

the Atlantic

Making Aging Positive

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June 1, 2014

Many of my older-adult patients wanted to make a difference in the world but, finding no role for themselves, were treated as socially useless. Having created a new stage of life, the next step is to make it meaningful.

Between 1900 and 2000, average life expectancy increased by nearly 30 years in the United States and most other developed countries of the world, and the developing world is catching up quickly. For the first time in history, most people now being born can expect to live seven, eight, nine, or more decades. This achievement changes not only the trajectory of individual lives but also the shape of societies: Adults 60 and older are now the fastest-growing segment of our population.

This achievement gives rise to new important questions: What do we want to do with an extra 30 years? How should we, as individuals and as a society, shape the trajectory of our longer lives? Can we design a trajectory that improves the well-being and opportunities of people at all ages? Should we be designing new social policies that will foster these opportunities? How do we prepare young people for longer lives—and can these questions be answered in ways that would be beneficial for all generations?

Unfortunately, rather than evoking celebration or innovation, the news of our longer life spans is generating fear and angst among individuals and concern among policymakers. The questions posed most frequently are not the ones mentioned above, but rather these: Can we afford all these old people? Will they bankrupt our society or ransom the future of our children and grandchildren?

The truth is that we have created a new stage of life but have not yet envisioned its purpose, meaning, and opportunities, and the space is being filled with our fears. Like a drunk searching for a lost wallet under the wrong lamppost “because that’s where the light is,” we are not looking for answers in the right places.

When I was a young geriatrician practicing in Baltimore, I operated under the light provided by my medical training, which prepared me to prevent or treat the health concerns affecting my patients. My training was invaluable, and geriatric medicine is a specialty highly tuned to the needs of older adults. Yet, as they shared their lives with me, my patients taught me that many of the ills associated with aging were worsened—or even created—by the lack of meaning and purpose in people’s lives. Too many of my patients suffered from pain, far deeper than the physical, caused by not having a reason to get up in the morning. Many of my patients wanted to make a difference in the world but, finding no role for themselves, were treated as socially useless and even invisible.

We are a species wired to feel needed, respected, and purposeful. The absence of those qualities is actually harmful to our health, as public health and social scientists have demonstrated. In one pivotal study conducted in the late 1970s, psychologists Ellen Langer and Judith Rodin (now president of the Rockefeller Foundation) examined the significance of autonomy and personal responsibility for the health of nursing home residents. One group of residents was told that they could arrange their room furnishings however they wanted, decide for themselves which nights to attend a movie, and choose house plants to keep and nurture. A second group of residents, advised that the staff “want to do all we can to help you,” had their furniture arranged for them, were informed which movie nights to attend, and were given a house plant cared for by a nurse. After three weeks, almost all residents in the first group experienced significant improvement in physical and mental well-being, whereas most participants in the second group declined or stayed the same.

A follow-up study conducted 18 months later found, remarkably, that members of the disempowered group (which mirrored how we usually treat older adults) were twice as likely to die, compared to their empowered peers (30 percent mortality compared to 15 percent). Further, there is science to suggest that beyond just feeling useful, a key need for successful aging is to feel that you have contributed to leaving the world better than you found it.

So I began to write prescriptions for my patients: “Find something meaningful to do and report back.” Time after time, I would hear back from highly capable older adults that they couldn’t find jobs. If they tried volunteering, they were frequently assigned to roles that didn’t use their capabilities, like licking stamps for someone else’s mail. What a waste of people with a lifetime of experience!

I came to understand that these people, rich in experience and abilities, were being viewed through a lens of ageism that rendered their individual talents and achievements invisible. Few roles existed that used the experience and skills acquired over a lifetime. In our society, older adults are routinely dismissed as impaired, slow, or demented unless they can prove otherwise.

A story a few years ago in The New York Times on the invisibility and marginalization of older adults concluded that “such indignities seem to happen to almost everyone with gray hair or a few wrinkles, and at every sort of place. Store clerks, bank tellers, government workers, pharmacists, hairdressers, nurses, receptionists, and doctors alike ignore the older person and pay attention exclusively to the younger companion, regardless of who is the actual customer or patient.”

There is a growing body of impressive research showing that our attitudes toward aging affect our health, our resilience in the face of adversity, and our very survival. Becca Levy at Yale, a pioneer and leading researcher in this area, conducted a study that followed several hundred adults (50 years and older) for more than 20 years. She and her colleagues found that older adults who held more positive age stereotypes lived 7.5 years longer than their peers who held negative age-related stereotypes.

Ursula Staudinger, director of the Robert N. Butler Columbia Aging Center at the Mailman School of Public Health, has conducted groundbreaking research on the positive plasticity of aging. Her work shows that biology, behavior, and culture constantly interact to shape the development of our lives into the oldest ages. This work confirms the importance of physical environments and social institutions as well as individual attitudes towards aging across the life span.

Unfortunately, negative stereotypes are much more common than positive images; indeed, according to some researchers, ageism is more pervasive in our society than negative stereotypes based on gender, race, or sexual orientation. Our negative attitudes towards aging blind us to the fact that millions of people in their ‘60s, ‘70s, ‘80s, and beyond are robust, active, functional, experienced, capable and talented—and that they want to remain engaged and contributing. However, we have not yet created the social structures, roles, and institutions to capitalize on our success in adding years to life by also adding life to years.

In the early 1990s, I partnered with Marc Freedman, now CEO and founder of Encore.org, to create a new, high-impact, social model for senior volunteering. The program became the Experience Corps.

The program is now operating in 23 cities and several countries. Its lessons contain clues to help us challenge the assumptions we make about the role of older adults, and to stimulate innovation in envisioning this new stage of life.

Our goal was to design and implement a program that could achieve three simultaneous objectives:

- Use the abilities of older adults to effect significant and positive social impact in a critically needed area, with impact well beyond what any one person could do alone—and in so doing realize the potential for our longer lives
- Improve the physical and cognitive health and social well-being of older participants
- Meet the need of many older adults to contribute in a meaningful way

We decided that our desired social outcome would be improving the academic achievement of young children, as a key social need. We focused on children in kindergarten, first, second, and third grades, because of strong evidence indicating that children who succeed by third grade are positioned for successfully completing school, rather than failing or dropping out.

To promote the cognitive health of the older adults, we designed roles that could increase mental flexibility and problem-solving, and required mastery of new skills. We know from brain research that learning new skills and knowledge, and flexibly shifting between them, is key to increasing brain health. Here is a snapshot of key research findings on our three major objectives: We scientifically designed a model for a volunteer program for older adults, requiring a commitment of at least 15 hours per week for the full school year to create the conditions for high impact for children and high benefits for health, including being more physically active. The volunteers perform specific duties selected by the school principals to fill their greatest unmet needs, whether in literacy, math, computing, or other areas.

Data from our Baltimore pilot program showed a 30 to 50 percent decline in the number of children referred to the principal's office for behavior problems—with 15 to 20 volunteers per school. As we heard repeatedly from teachers, the presence of an adequate number of older volunteers changed the climate and the scope of possibilities for all students. A recent study by Washington University examining the performance of almost 900 second and third graders in three cities found that elementary school students supported by Experience Corps achieved 60 percent more progress in reading comprehension and sounding out new words than comparable students not in the program.

Complementary studies by researchers on our Johns Hopkins/Columbia/UCLA team and at Washington University have found that Experience Corps volunteers improved significantly in physical activity and mental health, compared to similar adults over an eight-month period. The increased level of physical activity is a likely reason why volunteers reported improved strength and those with arthritis reported less pain. Similarly, volunteers with diabetes reported that they needed fewer diabetes medications during the school year to keep their blood sugar controlled.

Michelle Carlson at the Johns Hopkins Bloomberg School of Public Health also led a small study using neuroimaging to examine if the Experience Corps program impacted cognitive functions in the ways we designed it to do. After six months in the program, the older volunteers with low and normal mental abilities for complex problem-solving had dramatically improved those abilities. Further, older volunteers in Experience Corps showed new activation in areas of the brain involved with complex problem-solving, compared with a control group with a similar level of education who did not participate. This goes along with our volunteers' reports that the mental activities of the program "dusted off the cobwebs in their brains." Longer follow-up will be needed to know if those with high mental functioning at the outset preserve it better through participation in this program.

Experience Corps roles fulfilled the prescription I had tried to write years earlier: "Find something meaningful to do." The results went far beyond what we could have predicted or planned. In addition to providing tutoring and coaching in various critical areas for younger children, our volunteers also created imaginative programs that meaningfully used their lifetime of skills while adding new dimensions to the learning environment. They go home each day feeling they have given back and are changing the world, and they come back the next day energized to keep building on success.

Fortunately, many other models of senior service have developed as well, and they significantly increase the availability of programs for senior volunteers that share the goals of Experience Corps.

Especially notable among those groups are the three, longstanding, federal, Senior Corps programs: Foster Grandparents, Senior Companions, and RSVP (Retired and Senior Volunteer Program). These programs together involve 360,000 older Americans aged 55 and older in volunteer community service opportunities annually.

Foster Grandparents tutor children, mentor troubled teens and young mothers, care for premature infants and children with disabilities, and help children who have been abused or neglected. Senior Companions provide assistance and friendship to adults who have difficulty with daily living tasks and help them remain independent in their homes. RSVP gives volunteers a chance to use their skills and talents in service to their communities, typically organizing neighborhood watch programs, tutoring and mentoring youth, renovating homes, teaching English, and assisting disaster victims.

Non-governmental programs include OASIS Intergenerational Tutoring Program, which enables volunteers to work one-on-one with children at schools to increase reading skills and esteem; and the Across Ages Program, which pairs older volunteers with young adolescents to reduce health risk behaviors. OASIS puts into practice the landmark MacArthur Foundation study of successful aging, in which researchers Dr. John W. Rowe and Dr. Robert L. Khan found that the key ingredients for a high quality of life are maintaining a low risk for disease, a high level of engagement with the community, and high physical and cognitive function.

All of these programs have measurable positive outcomes, typically for both the recipients and the volunteers. Seventy-one percent of Foster Grandparents, for instance, reported never feeling lonely. Senior Companions reported a willingness to continue engaging in volunteer activities, and RSVP volunteers had improved self-perception and satisfaction towards life. OASIS volunteers reported improved wellbeing. Another national model, ReServe, is creating new paid roles for older adults in high-need areas. Impact has yet to be evaluated formally.

I'm often asked whether Experience Corps is a "cost-effective" program. This may seem like a no-brainer, but the fact is that policymakers do not yet have an established calculus by which to evaluate and compare the immediate, mid-term, and longer-term impact of intergenerational programs like this. Experience Corps, now a program within AARP, relies on a mix of funding sources, including federal funds from the AmeriCorps foundation, private donations, and contributions from participating schools. They all want to know if the investment makes the intended difference.

In our study of the first start-up years for Experience Corps Baltimore, we reported that 70 percent of the annual operating costs for the program went to volunteer stipends that reimbursed out-of-pocket costs. The program initially deployed an average of 20 volunteers in each of three schools, and has now grown to more than 20 schools with the support of the public school system.

Using the standard cost-effectiveness model used in economics, we found that the program would be cost-effective if it helped even one child at each school to graduate from high school. We also found that our volunteers had fewer health expenditures over a two-year period (compared to the "control" group), but the two-year health savings were insufficient, in themselves, to offset program costs. However, considering together both the decline in healthcare costs for the older adults and the improved educational success and lower dropout rates that appear likely to result, our pilot analyses support a meaningful return on the investment.

Experience Corps models a new way to approach social innovation, leveraging the investments in one age group in order to benefit many stakeholders. Creating such interventions with "co-benefits" is a 21st-century focus for public health scientists, practitioners, and funders.

In order to successfully develop policies and programs that serve multiple generations, however, we need to analyze issues through a lens on aging that recognizes the value and goals of experienced older adults, designs for co-benefits and sustainable impact, and measures the right outcomes to ensure an accurate assessment. These three principles can be applied to a wide range of social issues. Consider, for example, the issue of employment of older adults. Many older adults want, and many financially need, to continue to work in some capacity.

Between 1990 and 2010, the percentage of people 65 and older in the workforce increased from 12.1 percent to 16.1 percent. Today, adults 55 and older are the fastest-growing segment of the workforce. But rather than viewing this as a potential opportunity for economic growth, many people fear that more adults in the workforce will block opportunities sought by younger people.

A comparison can be made to the 1970s' labor force, which saw the advent of large numbers of women into work areas traditionally seen as men's domains. Many feared that women would take jobs away from men who needed them. In fact, these fears were not borne out; the increased employment and resulting disposable income fueled economic growth and generated the development of many new industries and jobs. Similarly, rather than being a drag on the economy, several studies suggest that older workers help to increase the nation's economic strength and do not take jobs away from young

people. There is potential for multiple positive, multigenerational outcomes here.

Longer workforce participation will generate additional disposable income and tax revenues, which in turn will boost the consumer economy and simultaneously improve the viability of Social Security.

Older workers typically offer a strong work ethic, are less likely to be absent than younger employees, and also reflect the fastest-growing consumer market. As a result, some employers like Marriott are actively taking steps to retain valued older workers and attract new mature recruits. Major companies, such as CVS drugstores and Fidelity Investments, embrace older “new hires” to meet the needs of older customers, many of whom are more comfortable discussing health needs or retirement plans with their age peers than are young people.

Age-diversity in the workforce is also a plus for an economy driven by innovation. Research has shown that while age-similar groups performed better on jobs that required primarily repetitive tasks, age-diverse teams performed much better when it came to problem-solving, idea generation, or productivity. A study conducted by Axel Börsch-Supan and Matthias Weiss of the Munich Center on the Economics of Aging, looking at age-diverse workers in a manufacturing plant concluded that older workers continue to increase their productivity until at least age 65 (the upper age limit of people in the study), and that their experience reduces the risk for serious errors. Further, age-diverse teams are more productive than age-segregated teams. We risk stifling our own innovation and productivity by segregating the generations and losing the talents of our most experienced members.

When we examine issues through a lens that recognizes the value of older adults, we can envision them in many new roles—both paid and volunteer—that could strengthen our society. They could train adolescents and young adults for trades and for successful transition to the work world, assume public health roles (such as health promotion, disease prevention, and emergency response) in our neighborhoods, and assist with environmental protection needs. There may be much-needed workplace roles never imagined in a prior age when there were not many well-educated older workers.

We have added 30 years to our lives, not just for the lucky few but for the majority of people in the developed world, and now the developing world. What does this new stage of life mean? Psychologists Erik and Joan Erikson viewed later life as a time when the impulse to give back to society (generativity) becomes an urgent need. Carl Jung, who was unique among early psychologists in his interest in the challenges of the second half of life, saw older age as a rich period of spiritual growth and individuation. Betty Friedan, who trained as a social psychologist, researched the issue of aging late in her life, and suggested that there is a “fountain of age,” a period of renewal, growth, and experimentation based on a new freedom.

The truth is, we don’t yet know what this new stage of life can be, but the first step is to change the lens through which we view aging and challenge our stereotypical assumptions.

Thanks to advances in gerontology, public health, and medical science, we now recognize that many problems ascribed to “normal aging” are not inevitable, and many can be prevented or improved. Drs. Jack Rowe and Robert Khan, with colleagues from MacArthur Foundation think tanks (of whom I am one) have made a compelling case that what we currently accept as “usual aging” need not be the norm. Instead, we can individually and collectively invest in behaviors, social institutions, and strategies that demonstrably promote healthy engaged aging—to everyone’s benefit.

For example, contrary to what we believed even in recent decades, exercise can significantly increase muscle mass in older adults, even among nursing home residents; physical and mental exercise can enhance the brain’s plasticity; and meaningful social engagement and activity can reduce the risk of social isolation, depression, and illness, while making a difference in our society.

One very hopeful sign for the future is that leading figures from many fields are starting to recognize that increased longevity is a game-changer for all sectors of society. Through my own service on the Global Agenda Council on Ageing, a special project of The World Economic Forum, I have had the opportunity to collaborate with innovative leaders in business, politics, academia, and health to proactively address how we build a successful aging society from multiple perspectives.

We also want to engage the public in this dialogue. Toward this end, the Global Agenda Council on Ageing recently produced an e-book outlining the challenges and opportunities we see, and offering innovative approaches that we plan to undertake in the future.

As another example, the World Health Organization's Global Network of Age-Friendly Cities and Communities provides a model for developing public-private partnerships. In New York City, for instance, the Age-Friendly NYC Commission was established in 2010 by Mayor Michael Bloomberg in partnership with the New York City Council and the New York Academy of Medicine. The underlying premise of the commission is that the active participation of older residents in all aspects of city life is essential to the growth and health of the city, and that intentionally creating the conditions to achieve this is a great investment. Last October, this New York City initiative received the international prize for 2013 Best-Existing Age-Friendly Initiative at a meeting in Turkey of the International Federation on Aging.

These examples underscore the importance of investing in research and education on aging and health changes across the life course, and creating the means to achieve this, since the keystone for successful aging is our ability to enjoy good health and function. Having created a new stage of life, the next step is to make it meaningful.

Support for this research was provided by the MetLife Foundation through the MetLife Foundation Silver Scholar Award, administered by the Alliance for Aging Research.