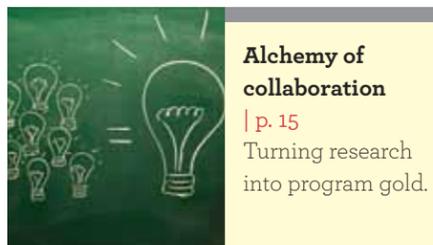




Challenges of age
| p. 5
As LGBT adults age, surviving—and thriving—can be tough.



Alchemy of collaboration
| p. 15
Turning research into program gold.

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Friendship and conscious community-building: secrets to a happier, longer life?

By **Barbara Meltzer**

I am a single woman without children, journeying through what author Mary Catherine Bateson refers to as a “second adulthood.” I live alone. And I am doing my best to gracefully grapple with the vicissitudes of getting older. Depending upon health and finances, more years can mean more trips, more books to read and more people to meet.

‘Who would be there to help me, if and when I needed it?’

But getting older also can be fraught with challenges. One of mine is the feeling of aloneness—like being on an island that’s close to shore, but still an island. Different than loneliness, but powerful to be sure. I have many friends and a business. I serve on boards and am involved in my community, but when I turned 60—particularly when I became a caregiver

for my mother—concern about my future and that sense of aloneness entered my consciousness. My mom had me to help her. Who would be there to help me, if and when I needed it?

Friendship—a Vaccine Against Illness?

I think about friendship and community frequently and feel an urgency not only to build support systems for myself, but also to ensure that support will be there for others. In a quest to learn more, I found many articles and books about aging, longevity and the importance of friendship and community. Friendship networks have even been referred to as a “behavioral vaccine”—inoculating us against illness.

In *The Longevity Prescription* Dr. Robert Butler wrote, “To thrive throughout life we benefit from attachments, whether you call it love, friendship, empathy or bonding. Those connections can add great richness to the three-decade dividend.” He



Photo: iStockphoto/digitalakillet

quoted a 35-year-long Harvard study showing that a good marriage at age 50 is a better predictor of good health at age 80 than is a low cholesterol count.

One of several research projects addressing the positive impact of friendship on aging is a 10-year Australian study by Giles et al., published in 2004 in the *Journal of Epidemiology & Community Health* (59; doi: 10.1136/jech.2004.025429), of

› CONTINUED ON PAGE 7

In this issue

FORUM

Confronting the sequester monster, and keeping a watchful eye on duals programs
pages 3-4

IN FOCUS

The power and promise of connection: friendship and intimacy in late life
page 7

DISPARITIES IN AGING

Residential segregation—a key driver of health inequities?
page 13

2013 MINDALERT AWARD PROFILE

Innovative Mind Aerobics Suite of programs helps dementia patients improve brain function
page 16

Adjusting workforce policies for mature workers could reap big economic gains

By **Rebecca Klein-Collins**
and **Phyllis Snyder**

Many mature workers will need help navigating today’s complex labor market. Acknowledging there is little help available for mature workers, the U.S. Department of Labor supported a three-year Aging Worker Initiative (AWI), culminating in December 2012, that affirmed the value of mature workers to the economy and the need to provide them with appropriate education and training to prepare for new jobs and careers.

It is in our national interest to support mature workers who can and want to continue working.

The AWI funded 10 sites to test new models for serving mature workers, and The Atlantic Philanthropies funded the Council for Adult and Experiential Learning (CAEL) to provide technical assistance to those sites. According to Stacey Easterling, program officer at Atlantic, the foun-



Photo: iStockphoto/Thomas EyeDesign

dation was “attracted by the opportunity to engage in a public-private venture with [the Department of Labor] to expand opportunities for older workers.”

Maturity Matters, Especially on the Job

The AWI made a difference, first by helping employers recognize the value of mature workers. The Maturity Matters program, offered through Tecumseh Area Partnership (TAP) in Indiana, used internships and flexible hours plus other strategies to encourage hiring by local businesses. Maturity Matters provided Schoolhouse Partners, LLC, with

› CONTINUED ON PAGE 12

Stand up and cheer! ASA’s 2013 award winners elevate service to the field

The American Society on Aging’s 2013 awards program has named a number of worthy individuals and organizations for their contributions to ASA, to the field of aging and to older adults (for more information on ASA’s awards, visit asaging.org/awards). For the NOMA Award winner and the first of three **Aging Today** stories on the ASA-MetLife Foundation MindAlert Award winners, see the articles on pages 13 and 16.

The ASA Award

The 2013 ASA Award winner is Ken Dychtwald, one of our field’s most original thinkers on the lifestyle, marketing, healthcare and workforce implications of the age wave. As the founder and president/CEO of Age Wave in Emeryville, Calif.—which provides research, presentations, communications, education, training systems and marketing on the subject of an aging America to Fortune 500 companies—Dychtwald has dedicated his life to battling ageist stereotypes and promoting a meaningful role for life’s second half. He is a prolific author and sought-after speaker, has been a Fellow



Photo: Sandy Huffaker

Patrick Arbore receives the 2013 Mental Health and Aging Award in Chicago at the Aging in America Conference (see page 14).

on the World Economic Forum and currently serves on the American Society on Aging’s Board of Directors.

The Gloria Cavanaugh Award for Excellence in Training and Education

Presented to an ASA member demonstrating continued excellence in training and education in the field of aging, the Gloria Cavanaugh Award goes to the OASIS Institute, which since 1982 has fostered successful aging through lifelong learning, healthy lifestyle and social

› CONTINUED ON PAGE 14

IN FOCUS

Connection counts: friendship and intimacy make later years healthful and rich

For the layperson, reactions to many scientific studies might be: “Wow!” or “No kidding!” (aka “We’ve known that for years”) or “Why study that?” Then there are those areas of research that circumvent such responses, and seem obvious to pursue, like the topic of this In Focus: the effects and importance of friendship and intimacy in later life.

When developing these stories we were struck, as was *Aging Today* Editorial Advisory Committee member Barbara Meltzer (who graciously guest-edited this issue), by the relative dearth of studies on the psychological impacts of friendship—especially on elders.



There are proven protective qualities to friendship when it comes to health (as friends can encourage a person to do the right thing), and studies showing those with active friend networks live longer and recover more quickly from disease. We’d love to hear your stories about how friendships are benefitting and enriching adults in late life (contact ahood@asaging.org).

Asking for help as we age actually fosters autonomy

By Meika Loe

When I met Elizabeth, a former teacher and Navy WAVE veteran, she was in her late 80s and living alone in a suburban neighborhood in New York. Elizabeth didn’t love to ask for help. In fact, she made it known to children and friends that she wanted to be independent until the end.

During Hurricane Irene, Elizabeth went to check her flooded basement and

drowned. Her neighbor found her a few days later.

Elizabeth’s story is tragic and heartbreaking—one that highlights the trade-offs associated with valuing independence above all else. But I’m not sure she would have wanted it any other way. She repeated many times that she wanted to die with her boots on, and she did.

Elizabeth was a member of the “Greatest Generation,” many of whom learned adversity, perseverance and resilience as

they came of age during the Depression and two world wars. The “oldest old” from this generation are survivors; many, like Elizabeth, are living alone and practicing self-care.

American Expectations at Odds with Reality

Despite what we see in our own families, we, as a culture, expect elders to be non-productive, dependent and diseased. Our culture’s age-based expectations and rules overlap with expectations regarding gender, social and physical location and aging in place.

But Americans also are trained at an early age to be independent. We associ-

ate autonomy with dignity, and dependency with moral weakness. However, the value we place on being a solitary problem-solver is challenged at life’s vulnerable moments when we must depend upon others to survive. As we age and lose loved ones, learning how to ask for help becomes imperative.

We expect elders to be nonproductive, dependent and diseased.

For three years I shadowed elders like Elizabeth, wanting to know what, if any-

› CONTINUED ON PAGE 10

Secrets to a long, happy life

› CONTINUED FROM PAGE 1

1,477 people ages 70 and older. It showed older people with extensive networks of good friends and confidantes outlived those with the fewest friends by 22 percent, and close relationships with children and relatives had little effect on longevity rates for older people.

Although the study couldn’t say for certain why close friendships have such a dramatic effect on longevity, the authors speculated that friends might encourage older people to take better care of themselves, perhaps by cutting down on smoking and drinking or seeking medical treatment earlier for possibly serious symptoms.

In 2006, a study by Kroenke et al., published in the *Journal of Clinical Oncology*, of nearly 3,000 nurses with breast cancer found that women without close friends were four times as likely to die from the disease as were women with 10 or more friends (24:7, doi: 10.1200/JCO). Notably, proximity and the frequency of contact with a friend were not associated with survival; just having friends was protective.

“Although we don’t yet understand all of the mechanisms and pathways of the connections between involvement with friends and health and well-being, we really see more evidence for positive than negative impacts of friendship interactions,” says Karen Roberto, Ph.D., professor and director of the Center for Gerontology at Virginia Polytechnic Institute and State University in Blacksburg, Va.

“Some studies suggest that older women’s friends help promote good health by offering advice about diet and exercise, sharing meals, providing transportation for medical care, listening to their needs and laughing with them.”

(Not So Good) Life without Friends

Any discussion of the link between friendship and healthy aging must include the impact of its absence. As someone who lives alone, I understand loneliness is not a by-product of being alone, nor is the desire for solitude. Social isolation, however, is a serious consequence of a lack of community and is becoming an even greater health problem as the aging population increases.

Proximity and frequency of contact with friends weren’t associated with survival—just having friends was protective.

According to a 2012 study published in the *Proceedings of the National Academy of Sciences* (110:15, doi: 10.1073/pnas.1219686110) by a University College London (UCL) team, social isolation is “linked to early death.” The findings showed that after factoring out mental and physical health conditions, a lack of social contact still led to early death among 6,500 men and women tracked over a seven-year period. “They’re dying of the usual causes, but isolation has a strong influence,” said study author and epidemiologist Andrew Steptoe.

Butler also discussed the subject of connectivity, which he believed enhances health. “Numerous studies have led to wide-ranging conclusions about the importance of social relationships to individual good health,” he writes. I refer to it as community, or circles of care, and believe that its creation within neighborhoods is crucial to all residents across the life span. Even those of us who are lucky enough to have good friends—our chosen family—we need to think about building support systems near where we live.

Collaboration Can Build Community

A serious illness propelled Charlotte Frank, an older woman who lived alone, to develop the Caring Collaborative (CC). A model for “living differently,” the program offers volunteer assistance for health-related problems and is a membership benefit of The Transition Network (TNN), a national organization for professional women in or near retirement, co-founded by Frank and by Christine Millen.

Financed with \$144,000 from the New York State Health Foundation, the Collaborative uses software to match participants who need help in a community with those willing to help. Operating out of three of TNN’s nine national chapters, the Collaborative’s largest program, begun in 2007, is in New York City and has a 200-member database.

Everyone who joins the CC participates in a mandatory orientation addressing the scope and boundaries of giving and receiving. All requests go to a central coordinator, who sends an email blast

that provides only the service needed and the location. Confidentiality is key and no names are given until a “match” is made.

Because of its size, the New York City CC has formed neighborhood groups that meet periodically. Although not a Collaborative goal, friendships have formed. “We have found that fewer requests are coming in to the central system, because the women in the smaller groups often call each other for help,” says Victoria Weill-Hagai, chair of the New York Caring Collaborative Council.

Other forms of collaboration and programs will no doubt take shape as baby boomers eventually may need more help. Friends, acquaintances and neighbors likely will step in to provide assistance in lieu of family members. “Recent trends documenting changes in family structure and process reinforce the need to look at support beyond the family,” says Roberto. “Co-housing options, where there is a high proportion of never-married, divorced or childless adults have identified mutual support as a driving reason to move in and have emphasized the centrality of community ‘fictive kin’ support in their lives.” ■

Barbara Meltzer is president of Barbara Meltzer & Associates Public Relations in Los Angeles, Calif. She serves on the Aging Today Editorial Advisory Committee, as a commissioner on the Los Angeles County Commission for Older Adults, and is on the board of the Life Planning Network. Contact Meltzer at Barbara@meltzerpr.com and ahood@asaging.org about community programs fostering friendship among elders.

Sexuality and intimacy— what’s aging got to do with it?

By Anita P. Hoffer

Despite what the popular media might indicate, sexuality and intimacy play an active role in our lives as we age.

There is an abundance of research, from the *Journal of the American Medical Association* to the *Journal of Gerontological Nursing* to the *Wall Street Journal*, showing sexual activity (whether partnered or solo) is good for your health, even in later years. Engaging in sex can relieve stress, improve sleep, burn calories, reduce certain forms of pain, ease depression, strengthen blood vessels and boost the immune system.

Defining the Indefinable

Sexuality is often linked directly to sexual acts or sexual orientation, but it is multifaceted and has many definitions. Regardless of age, it is a core part of our identity, of how we live in our bodies, are attuned to our senses, revel in the pleasure of beautiful music, a stunning sunset, a loving touch or the smell of an exquisite flower. Sexuality includes body, mind and soul; it is omnipresent in everything we do.

Intimacy is how we share ourselves with others. This sharing may be sexual, or not. It may involve genital contact, or not. But at its most essential, it is about connecting with an “other,” and as such is an expression of the universal human wish for connection.

Deeply satisfying, rewarding friendships can be forged in middle and late life without necessarily involving conventionally defined “sexual behaviors and activities.” An encounter may be sexual but devoid of intimacy, or highly intimate but not at all sexual.

Does Age Affect Urge?

Age has little to do with urge. What we want sexually may change as we age (e.g., erogenous zones, patterns of desire and arousal), but for most healthy adults, interest in sexual pleasure doesn’t disap-

pear with age. Our capacity for pleasure does not die until we do.

However, by age 50 or so, most of us begin to notice changes in sexual drive and response. Typically, in men this may involve erectile concerns (75 percent of men older than 75 are affected), prolonged refractory periods or problems with ejaculation. In women, common difficulties are changes in orgasm, decreased tactile sensation or reduced lubrication that may result in painful intercourse and decreased libido.

What we want sexually may change as we age, but interest in sexual pleasure doesn’t disappear.

These changes are not signs that we are losing our sexuality. Rather they are natural consequences of aging and need to be adjusted to, shared with our partner(s) and discussed with a health-care provider to overcome these difficulties when and if possible. Furthermore, these changes are not necessarily diseases; rather they may be side effects of medications or therapies for illnesses that commonly affect older adults.

Ageism and Societal Prejudice

Yet sex between older adults is often viewed with discomfort or even disgust. We live in an ageist society that assumes that adults are sexually “dead” after age 50—or should be. This perception persists, at least in part, because physicians and other healthcare providers receive little training in dealing with the sexual concerns, needs and rights of elders, so they are reluctant to raise the topic with their patients and educate them, according to a 2011 article by Salinas et al., published in the *International Journal of Person Centered Medicine* (1:2; doi: <http://dx.doi.org/10.5750%2Fijpcm.v1i2.73>).

Similarly, patients (especially older individuals) often feel constrained by the conservative or sex-negative messages



Photo: iStockphoto/iriztin

absorbed in their youth which, in turn, makes them ashamed to raise the topic with their caretakers, as noted in *Love Stories of Later Life: A Narrative Approach to Understanding Romance* by Amanda Smith Barusch (New York: Oxford University Press, 2008). No wonder many women and men forego the opportunity to enjoy a rich and satisfying sex life as they age.

Healthcare providers receive little training in dealing with elders’ sexual concerns, needs and rights.

But the tide may be shifting—at least in some regions of America. While stereotypes about waning sexuality and aging have been widely reinforced by the media, TV ads, advertising by pharmaceutical companies and the adult entertainment industry, a few mainstream indicators, in the form of movies, are emerging suggesting that older couples can and do desire sex and are willing to seek help to get it (*Hope Springs*); are ready and willing to embark on new sexual liaisons and romantic interludes (*The*

Best Exotic Marigold Hotel and *It’s Complicated*); and are even capable of passionate (explicitly photographed) sex within and outside the context of marriage (*Cloud 9*).

We cannot change the truth that our bodies change as we age. It is the consequences we can change. We need to reconsider our definition of sex and reframe the way we think about aging. In America today, the hype is that the Holy Grail of sex is penetrative vaginal intercourse energetically performed by hot, fit young men and women culminating in explosive, simultaneous orgasms. And when we internalize this narrow view, it can discourage us from exploring, expanding and enjoying sexuality in our later years. We need a more nuanced model of sexuality that embraces all of our humanity. ■

Anita P. Hoffer, Ph.D., Ed.D., was at Harvard Medical School for 25 years where she was an associate professor and director of research in urology at the Brigham and Women’s Hospital. Hoffer teaches workshops addressing older women’s sexual concerns and sexual literacy, coaches individuals and couples, and lectures to healthcare providers about the needs of this population.

Friendship a pillar of survival for LGBT elders

By Robert Espinoza

Family and friends are essential to people as they age, offering social interaction and connectedness, reducing social isolation and loneliness, and assisting with daily tasks of living.

Friendship helps with everything—from taking care of pets to phone reassurance.

Yet such support may be lacking for lesbian, gay, bisexual and transgender (LGBT) older adults, who are often single and without children, according to SAGE’s National Resource Center on LGBT Aging. More recently, the national 2012 study, *Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual and Transgender Older Adults* (<http://goo.gl/GZUxt>), which in-



Photo: iStockphoto/nico_blue

involved more than 2,500 older adults ages 50–95, found that one in three LGBT elders had no one to help them with daily chores if they were sick, and 29 percent

reported that they did not have someone to love and make them feel wanted.

Given limited family supports, what is the role of friendship for LGBT people as

they age, and what lessons can be drawn to inform the broader aging network?

I explored these questions with two longtime leaders in LGBT aging. Jesus Ramirez-Valles is a professor and directs Community Health Sciences at the University of Illinois–Chicago School of Public Health. For 20 years he has been a public health researcher with his study focusing on gay men, HIV/AIDS and aging. Ginny D’Antonio is a social worker for SAGE (Services and Advocacy for GLBT Elders), where she has worked for more than 14 years with LGBT elders in New York City.

Robert Espinoza: What is the impact of friendship—or the lack of friends—on LGBT people as they age?

Jesus Ramirez-Valles: Since the [modern] LGBT movement began in the 1960s, friendship has been a part of the building of community. And as one gets older, the importance of friendship multiplies.

We find out that the social spaces we need [to make friends] exclude us. LGBT

› CONTINUED ON PAGE 10

New initiatives needed to address social isolation in America's solo dwellers

By **Elena Portacolone**

Living alone, often framed as an opportunity for personal growth and discovery, is an increasingly popular living arrangement, especially among older adults. But living alone isn't always an easy choice, despite elders' desire to remain at home. As we age, the weight of innumerable household tasks is often exacerbated by lack of energy, strength, memory, money and resources, as well as by the fear of crime and the specter of abuse.

If our job is to serve elders, we must be aware of the added stressors of living solo in older age, and devise policies and programs to assist the increasing number of older adults living alone. Solo dwellers now make up 28 percent of households, with cities recording the highest percentages of such households: 44 percent in Washington, D.C., 41 percent in Seattle, 38 percent in San Francisco and 50 percent in the borough of Manhattan.

Whereas in 1950 only 10 percent of Americans older than 65 lived alone, in 2012 a third of that cohort lived alone, and the percentage increases with age, to 40 percent of those older than 85, as I wrote (with Eric Klinenberg and Stacy Torres) in a 2012 briefing paper for the Council on Contemporary Families (<http://goo.gl/EiwrW>).

Who is living alone in older age? The stereotypical image of the elderly widow living alone paints only part of the picture. Yes, 8 million of the 11 million American solo dwellers older than 65 are women, and 68 percent are widows, yet the reality is more nuanced. Twenty-five percent of Americans older than 65 living alone are divorced (33 percent men and 22 percent women). Never-married

Elders often shunned moving in with adult children—out of habit and privacy concerns.

individuals make up 9 percent of this population and 3 percent of older solo dwellers are still married, but their spouse is institutionalized. Others lost their consort, had a partner and their partner now resides in a nursing home. Because of their sexual orientation, some older solo dwellers never married, some divorced and others kept their same-sex relationships a secret.

Many Reasons for Solo Dwelling

To research a doctoral thesis in sociology, published in the *Journal of Aging Studies* (27:2, 2013; <http://dx.doi.org/10.1016/j.jaging.2013.01.001>), for six months I helped a driver deliver meals for Meals on Wheels, and for two years I inter-



Luke lives alone in a single room—occupancy hotel in the Tenderloin section of San Francisco.

viewed and spent time with 47 San Franciscans older than 75 who were living alone. It was a diverse sample: the majority (56 percent) of informants were Caucasian; 23 percent were Asian; 15 percent were African American; and 6 percent were Latino. Divorced informants made up 38 percent of the sample, 30 percent were never married, 28 percent were widows or widowers and 4 percent were married to a spouse who was institutionalized.

Interviewee Peter, age 75, had a new partner, but joked that bringing him into his home was “a hassle because you get your pills mixed up in the bathroom.”

Other interviewees reported such limited income that they could afford only a room in single room—occupancy hotel in the inner city, (see the above photo) and may wait years for better accommodations in public housing.

An article by Kathleen McGarry and Robert Schoeni in *Demography* (37:2, 2000; <http://goo.gl/xMkYN>) noted that elders often shun moving in with adult children—out of habit and privacy concerns (and only a portion of older adults has living adult children). As well, the pronounced fear of being forced to move into a nursing home has often led older

› CONTINUED ON PAGE 11

Connecting across generations, finding a true friend

By **Jennifer Sasser**

Fred was the angel of our neighborhood, a generous and friendly person. My friendship with Fred was one of truest and closest I've had.

We were real friends, not just across-the-street neighbors. Fred was first-generation Italian American, born in the 1920s, a devoted Catholic, barely graduating high school, veteran of WWII, a stonemason and a widower. I was half his age, a divorced mom with a Ph.D., and with quite a different intellectual, spiritual and political outlook. But we coalesced around organic gardening, home cooking and service to our communities, while beholding one another's differences with openness and curiosity. We liked spending time together and prioritized doing so. During the growing season you'd find us together in Fred's garden, pattering, doing chores, gathering ripe offerings.

I knew by how he walked from his house to his garden, months before his final decline, that something essential had changed, that we wouldn't have another summer of gardening together. He knew by how I walked from my house to my car when I was feeling worn out from a day at work.

How Can Different Generations Befriend One Another?

I have worked in the field of gerontology more than half my life, beginning in my



teenage years as a certified nursing assistant. For the past 20 years, I've gathered rich experiences not only about later life and adult aging, but also about the complexities of traveling through the life course. For quite some time I have been preoccupied with questions about intergenerational friendships, about how persons of different ages and generations might come together to foster real friendships. There isn't much in the scholarly literature to inform such relationships.

My youngest friend is 7. Her mother was my former graduate student, and over the past decade we've become close

friends and colleagues. How do I know that my best friend's daughter and I are friends in our own right? Because we want to spend time together, and we have an unspoken understanding about things. Something wild in her responds to something wild in me.

Another friend is half my age. He came to the United States seeking safety. In his increasingly traditional native country he faced persecution because of his sexuality, religious beliefs and political affiliations. Not only are we at different points along the life course, but also we are about as different from one another as two humans

can be. But, despite our many differences, we are on the same wavelength.

These examples are meant to bring out the idea that intergenerational friendships don't have to be only between children and older adults in controlled, formal settings, like you'd find in a senior center or in intergenerational programming. They exist in all contexts, up and down the generations.

Friendship Requires Vulnerability and Openness

In my “mid-life” I have cultivated friendships with younger and older persons, persons I've met in my neighborhood, in my workplace, through happenstance. I've not always known how to be a true friend, by which I mean a friend who can be simultaneously vulnerable, curious, open and accepting of another. I came to all of this rather late, and most of what I know I learned from Fred.

Something wild in her responds to something wild in me.

We need to reflect on the assumptions we make when we emphasize similarities within, and differences between, generations. It isn't that there aren't generational differences (or “cohort effects”), but at least in part they are socially constructed and reductive, and get in the way of meaningful human-to-human interactions.

We should ditch our suspicions around younger and older persons being friends,

› CONTINUED ON PAGE 11

Asking for help fosters autonomy

› CONTINUED FROM PAGE 7

thing, moved this generation to lean toward interdependence. Somewhere along the way, most learned to ask for assistance and even embrace new forms of interconnection. Maybe it was through knowing someone like Elizabeth, or maybe after a health scare. Whatever the cause, these elders became creative problem-solvers as they aged.

Their newfound ‘safety net’ enabled them to retain control, and increased quality of life.

I watched as they learned to scale back; ask for assistance; interview, hire and fire aides; tour care facilities and weigh the options; or mobilize a wide array of resources for support (many of them free), including family and friends. Ironically, this newfound “safety net” generally enabled them to retain autonomy and control and, in most cases, increased their quality of life.

Rose and Alice, two nonagenarians living alone, both got to a point where they needed regular transportation. Rose’s creative approach was to ask a newly widowed friend at church if she could “adopt” her as a sister, and in exchange for emotional support, her new “sister” would transport Rose to church. Alice, who still had a car and some discretionary income, hired a local retiree to drive her and a friend to the grocery store.

Glenn, Juana and Shana, also solo-dwelling nonagenarians, were each looking for companionship as well as privacy. Glenn decided to open part of his home to a boarder to cut down on



Mary (94), Levi (5), and Glenn (95) celebrate their birthdays together every August. Glenn and Mary were both part of author Meika Loe’s study; Levi is her daughter.

loneliness and isolation. Juana moved into a duplex next to her daughter for companionship, but had the benefit of independent living space. And Shana provided a dog-sitting service to her grandson, who dropped his pet off on his way to work.

Rose, Alice, Glenn, Juana and Shana came to depend on others in a variety of ways. This not only made their daily lives easier and more comfortable, but also presented new opportunities for growth, purpose and meaning.

This Generation Healthier than the Next

These nonagenarians exemplify how aging is changing. We are no longer a society with a mostly functionally impaired

older generation alongside a fit, active younger population. The 2009 MacArthur Foundation Research Network’s “Aging in America in the Twenty-first Century” (*Millbank Quarterly*, 87:4; doi: 10.1111/j.1468-0009.2009.00581.x) found the trend is the opposite—toward a more active and healthier older population, and a less healthy younger and middle-aged population.

While disability rates have increased among those younger than 65 because of substantial increases in asthma, obesity and diabetes, the health and functional status of elders have been improving steadily since the early 1980s, mainly thanks to improvements in medical care. But with longer lives come more time to live and cope with chronic illness and disability.

Perhaps the most profound, even ironic, lesson from their stories is this: asking for help enables autonomy and control—as long as it is on the elder’s terms. While diverse in their approaches and guiding principles, all of these elders were instrumental in creating and maintaining their homes and quality of life.

In this excerpt of a letter to a future boarder, Glenn describes how leaning toward interdependence does not preclude autonomy and control: “I have lived for five years, alone, after the death of my second wife. I ... find myself ‘thinking out loud’ and even laughing at my own, remembered jokes ... and it set me thinking that, hey, I might become a recluse if I did not challenge and counteract that tendency. ... I really needed more human contact and a more structured lifestyle. And that is where I ... will benefit tremendously from having someone sharing my home, rent-free ...”

Working at continuity, comfort, connections and a balance of autonomy and dependency are crucial at all stages of human development. These elders’ stories remind us to actively pursue creating lives worth living and to reflect on interconnection more often. Their experiences and challenges highlight grassroots and policy opportunities for supporting the millions who are aging and will age at home. ■

Meika Loe is an associate professor of sociology and women’s studies, director of the Women’s Studies Program at Colgate University in Hamilton, New York, and author of *Aging Our Way: Independent Elders, Interdependent Lives* (Oxford University Press, 2011). You can follow her blog at www.psychologytoday.com/blog/aging-our-way.

Friendship is key for LGBT elders

› CONTINUED FROM PAGE 8

culture [prefers] young people, and this is hard on older people. The likelihood of losing social connections and friendships is very real and it happens at a moment when you need it most. You’re facing challenges such as mental health, physical health, mobility issues and chronic illness—all of which require social support.

Gina D’Antonio: Friendship helps with everything, from taking care of pets when someone goes away, to phone reassurance, to accompanying folks to doctors. I had a situation where a group of friends in Brooklyn had a friend who was no longer able to care of herself and they arranged the homecare, they arranged a couple of days at an adult day center and they did her shopping. Somebody looked in on her at least once a day, and that has been repeated in many circles around the city and around the country. Friends rally and figure out a way to get it done.

RE: Does the loss of friends affect an older person’s mental and financial stability?
GD: I’m working with a gentleman now whose partner died last year. They were managing okay when they had two incomes, but now that he’s alone, he’s facing a huge amount of grief because they were together for 60 years. At the same time, he now has major financial challenges that he didn’t when they were together.

I worked with another couple where one member of the couple had to go into a nursing home. Again, there was the loss of the relationship and the other partner

couldn’t afford to keep the apartment. It’s pretty devastating. In some cases, people can lose just about everything.

RE: What has changed in your work with regard to how people understand the role of friends for LGBT older people?

LGBT culture prefers young people, and this is hard on LGBT older people.

JRV: Since I first began my research, I saw that friends and connection are important to LGBT people. Most LGBT older people are single, so friendships remain central to their lives—from “coming out” through the process of aging. One aspect that has changed is that friendships have increased in the workplace, since we are more open there and can create those friendships. I also think [society] is now thinking more about aging and why LGBT elders might need more friends. The public policy and social discourse on aging has become more visible in the last 10 or 20 years. We’re bringing it to light.

GD: Even here, in places like Chelsea and the Village [in New York City]—both when I started here at SAGE and to this day—there are people who just are not able to come out, they’re too afraid. And conversely, there are folks who are out and proud, take it or leave it.

I worked with a wonderful woman a number of years ago who had two very opposite experiences. She finally came out. She was 89 at the time. She came out

to a straight woman friend whom she had been friends with for at least 40 years. And the woman just totally walked away and would not have anything to do with her again.

Later she came out in a nursing home to a younger relative who just chuckled

and said, “Well of course we’ve always known. We love you anyway. It doesn’t matter.” ■

Robert Espinoza is senior director for Public Policy and Communications at SAGE (*Services and Advocacy for GLBT Elders*) in New York.

SAGE Supports LGBT Elders

As the country’s largest and oldest organization dedicated to improving the lives of LGBT older people, SAGE leads programs and policy initiatives to promote community, reduce isolation and prevent financial challenges associated with losing critical life partners or friends. Their programs include:

SAGE Story, a national digital storytelling program for LGBT elders. Piloted in New York City—and soon to expand to three unnamed sites in fall 2013—this program offers storytelling workshops that teach LGBT elders to craft and tell their most important life stories. It also collects the stories online as essays, podcasts, videos and photographs for wider distribution; sageusa.org/programs/sagestory.cfm.

SAGE’s Spousal Impoverishment Protections Initiative, a multi-year advocacy initiative that aims to extend spousal impoverishment protections to same-sex couples under Medicaid in all 50 states. When enacted, these protections—currently available to married heterosexual couples—prevent an LGBT healthy spouse from having to give up a family home or retirement savings (and live in poverty) in order to qualify his/her spouse for Medicaid; sageusa.org/advocacy/sipi.cfm.

The SAGE Center, the United States’ first full-time, innovative LGBT senior center. LGBT older people can find friends and build community at the New York City–based SAGE Center, which provides an array of services and programs related to arts and culture, fitness, food and nutrition, health and wellness and lifelong education for LGBT elders. These types of LGBT-focused services and programs exist in many parts of the country and are growing in popularity; sageusa.org/nyc/thesagecenter.cfm.

—Robert Espinoza

Immigrants helping to fund Medicare?

Amid the opinion-fueled debates raging over immigration comes an unexpected bit of news cited in late May on *Health Affairs'* website: a new study points out that in 2009, immigrants in the United States accounted for a net surplus of \$13.8 billion paid into the Medicare Hospital Insurance Trust Fund.

Native-born Americans, however, depleted \$30.9 billion from the same fund, which suggests that immigrants heavily subsidize Medicare.

Study authors Leah Zallman, Steffie Woolhandler, David Himmelstein, David Bor and Danny McCormick used data from the Current Population Survey, Census Bureau, Bureau of Labor Statistics and expenditures from the Medical Expendi-

ture Panel Survey to calculate net contributions of all parties—immigrants, non-citizen immigrants and native-born Americans—between 2002 and 2009.

“Immigrants generate a surplus for Medicare primarily because so many of them are working age adults. That group has a high labor-force participation rate—a combination that generates large payroll tax payments,” said the authors.

“[E]conomic concerns—including the worry that immigrants are driving up U.S. healthcare costs—have often dominated the debate over immigration. Our data offer a new perspective on these economic concerns,” they added.

For study details, go to <http://goo.gl/zhxRJ>. ■

Combatting social isolation

› CONTINUED FROM PAGE 9

solo dwellers to maintain a low profile with acquaintances, neighbors, physicians and social workers.

In my sample, family members also seemed to play a limited role. Older solo dwellers often kept their struggles private. Janet, a divorcee concerned about her meager savings, shook her shoulders in horror when asked if she shared her concerns with her only son. “No, no. I wouldn’t,” she said. “I wouldn’t burden my son with that!”

A Chinese widow said she was carefully hiding her falls from an overworked daughter. For others, the emotional and physical distance of their adult children was a source of sadness. And some were concerned about substance abuse and the futures of their progeny.

Friends seemed to play a more central role; with friends, older solo dwellers felt freer to share desires and concerns. I found very solid friendship ties among a group of older lesbians living alone in the city. Their ties, forged by decades of struggle against a heterosexual establishment, counterbalanced the lack of social policies tailored toward older solo dwellers.

Addressing Social Isolation in Solo Dwellers

Older Americans living alone feel many pressures—the dread of leaving familiar walls, a fear of crime, a need to prove they can make it alone, often with limited resources. Within this frame, social isolation can be a natural byproduct of increasing pressures.

Programs that address social isolation in older solo dwellers must take into

account the unique condition of aging alone in America. One smart initiative addressing social isolation has been pioneered in San Francisco by Marie Jobling, a respected community organizer. Through her organization, the Community Living Campaign, Jobling hires “community connectors.” These connectors, usually low-income middle-age and older women rooted in their neighborhoods, receive a salary to identify and connect isolated older adults with their community.

Another initiative to break isolation is the Meals on Wheels program. Ashley McCumber, CEO of Meals on Wheels of San Francisco, has a main goal to foster community ties by using food as a way to find those who need help. Through the visitor program, his staff carefully matches community volunteers with isolated solo dwellers and monitors the “matching” on a monthly basis.

Jobling and McCumber are visionary leaders committed to reducing the isolation of aging alone. However, as living alone becomes more common, we cannot expect creative nonprofits to be solely responsible for the well-being of older solo dwellers. We who work in the field of aging need to design and advocate for social policies that address these elders’ needs, creating an enduring political frame so they can enjoy their homes and remain an essential part of their communities. ■

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Connecting across generations

› CONTINUED FROM PAGE 9

especially if they are differently gendered or have different sexual orientations. And we need to suspend our suspicions around friendships that begin at work, or through other situations where we’re used to maintaining roles, positions and firm boundaries. Sometimes a relationship begins in one context, and then something new emerges (students and professors become friends; co-workers become friends; a neighbor becomes one of the best friends you’ve ever had).

Such exposure to others, especially if they are different than we are, is essential, starting in childhood and continuing throughout the life course, as mentioned in an article by Gilbert and Ricketts in *Educational Gerontology* (34:7, 2008; doi: 10.1080/03601270801900420).

But exposure isn’t enough. There should be ongoing opportunities to be vulnerable and open ourselves up to discovering and connecting with people of all ages around both shared and different beliefs, concerns and aspirations. We need to risk communicating authenti-

California law slashes hospital pricing for uninsured

In 2006, the California state legislature passed the Hospital Fair Pricing Act, requiring hospitals to make pricing rates for people without insurance that came in at or below 350 percent of the federal poverty level.

The law also included price caps limiting how much hospitals could collect and covered insured individuals whose annual medical expenses exceeded 10 percent of their family’s income.

Now, a study published in early June in *Health Affairs*, and authored by Glenn Melnick and Katya Fonkych of the University of Southern California (USC), has shown that within five years of the law’s implementation, 97 percent of hospitals across the state offered free care to uninsured patients, reaching beyond the bill’s mandate. The study begs the question, could a similar safety net be woven in other states?

Pricing schemes made up by hospitals were posted on a publicly accessible state-run website, a transparency that fed into the legislation’s success. Other states also have legislation about billing uninsured

individuals, but California’s boundaries on income levels and prices are unique.

“Once hospitals realize that the whole world’s going to learn how they treat low-income people, they become pretty generous,” said Melnick, who is a professor at the USC Sol Price School of Public Policy and the USC Schaeffer Center for Health Policy and Economics.

This study did not represent costs incurred by uninsured individuals, which Melnick says he will investigate next. Those without insurance can face doctor and specialist bills irrespective of what hospitals do or do not charge, leaving them with hundreds or thousands of dollars worth of bills, even with this new limited hospital pricing.

As Melnick points out, more than 50 million people have no health insurance in the United States, so even if the Affordable Care Act’s expansion of health insurance access and coverage is wildly successful, “it won’t be to everyone and it won’t be right away,” he says.

For more information, go to <http://goo.gl/KDum2>. ■

Personal care aides a fast-growing occupation, but training lags

Personal care aide (PCA) is the fastest growing occupation in the United States, slated to add 600,000 new jobs between 2010 and 2020. And that number doesn’t include Medicaid participant-directed programs, where 800,000 independent PCAs are now employed.

Yet there are currently no federal training requirements to become a PCA, and training standards vary widely from state to state—even from program to program within states.

PHI, the Paraprofessional Healthcare Institute, has just published the first compilation of state training standards, called “Personal Care Aide Training Requirements: Summary of State Findings” (<http://goo.gl/vOa50>), which assesses the rigor and depth of PCA training standards in each state’s Medicaid Personal Care Option and home- and community-based waiver programs.

The PHI analysis found that 10 states have no training requirements in any programs, and in states with one or more programs, 23 states also have no training requirements.

The study also assessed the consistency of PCA training requirements and the



Photo: iStockphoto/kali9

uniformity of standards, finding that 12 states have training requirements on only some PCA programs; seven states have training requirements in all programs but they are not uniform; 22 states have uniform training requirements in all programs, but only five of those had detailed skills needed and curriculum. Four of the more progressive 22 states require PCAs to complete home health aide training.

In Medicaid participant-directed personal care programs, states either leave training up to the program participant or do not address training for participant-directed aides. But home health aides and nursing aides employed by Medicare- or Medicaid-certified agencies or facilities are required to undergo 75 hours of pre-employment training. ■

cally about our lives, and show our real selves, discovering ways to be mutually supportive, according to Sophie Bowlby in her article in *Social & Cultural Geography* (12:6, 2011; doi: 10.1080/14649365.2011.601264), and in *Mother Time: Women, Aging, and Ethics*, edited by Margaret Urban Walker (1999, Lanham, Md.: Rowman & Littlefield).

I still have more questions than answers. But I know this: Intergenerational friendships are an opportunity to bring our whole selves into relationship, to travel together hand-in-hand for what

ever portion of the life course journey we are fortunate to share. ■

We need to risk communicating authentically about our lives, and show our real selves.

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