Trends in the Behavioral and Social Sciences

We’re all human: Aging trends through an international lens

While the United States and western Europe have a wealth of data showing how people are aging in the early years of the 21st century, many other countries around the world are planning for aging populations without adequate information. That’s important to remember, said Karl Pillemer, chair of GSA’s Behavioral and Social Sciences Section, as we consider a number of trends that are affecting the quality of life for older people.

“Health inequities have a direct impact on how people age,” Pillemer said, “and family structures are changing worldwide, with lower birth rates and families more dispersed through our newfound mobility. Combined with challenges in social and health services in developed countries, intractable poverty in much of the developing world, and challenges of cognitive aging, we will need to build new kinds of systems supported by new technologies to care adequately for older adults in an aging world.”

1. Inequities begin early, last a lifetime

Health inequities can be described as the ways in which health challenges are affected by a variety of cultural, social, and demographic factors. Two aspects of these inequities must be understood in figuring out ways to overcome them: Differences begin early in life and should be addressed at that point when possible, and inequities can vary widely even among demographic and other groupings commonly used in surveys and other research.

“Health and disease are affected by race, income, ethnicity, and socioeconomic status,” Pillemer said. “Whether disease is diagnosed, how disease progresses, what kind of treatments people receive, how their families care for them, and the kind of long-term care they get and their overall quality of life — all these things can lead to health inequities. We need epidemiological studies and a program of research that take these factors into account to understand and reduce health inequities.”
Income, education, wealth distribution, and job opportunities are different for those in the increasingly diverse populations of the United States and many other countries. Those differences do not start when people reach older adulthood, Pillemer emphasized, but they have a huge impact at that point. “As a middle-aged person, if you haven’t had the resources to purchase healthy food, you are likely to be at a disadvantage as you age compared with people who did. What’s needed is a life-course perspective leading up to aging.”

As health inequities and cultural differences are examined with respect to health, Pillemer described the diversity within specific racial and ethnic minorities. “Rather than lumping Asian Americans or Americans of Latino descent together, people are now beginning to look at how specific national and cultural groups differ,” he said. “We need to look at the inequities among older people in longevity, in mortality, but in particular in how disease is distributed.”

This trend is well documented in the United States and Western Europe, and it is true for all industrialized countries, Pillemer said. “These changing family dynamics need to be tracked, need to be predicted, need to be understood both from a basic research perspective but also from the perspective of people who are studying issues like family caregiving, which is a very vigorous area with the gerontology,” he added. “How are we going to support a quickly growing older population of people who are not going to have the kind of support from their immediate family that the previous generation has enjoyed?”

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3. Aging in a resource-poor world

While the lack of family caregivers presents challenges to older adults in developed countries, intractable poverty creates challenges for older adults in developing countries who want and need to age gracefully. “To achieve a minimum standard of well-being in parts of the developing world is an extraordinary challenge, and researchers need to identify the multiple dynamics of poverty and its effect on older people,” Pillemer said.

“The question is what do we know about being both old and poor in different countries?” Pillemer continued. “How does poverty vary, for example, in importance by gender? What sorts of policy and options — such as pensions — work to reduce poverty and its impact on older people, especially in developing countries? A really important area for research is how do we introduce different kinds of social security systems in developing countries, and in countries whose economies are transitional? Can we understand what the current models of pensions and other security systems are? What are best practices that research could identify that could be extended across countries? In low-research countries, how do we incorporate informal and formal support, pension reform, and other such issues?”

“An extraordinary amount of human suffering generated by intractable poverty is in much of the developing world and even in the transition countries,” Pillemer said. “This is a very important international issue.”
4. Cognitive aging: How the brain changes over an extended lifespan

In a world already challenged by a lack of caregivers and resources in many countries, the needs of people living with Alzheimer disease or other forms of dementia only compound the problem. Pillemer described needed research in the field of cognitive aging, including how factors from earlier in life — perhaps even before birth — affect later cognition: “As we face a probable epidemic of Alzheimer disease as the baby boomers grow older, we need research that looks at how the brain changes over the lifespan, better understands the aging brain, and looks at why diminished cognitive ability occurs in some people but not in others.”

This process begins “by studying the whole life course to find ways we can modify the risk of cognitive decline,” Pillemer said. “In later life, researchers should look for ways to reduce the negative effects of factors influencing cognitive aging. This includes vigorous areas of research in cognitive neuroscience, decision-making, emotion in aging, and integration of more traditional behavior and social science with cognitive imaging and with other techniques of brain science. This effort will maximize the potential of the social and the behavioral sciences into the understanding of cognitive aging.”

5. Creating more efficient, effective care systems

Throughout the world, populations are aging, family sizes are shrinking, and children are moving away from parents. These factors lead to rapidly increasing needs for long-term care services — but many countries are unprepared for a probable surge in demand. “This situation creates an international issue of how to get enough workers on the front lines — home care workers, nursing assistants, a highly trained, competent care force,” Pillemer said.

“We need to develop economically sustainable care systems — including long-term care services — that are also culturally appropriate,” Pillemer added. “Research in the fields of economics, social services, and human resources is needed that helps us understand how to integrate health care systems, social care systems, and family care systems.”

These needs are just as great for long-term care services and supports (LTSS) as for the rest of the health care and social support systems. “We need to be able to better project need for LTSSs, or we need to be able to start to understand how they vary geographically and understand how we provide LTSSs equitably, eliminating health disparities,” Pillemer said.

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6. Engaging technology

“On the positive side, a very exciting area of research in behavioral and social science lies in the enhanced implementation and use of technology,” Pillemer concluded. “This is one area that requires major — one might say unprecedented — interprofessional collaboration. We need to discover and test technologies that enhance, or at least maintain, the cognitive, social, emotional, and physical well-being of older people.”

Many of these technologies have emerged in the past two decades — computer-based devices, wearable technology, apps, and sensors that monitor health, aid in diagnosis, and provide therapies. “We need social science engagement to understand how people adapt to technology, how they use it, and where it’s effective,” Pillemer said. “And we need to integrate these new technologies into family care and social services. Social scientists can play a key role in integrating possibly enormously helpful technology into the daily lives of older people — understanding how older people perceive, use, adjust to technology. That’s a major way that social and behavioral scientists can contribute.”
For further reading


Authored by: L. Michael Posey, BS Pharm, MA