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Advancing Minority Aging Research

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Abstract

America is undergoing two major demographic transitions that will impact the society. The U.S. Census Bureau (2008) projects that by 2030, one in every five Americans will be 65 and older. By 2050, the population will nearly double from the 2010 population. The fastest growing segment of the population consists of individuals over 85, and by the year 2020, this group will comprise 19% of the elderly population (U.S. Administration on Aging, 2011). As the population ages, the nation will also become more racially and ethnically diverse. For example, the U.S. Census Bureau predicts that the United States will be a “majority–minority” country in the middle of this century (Shrestha & Heisler, 2011). By 2050, it is projected that there will be a decline in the proportion of non-Hispanic Whites but an increase in the proportion of Blacks, Asians, and Hispanics (Federal Interagency Forum on Aging-Related Statistics, 2010). As a result, these population projections will yield an increase in the number of racial and ethnic older adults. The implications of these demographic shifts among older adults are profound. Moreover, these shifts require that minority aging be placed at the forefront of research, practice, and policy agendas on the local, state, and national levels.

Over the past three decades, there has been a growing emphasis in the field of gerontology and aging studies to better understand issues related to diversity within and across racial and ethnic groups. This has resulted in a clear need for further scientific advances in the study of older adults from diverse populations and enhanced insights about aging research by including research that focuses on factors that contribute to unique paths and variability within ethnic and race groups. To that end, the editors of this *Advancing Minority Aging Research issue of Research on Aging* sought to publish a collection of peer-reviewed articles that would stimulate discourse about minority aging using a life-course perspective. Each of the articles in this issue is briefly described in the following paragraphs.

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The first article by Potter and colleagues includes an analysis of qualitative interview data that focus on the familial and cultural contexts, in which African American families experience mild cognitive impairment (MCI) as a means to shed light on how these contexts shape responses to memory loss in later life. Data from 27 African American families including the person with MCI (PwMCI), a relative or friend who was highly involved in the PwMCI's daily lives, and if available, a relative or friend who had at least monthly contact with the PwMCI. Findings revealed differences in families' MCI awareness, assessment, and need for role changes, the importance of reaching out to trust others, and honoring PwMCI's care preferences. These findings highlight the importance of understanding how diagnoses acceptance and family decision-making are at the heart of how African American families respond to MCI.

In the second article, Nicklett and colleagues examine the factors associated with falls among African Americans 65 years of age and older in health and retirement study (HRS). Applying a biopsychosocial framework, the authors found that poor functional limitations, poor self-rated health, poor self-rated vision, older age, sex, greater comorbidity, and depressive symptoms were associated with falls. These findings provide key information regarding potential points of entry for interventions and provide key factors that health-care providers might consider screening for falls in this population.

The authors of the third article, Kelley-Moore and Lin, sought to determine whether integrating sociohistorical context and cohort-centric effects into the examination of life-course selection mechanisms that manifest later life functional limitation in Black and White older adults in the HRS. Using the 1931–1941 HRS cohort, Kelley-Moore and Lin use an innovative two-stage estimation procedure to examine the role of early- to midlife selection shaping later life functional limitations. These authors report that early childhood disadvantage such as education attainment, not having a father in the home/deceased or the family being poor have an impact of later life functioning net of cohort context. These findings provide a more nuanced understanding of social inequality for all race/ethnic groups and emphasize the importance of cohort context in minority aging research.

Lin and Kelley-Moore report results from an analysis using HRS data that focused on examining patterns of intraindividual variability over time in trajectories of functional limitations in Black, White, and Hispanic older adults. The findings from this study are significant because they emphasized distinct age and racial/ethnic patterning in the intraindividual variability in trajectories of functional limitations. This is evidence of empirical manifestation of inequality—generating mechanisms underlying observed health disparities.

This collection of articles provides critically important knowledge with respect to minority aging research focusing on the topics of cognition, falls, and physical functioning. These articles span several methodological approaches ranging from qualitative analyses to quantitative analyses. With respect to the qualitative data, a family design was employed which was quite innovative. Family designs are powerful means to understand the social context one lives in and how contributing factors are affected by that context. Among the quantitative work, there is both within- and between-group analyses that are important

analytic designs needed to advance knowledge about older ethnic and racial minority groups (Whitfield, Altaire, Belue, & Edwards, 2008). The health inequalities experienced by African Americans appears in each of the articles. Although what is less clear is how to eliminate these disparities, each of the articles do contribute to understanding how different psychosocial factors contribute to poor health and functional outcomes. Effective strategies for reducing disparities and improving minority aging will be informed by papers such as these that shape our understanding of the interrelationships among health, behavior, and social context.

Far more is needed on the biobehavioral relationships among factors that impact health and successful aging within and across racial and ethnic groups (Thorpe et al., 2011; Whitfield, 2010). Larger studies like the HRS are needed with over samples of minority populations to identify some of the myriad of small effects that are important in understanding individual variability in older minority populations (Whitfield et al., 2008). Finally, there is a need for more life-course studies of ethnic minorities into late life to better understand the pathways and mechanisms needed to better understand the various consequences of behavior and social context on health. This is essential because often studies that begin with older adults at 65 years of age fail to capture many of the historical, cultural, and sociopolitical experiences of many older minority adults (Thorpe et al., 2012). Even more importantly, studies that begin to study aging at 65 years poorly represent the life course of minorities because of their truncated life expectancy. Studies that examine individuals in the 50s and older provide a better examination of how later life factors impact aging and the quality of life of older minority adults.

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