

THE ANTHROPOLOGY OF AGING IN PLACE
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Abstract

Aging in place is an increasingly popular option for adults 60+. Rather than moving to a nursing facility or other setting, people are choosing to modify their homes and arrange for supports that allow them to stay as their needs evolve. At the crux of making these arrangements possible are a wide range of community supports including grocery delivery, in-home aides, Meals on Wheels, senior centers, and other social services. Funders tend to favor lower cost options that provide a service with a lower amount of individual connection and service. This paper analyzes outcomes for those receiving both high-touch and low-touch services.

Key words

aging, senior centers, home and community-based services

1 Paragraph Bio

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Introduction

Many anthropologists of aging approach their subject by looking at the cultural and medical factors that influence life as people get older. I came to work at Montco SAAC after completing graduate coursework in anthropology, and that influenced the way I approached program assessment and gathering data. Ethnographic interview methods and participant observation were some of the first things I put in place after becoming executive director. In

looking at the literature of anthropology on aging, it shows that anthropologists approach the work by contextualizing information within the larger cultural and societal situation. By comparing the aging experience in different cultures, it helps those doing applied work in aging understand how best to develop support for those in need. The anthropological lens is a holistic way to understand the epistemology of aging within the US as my fellow professionals in aging services and I work to advocate for better services. It is common for those in decision-making roles about aging to come from business or medical backgrounds rather than a social science background. These neoliberal models focused on profit margins rather than healing is where the overly clinical and infantilizing experiences occur. Having applied anthropology in aging helps those making decisions see the big picture and the impact of decisions like choosing economies of scale rather than personalized services.

In the United States, seniors have living options that include nursing home care, assisted living facilities or receiving home care to facilitate “aging in place.” Aging in place includes the various ways older adults can remain in their homes. That can range from full independence to a spectrum of supports like nursing care, occupational therapy, senior community center services, managed care, nutrition assistance, and assistive technology. Individuals might live alone, with family, or with friends. According to an American Association of Retired Persons (AARP) survey, “87 percent of adults age 65+ want to stay in their current home and community as they age. Among people ages 50 to 64, 71% of people want to age in place” (AARP 2014).

Because people around the world are living longer, there is a growing anthropological interest in studying the later decades of life. “This interest also acts to correct long standing biases against the elderly as interesting and significant, or as people to be represented in anthropological literature, and against old age itself as a topic of research.” (Rubinstein 785).

Rubenstein's work continues to describe the ways language perpetuates the isolation of seniors as the "other" rather than a wide-ranging population that encompasses nearly all demographics who are worthy of dignity and recognition.

Much of the language and policy around aging demonizes the process of getting older. The very notion of growing old is presented as abhorrent, and people are tasked with doing it the best that they can. Anthropologist Sarah Lamb's research presents interviews with older adults across the economic spectrum. Those with more privilege (higher income, mostly white) don't consider themselves old until further into their 70s and 80s and view it as their personal responsibility to age well. Older adults who are lower income tended to view themselves as having less agency over the course of aging and the way their lives evolved as their needs changed (Lamb 267).

In addition to the idea that aging is something to eradicate, billions are spent every year messaging to people that they have the personal responsibility of "being good" and aging successfully. This typically means avoiding disability and disease as well as other markers of quality of life. The ableist perspectives broadcasted by the anti-aging industry paint disability and even just aging as a moral failing and something that people would "rather die than do" (Ibid. 273). More progressive programs are supporting people based on their unique needs without placing a moral value on the way someone is aging. Senior centers and Home and Community-Based Services (HCBS) are at the center of this fight to make aging an equitable and morally neutral experience. They are not seeking to end aging or prevent it, but to support people at every stage of life.

This information has implications for the larger US population because aging affects many people throughout life due to kinship bonds and the provision of support services. In

Anthropology of Aging and Care, the author states that late in life care “is...a critical site for understanding the diverse ways that increased longevity is shaping the meanings, experiences, and consequences of life itself” (Buch 2015). The diverse experiences are influenced by the supports surrounding each individual, including through healthcare and the social safety net services they receive. The social safety net, composed of services from government and community agencies, was greatly scaled back during the welfare reform of 1996 (Wolfe 2000). This led to increased privatization of services designed to address a broad range of community needs.

Interventions for aging are sometimes related to income, though that is not universal. Meals on Wheels qualification considers all the factors that determine one’s ability to prepare and procure food. Income is certainly a factor in food insecurity, but it can also be something as simple as being unable to cook or stand in line at the grocery store. Older adults living in poverty are more likely to have issues that reduce their ability to choose how to age. They have fewer options for long-term care facilities and aging in place in their homes can be derailed by something as simple as an issue with an appliance or a needed home repair.

Research Site and Community Context

The Senior Adult Activities Center of Montgomery County (Montco SAAC) was founded in 1965 in Norristown, Pennsylvania who wanted to make sure seniors in the area had access to a daily hot meal. In 1977 as the Older Americans Act (OAA) began funding Meals on Wheels, Montco SAAC added the program to their services in Norristown in addition to multiple service sites. Today, there are centers in Ambler and Norristown with a third Meals on Wheels distribution site in Glenside. I started with Montco SAAC as a Meals on Wheels coordinator in

2014. Since that time, I have held several positions in the organization before becoming executive director in 2017.

The OAA articulates the importance of senior centers as a crucial part of aging supports. They are meant to serve as a hub for older adults requiring services ranging from legal assistance to medical needs to mental health support. For Montco SAAC and many similar senior center sites, free transportation is provided to ensure older adults can attend as often as they want to. In Pennsylvania, that transportation is subsidized with funds raised from the state lottery. The evolution of a simple meal program to a thriving hub of multifaceted services is a consistent model for senior centers that began at the beginning of the OAA and have progressed over the last 50+ years.

The general treatment and care for aging is largely clinical and sterile. Hospitalization leads to more medications, surgeries lead to a need for more medications, and prescription upon prescription adds up and creates a litany of side effects (Aronson 48). By proactively serving those who are aging with high-touch services (those with more than just a passing human interaction) available through HCBS and senior centers, many illnesses and injuries are prevented due to regular wellness checks, socialization, and available treatments. The current state level trends toward contracting with large corporations that offer less contact to those they serve often results in increased hospitalizations and more frequent returns to the hospital. At Montco SAAC, staff have seen this trend in Waiver participants who receive Meals on Wheels. Waiver refers to a qualification where older adults are nursing home eligible and low-income. This is one of the groups served by the organization with the highest medical vulnerability and additional issues like housing insecurity.

Three years ago, Waiver participants who had received care through the county were switched to large managed care organizations (MCOs). Montco SAAC tracked hospitalization and death during both phases of care management and when the quality of care was reduced (meaning that care managers were not very familiar with the people they were serving and the companies are pressured to process people quickly) the instance of hospitalization, recidivism (returns to the hospital for the same issues), and decline rose by over 30%. Similarly, recipients of Mom's Meals (a company that drops off a box of frozen food on the porch) have high rates of error in their medical diets and do not receive the daily wellness checks provided by services like Meals on Wheels.

Montgomery County, Pennsylvania mirrors the demographics occurring nationally. Over 202,380 people are age 60 or older according to recent figures (Montgomery County Office of Senior Services 2020, 5) and demand for services to support aging in place has increased with the larger percentage of those 60+. Montgomery County's population of older adults makes up over 25% of the population, which is slightly higher than the national average (Montgomery County Office of Senior Services 2020, 6). While Montgomery County is one of the wealthiest counties in Pennsylvania, there are major health, income, and educational disparities, especially among older adults. Over 70% of those served by Montco SAAC (about 2,700 people per year) are below poverty.

Issues of Aging in Place

Anthropological study of aging has been growing, especially since the establishment of the Association for Anthropology, Gerontology, and the Life Course in 1978. It has grown in recent years because such a large portion of the world's population are living longer and reaching old age (Buch 278). "Focusing on care in later life is particularly valuable at this historical

moment because of the diverse and complex social changes wrought in concert with longer life spans” (Ibid.). People today can have a whole new chapter after age 60 including careers, volunteering, travel, and community. According to World Health Organization data “the proportion of the global population over the age of 60 is expected to double by 2050, when there will be an estimated 20 billion older adults alive in the world” (Ibid.). “The experiences of those who survive into old age are shaped by the social roles available to elders, the depth and breadth of social support available to them and their access to economic resources” (Ibid.). Social supports can be both formal, like social services from a community center, or informal, like a neighbor stopping by with groceries. Economic resources are one of the biggest determinants of health as people age. As Buch discussed, much of the “current work on care and aging is...examining daily, embodied care in contexts of paid and residential care” (Ibid.). While it is important to research paid care, informal social supports and social services funded through Medicaid and other options, like the HCBS provided by Montco SAAC, are also important factors.

There is no one “right” way to age. For some, the in-person support and around the clock care of a long-term care facility is the best option. For others, maintaining as much independence as possible and remaining at home is better. The issue for funders in aging care to understand is that there is no one solution for aging supports and focusing too much on a clinical atmosphere is a disservice to such a diverse population. We see the same thing at Montco SAAC as people choose what support they need.

Culture is an important factor in how people experience aging. At Montco SAAC, I have seen higher rates of older adults from Latinx, and Asian households rely more on family members than some of the other participants, some even living in the same home. Caregiving

handled by family is something that occurs across cultures, but it is framed differently in various populations. Cindy, a Chinese woman I interviewed for this project, explained that she and her husband are full-time caregivers to her mother-in-law who lives with them. They all attend the senior center together and participate in various activities. When I asked Simon about his familial support, he simply said “my kids are way too busy for that, and I don’t blame them”. Simon, a middle-class white man, reflects the common attitude of many white Americans that aging is something for which one is personally responsible. He lives in a small, subsidized apartment in a building specifically for seniors. He still manages most aspects of his life, but he has started to take advantage of the healthy meals available at the senior center. His plan to age in place does not include relying on his family.

The attitudes around aging also reflect the value placed on the contributions of elders across different cultures. Older adults can provide knowledge, experience, childcare, domestic help like food preparation and housekeeping, and some still bring in money working outside the home. The interdependence seen in some cultures tends to be where the contributions of elders is recognized and valued. In the US, an emphasis on individualism has resulted in devaluing elders.

Sandy, a regular at the senior center who chooses to remain in his home, said “I don’t want to be forced to play games like I’m on a cruise ship or have a set bedtime. I am an adult, and I can handle myself”. That is not a universal experience and those long-term care facilities do have an important role for some people. Aging in place is generally shown to increase independence and preserve physical and cognitive function because the senior can continue daily activities of self-care and socialization. Marybeth, a participant at our Norristown senior center site, calls her visits to Montco SAAC her “sister time”. “I come here twice a week to see my friends, do a puzzle and have lunch. It (the pandemic) has been really hard because we can’t be

together.” Assisted living and other long-term care solutions can also provide better socialization than living alone if the person does not have either informal socialization through friends, family, and neighbors, or if they do not participate in community activities like senior centers or even a YMCA.

Assistive technologies include equipment and systems that can help individuals with disabilities with daily life. For older adults, some of the most common things are hearing aids, home modifications, technology like computers and tablets, and anything else that can help make the world easier to navigate. Assistive technology has long been part of the protocol for serving people with disabilities and is gaining popularity as a support for older adults. For those that are homebound and unable to attend in-person activities at a senior center, assistive technologies can reduce isolation, increase socialization, and keep people connected to key services like the social work support. As Stafford notes, “much of the edifice of aging services and our overall orientation to issues of aging in society is based on a model of aging as an individual challenge. This has an atomizing effect and has led to the neglect of the community and environmental context in which disability and old age emerge” (Stafford 2017, 21). Access to technology has a unifying effect for seniors and those that serve them professionally and personally. In cultures where elders are more supported and aging is a respected phase of life, we see aging as less of an individual challenge and more as an issue addressed by society (Lamb 269). This attitude also reflects an appreciation for older adults and what they know. They are seen as resources of knowledge and information and people who contribute their lived experiences to collective knowledge.

The state and county officials charged with funding supports for seniors have been increasingly looking for ways to cut costs amid flat federal funding. Companies like Maximus

and Mom's Meals are taking advantage of the opportunity to increase profits by offering efficient services to seniors without some of the community-based aspects proven to protect health and increase safety and well-being. In a study conducted by Montco SAAC in 2017, it was shown that those receiving daily wellness calls through Meals on Wheels or daily attendance at the senior center had 20% fewer hospitalizations than those who were more isolated. Similar findings have been demonstrated at the national level with Aetna and Meals on Wheels America ("Meals on Wheels" 2017). The long-term cost savings of assistive technologies and interventions like Meals on Wheels save lives and reduce costs. Because these supports improve health outcomes providers are pursuing the billions available through healthcare rather than the millions available through OAA funds ("Meals on Wheels" 2017). Programs like Meals on Wheels provide both social and economic benefits to elders because, as their "more than a meal" tagline states, they provide critical nutrition assistance as well as a visit with a friendly volunteer and daily wellness check. Meals are generally funded through local, or state resources and the program has consistently shown that the cost of Meals on Wheels and similar programs is much less than healthcare and emergency services are if peoples' situation is allowed to degrade without these services.

Research Methods

I started with a review of Montco SAAC's recent participant information from annual surveys. I coded data for recurring themes and revealed a strong correlation between those who do not take advantage of HCBS and recurring health issues including trouble managing chronic conditions including diabetes and depression. Additionally, the physical and mental health support available through organizations like Montco SAAC resulted in better perceived health and subsequent hospitalizations. One of the interviewees, Doris, provided anecdotal evidence of

this because she realized during our annual nutrition screening that she might not be consuming enough food on a daily basis. Staff were able to supplement her groceries with a Senior Food Box (a federal program that provides monthly food) and produce grown on site by volunteer gardeners.

The next phase of research involved data collection from the current population of people Montco SAAC is reaching. This ranges from people who live in the area but do not necessarily participate in services to those who use a full range of social services, nutrition supports, and recreation opportunities. Respondents were invited to take part in surveys and interviews through email recruitment, mailing in senior center newsletters, and phone outreach. 169 individuals (25% of those who received the survey) responded, and 25 people participated in semi-structured interviews. The original research plan included in-person participant observation of senior center activities, but that was changed due to pandemic-related closures. Instead, my participant observation took place during the virtual senior center programming offered via Zoom.

I analyzed survey data for the impact on daily life high-touch social services have. This included statistical analysis which showed that adults 60 and older who participated regularly in high-touch services were more likely to experience markers of good health including not being hospitalized on a regular basis, not returning to the hospital for the same issues, strong mental health, feelings of social connectedness, and adequate nutrition and housing. Adults in the same age category who were of similar condition but did not participate in services were 24% more likely to experience food insecurity (the condition of not having enough food), 6% more likely to experience housing instability and 38% more likely to experience medical issues that can be prevented with social services.

Aside from those issues, the survey and interviews covered what services people participated in, what support they have in place (formal and informal), and their mental health. Isolation has been difficult for nearly everyone during the COVID-19 pandemic, and many older adults are dealing with even more severe isolation than before the pandemic. Louise, a participant at the Norristown center and now a frequent participant in the Zoom programs, said “I know we need to try to be safe, but I miss my friends. SAAC was one of the only places I could see people.” Of the 169 survey respondents and 25 interviewees, 18% did not actively pursue socialization with personal contacts or in a community setting like the senior center. Of that 18%, over 97% felt severe isolation and experienced feeling left-out on a regular basis. George, a regular participant at the Ambler site and former Meals on Wheels recipient, said that “I tried my best to stay healthy and strong, but I just need more help now. I am lucky to be able to stay in my home rather than moving. I’m afraid I would lose myself.” Of the 194 respondents, 89% wished to age in place in their homes.

Conclusions

While the concept of “positive aging” runs the gamut due to a huge range of ableist and individualist ideas, it can be agreed upon that we all hope to age with dignity and have access to the resources and care we need as we age. The universality of aging creates a need for aging services all over the world, but the expectations of individual populations alter what that might mean. In India, for example, it is expected that elders will age with their younger family members and be cared for as they progress through various stages of need. In the US, older adults are often ignored. Mass marketing suggests that individuals are responsible for the relative success of their aging (e.g., did they make good choices?) and policies are also built around these principles (Lamb 269). Older adults need access to many of the same things we all need.

Adequate food and housing, support with activities of daily living (ADLs), transportation, and socialization. It's clear from the responses gathered during this project that when older adults receive high-touch services like Meals on Wheels and senior center services they are more likely to have better mental and physical health. Lower-touch options like grocery delivery and impersonal managed care (where the staff managing an individual's services do not have a strong connection or deep knowledge of them) works for some in the earlier stages of aging, but repeated hospital stays and missed symptoms are a common result.

Attitudes around aging range widely across the world, and regardless of the level of personal responsibility for one's condition in aging, an experience that is positive is more likely with high-touch services that monitor the day-to-day wellness of individuals as they age in place. As the option to age at home rather than moving to an institutional setting rises in popularity, these services will only become more critical to positive outcomes and savings in healthcare costs. It is hoped that the Older Americans Act will evolve to more strongly support these home and community-based services that make it possible for older adults to thrive as they age.

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