at which forces relating to inequality and discrimination intersect with the life course, and in fact shape the life course, having life-long implications. It is likely that remedies for many of the problems experienced in later life will be found in interventions occurring much earlier in the life course.

Several challenges must be overcome to ensure the accomplishment of this goal. One of the challenges relates to the sometimes competing goals of theoretical breadth and the acknowledgement of

meaningful differences among cultural groups. The descriptive literature on diversity in aging is replete with studies that target particular race or ethnic groups quite narrowly, often in specific, local contexts. Even among theoretically motivated studies relating to culture and process, difficulties in obtaining data and lack of consensus surrounding the measurement of key constructs relating to cultural beliefs and ethnic identity prevent the investigation of large-scale questions that span subgroups. To be both relevant and theoretically informative, our thinking about race and ethnic dimensions of aging needs to reflect aspects of the “particular” (e.g., of culturally based beliefs associated with specific race or ethnic groups) while also informing conceptual themes that span subgroups, such as those relating to discrimination, linguistic barriers, or other commonly shared experiences.

An emerging issue that makes this all the more challenging, yet timely, relates to the theme of multiple race and ethnic group identities. A number of familiar data collections now include opportunities for respondents to report more than one race (e.g., in the U.S. Census and other federal data). This provides researchers with both challenges and opportunities. Although multiple race group identification has been invited in the Census Bureau data collections since the 2000 Census, a relatively small share of the population actually reports multiple races (U.S. Bureau of the Census 2009). In the 2008 American Community Survey, just over 2% of the population reported two or more races, but the percentage doing so differs substantially by age. Whereas 4.6% of children under the age of 18 are reported as having two or more races, less than 1% of adults 65 and over report multi-racial identities. Although the source of this age difference remains unclear, it is likely that it reflects increasing levels of inter-racial coupling as well as a higher acceptance of multiple racial identities among younger cohorts. The multiple race issue is far more important for some racial groups than for others. For example, the size of the American Indian and Alaska Native (AIAN) population for all ages combined reporting a single race is 2.4 million, but this increases by almost double to 4.7 million when those reporting AIAN in combination with another race are also included (U.S. Bureau of the Census 2009). Because the behavior of individuals reporting AIAN only may differ in meaningful ways from those reporting AIAN in combination with another race (e.g., Mutchler et al. 2007a), the evolving measurement of race and ethnic group membership promises to challenge continued efforts to strengthen our understanding of diversity in later life. Both the shrinking share of the older population that is non-Hispanic white and increases in the population reporting multiple racial and ethnic identities suggest that the significance of ethnic identity for social and economic experiences throughout the life course is likely to evolve in coming decades.

## Policy Implications

The expanding diversity of the older population will have implications for virtually every aspect of social policy (Angel and Torres-Gill 2010). Differences among older members of racial and ethnic groups are well described in the literature: in terms of their financial resources (such as Social Security credits, pensions, and wealth), their family configurations (including partner status, coresident household members, and number and geographic proximity of children), and their levels of health and disability. Sociological insights yielding better understandings of the sources and scope of these differences are valuable in building better and more comprehensive social policy. As well, a better understanding of the needs, preferences and goals of the full complement of the expanding older population, rather than just segments of it, will provide important bases for evaluating the success of policies in development.

The major public programs targeting the older population (Social Security, Medicare, and Medicaid) will be heavily stressed in the coming decades as the absolute numbers of individuals entering those systems increases dramatically and as federal and state governments wrestle with mounting debt and competing priorities. As the financing difficulties associated with these programs

become even more pressing, there is a strong likelihood that continuation of benefits in their current form will be challenged. Because minority populations – especially African Americans and Hispanics – are reliant on these programs more than the white majority, they are likely to be most strongly affected by program modifications (Burr et al. 2010). Higher risk of employment instability and disability among middle-aged and older minority workers means that these individuals may be most inclined to leave the labor force early; but with the increasing age at which full eligibility for Social Security occurs – people born at the peak of the baby boom in 1957 cannot retire with full Social Security benefits until age 66.5 years, and those born in 1960 or later are not eligible for full benefits until age 67 (Social Security Administration 2009) – this may impose financial disadvantages on members of minority groups. For older workers with chronic disease and disability, an extended work life is unlikely to be a realistic solution to late-life economic shortfalls. Anticipated demographic shifts make it likely that the absolute size of the groups who could most benefit from needs-based transfer programs such as SSI and Medicaid will increase just at a time when policy makers and some members of the general public will be inclined to reduce these programs or shift the burden to families or the private sector (Wilmoth and Longino 2006). These changes may challenge the pact between generations that formed the basis for developing these programs (Angel and Angel 2006b).

## Summary

Although scholars have been interested in race and ethnic issues as they relate to the older population for several decades, the development of concepts and especially theory that would help guide research in these important areas is limited. We believe that useful inroads may be made by blending existing conceptual frameworks such as cumulative advantage and the life course, as well as by reflecting on how cultural features of ethnic groups intersect with broad theoretical ideas such as the stress process, resilience, and adaptation. Longitudinal examinations drawing out the elements of well-being that are structured by race and ethnicity not only will inform our understanding of late-life disparities in health, social support, and economic security, but will also yield insight to the ways in which macro-level social forces shape outcomes over the life course more generally. A great deal can be learned about how social processes and policies have differential effects, and how advantages and disadvantages impact the life course and well-being outcomes, by examining race and ethnic issues relating to aging.

Yet it is likely that historical advantages, and disadvantages, attached to racial and ethnic group membership will shift over time. “Majority–minority” communities are becoming increasingly common (Frey 2006), and attracting racially diverse and immigrant populations is increasingly viewed as essential to the continued vitality of some areas (Myers 2007). The advantages historically experienced by non-Hispanic whites may erode when that group is no longer numerically in the majority. However, should the significance of racial or ethnic group membership for later-life well-being become more limited in the future, it is likely to take multiple generations to be realized. Sizable disparities in education, earnings, household income, and asset accumulation, especially among African Americans and Hispanics, are evident among Baby Boomers and are likely to persist in later life (Mutchler and Burr 2008). Gains for some segments of the minority population – in the form of rising economic well-being and movement into the middle class – may be countered by losses in other areas, such as engaging in poorer health behaviors or increased alienation from valued roles and identities. Whether the gradual improvements in life circumstances experienced by segments of the racial and ethnic minority population will ultimately result in a lessening of minority group-based inequality, or just expanded heterogeneity within ethnic groups, remains to be seen (Angel and Torres-Gil 2010).

We anticipate that the sociological literature on race, ethnicity, and aging will look quite different in the coming decades. Shifting demographics will yield a U.S. population that is older and that includes more persons of color; but for now, these processes are occurring at opposite ends of the age distribution. For some time, the non-Hispanic white population will be far older than the African American, Latino, and Asian populations, on average, giving rise to potentially challenging political debates about public funding for education (which will disproportionately benefit populations of color, who are younger) as well as for Social Security and other old-age programs (which disproportionately benefit white populations, who are older) (Angel and Torres-Gil 2010; Myers 2007). Within a few decades, however, the racial and ethnic diversity that currently characterizes the younger population will be realized in the older population as well. The significance of this demographic shift for reshaping what we know about aging and aging policy will ultimately depend on the extent to which the interests are shaped more heavily by age, by racial and ethnic group membership, or by some unique combination of these two aspects of identity. As non-Hispanic whites become a proportionally smaller share of the total older population, will their “majority group” identity become more solidified, or more diffused? Will older Hispanics perceive more affinity among younger Latinos, or among their older, non-Latino peers when choosing among programs to support? When choosing between public schools and senior centers in public funding decisions, how will more diverse older populations weight the value attached to each option? If in the future the older population is to successfully secure public support for programs and services that it values, common ground must be identified that transcends race and ethnicity, and that respects the “intergenerational social contract” (Myers 2007) linking well-being across cohorts and ethnic groups.

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