Aging in Context:
Individual and Environmental Pathways

Andrew Scharlach, Ph.D.
Kleiner Professor of Aging
School of Social Welfare
University of California at Berkeley

Matthew A. Pollack Lecture
November 20, 2015
Overview

- Aging as a Lifelong Process
- Roots
- Individual Pathways
  - Conceptualizing “healthy aging”
- Environmental Pathways
  - Conceptualizing “place”
- Implications for “aging-friendly” communities
“We Stand on the Shoulders of Giants”
Roots: Gerontological Social Work

Louis Lowy
Boston University
School of Social Work
Roots: Social Development

Albert Bandura
Stanford University
Roots: Lifespan Development

Paul Baltes
Max Planck Institute for Human Development
Roots: Social Ecology

Rudolf Moos
Stanford University
Palo Alto VAMC
Roots:
Family Systems

Vern Bengtson
USC
Andrus Gerontology Ctr.
Roots: Environmental Gerontology

M. Powell Lawton
Philadelphia Geriatric Center
Individual Pathways

Conceptualizing “Healthy Aging”
Perspectives on “Healthy Aging”

- Functional
- Phenomenological
- Developmental
Functional Perspectives

• “Successful Aging” (Rowe & Kahn, 1998)
  ○ avoidance of disease and disability
  ○ maintenance of high physical and cognitive functioning
  ○ active engagement in social and productive activities

• “Active Ageing” (European Commission)
  ○ in good health
  ○ a full member of society
  ○ fulfilled in our jobs
  ○ independent in our daily lives
  ○ involved as citizens
Functional Perspectives (contd)

- “Healthy Aging” (CDC)
  - “optimal physical, mental and social well-being and function”

- “Healthy Aging” (Ryff & Singer, 2009)
  - “the maximal delay of illness, disease, disability, and hence mortality”
“Successful aging”?
John Turner, age 79
“Successful aging”?
Fauja Singh, age 100
Who ages “successfully”?

- 10.9% of 65+ in US (McLaughlin et al., 2010)
- 8.5% of 65+ in Europe and Israel (Hank, 2011)

Who doesn’t fit? (Hank, 2011; Strawbridge et al., 2002)
- Older
- Less educated
- Less well-off
- African Americans
- Health problems
  - (35.5% of persons with disabilities say they are “aging successfully”)
Phenomenological Perspectives

- Health and well-being
- Keeping active
- Positive outlook
- Helping others
- Harmonious interpersonal relationships
- Deserving of respect
- Autonomy, self-determination
- Life satisfaction

(CF: Duay & Bryam, 2006; Havighurst, 1961; Laditka et al., 2009; Strawbridge et al., 2002; WHCoA, 1995)
Developmental Perspectives

- Selective Optimization with Compensation (Baltes & Baltes, 1990)
- Proactivity Model of Successful Aging (Kahana & Kahana, 1996)
- Socioemotional Selectivity (Carstensen, 1993)
- Vital Aging (Erikson, Erikson, & Kivnick, 1986)
Integrated Developmental Model
1. Continuity

- Personality stability
- Self-construct
- Self-esteem
- Stable environmental context
  - Physical
  - Social
  - Economic

2. Compensation

- **External**
  - Environmental modifications
  - Human and non-human assistance
  - Alternative goal attainment strategies

- **Internal**
  - Modified goals
  - Modified social referents
  - Psychological reframing

*(CF: Baltes & Baltes, 1990; Romo et al., 2012; Schulz & Heckhausen, 1996)*
3. Control

- **Primary control**
  - External actions
    - Modifying the environment to facilitate goal attainment

- **Secondary control**
  - Cognitions
    - More attainable goals
    - Strategic social comparisons
    - Self-protective causal attributions
    - Acceptance
  - Emotions
    - Positivity

*(CF: M. Baltes, 1988; Brandstädter & Rothermund, 2002; Schulz & Heckhausen, 1996; Seeman & Lewis, 1995)*
4. Connection

- **Social engagement**
  - Social interaction
  - Social networks
  - Social support

- **Meaningful interpersonal bonds**
  - Maintaining existing relationships
  - Creating new relationships

- **Socioemotional selectivity**

(CF: Carstensen, 1993; Krause, 2001; Seeman et al., 2001)
5. Contribution

- “Contributory orientation”
- Prosocial activities
  - Formal
  - Informal
- Socially-meaningful roles
  - Employment
  - Volunteer
  - Familial
  - Community

*(CF: Erikson, Erikson, & Kivnick, 1986; Gottlieb & Gillespie, 2008; Kahana et al., 1987; Morrow-Howell et al., 2001)*
6. Challenge

- **Stimulation**
  - Physical
  - Social
  - Psychological

- **Dosage**
  - Moderate intensity
  - Repetitive exposure

- **Hormetic Effects**
  - Growth
  - Resilience
  - Coping ability

*(CF: Bortz, 1982; Calabrese & Cook, 2006; Etkin et al., 2006; Rattan, 2008; Woods et al., 2012)*
Integrated Developmental Model

- **Continuity** [maintenance]
  - Minimal Age Barriers
- **Compensation** [support]
  - Accommodations/Supports
  - Basic Safety and Security
- **Control**
  - Efficacy Opportunities
  - Consumer-Directed Care
- **Connection**
  - Social Engagement Opportunities
  - Intergenerational and Age-Cohort Activities
- **Contribution**
  - Civic Engagement
  - Meaningful Family Roles
- **Challenge** [stimulation]
  - New Opportunities for Fulfillment
Environmental Pathways

Conceptualizing “Place”
"Optimal aging refers to...
aging under development-enhancing and age-friendly environmental conditions”

(Baltes & Baltes, 1990, p. 8)
“Time and place therefore are matters of substance, not error; and to understand human development, one must appreciate how variables associated with person, place and time coalesce.”

(Lerner, 2007, p. 6)
Ecological Model of Aging

- $B = f (P, E, PxE)$
Ecological Framework of Place

- Setting
- Program
- People
- Activity
- Time
Aging-in-Place

- **Processes**
  - Assimilation
  - Accommodation
  
  \( (CF: \text{Golant, 2011; Piaget, 1932}) \)

- **Objectives**
  - Connection
  - Agency
  - Maintenance
  
  \( (CF: \text{Benjamin, 1974; Leary, 1957; Moos & Otto, 1972; Olson et al., 1979; Wahl et al., 2012}) \)
Heuristic of Aging-in-Place

Implications

Conceptualizing “Aging Friendliness”
“Aging Friendliness”

- Livability
- Elder friendliness
  - Compensatory goals
  - Enabling goals
- Development-enhancing
- Communal
- Transactional

(Scharlach & Lehning, 2015)
Components of “Aging Friendliness”

- Environmental fit and accessibility
  - Built environment
  - Transportation/mobility

- Social engagement
  - Social inclusion
  - Social environment

- Multi-dimensional health and well-being
  - Health/independence
  - Safety/security

(Scharlach & Lehning, 2015)
“Aging-Friendly” Community (Working Definition)

- “Physical-social environments which enhance P-E fit (e.g., mobility, accessibility, stability, autonomy), in order to achieve age-related compensatory goals (e.g., safety, security, physical and mental well-being) and enabling goals (e.g., meaningful social roles, personal fulfillment).

(Scharlach & Lehning, 2015)
Conclusion
What do older adults want from their environments?

- Remain in their own homes or neighborhoods
- See friends, social networks
- Get to shopping, health care
- Be safe
- Be healthy
- Be involved in the community

*Maturing of America Survey, Part 2.*
(National Association of Area Agencies on Aging)
Creating Aging Friendly Communities

- Enhance individual well-being
  - Physical, psychological, social, spiritual

- Improve community infrastructure
  - Social climate, accessibility, mobility

- Increase service adequacy
  - Availability, affordability, accessibility, appropriateness

- Reduce disparities
  - Economic, social, cultural, geographic, ability-related
“A society for all ages is multigenerational. It is not fragmented, with youths, adults and older persons going their separate ways. Rather, it is age-inclusive, with different generations recognizing – and acting upon – their commonality of interest.”

(Kofi Annan, 1998)
For further information:


- [http://socialwelfare.berkeley.edu/center-advanced-study-aging-services](http://socialwelfare.berkeley.edu/center-advanced-study-aging-services)
Thank you!

Andrew E. Scharlach, PhD

School of Social Welfare
University of California, Berkeley
scharlach@berkeley.edu