

when you are unaware of the obstacles in their path.

Combining these two points brings up my favorite analogy (as someone from working-class roots) for those born into (unacknowledged) privilege who later go on to achieve great things. People often say that these individuals were “born on third base and think they hit a home run.” The person has put in some effort and advanced from third base to home. This would amount to hitting a single base hit. Had the person started from home (an analogy for poverty) and put in equal effort, he or she would be only on first base. To a spectator seeing the results, the first person (born on third) is the most accomplished, when in reality, both players produced the same result (a single base hit). This is how privilege (broadly defined) can evade perception (the water) while still influencing the

outcome and in many cases influence the degree of praise given to those from privilege and the level of compassion given to those from less privilege.

FINDING AN AUDIENCE

I enjoyed *Well* and found it an easy read; however, I believe that Galea’s intended audience extends beyond the scientific community to which I belong. Having worked in public health for more than 20 years, I enjoyed exploring the concepts in the book from a new perspective but did not encounter much that has not become self-evident after two decades in the field. However, I suspect that this is not the perspective of the average reader. Ultimately, it will be interesting to see if Galea’s words find the audience that most needs to read

them—specifically, those who view all success and failure as personal responsibility or lack thereof and those who think access to health care alone will end health disparities.

Readers of *Well* will find it to be light on scientific jargon and academic references, making it nonthreatening to a general audience. The downside is that it will likely have limited appeal to the more academic reader who might look up a reference only to find that it is a blog post or thought piece rather than an empirical study. This raises the concern that the educated skeptic may think that the book has insufficient evidence to support the bigger ideas that are presented. However, this seems to be a calculated gamble designed to make the book approachable to readers who are more interested in gaining new perspective than exploring new scientific ground.

In the end, that’s probably a good thing, because preaching to the choir will not change public opinion in a meaningful way that will enable us as a society to focus on the upstream causes of disease, stop blaming the victims of the world we have created, and look for new solutions beyond traditional health care. *Well* is a thorough introduction to a new perspective that could shape the thinking of many who give it a chance. **AJPH**

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CONFLICTS OF INTEREST

The author has no conflicts of interest to disclose.

Most Americans Face a Grim Old Age—and Disadvantaged Groups Have It Worse

The number of older adults living with frailty and disability will nearly double between 2012 and the 2030s,¹ creating serious challenges in the United States because it has not yet taken the opportunity to prepare. The country has thoroughly inadequate financing, seriously maladapted medical care practices, and unreliable social services. Most of the economic disruption, widespread suffering, and societal despair that awaits us could be averted, but doing so requires acting now, especially given the dire circumstances facing older adults who are poor or who face discrimination on the basis of their

gender, income, race, ethnicity, geography, sexual orientation, or gender identity. At this critical moment, the perspectives and tools of public health could be very useful.

Deborah Carr’s remarkable new book, *Golden Years? Social Inequality in Later Life*, makes what is at stake abundantly clear. In a cogent and readable style, Carr manages to review hundreds of studies about the challenges of achieving one’s optimal health and well-being when one is aged older than 65 years. At the heart of this comprehensive opus is an insightful and acutely sensitive understanding of the barriers that

arise from the social inequalities faced by hundreds of millions of Americans, which accumulate over a lifetime. As she says in her introduction: “Old age intensifies the indignities of disadvantage, just as disadvantage amplifies the indignities of aging” (p. 8). To her credit, she elucidates the difficulties that most Americans face, and she delves deeply into

what happens as a result of these very specific disadvantages.

UNEQUAL HEALTH DUE TO DETERMINANTS

While all older adults face certain challenges related to aging, Carr makes clear that this enormous and rapidly growing population is not easily lumped together into a category of “the elderly.” In great detail, she disaggregates the data from an astounding array of governmental, clinical, and academic surveys and

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Golden Years? Social Inequality in Later Life (American Sociological Association's Rose Series)
By Deborah Carr

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studies and from experts in the field to identify subpopulations by health status, race and ethnicity, gender, income, educational level, work history, geography, marital status, and living arrangements. She pointedly describes how and why each of these categories matters.

For instance, she traces how negative experiences beginning in childhood often have an impact that lasts a lifetime. She describes the seriously adverse effects that earlier educational and employment barriers to opportunity, housing discrimination and redlining, and continual experiences of racism have had on the health of older Black Americans. Similarly, she applies a deep analysis of the poorer health of older women that results from discriminatory employment practices, their role as caretakers of the young and old, and of Social Security policies based on outdated gender roles such as those that favor married women over those who have never married. She documents these examples by citing many confirmatory studies and data.

THE ROLE OF THE PUBLIC HEALTH SECTOR

This book should be read by many people in public health, a field that has largely ignored the overall health and well-being of older adults. While older adults may benefit from influenza vaccine campaigns, diabetes prevention, and occasional falls prevention programs, there are no Centers for Disease Control and Prevention grants to state and local public health agencies to support healthy aging. Master's programs in schools of public health do not address the rapidly emerging serious challenges of having large numbers of elderly people living with self-care disabilities, many of whom are socially isolated and have thoroughly inadequate finances. This population experiences a miserly safety net that often results in years-long waits for home-delivered food and, for some, forced admission to nursing facilities. The public health sector, with its tools of epidemiology, evidence-based preventive interventions, and commitment to the public's well-being, is well-suited to engage these issues effectively. The urgency imposed by the rapidly increasing numbers of frail and disabled elders makes it important to take up this cause now.

As Carr makes clear, however, the well-being of older adults with significant disabilities and frailty depends less upon existing public health programs that focus on changing individual behaviors than on improving housing stock, a larger personal care workforce, flexibility of employers regarding caregiving, adequate transportation arrangements, and greater availability of food delivery to homes. Professionals in health care and social services increasingly screen older adults for evidence of

the effects of social determinants of health. But, once identified, people need help to address them. No physician or nurse clinician or social worker can guarantee affordable housing when none is available nor supply supplemental food when the Supplemental Nutrition Assistance Program is insufficient or not a possibility. As Carr points out, these inadequacies frequently result in preventable illnesses and injuries or premature death among older adults.

Efforts have begun to engage public health professionals in providing more support for frail elders. With support from The John A. Hartford Foundation, for instance, state and local public health officials in Florida piloted an age-friendly public health approach with promising results.² Similarly, the Office of the US Assistant Secretary for Health is convening five regional meetings with those in the public health, health care, philanthropic, and elder services sectors to draw attention to the need and encourage action.

A CALL TO ACTION

Carr would probably applaud these initiatives but add that more is needed, and quickly. She ends her book with a discussion of policies and practices that would make a positive difference. While she is often skeptical of governmental policymakers' willingness to tackle the problems, she identifies existing government funding that could be expanded. She also urges the medical profession to increase the number of clinicians with skills in treating and caring for geriatric patients. Her principal goal, though, is to persuade society to address the structural causes preventing many Americans from having a comfortable old age—

especially poverty, discrimination, and gender inequality.

Her work also presents a major challenge to the public health sector to utilize its formidable record of success. Public health professionals and their organizations could generate and disseminate data that document the experience of frail and disabled elders and their families and could lead in establishing policies and practices that would use those data to guide improvement activities. Public health professionals could also adapt ongoing public health activities, such as planning for emergencies, to frail elders and could help focus policymaker and media attention on the urgency of planning for rapid demographic change, including more and better targeted financing for health care and social services. Public health practitioners should do this because not doing so would leave many people without essential life supports in old age. Carr's book provides an unblinking picture of the painful and urgent need for action by public health professionals and their allies. **AJPH**

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