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Connecting the Dots: Avoid Those Easy Generalizations About Older Americans

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There's a style of painting called pointillism where the artist uses small dots of paint on the canvas. From a distance, you see the intended image, an apparent whole. But looking up close, EDWARD F. ANSELLO

you can see thousands of individual dots of color, some big, some small, spread out all over the canvas.

This is the picture of aging today.

From a distance, there's what looks like uniformity -- but in reality the big picture is made up of incredible numbers of separate colors, sizes, textures, depths, and so on. We tend to make policy and plans based on the apparent whole without appreciating the variety or diversity of older adults.

In fact, there is scientific evidence that members of age groups tend to grow less and less like each other with time. This is called within-group variance. One of the most significant breakthroughs in our understanding of aging is that, as groups of people grow older, the group members tend to become more dissimilar. This seems counterintuitive. True, there are commonalities such as shifting body shapes, graying or loss of hair, the need for corrective lenses, and the like. These, however, are relatively minor.

On virtually every important dimension, from health to income to acquired skills and experience, growing older increases the variety within an age group, with each older individual reflecting the patchwork of his or her personal life history. Simply put, there is more documented variability in characteristics and function among 75-year-olds than among 45-year-olds.

Looking at the range of scores obtained from research or surveys on, say, abstract reasoning or respiratory volume or economic status, you will likely see greater variability among the older than the younger subjects. If we were to follow a birth group through the life course, we would see that life would affect each member differently; events would be experienced through individual prisms and catalogued differently because of cumulative lifetimes of idiosyncratic experiences.

This means that it is harder and less accurate to generalize about later life and older people.

Among gerontological and geriatric professionals (those who study and care for older adults), there is awareness of the geriatric or aging imperative -- that is, the idea that the thrust of human development after midlife seems to be individuation, becoming more and more like oneself. And less like everyone else. Increasing the numbers of older adults increases the prospect of finding some shared characteristics among some individuals, but does not blunt the thrust. Essentially, one to the millionth power is still one.

Individuation may help to explain why the number of physicians in geriatrics in the United States has been steadily declining. Geriatricians have the most diverse and heterogeneous patient base. Five older adults visiting the geriatrician's office with similar symptoms or complaints will nonetheless have five different support systems, levels of health literacy (understanding what's being said), likelihoods of adhering to prescribed treatment, belief systems, amounts of economic wherewithal, etc.

The geriatrician, perhaps more than other physicians, needs to pay continuous attention to the trajectories of these older patients, needs constantly to gather full updates of patients' progress (essentially taking a history every visit), and needs to spend time with the patient to discern how this one differs from that one. Yet time is often the least available commodity among health care providers, and after the initial intake and patient history, such extensive interactions tend not to be reimbursed by third-party payers, especially in health care drifting toward shorter and shorter "encounter times" between provider and patient.

Geriatricians know that when you've seen one senior, you've seen one senior.

In the same way, as the baby boomer population moves beyond midlife, it moves toward more variety and diversity -- toward individuation. Trying to identify the "standard" or representative boomer is going to be as ineffective as trying to create one universally appealing cable channel.

The task ahead is to call attention to the fundamental evolution happening in the nation's population -- we're growing older, and will have twice as many people over the age of 65 in 2030 as in 2000. At the same time, we need to encourage greater celebration of individual differences. More older people means more differences, not more similarities.

Initiatives like the Older Dominion Partnership can help here in Virginia by discouraging pronouncements and generalizations about older adults. Rather, they should encourage those interested in older consumers, for instance, to focus on subsets of older adults who may share particular characteristics (like the green dots in our painting analogy) instead of stereotyping them. Respecting individual differences should not be just a slogan. Somehow we celebrate diversity on the one hand (racial, ethnic, cultural, etc.) but then attempt to put everyone back into the same box when they (and we) grow older.

Let's connect with older adults by realizing the dots that make up the whole are still individual dots. Edward Ansello is director of the Virginia Center on Aging, School of Allied Health Professions, Virginia Commonwealth University, and one of the founding partners of the Older Dominion Partnership (<http://www.olderdominion.org>), Virginia's age wave planning initiative. Contact him at (804) 828-1525 or eansello@vcu.edu.