Minority Perspectives from the Health and Retirement Study

Editor's Note: The three symposia in this series are composed of articles based on analyses of the Health and Retirement Study, F. Thomas Juster, Principal Investigator. The articles were first presented as papers at the "Minority Perspectives in the Health and Retirement Study Workshop," held May 26–27, 1995 at the Institute for Social Research, the University of Michigan, Ann Arbor. The study is funded by a National Institute of Aging Cooperative Agreement. Richard M. Suzman is Program Officer for the study.

Introduction: Health and Retirement Among Ethnic and Racial Minority Groups

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The purpose of the Minority Perspectives in the Health and Retirement Study Workshop was to explore issues related to the health and related retirement experiences of ethnic and racial minorities (African Americans and Hispanic Americans). The goals were to begin the empirical examination of the Health and Retirement Study (HRS) data to stimulate further thinking and empirical research as this historic study of health and retirement processes continues over the next decade. This landmark prospective longitudinal panel study is one of the largest and most ambitious academic social science projects ever undertaken to investigate health and retirement processes (Juster & Suzman, 1995a, 1995b). In Wave 1, approximately 13,000 individuals born between 1931 and 1941 were interviewed, including oversamples of more than 2,000 African Americans and nearly 1,200 Hispanics.

It was our expectation that this Workshop would be just the first step in stimulating interest and research on these issues among racial and ethnic minority groups. While all older Americans are vulnerable to harsh and unequal treatment, certain demographic subgroups, ethnic and racial minorities, and women provide stark examples of the types of problems faced by all elderly. Members of the groups (women, minorities, immigrants, etc.) that are especially vulnerable will show the effects first, but ultimately, age-related biases and discrimination will affect all older individuals.

One of the more remarkable facts of the 20th century has been the change in the quality of material life for older Americans. Social Security, Medicare, Medicaid, the Older Americans' Act, and anti-age discrimination legislation have produced major improvements in the economic and social status of the current generation of older Americans. The poverty rate among older Americans has been reduced by over 300%, and it is clear that the type of financial security enjoyed by elders today is far greater than...
that of their parents and grandparents. Thus, the material, psychological, and social conditions of life for older Americans has improved dramatically.

The unparalleled increase in the standard of living for older Americans has not been enjoyed equally by all. Significant inequalities in the material and non-material resources in the lives of millions of older Americans persist, and it is even growing among some major demographic groups, especially ethnic and racial minorities and women (Jackson, 1996). Many ethnic and racial minority group elderly continue to lag behind whites in social and economic status (Chen, 1994). Indicators of income, education, and health status document the deprived position of these groups relative to whites. For example, recent reports (e.g., Bennett, 1992) on the circumstances of blacks across the entire life course suggest that new cohorts of elderly minorities will continue to experience relative disadvantage. While more than a third of the black elderly continue to live below the poverty level, we know that many black elderly people are better fed, better housed, and in better health than in earlier periods of time (Jackson, 1996). Most of this improvement is because of the introduction of government assistance programs that provide the prime support for black Americans and many Latino and American Indians in older age. A larger proportion of ethnic minorities is heavily dependent upon these government programs for subsistence in older age due to histories of poor occupational opportunities and lack of wealth and private retirement funds.

Recent cutbacks of federal programs, a change in the economy favoring job creation in highly specialized, technologically sophisticated, and educationally intensive sectors of the economy, global economic competitiveness, and simultaneous growth in low-paying service positions provide few opportunities for many of today's minority young adult and middle-aged cohorts. It is foreseeable that without significant policy interventions, future cohorts of older blacks and other racial and ethnic minorities of color will not be as well off as their white counterparts, and it is unlikely that they will maintain the material living standards of current minority elders (Jackson, 1996; Stanford & Torres-Gill, 1991; Williams & Collins, 1995).

Continuing research points to the negative differentials in health status and health services among whites and groups of color (Jackson & Perry, 1989; Jackson, Antonucci, & Gibson, 1990; Wykle & Kaskel, 1994). At this point, the exact differences in the structure of health, the processes of health, and the influences of service use and health problems experienced among ethnic minority elders remains unclear (Gibson, 1994; Jackson, 1996). What is clear, however, is that ethnic and racial minorities suffer poorer health status at each point of the life course and are more likely than majority group elders to develop debilitating chronic health conditions and suffer disabilities in older ages (Wykle & Kaskel, 1994).

Very little empirical research has been devoted to the study of work and retirement in ethnic and racial minorities (Jackson & Gibson, 1985; Gibson, 1991b; Allen & Chin-Sang, 1990; Zsembik & Singer, 1990). Some earlier work speculated that the entire retirement process, viewed within a life-span context, may be very different for blacks and other discriminated against groups (Jackson & Gibson, 1985). Many racial minorities, because of long histories of dead-end jobs with poor benefits, have few retirement support opportunities in the traditional sense; inadequate income, poor housing, and uncertain futures greet these groups at retirement age (Chen, 1994). Faced with limited retirement resources, many ethnic minorities may out of necessity continue working past customary retirement ages, even when they are in poor health (Gibson & Burns, 1991). In fact, some research indicates that these individuals are physically, psychologically, and socially worse off than their retired counterparts (Jackson, 1996; Gibson, 1991a). Even the relatively poor but stable government retirement benefits many groups receive may be better than sporadic and poor jobs in the regular labor market (Chen, 1994).

New national data collection efforts, like the Health and Retirement Study, are improving the quality and quantity of available data on the aging experience of African American and other racial and ethnic minority Americans. While we can always ask for more and better data, especially data based upon longitudinal and cross-sequential designs (Jackson, 1996), the improvement in a few short years has been impressive. Similarly, the approach to research on minority elderly has also shown greater recognition of the heterogeneity among ethnic minority elders (J. J. Jackson, 1985). Research like the HRS is now more focused on the role of culture, socioeconomic status, and gender as important markers of potential process differences, especially health and retirement, within and among aging groups of color. Recent research studies like the HRS are reversing historical trends of poor data quantity and quality, and generalizable findings are beginning to emerge concerning health, work, and retirement for elderly groups of color.

The HRS is not perfect. Adequate samples of non-black and non-Mexican American ethnic and racial groups are not available in the study. Greater emphasis is needed in the future on social, psychological, and cultural factors, which play important mediating roles in health and retirement outcomes among groups of color (Jackson, Antonucci, & Gibson, 1995). Nevertheless, we believe that the articles in this issue of The Gerontologist demonstrate the high quality of empirical social science research that is possible when quality data are available on health and retirement processes among nationally representative samples of ethnic and racial minorities. We are sure that you will agree.

References

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GSA ANNUAL MEETING INFORMATION

Information and registration materials for GSA’s Annual Scientific Meeting in Washington, DC, November 17–21, 1996, will be published in an upcoming issue of Gerontology News. This information will also be available on GSA’s Home Page http://www.geron.org or can be requested by contacting GSA’s office, (202) 842-1275, fax (202) 842-1150.