



## SUCCESSFUL AGING

# Building Communities That Promote Successful Aging

LINDA P. FRIED, MD, MPH, *Baltimore, Maryland*; MARC FREEDMAN, MS, *Berkeley, California*; THOMAS E. ENDRES, *Washington, D.C.*; and BARBARA WASIK, PhD, *Baltimore, Maryland*

Despite the fact that, in a few years, a fifth of the US population will be older than 65 years and people will be living a third of their lives after retirement, we have developed few avenues that would permit older adults to play meaningful roles as they age and few institutions to harness the experience that older adults could contribute to society. In fact, older adults constitute this country's only increasing natural resource—and the least used one. In this article we consider the rationale for developing institutions that harness the abilities and time of older adults, rather than focusing solely on their needs. Such an approach would decrease the structural lag between a social concept of retirement as unproductive leisure and an aging population that is larger, healthier, and with a need for more productive opportunities. Gerontologically designed opportunities for contribution on a large social scale could well provide a national approach to primary prevention to maintain health and function in older adults.

(Fried LP, Freedman M, Endres TE, Wasik B. Building communities that promote successful aging. In: *Successful Aging*. West J Med 1997; 167:216–219)

The end of the 20th century is rife with major social fluxes. We live in an aging society in which, at birth, people can expect to live into their 70s and 80s, compared with their 40s at the beginning of the century. People are living longer, and they are living more of these years in good health. In the postretirement years, more than half of people aged 65 and older are now without disability, although 80% have one or more chronic diseases. Despite the much increased likelihood of living long lives, our society has not evolved its vision of what old age entails. Our social vision of aging no longer involves poverty and deprivation to the degree it did even 30 years ago. The prevailing social images of old age offer two major alternatives: fear of decrepitude, dependency, and relegation to a rocking chair, or at the other extreme, idealized images of limitless recreational time in a retirement community, often segregated from other age groups and the vicissitudes of daily life. In contrast to our social images, Eric Erikson and others have posited that the major developmental task that underlies successful aging is generativity—that is, defining one's life contributions and ensuring one's legacy through active participation in meaningful, contributory roles: the chance to "give back." And yet, there

are few opportunities for older adults to engage in such meaningful roles or leave such a legacy in the postretirement years, and even fewer designed for having an effect at a scale beyond one-on-one interaction. This has been described as "structural lag,"<sup>1,2</sup> where the "norms, policies and practices are out of step with the demographic realities and policies of an aging society." To decrease this structural lag, we need to re-envision what successful aging in an aging society could mean.

Thus, there are few opportunities for older adults to serve their own developmental needs, and they are, in the main, marginalized from productivity while having a surfeit of time. In fact, retirement is occurring earlier and lasting longer than ever before, as more people, men especially, are retiring in their 50s. Among those aged 55 to 64, only 53% worked for pay in 1989, along with 22% of those aged 65 to 74 and 4% of those 75 and older.<sup>3</sup> During this period of retirement, older adults are, to a large degree, marginalized from productivity while having a surfeit of time. And yet, being able to make a contribution has been described as an essential element of "successful aging."<sup>4</sup> Consistent with this, it has been reported that women who participated in a voluntary organization or activity had greater longevity

From the Welch Center for Prevention, Epidemiology and Clinical Research and the Center for Social Organization of Schools, Johns Hopkins University, Baltimore, Md (Drs Fried and Wasik); Public/Private Ventures, Berkeley, Ca (Mr Freedman); and the Corporation for National Service, Washington, DC (Mr Endres).

This work was supported in part by funding from the Retirement Research Foundation and the Corporation for National Service.

Reprint requests to Linda P. Fried, MD, MPH, 2024 E Monument St, Ste 2-600, Baltimore, MD 21205. E-mail: lfried@welchlink.welch.jhu.edu.

over a 30-year period than those who did not, controlling for age, their own education, and their husband's occupational status.<sup>5</sup> In a 2.5-year follow-up of the MacArthur Successful Aging study, participation in volunteer activities was predictive of improved functioning in older adults, with 32% lower risk of poor physical function in those so involved, independent of the effect of being active physically.<sup>6</sup> Casual or low-intensity involvements in such activities, however, may not confer these benefits. There is some preliminary evidence from this same study that the amount of time that one is involved in formal volunteering activities is important in conferring health benefits, with greater time involvement predictive of the level of physical functioning two years later (T. Seeman, PhD, Department of Gerontology, University of Southern California, Los Angeles, written communication, July 1997). In addition, there is evidence that organized behavior is among the best predictors of survival.<sup>7</sup>

Thus, in concordance with the theories of Eric Erikson,<sup>8</sup> it may be that successful aging is related to the opportunity to accomplish the adult development tasks of late life: integration and generativity. Defining and ensuring one's legacy is a core part of this task. According to Erikson, this is essential to psychological well-being in late life and, thus, to successful aging. It also appears that meeting these developmental needs, in some circumstances, may also confer health and functional benefits.

It is known that remaining active has health benefits important to successful aging. Physical and cognitive activity, along with social engagement (supports and networks), are related to improved health and function with aging. Regular physical activity, both of moderate and high intensity, are associated in older adults with lower frequencies of heart disease and diabetes mellitus, maintenance of weight, more beneficial levels of other cardiovascular disease risk factors, better physical function, and lower likelihood of disability and dependency.<sup>4,6,9-11</sup> Positive social supports and social networks are also independently protective of health and functioning as people age.<sup>6</sup> Social activity has also been related to improved health, functioning, and happiness.<sup>12</sup>

Some early research supports the "use it or lose it" admonition for cognition, as well as for physical activity; it may be that staying cognitively active helps protect memory as people age.<sup>13,14</sup> Therefore, remaining active physically, cognitively, and socially and making a contribution all appear important to health and well-being in late life. Some of these types of activities that are associated with better health may be difficult to accomplish in a retirement community setting or in isolation and, yet, may be highly important for successful aging in their own right. The consistency and intensity of involvement in such activities may also be necessary to affect the well-being of older persons.

This aging society is increasingly conscious of the need to find ways to help a population that is living longer also be healthier. Population-based and clinical

methods are needed to develop optimal prevention and treatment modalities and thus reduce the number of years of late life lived sick and disabled. Such efforts should also help to decrease resulting health care costs and care needs. Researchers in clinical medicine and public health are actively engaged in defining the prevention and health promotion practices that will reduce the incidence of disease and prevent disability and dependency in older adults. In addition, we need to develop approaches for health promotion and primary prevention that might be available to older adults on a broad social scale. In part, this could be accomplished by creating widely accessible opportunities for older adults to remain active and productive.

This country has many other pressing social needs in addition to its aging society. One is the need to improve the outcomes of children in our society: their literacy, education, and personal well-being. In fact, the educational levels of children will be predictive of their future health outcomes as they become the next generation of older adults. Public schools, providing the education of most of the children in this country, are underfunded and overworked, needing more human capital to serve increasingly needy children while having less available for this important mission. Research data identify a particularly high-risk period: the progress of children to the third grade is a major predictor of their subsequent educational and occupational outcomes. Children who do not learn to read by the third grade are at risk for failure in school.<sup>15</sup> Undereducated families are ill equipped to support literacy activities in the home. Older adults could provide this support and the attention needed to teach young children to read. Also, many families with working parents have been faced with the problem of time famine. As a result of this, they have less time to work on literacy activities in the home. Many children would benefit from the presence and support of more adults and from more stability in their lives. Older adults could possibly offer some of this stability, caring, and consistency, which is essential to learning, as well as the richness of their experience and presence as role models. Older adults could provide social capital needed to directly support the educational needs and the outcomes of children. At the same time, older adults could be investing in the development of the well-educated workforce essential to the future stability of their own entitlement programs, Social Security and Medicare.

Thus, a possible area for creating generative opportunities for older adults is through creating meaningful roles for their serving in schools. This could provide a way to enhance successful aging through social programs, through generative institutions. Such an approach could also provide a new societal image of the opportunities and roles of people as they age, in this case playing unique and much-needed roles supporting the educational outcomes of children. If such roles were developed at a large enough scale and were designed for maximum effects on the needs of children in schools, the aggregate effect of a large number of older adults participating

nationally could be to support educational improvement on a population basis. The visibility of new, mature human capital supporting the well-being and learning of children in schools—through nurturing and enriching roles that do not displace paid workers but support their effectiveness—could offer an image for a positive, successful aging and a new, synergistic intergenerational social contract of the future. This contract is one in which the older generation are looked to, after retirement, to leave their legacy through strengthening the abilities of the younger generation. Such cultural generativity is developmentally appropriate for those who have completed their own child-rearing responsibilities.<sup>16</sup>

The key to having a substantial effect, simultaneously, in meeting unmet needs while improving the well-being of older adults on a population basis is to design programs that are attractive to older adults, support their effectiveness and maximize both their contribution and the health benefits and that are available on a large scale. One approach to this is currently being assessed in a pilot demonstration program entitled the “Experience Corps.” This pilot program, in five US cities, places older adults in elementary schools to serve the needs of the schools and children using a unique gerontologic design to meet the goals described earlier. The elements of the model were drawn from gerontologic theory of what would produce maximum recruitment, retention, and effectiveness of older adults; from public health research of what would provide the greatest benefit of health and well-being of participants; from 30 years of experience in the most effective elements of existing senior service programs; and from the experience of small programs around the country in which older adults are assisting in schools. In the Experience Corps, older adults serve at least 15 to 20 hours a week to receive maximal health benefits and to allow them to take on meaningful roles in the schools and to ensure stability in those roles. Roles developed in this pilot program range as follows: from tutoring individual or groups of children in reading, mathematics, or computers and supporting the ability of teachers to meet children’s needs by reading to small groups within the class, to developing enrichment programs for the children ranging from a people’s court for conflict resolution or teaching socialized play during recess, to reviving and staffing unused school libraries, to programs that enhance attendance.

Roles are designed based on what a principal and teachers consider are their greatest needs and in collaboration with the school. To attract older adults to such intensive service, the adults receive an incentive of either a small stipend or in-kind benefits. The other essential, gerontologically supportive aspects of the program are that participants receive extensive training to extend their effectiveness in their roles. There is a supportive infrastructure for ongoing problem solving. Participants work in teams of six to ten for the greatest effectiveness and to augment their ability to solve problems too big for any one person to change by themselves. This arrangement also helps to develop positive

social networks and support, and the members are able to fill in for one another in the event of illness. Enough teams are placed in a single school to make a visible difference in the school environment and to affect school outcomes. This pilot program, jointly developed and sponsored by the Corporation for National Service, Johns Hopkins University (Baltimore, Maryland) and Public/Private Ventures, with funding from the Corporation and the Retirement Research Foundation, is currently under evaluation to assess its feasibility and the short-term effect on the well-being of participating older adults. It has been successful in recruiting older adults, often from the neighborhoods the schools are in, with a commitment to improving the outcomes for the children in their communities. Retention and enthusiasm by both the participants and schools are high. Ongoing maturation of the model will, it is hoped, offer successful methods for generative roles that enhance outcomes for both the participating older adults and children that can be brought to a larger scale.

There is substantial validity to developing programs that would permit older adults on a large scale to help improve the educational outcomes of the next generation. Children in our society could benefit from a greater presence of older adults in their lives. The model of creating new, generative roles for older adults could be expanded to other areas of needs, as well—for example, in public health, the environment, or supporting independent living of other older persons. Meeting these needs could provide opportunities for increased activity, engagement, generativity, and social support for older adults, as well as opportunities to use their skills and gain new ones. Successful aging could well be enhanced by increased opportunity for “work that will outlive the self” and that “creates a legacy.”<sup>16</sup>

## Conclusion

We have an aging society that marginalizes older adults, limiting their ability to contribute their skills and time to our society. At the same time, the health and adult development needs of older adults include maintaining activity levels and engagement with others and having opportunities to “give back” and leave a legacy. With a declining support-dependency ratio and rising costs of entitlement programs for older adults, our society is becoming restive about the current social contract of entitlements without return contributions. These two strands of social change, along with unmet social needs, provide not just problems. They offer an opportunity for revising our social contract toward one of mutual benefit and engagement. We propose that health promotion efforts for older adults can meet social policy in the creation of meaningful service programs for older adults on a large social scale. One such demonstration, of a gerontologic model for high-intensity, critical-mass, senior service on behalf of children, is described above. This deserves replication. It could provide the backbone for making less intensive service more effective. It could also offer a model that

could be extended to large-scale programs in which older adults can help meet other social needs in public health, independent living, and the environment. Such generative institutions could facilitate the ability of older adults to leave a collective, as well as individual, legacy. Ultimately, large-scale opportunities for older adults to remain engaged in society and productive should enhance the health and function of our aging population.

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