

# == Chapter 1 ==

## Golden Years? An Introduction

**S**usannah Mushatt Jones was the oldest living person in the United States on May 11, 2016. At 116 years old, Jones had defied all the odds. Born in Alabama in 1899 to African American sharecroppers, she was the third of eleven children. As a teenager, Jones worked in the fields alongside her parents and siblings, but she was determined to do more with her life. She graduated from high school in 1922 and was accepted into Tuskegee Institute's Teachers Program. Although her parents could not afford her tuition, Jones remained intent on seeing the world beyond rural Alabama, even if she couldn't go to college. She moved to Harlem in 1923 and found work as a nanny to wealthy families. Although Jones was married for a brief spell, she never had children of her own. Still, she enriched the lives of her friends and relatives (including more than 100 nieces and nephews), even sending money back to her Alabama high school to establish a scholarship fund so that younger generations could live out her dashed dream of a college education.

Jones died on May 12, 2016, and the distinction of being the oldest living person in the United States was passed on to Goldie Korash Michelson, age 113. Michelson was born in Russia in 1902 to a Jewish doctor and his wife. Michelson, her parents, and two siblings emigrated to Worcester, Massachusetts, when she was two years old. She enjoyed many privileges that Jones did not. In 1924, Michelson graduated from Pembroke College, the former women's college that is now part of Brown University. She received her bachelor's degree in sociology and eventually earned a master's degree from Clark University. She was married to her real estate developer husband David for nearly forty years, until his death. The mother to one daughter, Michelson was an enthusiastic supporter of the arts, establishing scholarship programs for theater students at Clark and teaching theater to teens at her local synagogue. When Michelson died at home on July 8, 2016, one month short

of her 114th birthday, 113-year-old Adele Dunlap stepped into the position of oldest living American.

Living to age 100, never mind age 116, is a rare feat. Fewer than 0.02 percent of all Americans will celebrate their 100th birthday. Centenarians are held up as inspirations and role models. Books with titles like *If I Live to Be 100: The Wisdom of Centenarians* and *How to Achieve Healthy Aging: Effortlessly Form the Habits of a Centenarian* offer readers hope that they too can live a long and purposeful life. When centenarians are asked to divulge the secrets to their longevity, they invariably mention two factors: good genes and healthy living. Jones clearly possessed good genes; her grandmother reportedly survived until age 117. Both Jones and Michelson told journalists that they never touched alcohol or cigarettes. Michelson was also an avid walker, until she became too frail. As she told a newspaper reporter, “I was a great walker—four or five miles every morning, weather permitting. I never used a car if I could walk.”<sup>1</sup>

When scientists are asked to share the secrets of longevity, their responses echo those of the centenarians, up to a point. Researchers working on projects like the Georgia Centenarian Study and the New England Centenarian Study have tracked hundreds of exceptionally long-lived older adults and find that genes and a healthy lifestyle, especially a nutritious diet, contribute to longevity.<sup>2</sup> Sex also matters; it’s no coincidence that both Jones and Michelson are women. Of the twenty-five oldest living Americans as of August 2018, twenty-four were women; 112-year-old Richard Overton was the only man who cracked the list.

Yet when scientists dig more deeply into their data, they find that social factors spanning a lifetime, including how much money and education our parents had when we were growing up, how far we went in school, the jobs we hold, the salary and savings we have to live on, the social ties we rely on, the kinds of stressors we face (and how we cope with them), and where we live are powerful predictors of how long we live. Even after taking into account how often we smoke, drink, or take daily five-mile walks, researchers consistently find that race and socioeconomic status (SES)—key dimensions of social inequality in the United States—predict our life span. Susannah Mushatt Jones defied the odds by living to 116, but she also defied the odds by surviving into old age at all. Old age is a milestone that African Americans, those from poor families, and unmarried people are less likely to attain, relative to whites, those from privileged backgrounds, and married people, like Goldie Michelson. Blacks die roughly five years younger than whites in the United States today. Women who drop out of high school die about twelve years younger than women who go on to graduate school, while the gap for men is a remarkable sixteen years.<sup>3</sup> Geography also matters:

residents of states with generous health and welfare spending, like Michelson's home state of Massachusetts, live six years longer on average than those hailing from states that spend little on social programs, like Jones's birthplace of Alabama.<sup>4</sup>

The most profound social disadvantages exact the heaviest personal tolls and generate the widest disparities. A homeless person living on the streets today survives until age sixty-four on average, about sixteen years less than the average U.S. life expectancy.<sup>5</sup> Being homeless in old age, like many other late-life struggles, is the end result of experiences that have accumulated over years, if not decades. That was the case with Michael Leslie, who died prematurely while living on the streets of Washington, D.C. Leslie's early life was marked by seemingly endless misfortunes: he had a difficult childhood, was bullied, dropped out of school by the sixth grade, battled alcoholism and poverty, and was in and out of jail before ending up destitute and living on the streets.<sup>6</sup>

Impoverished men in the bottom 1 percent of the income distribution die fifteen years younger than men in the top 1 percent, while the comparable gap for women is ten years.<sup>7</sup> The epidemiologist Sandro Galea and his colleagues have gone so far as to argue that poverty kills more Americans each year than automobile accidents, high school dropout is linked with more deaths than heart attacks, and racial segregation outranks cerebrovascular disease as a root cause of death.<sup>8</sup> These statistics convey the magnitude of social disparities in survival. Yet they reveal just one of the myriad ways in which symptoms of social inequality, like poverty, racial segregation, hazardous work conditions, social isolation, discrimination, and strained interpersonal relationships can undermine the quality of older adults' lives.

Social policies can help to chip away at disparities in older adults' well-being, arguably more so than at any other point in the life course. Social Security provides a guaranteed monthly income for most older adults, while Supplemental Security Income (SSI) provides an added boost for low-income older adults. Medicare covers the costs of many of the health care needs of older adults, while Medicaid helps to cover long-term care expenses. Yet each of these programs also has well-documented limitations, so some older adults' financial, medical, caregiving, and housing needs may not be met adequately. And because so many later-life hardships are a consequence of adversities that have accumulated gradually throughout youth, adolescence, and the working years, the benefits provided by old-age policies may be "too little too late" to meet the needs of the most disadvantaged Americans, whose bodies and minds may start to falter in their fifties and sixties, or even younger.

## The Aims of *Golden Years*

The goal of this book is to reveal the complex, surprising, and often heartbreaking ways in which social inequalities affect nearly all aspects of older adults' lives, including how long they live; how much money they have in their retirement years; the quality of their physical and emotional health, social relationships, housing, and neighborhood conditions; and whether they have the privilege of dying with dignity. Old age can be the best of times, marked by good health, unprecedented longevity, happiness, a comfortable home, a carefree retirement spent volunteering, the pursuit of hobbies, enjoyable time spent with loved ones, and the sense of equanimity, contentedness, and wisdom that comes from a lifetime of experience. For most Americans, old age can be aptly described as the "golden years." More than three-quarters of Americans age sixty-five and older say they are in good or excellent health. Studies consistently show that happiness levels peak in our sixties and seventies, and more than two-thirds of older adults say they are very happy with their family, friends, and homes.<sup>9</sup>

Yet old age also can be the worst of times, marred by illness, compromised physical functioning, cognitive decline, loneliness, poverty, unsafe housing, and mistreatment at the hands of the very people who should be providing care and protection. Millions of older adults are living under difficult conditions that would be trying even for a young and healthy person. For an older adult with fading health and physical strength, these adverse conditions can be devastating and potentially deadly. Consider a few statistics about older adults in the United States today:<sup>10</sup>

- An estimated 165,000 adults age fifty-five and older are in prison.
- More than 306,000 adults age fifty and older are homeless or living in shelters.
- Two million older adults age sixty-five and older are homebound.
- An estimated 7.1 million older adults age sixty-five and older live in poverty.<sup>11</sup>

Taken together, these counts eclipse the 72,000 centenarians who are celebrated on the local news and featured in inspirational self-help books. Yet these disadvantaged older adults, some without homes and some who either cannot leave or are afraid to leave their homes, are invisible to most of us. Our social lives are structured such that frail, lonely, and impoverished older adults are out of our sightlines. Contemporary social life is highly age-segregated, so that most adults live, work,

and socialize with people their own age and many never come into contact with older adults outside of their own families. This invisibility is compounded by the fact that some older adults, especially those who have difficulty walking, driving, or taking public transit, do not stray far from their immediate environs. One recent study found that one in five older adults had not left their city, town, or county in the past two months because they were incapable of traveling or lacked the friends and family to help them navigate beyond the neighborhood they call home.<sup>12</sup> It is not only physical challenges that keep vulnerable older adults sequestered away: some are afraid to leave their homes, fearful of crime victimization in their neighborhoods.

The media are complicit in keeping images of older adults' suffering out of our sight lines. The public messages we receive about old age have shifted dramatically over the past half-century, a consequence of public policies, scientific advances, cultural expectations, and market forces. Older adults were once treated as a population deserving of concern and support. As recently as the mid-1960s, nearly one in three adults age sixty-five and older lived in poverty. In a now-legendary broadcast, Walter Cronkite described the plight of impoverished older adults who had no choice but to eat dog food because they could not afford groceries.<sup>13</sup> It was against this backdrop that President Lyndon B. Johnson, as part of his Great Society program, expanded Social Security benefits so that they lifted millions of older Americans out of poverty.

In stark contrast, contemporary news coverage of older adults favors feel-good stories about super-agers, those who inspire us with their feats of atypical strength, vigor, longevity, or mental acuity. During a single week in March 2017, *NBC Nightly News* aired a feature on Tào Porchon-Lynch, who, at age ninety-nine, still teaches eight yoga classes a week and does ballroom dancing, while *CBS Evening News* introduced viewers to seventy-seven-year-old Jacinto Bonilla, a prostate cancer survivor and personal trainer who was the oldest competitor in the physically grueling 2017 CrossFit Games. *NBC's Today Show* showcased a group of septuagenarians and octogenarians whose brains resembled those of people in their twenties, an advantage attributed to their physical fitness, stimulating hobbies like playing piano and doing crosswords, and active social lives.

These inspiring portrayals of the triumph of the human spirit over senescence attract enthusiastic viewers. The 75 million baby boomers born between 1946 and 1964 are marching into old age, and these can-do media images may appeal to generations who pride themselves on being agentic change-makers. The youthful generation who protested to lower the legal voting age from twenty-one to eighteen in 1970 is now mobilizing to transform our notions of old age. Boomers are also a highly

sought-after consumer market, spending billions each year on health foods, fitness programs, anti-aging products, and other products and services that might help them to someday be featured on a super-agers news segment.<sup>14</sup>

The scientific community also is committed to showing that old age can and should be a time of good health, youthful vigor, and unprecedented longevity. In 2016, the National Academy of Medicine unveiled its Healthy Longevity Grand Challenge, an initiative that invites scientists to contribute to “an explosion of potential new medicines, treatments, technologies, and preventive strategies that could help revolutionize the way we age.”<sup>15</sup> Silicon Valley moguls jumped on this bandwagon, contributing billions of dollars toward research in quest of a cure for aging and death. The ultimate goal, in the words of Martine Rothblatt, founder of a successful biotech firm, is to make death and aging “optional.”<sup>16</sup> An unintended consequence of this single-minded focus on optimal aging, however, is that the spotlight is cast on people like the seventy-seven-year-old CrossFit champion for whom old age is the best of times—leaving millions of unhealthy, poor, socially isolated, victimized, incarcerated, and otherwise struggling older adults in the shadows.

In this book, I explore why there is such a vast divide between older adults like Ivy League graduate Goldie Michelson, who enjoyed more than a century of health, wealth, and purpose, and people like Michael Leslie, who died prematurely after struggling with poverty, health problems, homelessness, and substance use. I argue that whether old age is marked by vigor or infirmity, social integration or loneliness, opulence or scarcity, or purpose or despair is guided in large part by an individual’s social location, including SES, race, and gender. Socioeconomic status, race, and gender are the three main axes of difference that social scientists study because they are tightly linked to the opportunities and constraints that individuals encounter throughout life. SES encompasses many dimensions, from socioeconomic resources while growing up, such as parents’ education, occupation, or poverty status, to attainments in adulthood like years of schooling completed, job status or prestige, income, wealth (the value of savings and possessions), and reliance on public programs for basics like food, shelter, and access to health care. Race and gender also are tightly tied to social and economic opportunities, especially among current cohorts of older adults who grew up in an era before the civil rights and women’s rights movements opened up new educational and career possibilities.

Race, gender, and SES profoundly shape how a person ages because they influence the obstacles (or benefits) in childhood, adolescence, and adulthood that set the course for how he or she grows old. These three

social markers are linked to level of schooling, marital status, the kind of jobs a person holds, access to health insurance, the quality of care received from medical professionals, assistance received (or not) when struggling with difficult caregiving chores, life stressors, and ways of coping with those stressors. Late-life disparities rarely emerge anew upon one's sixty-fifth birthday. Rather, these inequities are the result of slowly unfolding, cumulative processes that can span decades, like a lifelong smoking habit, persistent workplace discrimination, or long-term exposure to neighborhood pollution.

Federal programs like Social Security and Medicare have been tremendously effective in improving the overall health and economic well-being of older Americans over the past half-century—so much so that some policy experts have questioned heavy public investment in programs that benefit older adults when children today are more likely to live in poverty.<sup>17</sup> Yet that claim is undermined by two important considerations. First, while official measures of poverty generated by the Census Bureau show that just 10 percent of older adults, yet nearly 20 percent of children, live in poverty, newer measures suggest that old and young Americans are equally likely to be poor, both with rates of about 15 percent. The newly developed Supplemental Poverty Measure (SPM) is considered a more accurate and realistic snapshot of late-life poverty because it takes into consideration older adults' very high out-of-pocket health care expenses, among other factors.<sup>18</sup>

Second, these overall statistical snapshots conceal persistent and vast inequalities among older adults. For instance, black and Latino women living on their own are nearly five times as likely as married white men to be poor. This divide is explained in part by the structure of Social Security benefits, which essentially penalize those with short-term (or no) marriages as well as those in dual-earner couples, experiences that are especially common among women of color.

Likewise, Medicare, which provides health care coverage to nearly all older adults, is one of the most successful social programs in U.S. history. However, this federal health insurance program does not cover all of beneficiaries' health expenses.<sup>19</sup> Well-off older adults can make up the gap with their savings, and very low-income older adults can supplement their Medicare coverage with Medicaid. But older adults living just above the poverty line must either scrape together money for additional insurance or else forgo those medications or assistive devices they cannot afford. And access to health care alone cannot resolve problems like the implicit biases that may lead health care providers to treat black and white older patients differently, or economic factors that limit access to healthy foods, neighborhoods, and lifestyles.<sup>20</sup> A theme throughout this book is that public policies play a major role in helping

to even out the playing field in later life, but they cannot fully eradicate disparities in older adults' well-being because these chasms are so deep-seated and their roots so multifaceted.

A further goal of this book is to reveal the powerful ways in which old age intensifies the harmful consequences of social and economic disadvantage, and conversely, how the "normal" and anticipated complications of old age, like a weakening immune system and an unsteady gait, are particularly threatening for those aging under adverse conditions. Shoddy housing with sporadic heating in the winter and unreliable air conditioning in the summer is uncomfortable for anyone, but it can sicken older adults, who are particularly susceptible to hypothermia and hyperthermia. Natural disasters like hurricanes and floods, which disproportionately affect poor areas with substandard housing, can be life-altering or even lethal for frail or isolated older adults who lack the wherewithal to evacuate. Homelessness and imprisonment are difficult for anyone, but can be devastating for older adults. Sleeping on a thin mattress with a threadbare blanket in a homeless shelter can be painful for older adults' frail and arthritic bodies. Incontinence and the need for help with dressing and toileting may leave an older prisoner vulnerable to victimization at the hands of predatory cellmates. Old age intensifies the indignities of disadvantage, just as disadvantage amplifies the indignities of aging.

Sociological theories of cumulative inequality conceptualize old age as an end product of the accumulating experiences that came earlier in life. I show how the accumulation of misfortune (or good fortune) continues and may even escalate after one reaches old age. For instance, social isolation makes an older adult especially vulnerable to abuse and financial exploitation. This mistreatment, in turn, intensifies older victims' isolation, either because they are fearful and embarrassed to show their bruises and scrapes to others, or because their abusers cut them off from the outside world. Ageism, which encompasses mistreatment or discrimination on the basis of age, poses a steep hurdle to older adults who want or need to go back to work.<sup>21</sup> People who have had hard-scrabble lives are even more vulnerable to ageism than their well-off counterparts because they tend to be younger when they develop visible signs of aging like gray hair, wrinkled skin, a slower gait, tooth loss, or stooped shoulders. Even in old age, adversity can beget further adversity, widening the divide between those who age well and those who do not.

The final goal of the book is to identify potential strategies, including public policies, community initiatives, and cultural and attitudinal shifts, that may help to ensure that all people have an opportunity to age well. The plight of Americans growing old under conditions of poverty and social isolation demands the attention of researchers, policymakers,

practitioners, business leaders, and the general public. Understanding late-life social inequalities is important not just because the suffering of older adults violates our belief that our elders should be respected and cared for, or because the thought of older adults going without adequate food, heat, or medication tugs at our heartstrings today, just as it did during Walter Cronkite's emotional broadcasts five decades ago. Vast numbers of Americans are growing old under disadvantageous circumstances, and thoughtful policy solutions and community interventions are required. Older adults will account for an unprecedented 21 percent of all Americans by the year 2030, with their ranks projected to top 74 million. If the current old-age poverty rate prevails, even using the conservative estimate of 10 percent, more than 7 million older adults in 2030 will struggle to afford basic essentials.<sup>22</sup> Alongside population aging, levels of income inequality—or the gap between the haves and have-nots—have escalated dramatically since the 1980s and may lead to even wider disparities in health and well-being as the baby boom cohort and subsequent generations reach old age.

Throughout the book, I synthesize the results of rigorous research based on high-quality data to describe the complex ways in which socioeconomic status, race, and gender shape multiple aspects of older adults' lives. I describe the measures and methods that social scientists use to study aging and older adults' well-being, and I show how potential sources of bias in these measures may lead to inaccurate or misleading conclusions about late-life disparities. I draw on evidence from sociology, epidemiology, medicine, psychology, public health, economics, and gerontology to provide a more comprehensive analysis of later-life inequalities than can be captured with any one disciplinary approach. By adopting a multidisciplinary approach, I hope to reveal the complex biological, psychosocial, behavioral, environmental, and policy mechanisms that explain, intensify, or help to resolve disparities in the quality of older adults' lives.

## **An Overview of the Book**

Before delving into how and why older adults' lives diverge so starkly on the basis of SES, race, and other social factors, it is important to first provide a demographic and conceptual foundation for understanding older Americans today, including who they are, why there are so many of them, and why some possess the economic resources necessary to enjoy their golden years while others do not. Chapter 2 provides a statistical snapshot of the older adult population in the United States today, describing how and why population aging happens, the demographic and economic characteristics of the sixty-five-and-older population in

the contemporary United States, and the social, economic, historical, and public policy factors that have contributed to the makeup of today's older population.

Chapter 3 gives an overview of the theoretical perspectives that help us understand why and how experiences in childhood, adolescence, and adulthood leave such a powerful imprint on how we age. I draw on life-course perspectives in sociology, which emphasize that our experiences in later life are not solely a response to immediate circumstances but rather are the end product of long-standing social, economic, and interpersonal forces. Taking this long-term view, I describe conceptual models of cumulative inequality that show how accumulating experiences of good fortune can put one on track to a happy and healthy old age, whereas snowballing hardships may set one on a course toward disease and despair in late life. That's not to say that a blissful childhood guarantees a golden old age, or that early struggles destine a child to a life of illness and sorrow. Life-course perspectives also reveal the ways in which personal choices, supportive social relationships, coping strategies, fortuitous historical circumstances, and innovative public policies and social programs can help to redirect one's fortunes.

The next five chapters dig deeply into domains that are essential to older adults' well-being: their physical health (chapter 4), mental health (chapter 5), social relationships and integration (chapter 6), homes, living conditions, and neighborhoods (chapter 7), and end-of-life care (chapter 8). These chapters show the complex ways in which race, SES, and gender shape nearly every aspect of older adults' lives. They also underscore that while many strains of aging—like health declines, caregiving demands, bereavement, and encounters with ageism—are universal and inevitable, the extent to which they undermine older adults' well-being depends on their other social and economic resources.

Chapter 4 explores disparities in older adults' physical health, focusing on their risk of death, disease, and disability. The story of older adults' health and longevity over the past century is largely a good news story: life span has increased, and rates of most diseases have declined.<sup>23</sup> Yet, as with poverty rates, these statistical snapshots conceal stubborn and substantial disparities. Blacks consistently fare worse than whites; those with fewer socioeconomic resources experience more illness and disability and earlier death than their better-off counterparts; and women generally have worse health, although longer life spans, than men. I focus on three main mechanisms that contribute to these disparities: stress, health behaviors, and access to care. An overarching theme is that biological aging is inevitable, yet stress can speed up these processes such that disadvantaged older adults suffer earlier onset of symptoms and ultimately earlier death.

Chapter 5 investigates older adults' mental health, including symptoms of depression, anxiety, substance use, and suicidal tendencies, and shows the complex ways in which stress and coping resources render an individual vulnerable to (or resilient in the face of) mental health threats. Mental health poses a particularly intriguing topic when studying inequalities in later life, because different disparities emerge for different outcomes. Older women are more depressed than men, yet men are more likely to kill themselves. Blacks and whites are similar when it comes to depression rates, yet blacks are less likely than whites to receive the mental health treatments they need to address their symptoms. These complex and even paradoxical findings shed light on how structural and interpersonal factors contribute to late-life mental health disparities. In chapters 4 and 5, I underscore that risk factors for compromised or inadequately treated physical and mental health are modifiable, and I show how current public policies and health care innovations may help to narrow the health divide in later life.

Chapter 6 describes how older adults experience key social relationships (or the lack thereof), including marriage and romantic partnerships, parenthood and grandparenthood, and friendships. I highlight race, gender, and socioeconomic differences (and similarities) in these experiences and show the importance of social ties in contributing to (or mitigating against) disparities in older adults' well-being and financial security. I then explore the dark side of older adults' social relationships, shedding light on three common problems: social isolation and loneliness, elder mistreatment, and intensive caregiving. I show that all older adults are at risk of these experiences, yet for those who are already physically, psychologically, or economically vulnerable, this risk is most acute and makes them even more susceptible to further isolation, distress, and ultimately premature death. Social relationships are a key mechanism driving cumulative disadvantages, yet they also can be a source of protection that mitigates against growing inequities in health and well-being in late life.

Chapter 7 shows that the dramatic variation in where, with whom, and how comfortably older adults live is a consequence of their earlier experiences, including wealth accumulation, residential discrimination, and social ties. I describe older adults' living arrangements, the personal and public policy factors that shape these arrangements, and the impact of older adults' homes and neighborhoods on their health, well-being, and social integration. As the chapter illustrates, how and where older adults live is a function not only of personal preferences and resources but also of public policies dictating the type of long-term care services covered by Medicare and Medicaid. I hone in on four aspects of place that sustain and exacerbate disparities in older adults' well-being: com-

positional factors (who lives in their neighborhood), physical aspects of the built environment, crime and neighborhood disorder, and vulnerability to disasters. I conclude by focusing on a small yet growing group of older adults who have fallen through the cracks and are living on the streets, in shelters, or in prison. Older prisoners and homeless persons provide an especially devastating example of how cumulative disadvantages over the life course can threaten well-being and personal dignity in late life.

Chapter 8 focuses on the final stage of older adults' lives: the days and weeks leading up to their deaths. While chapter 4 describes social inequalities in older adults' risk of death, this chapter investigates social inequalities in the process of dying. I provide a historical sketch of death and dying in the United States and suggest reasons why inequalities in older adults' dying experiences are a uniquely contemporary phenomenon. I describe the core components of good versus bad deaths and show how these experiences are linked to race, socioeconomic status, gender, and social integration (or isolation). I also argue that while death is inevitable, a bad death is not—not even for older adults experiencing persistent disadvantages over the life course. I describe individual strategies that may help older adults die peacefully and on their own terms, like advance care planning, while also delineating the ways in which public policies, especially Medicare enrollment criteria and reimbursement practices for hospice care, may contribute to disparities in end-of-life care.

Finally, chapter 9 provides a glimpse into the future, describing the ways in which current social, economic, and political trends are setting the stage for the aging experiences of the large cohort of baby boomers and for the Generation X and millennial cohorts that follow. In speculating about how late-life inequalities might diminish (or widen) in the future, I identify five social and economic patterns that may influence how future cohorts age: rising levels of income inequality; the lingering impact of the Great Recession; escalating rates of obesity and opioid addiction; dramatic changes in family structure; and the challenges and opportunities associated with extreme longevity. These forces could create an even larger bifurcation between the haves and have-nots among future cohorts of older adults if public policies and social programs do not target the roots of these disparities. I conclude by suggesting broad public initiatives that may help to uphold the quality of life of all Americans as they transition into old age, and that recognize, promote, and celebrate the important contributions of older adults to society as citizens, volunteers, workers, family members, and caregivers.