

Addressing Inequities to Promote Health, Productive Aging, and Retirement:

A Conversation with U.S. Policymakers

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Abstract

This chapter summarizes discussions on productive activities and retirement with the Senate Committee on Aging in 2023. While the Senators were particularly interested in age discrimination in the workplace, our conversations also focused on extended human longevity – and inequities in economic, health, and social conditions – which have profound implications on social insurance programs, economic security and growth, and extended health and purpose in later life. Participation in the labor force is a dynamic process, dependent on resources, cultural norms, family dynamics, punctuated with periods of rest. Equity and intersectional perspectives are applied to this material to help clarify the interplay between employment, caregiving, civic engagement, and retirement among a very diverse U.S. population. I first review discrimination within the workplace and how it undermines health, work, and retirement. This section also reviews how ageism intersects with other forms of bias – racism, sexism, ableism, and a confluence of other identities – within the workplace. The second section reviews research on tensions between family caregiving, employment, and retirement. The third section introduces civic engagement to maintain health, social ties, and purpose in later life and how it can be leveraged to promote flexible options with paid and non-paid activities. Each section reviews social policy solutions.

Introduction

Population aging is one of the greatest scientific achievements. Today, there are more than half a million individuals aged 100+ living worldwide (World Economic Forum, [2021](#)). The number of centenarians is expected to increase to 3.6 million by 2050. Even within the context of COVID-19, epidemiologists are in general agreement that human longevity will continue to expand in the coming decades. Yet social structures and cultural norms have not adequately responded to the demands posed by population aging. Moreover, societies worldwide will continue to become increasingly diverse in terms of race, ethnicity, nativity, and a confluence of intersecting identities. Prejudice and discrimination are at high levels, undermining the opportunity to live peacefully in an ever diversifying society.

The challenge before us is: *how do we live a long healthy life into retirement; with a solid economic foundation; with strong social bonds with family, friends, and community; and in a diverse, loving, and peaceful society?*

The COVID-19 pandemic revealed longstanding inequities in health, economic wellbeing, and social ties. Women, racial and ethnic minorities, immigrants, sexual and gender minorities, and individuals with low levels of education, income and wealth, remain understudied within the current literature of work and retirement (NASEM, 2022). While we do not know the full extent to which these populations experience constrained choice and opportunities to work in later life, there is some literature to suggest these populations are at greater risk of involuntary and premature retirement due to informal caregiving, disability, and hostility within the workplace. Ensuring everyone has the capacity, and the choice, to work longer requires we understand inequities in resources across populations and craft policies and programs that will enable individuals to delay retirement.

A quick note about language. “Inequity” and “disparity” are two interrelated yet distinct concepts. Disparity brings our attention to differences in health, economic, and social resources across populations, while inequity suggests these differences are unjust, unfair, and avoidable (Braveman, 2006). Inequity is situated in moral and ethical discourse to explain differences in resources across populations. For instance, disparities in wealth can be merely descriptive: Whites have more wealth than Blacks and Hispanics. An equity perspective argues these differences in wealth are due to systemic policies and practices that are unfair, unjust, and can be avoided. I do not utilize the disparity concept in this chapter. Rather, I hope to incite the reader’s sociological imagination to critically reflect on how to achieve a fair, just, and equitable society with regard to resources for health, productive aging, and retirement.

Productive aging – a scholarly framework focused on employment, civic engagement, and informal caregiving– holds many answers and solutions posed by population aging. This scholarly lens takes the fundamental view that the capacity of older adults must be better developed and utilized in activities that establish a firm economic foundation; bolster health across the lifespan; and strengthen social bonds in a diversifying society (Morrow-Howell et al., 2001; Gonzales, et al., 2015; Gonzales, et al., 2023). Employment, civic engagement, and informal caregiving in later life can yield many health, economic, and social benefits when these activities are supported by social policies and practices. Research has revealed important implications for minoritized older adults – racial and ethnic minorities, women, individuals with low levels of education and socioeconomic status – to gain health benefits when programs and policies are inclusive and sensitive to their capacity, environmental constraints, and preferences (Morrow-Howell et al., 2001). Importantly, civic engagement holds the promise to promote a peaceful society with

elevated levels of empathy and perspective sharing, along with reduced bias, incivility, and discrimination.

This chapter was inspired by many conversations with social policy makers in 2023. In April of that year, I was invited to testify¹ on age discrimination in employment before the Special Committee on Aging at the United States Senate. Although I thought the testimony would be a single event, Senators continued the conversation with targeted questions on how other productive roles – caregiving and civic engagement – interacted with health, work and retirement, and implications for social policy.²

Thus, this chapter is organized in three parts. First, I review research on age discrimination, health, and work and retirement pathways. While this section centers on ageism, it also describes the latest research regarding how ageism interacts with other forms of bias within and outside of the workplace to affect health and retirement. Second, I review research on the dynamic relationship between employment and informal caregiving, in relation to labor force participation and retirement. The third section reviews on and off ramps between employment, civic engagement, and retirement in mid and later-life. Each section is informed from an intersectional perspective (Crenshaw, 1991), inclusive of critical race theory (Delgado & Stefancic, 2023; Gonzales et al., 2023) and standpoint theory (Hartsock, 1998) to describe how various populations are positively and negatively affected within a social policy context. Each section concludes with implications for social policies and programs.

¹ Gonzales, E. (April, 2023). [Written Testimony to the United States Senate, Special Committee on Aging, “Beyond 9 to 5: Dismantling Barriers and Building Economic Resilience for Older Workers.”](http://hdl.handle.net/2451/64393) The Center for Health and Aging Innovation. <http://hdl.handle.net/2451/64393>.

² Similar conversations were held with leaders at The World Bank and United Nations on ageism in the workplace, intergenerational cohesion, and financial security across an extended life span (Yerramilli, Gonzales, Alleyne, 2023).

Discrimination at Work

Ageism is expensive: it costs the US \$850 billion in GDP each year due to the untapped resources of producing goods and services by older workers ([Terrell, 2020](#)). By 2050, the costs due to age discrimination could climb to \$3.9 trillion US dollars. In addition, ageism is also linked to \$63 billion in health care costs (WHO, 2021).

Age discrimination at work is complex – at times quite evident and other times subtle, a constant reality for some, episodic for others (National Academies of Sciences, 2022). Older workers experience age discrimination at nearly every phase of employment: hiring, promotion, performance evaluation, workplace opportunity and climate, and transition into/out of retirement. Audit studies reveal older applicants are less likely to be interviewed and hired compared to younger applicants (National Academies of Sciences, 2022; Newmark et al., 2019; Farber et al., 2017; Lahey, 2008; Lahey and Oxley, 2021).

Age discrimination undermines health (Cheng et al., 2020) and is associated with early retirement and turnover. A longitudinal study with a representative sample of older adults in the Health and Retirement Study³ data (“HRS,” 2006-2014, n=2,028) revealed older Whites, Blacks, and Hispanics reported high rates of chronic discrimination at work ([Gonzales, Lee & Marchiondo, 2021](#)). Nearly three quarters (74%) of Whites reported work discrimination, compared with 68% for Blacks and 64% for Hispanics on an annual basis. Chronic discrimination within the workplace was associated depression and early retirement. These findings are similar to other studies which reveal targets of age discrimination experienced depression, job dissatisfaction, and higher

³ The Health and Retirement Study is a national panel and representative dataset on older adults, funded by the U.S. Social Security Administration and National Institutes of Health. Data are collected every two years by researchers at the University of Michigan. It is the “gold standard” of data sources on older adults in the United States.

intentions to leave their employer or retire if they were eligible (Gonzales, Lee & Marchiondo, 2021; Marchiondo, et al., 2015).

Proving age discrimination at work is difficult; characterizing it as a decisive factor required by current law is nearly impossible. For example, respondents in the HRS are asked about their experiences with slurs, jokes, indignities, and incivility in everyday life. These events can occur within workplaces, restaurants, neighborhoods. Eight out of 10 Whites (81%) experienced everyday discrimination in the past year, compared with Blacks (78%) and Hispanics (67%; Gonzales, Lee & Marchiondo, 2021). Unlike other discrimination measures, the Everyday Discrimination Scale queries respondents about attribution (i.e., main reason for these experiences). Whites attributed discrimination because of their age (30%), gender (16%), weight (12%), physical appearance (7%), physical disability (4%) and race (2%). Blacks overwhelmingly reported discrimination due to race (46%), followed by age (14%), gender (11%), ancestry (11%), weight (5%) and physical disability (5%). Hispanics reported discrimination due to their age (23%), race (19%), ancestry (15%), physical appearance (14%), gender (10%), and weight (3%). It is important to note that nearly half of respondents in the HRS were a target of everyday discrimination but were unable to pinpoint why. Often, when queried through qualitative research, respondents believe they are discriminated for a variety of reasons (e.g., age, race, gender), which is corroborated with our quantitative studies. The point is that it is difficult to rank attribution in order of severity, weight, or magnitude. This reflects the complexity of discrimination in and out of the workplace. Targets of discrimination are due for a confluence of bias based on sociodemographics (Laster Pirtle & Wright, 2021; Smith-Tran, 2022; Steward, Carson, Dunbar, Trujillo, Zhu, Nicotera & Hasche, 2023).

As such, legislation requiring targets to demonstrate age as the decisive factor in a discrimination case does not reflect the complexity of the phenomenon and is misaligned with age discrimination often co-occurring with other forms of bias at work (e.g., sexism, racism, etc.; Bendick et al., 1999; Bendick et al., 1997; Burn et al., 2020; National Academies of Sciences, 2022; Newmark et al., 2019; Farber et al., 2017; Lahey, 2008; Lahey and Oxley, 2021; Riach & Rich, 2010, 2006).

Age discrimination at work happens across the working lifespan, from ages 18 and older. The Workplace Age Discrimination Scale (WADS) captures covert and overt forms of age-discrimination within the workplace (Marchiondo, Gonzales, & Ran, 2015). It is the only instrument with high reliability and validity that captures the target's perspective from emerging adulthood (age 18) to later life. Our studies revealed a U-shape distribution across the working lifespan, where young and older workers experience higher age discrimination than middle aged workers. Age discrimination was associated with mental health, stress, job satisfaction, turnover intentions and retirement intentions. This study disrupted and challenged cultural norms that ageism was an older adult problem. Today, ageism across the working lifespan is common discourse in scholarly literature and public dialogue. Given this evidence, we need to initiate a movement to expand Age Discrimination in Employment Act (ADEA) to ensure everyone, of every working age, is protected by federal law.

In sum, age discrimination is bad for people and bad for the economy.

Implications for Social Policy

Ending ageism and other forms of bias will require concerted efforts and interventions across the macro to micro continuum:

- Ensuring “Protecting Older Workers Against Discrimination Act” (POWADA) becomes law will send a clear cultural and institutional message that ageism in the workplace is not tolerated. Importantly, it will reinstate Congress’ original intent with ADEA that age is *a* factor, not the deciding factor, in an age discrimination case – which will accurately reflect the phenomenon. This legislation will likely be effective in shaping minds and opportunities to remain at work, return to work, both for older adults today and young people in the future. We also need legislation that protects everyone from ageism – younger to older adults.
- Evidence-based interventions are needed within organizational settings. All too often ageism is viewed as acceptable and harmless. Multigenerational workplaces are naturally occurring given longevity. The challenge is to maximize the strengths and talents of each generation ([Advisory Board, 2023](#), [Encore.org, 2022](#); Morrow-Howell et al., *accepted*), rather than pitting them against each other in competition for resources. With more employees working remotely in many organizations, retention of experienced workers is a critically important element in providing training and transmission of effective and efficient workplace practices to newer employees. It is not clear which workplace interventions are effective at creating a culture of acceptance, respect, and collegiality and undo ageism.
- We need to develop intra- and interpersonal interventions outside of the workplace to systematically dismantle ageism and bias. National demonstration projects, such as Vital Visionaries funded by the National Institute on Aging offers compelling evidence that brief interventions (2 hours, 6 sessions creating art together) are powerful to disrupt ageist assumptions between young and old ([Gonzales, Morrow-Howell, & Gilbert, 2010](#); Rubin,

Gendron, Wren, Ogbonna, Gonzales, & Peron, 2015⁴). Funding multigenerational civic activities, similar to those done by Senator Casey during the reauthorization of the Older Americans Act in 2006, needs to be tested and possibly scaled.

Promoting a biased-free work environment will maximize the capacity to work longer with improved mental health, and yield greater economic and health outcomes for individuals, families, and society. Individuals who do not experience discrimination of any sort generally work longer (Gonzales et al., 2021). Passing POWADA is an important first step to countering ageism. Other solutions need to be developed, implemented, evaluated, and scaled.

The Dynamic Relationships Between Informal Caregiving, Employment, and Retirement

Senators Fetterman and Gillibrand asked several questions during and after the testimony about the dynamic relationship between labor force participation and informal caregiving:

As a Senator, I often hear from older Georgians who serve as the primary caregiver for a grandchild or for a partner. Unpaid care can be costly and time consuming. In many cases, this responsibility requires the caregiver to either cut down their working hours to provide the needed care or rejoin the workforce to provide the necessary financial support. That is why I cosponsored the Credit for Caring Act last Congress, which would allow eligible caregivers to receive an annual tax credit for a percentage of their expenses.

Area Agencies on Aging (AAA), which were established through the Older Americans Act, provide many resources to older Americans, including supportive services for older workers and those looking to rejoin the workforce. Georgia has twelve AAAs that together provide services to older Georgians in every corner of the state.

Dr. Gonzales, how would legislation like the Credit for Caring Act reduce the financial burden on older caregivers?

Senator Fetterman (D-GA)

How do caregiving roles (to a spouse/partner, adult child, grandchild) affect older adult's relationship with the workforce? How would guaranteeing paid leave affect these roles? How can access to paid leave change the composition of

⁴ PALETTE: An Intergenerational Art Program ([YouTube](#))

the workforce among older Americans? What role does paid leave play for the long-term financial health of older Americans?

Senator Gillibrand (D-NY)

Informal caregivers are a diverse and growing population. About half of informal caregivers are 50 years of age and older, 60% are women, and they reflect the diverse racial and ethnic composition of the United States today ([AARP and National Alliance for Caregiving, 2020](#)). More than 53 million informal caregivers in the United States provide regular, unpaid care for family members or friends who are aging or have disabilities ([AARP and National Alliance for Caregiving, 2020](#)). Nearly one in four family caregivers identify as a millennial who is juggling care with full-time employment, often earning less than \$30,000 a year ([Flinn, 2018](#)).

Informal caregivers contribute billions of dollars to the U.S. economy. Using internal claims data, [Blue Cross Blue Shield](#) recently estimated the indirect economic impact of informal caregivers to be over \$264 billion per year. Estimates from the [AARP](#) place their impact at roughly \$470 billion per year. Without informal caregivers acting voluntarily to support some of the most vulnerable members of our society, the provision of these services would substantially increase the cost to programs like Medicare and Medicaid and ultimately the taxpayer:

“Not only does the nation owe a tremendous debt to its family caregivers, but it has no acceptable alternative to family care. Consequently, family caregiving is an urgent public health issue of such magnitude that it requires a coordinated, iterative, and cross-sector response.”

Department of Health and Human Services;
National Strategy to Support Family Caregivers, 2022.

These billions of dollars in savings to the U.S. government and employers, however, comes at a cost to caregivers themselves. Informal caregivers are at a higher risk of food insecurity, obesity ([Horner et al., 2015](#)), financial strain ([AARP and National Alliance for Caregiving, 2020](#); [Willert & Minnotte, 2021](#)), psychological stress, and physical health issues ([Bauer & Sousa-Poza, 2015](#)) when compared to non-caregivers. Many of these challenges were exacerbated by the

COVID-19 pandemic ([Beach, Schulz, Donovan & Rosland, 2021](#)). The magnitude of this financial strain is not equitably distributed. Caregivers who earn less than \$35,000 per year reported the highest levels of financial strain. Additionally, Black and Hispanic caregivers carry a large relative burden of caregiving expenses (35% and 47% of annual incomes on average, [AARP, 2021](#)). Financial strain is associated with depression, anxiety, pain, self-rated health, premature mortality, and cognitive functioning ([Byrd, Gonzales, Moody, et al., 2020](#)).

The longitudinal relationships between work, caregiving, and retirement varies by the demands of non-paid care and paid work, as well as organizational, state, and federal policies available to caregivers. While research in this area is complex, research reveals informal caregivers are at greater risk of:

- Living in poverty in later life because of caregiving and existing social policies (Greenfield, 2013; Herd, 2005; Lee, Tang, Kim, & Albert, 2015a, 2015b; MetLife Mature Market Institutes, 2011; Wakabayashi & Donato, 2006),
- More likely to be forced into retirement because of the demands of caregiving (Dentinger & Clarkberg, 2002; Pavalko & Artis, 1997; Szinovacz & Davey, 2005),
- Retire at earlier ages when compared to non-caregivers (Clarkberg & Moen, 2001; Dentinger & Clarkberg, 2002); and
- Less likely to return to work after retirement when compared to non-caregivers ([Gonzales, Lee & Brown, 2017](#)).

Returning to work after retirement (also known as “un-retirement”) is becoming more common given the need and/or desire to work in later life (Gonzales, Lee, & Brown, 2017; Maestas, et al., 2019; National Academies of Sciences, 2022; Wang, et al., 2008). A study we conducted with data from the HRS (1998-2008) revealed assisting a family member (i.e., spouse,

partner, parent-in-law) with instrumental activities of daily living (IADLs) such as preparing meals, shopping for groceries, making telephone calls, assisting with medications, reduced the odds of caregivers returning-to-work by 55% (HR: 0.22, $p < .05$), while controlling for economic, health, and social factors. When the demands of care increased to assisting their loved ones with bathing, dressing, eating, moving from the bed to chair, toileting (e.g., activities of daily living, ADLs), this important and vital care significantly reduced the odds of returning to work by 78% in the subsequent waves (HR: 0.45, $p < .05$), while controlling for important factors.

The research on grandparenting or parenting a child is different – and this is an important caveat. Parenting an adult child or caring for a grandchild resulted in higher odds of returning to work by 28% in subsequent waves (HR: 1.28, $p < .05$), while controlling for important covariates such as household income, health, age, gender, race, and ethnicity ([Gonzales, 2023](#)). It is important to recognize that more than half (58%) of grandparents responsible for grandchildren are working for pay (Generations United, 2022, p. 28). Caregivers were often working before the child (children) came into their care. Older workers are unable to remain in the labor force because they cannot find child care and/or the children have significant medical, mental, or behavioral health challenges due to trauma experienced before entering their care (Carolan, et al., 2020; Gonzales, Lee, & Harootyan, 2020). Unlike providing care to a spouse/partner/parent-in-law with ADLs or IADLs, grandparenting can either be a trigger to go back to work or pull the grandparent out of paid work. More longitudinal research is needed to fully understand these phenomena.

Implications for Social Policy

[Existing](#) and future federal policies and programs are poised to support these caregivers and their care recipients. As Senator Fetterman noted, the Older Americans Act (OAA) and the many programs that it funds have been important supports for caregivers. One example of this is

the [National Family Caregiver Support Program](#) (NFCSP). The NFCSP provides grants to Area Agencies on Aging and works to educate caregivers about service availability, facilitate service enrollment, and provide counseling and respite services. Recent research suggests that while more than 700,000 caregivers per year received respite care, caregiver training, supportive group services, or counseling, additional funding is needed to extend these services to the bulk of caregivers ([Bangerter et al., 2019](#)). Another program by the OAA is Title V, The Senior Community Service Employment Program. Many participants care for family members and research has shown this program improves their health and provides a stable economic foundation (Carolan, et al., 2020; Gonzales et al., 2020; Halvorsen & Lai 2023; Halvorsen et al., 2023). The recently launched [National Network of Grandfamily Caregivers](#) is a step in the right direction to ensure the health and wellbeing of caregivers and their family.

More can be done. Research on *paid* family and medical leave suggests there are many benefits to individuals, families, and employers (Appelbaum & Milkman, 2011; Earle & Heymann, 2011; National Partnership for Women & Families, 2012, 2015; Chatterji & Markowitz, 2012; Council of Economic Advisors, 2014; Waldfogel, Higuchi, & Abe, 1999) – for instance, employers who provide paid family leave experience an increase in recruitment and retention rates, as well as reduction in turnover (Appelbaum & Milkman, 2011; National Partnership for Women & Families, 2015b).

Paid family and medical leave policies vary at the federal and state levels. The Family and Medical Leave Act (FMLA) does not provide paid leave, rather unpaid leave for eligible employees with up to 12 weeks per year for certain family or medical reasons (e.g., birth or adoption of a child, serious health conditions, caring for a spouse, child or parent with a serious health condition). Thirteen (13) states have established paid family and medical leave programs

(e.g., Connecticut, New York), with employees contributing to these programs through payroll taxes and state agencies administering the benefits. Yet the duration, benefit amounts, and eligibility criteria vary. Policy proposals (such as [FAMILY Act \(S. 1714\)](#), [Social Security Caregiver Credit Act of 2023](#)) will likely enhance health, economic security, and longer working lives.

To my knowledge, there are no existing federal programs that directly target the financial strain experienced by many informal caregivers. Caregivers in the United States often face financial challenges that amplify the stress and risks that come with supporting vulnerable loved ones. Research from the [AARP](#) suggests that more than 36 million unpaid caregivers incur out-of-pocket caregiving expenses on a regular basis. On average, these caregivers are spending more than one-quarter of their income on housing, medical, and other expenses that directly benefit those they provide care for.

The *Credit for Caring Act* offers a tax credit of up to \$5,000 for qualified caregiving expenses that could materially improve the lives of caregivers and care recipients. This is an important step to increase formal support for our nation's informal caregivers. The challenges of supporting caregivers around the country require a multi-level set of policy responses. Legislation that targets financial insecurity, access to training and educational materials, expansion of health insurance programs to include respite and meal services, and further develops social infrastructure to accommodate our growing population of older adults will be critical in the decades to come. A comprehensive set of these legislative goals is best laid out in the [2022 National Strategy to Support Caregivers](#) (see page 21 for summary).

Title V, Senior Community Service Employment Program, of the Older Americans Act is also quite important for low-income older adults seeking employment. The [testimony of Ms.](#)

[Christine Vanlandingham](#), CEO of Michigan Region IV Area Agency on Aging, resonated with much of the research I have done on this program. When my research team asked participants: *How has this program impacted your life?* We heard responses such as, *“I’m no longer homeless.”* *“It’s a lifeline.”* *“I am not starving.”* and *“I am not taking meds for depression anymore.”* Among our sample, over 80% reported their health improved because of the program (Carolan, et al., 2020; Gonzales et al., 2020), which is similar to research done by others with different SCSEP participants (Halvorsen & Lai 2023; Halvorsen et al., 2023).

On and Off Ramps Between Employment, Civic Engagement, and Retirement

Under optimal conditions,⁵ volunteering and work are associated with a wide range of health and economic outcomes (Morrow-Howell, 2010; Zhan, Wang, Liu & Shultz, 2009; Zhan, Wang, & Shi, 2015). Volunteering in later life is associated with ([Gonzales, Suntain, & Abrams, 2019](#)):

- Improvements in psychological well-being (Morrow-Howell et al. [2003](#); Ho [2017](#)), life satisfaction (Abu-Bader, Rogers & Barusch [2003](#); Van Willigen [2000](#)), positive affect (Greenfield & Marks [2004](#)), self-efficacy (Li 2007), and higher levels of happiness (Baker et al. [2005](#); Borgonovi [2008](#))
- A sense of purpose, social status, and social resources (Heo et al. [2016](#); Musick & Wilson [2003](#); Simon & Wang [2002](#))
- Improved mental health among African American women caregivers (Shen et al., [2013](#))

⁵ An optimal condition, for example, is when the capacity of the individual is slightly challenged by the demands of a productive activity (paid work or volunteering). This is known as the “[environmental press](#)” by Lawton & Nehemow, 1973). For example, an athlete is challenged to finish a sprint two seconds faster than their average and the coach ensures technique, equipment, running conditions, diet, rest, stretching, etc., enable that specific athlete to achieve the goal. Importantly, the issue of choice – the athlete chooses to be an athlete – is fundamental. And choosing to work or volunteer is a foundational principle to ensure optimal outcomes.

- Is a protective factor to psychological well-being with unplanned events, such as the death of a family member or friend (Jang et al., [2018](#))
- Volunteers are more likely to be surrounded by a larger social network with access to greater resources, more power, and more prestige (Gonzales, Perry, Shen & Wang, 2019; Hunter & Linn [1981](#); Lum & Lightfoot [2005](#); Morrow-Howell [2010](#); Perry et al., 2018 which affect mental and emotional health, and
- Volunteering has demonstrated to be a long-term antidote for depression (Li & Ferraro, [2005](#))
- Civic activities can also bring diverse communities together to facilitate an empathetic epiphany – that is, individuals from different backgrounds realize they have a lot more common than they had previously thought (Gonzales, Green, & Merz, 2024; Paluck, Green, & Green, 2019).

How can we create smooth on and off ramps between work, civic engagement, and retirement? How can individuals transition from full-employment to part-time employment and civic activities as a way to maintain various dimensions of health, social connectedness, and purpose? How can the civic sector recruit individuals with a lifetime of experience and skills to address major issues facing society such as education, climate change, homelessness? And how do these civic/employment pathways maintain one's health and social connectedness when compared to the cold turkey and 'golden retirement' filled with leisure – a status often associated with disengagement from society altogether and a roleless role?

Labor economists and sociologists demonstrated how formal education, health, occupational characteristics were related to working longer, but how do different social resources inform these later life transitions, above and beyond economic and human capital factors? Social

capital plays an important role in retirement pathways. Aside from having a spouse or partnered that was employed, high-intensity formal and informal volunteers are recruited into paid-work after retirement (Gonzales & Nowell, 2015).

As Senator Fetterman points out, work and civic engagement help to maintain one's health and we need to document the total health care savings:

Dr. Gonzales...Studies have shown that when older adults are employed and civically engaged, they experience fewer depressive symptoms. In order for us to address some of the challenges facing older workers, it is essential that we understand the scope of health care spending ... Of the total health care costs incurred by those 65 years and older, approximately what percentage is attributable to mental health costs? Of those costs, what percentage may be attributable to lack of employment or civic engagement? Further, compared to other age cohorts, please describe the proportion of total health care costs that are attributed to mental health care costs from lack of employment or civic engagement.

Senator Fetterman (D-PA)

We have not yet documented the cost to health care spending associated with working and volunteering longer, rather than retiring. This is clearly an important area for future research.

Implications for Social Policy

Civic engagement is clearly associated with a wide number of health benefits for the participant as well as benefits to those they serve and the broader community ([Generations United, 2021](#)). Gerontologists have suggested medical professionals write a prescription for older adults to volunteer in evidence-based programs (e.g., Experience Corps) as a way to improve health. Dr. Linda P. Fried, Dean at Columbia University, Mailman School of Public Health is a strong advocate of “prescriptions to volunteer” and wrote a compelling article, “[A Prescription for the Next Fifty Years of Medicare](#)” (Fried, 2015) with insightful suggestions to reduce the Medicare costs of mental health by volunteering, training the next cadre of public health and social workers, and preventing the onset of mental illness.

National volunteer programs can help bolster social ties and facilitate the acquisition of information and employment opportunities as well as maintain the health of older adults. As such, federal programs such as Senior Corps (Retired and Senior Volunteer Program, Foster Grandparent Program, and Senior Companion) and Experience Corps can all help to ensure older adults have opportunities to not just give back to their communities through schools, religious organizations and nonprofits, but also maintain an important resource—social capital—to help facilitate longer working lives (Gonzales, Nowell, Brown, & Goettge, 2015).

Older volunteers improve the lives of children, teenagers, and emerging professionals. A growing number of intergenerational programs are yielding impressive results ([Generations United, 2022](#)) with increased socioemotional health, improved academic achievement, and high levels of empathy among children to emerging adults. Experience Corps by AARP is one of the most rigorously studied programs (experimental and quasi-experimental designs) with outcomes ranging with improved academic performance for children and cognitive plasticity and functioning for older adults. A video of the program can be found here⁶ and all of the research can be found here⁷.

Conclusion

Policies on retirement, employment, civic engagement, and caregiving need to be reimagined with the context of living 100 years and longer. Policies that confront age discrimination in employment – as well as structural discrimination and inequities that crosscut races, ethnicities, gender and other minoritized identities – will likely provide opportunities to work longer and improve health. Moreover, civic and care policies have the potential to interact with labor dynamics to promote longer working lives with optimal health, economic, and social

⁶ AARP Foundation Experience Corps ([YouTube](#))

⁷ AARP Foundation Experience Corps – [Research Studies](#)

outcomes. Labor is but one important outcome. Ensuring we promote social ties, empathy and peace, and a caring society must also be part of our focus for applied research. The challenge is to ensure we optimize conditions for everyone to choose to participate by addressing inequities head on, rather than forcing individuals to be productive in the context of growing inequity.

Working Paper

References

- AARP and National Alliance for Caregiving. (2020). Caregiving in the United States 2020. Washington (DC): AARP.
- AARP. (2021). Caregiving Out-of-Pocket Costs Study 2021. Washington (DC): AARP.
- Abu-Bader SH, Rogers A, Barusch AS (2003) Predictors of life satisfaction in frail elderly. *Journal of Gerontological Social Work*, 38(3):3–17.
https://doi.org/10.1300/J083v38n03_02
- Appelbaum, E., & Milkman, R. (2011, January 19). Paid family leave pays off in California [Blog post]. Retrieved from <http://blogs.hbr.org/2011/01/paid-family-leave-pays-off-in/>
- Baker, L. A., Cahalin, L. P., Gerst, K., & Burr, J. A. (2005). Productive activities and subjective well-being among older adults: The influence of number of activities and time commitment. *Social Indicators Research*, 73(3), 431–458.
<https://doi.org/10.1007/s11205-005-0805-6>
- Bangerter, L. R., Fadel, M., Riffin, C., & Splaine, M. (2019). The Older Americans Act and family caregiving: Perspectives from federal and state levels. *Public Policy & Aging Report*, 29(2), 62-66.
- Bauer, J. M., & Sousa-Poza, A. (2015). Impacts of informal caregiving on caregiver employment, health, and family. *Journal of Population Ageing*, 8, 113-145.
- Beach, S. R., Schulz, R., Donovan, H., & Rosland, A. M. (2021). Family caregiving during the COVID-19 pandemic. *The gerontologist*, 61(5), 650-660.
- Borgonovi F. (2008). Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness. *Social Science & Medicine* 66(11), 2321–2334.
<https://doi.org/10.1016/j.socscimed.2008.01.011>

- Braveman P. (2006). Health disparities and health equity: concepts and measurement. *Annual review of public health*, 27, 167–194.
<https://doi.org/10.1146/annurev.publhealth.27.021405.102103>
- Brown, R. M., & Brown, S. L. (2014). Informal caregiving: A reappraisal of effects on caregivers. *Social Issues and Policy Review*, 8(1), 74-102.
- Byrd, D. R., Gonzales, E., Beatty Moody, D. L., Marshall, G. L., Zahodne, L. B., Thorpe Jr., R. J., & Whitfield, K. E. (2020). [Interactive Effects of Chronic Health Conditions And Financial Hardship On Episodic Memory Among Older Blacks: Findings From The Health And Retirement Study](#), *Research in Human Development*, 17(1), 41-56, DOI: [10.1080/15427609.2020.1746159](https://doi.org/10.1080/15427609.2020.1746159)
- Campaign for DC Paid Family Leave. (2016). [Paid Leave passes a preliminary vote at the DC council \[Press release\]](#).
- Carolan, K., Gonzales, E., Lee, K., & Harootyan, B. (2020). [Institutional and Individual Factors Affecting Health and Employment among Low-Income Women with Chronic Health Conditions](#). *Journals of Gerontology: Social Sciences*, 75(5),1062-1071.
DOI: [10.1093/geronb/gby149](https://doi.org/10.1093/geronb/gby149).
- Chambre S. (1984) Is volunteering a substitute for role loss in old age? An empirical test of activity theory. *Gerontologist* 24(3):292–298. <https://doi.org/10.1093/geront/24.3.292>
- Chatterji, P., & Markowitz, S. (2012). Family leave after childbirth and the mental health of new mothers. *Journal of Mental Health Policy and Economics*, 15(2), 61–76.
- Chatterji, P., & Markowitz, S. (2012). Family leave after childbirth and the mental health of new mothers. *Journal of Mental Health Policy and Economics*, 15(2), 61–76.

- Chatterji, P., & Markowitz, S. (2012). Family leave after childbirth and the mental health of new mothers. *Journal of Mental Health Policy and Economics*, 15(2), 61–76.
- Clarkberg, M. & Moen, P. (2001). The time-squeeze: The mismatch between work-hour patterns and preferences among married couples. *American Behavioral Scientist*, 44, 1115-1136.
- Council of Economic Advisers. (2014). The economics of paid and unpaid leave [Report]. Retrieved from https://obamawhitehouse.archives.gov/sites/default/files/docs/leave_report_final.pdf
- Council of Economic Advisers. (2014). The economics of paid and unpaid leave [Report]. Retrieved from https://obamawhitehouse.archives.gov/sites/default/files/docs/leave_report_final.pdf
- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299.
<https://doi.org/10.2307/1229039>
- Delgado, R., & Stefancic, J. (2023). *Critical race theory: An introduction* (Vol. 87). NYU Press.
- Dentinger, E., & Clarkberg, M. (2002). Informal caregiving and retirement timing among men and women. *Journal of Family Issues*, 23(7), 857-879.
- Department of Labor. (2015). Paid family and medical leave [Fact Sheet]. Retrieved from https://www.dol.gov/wb/resources/paid_leave_fact_sheet.pdf
- Department of Labor. (2015). Paid family and medical leave [Fact Sheet]. Retrieved from https://www.dol.gov/wb/resources/paid_leave_fact_sheet.pdf
- Earle, A., & Heymann, J. (2011). Protecting the health of employees caring for family members with special health care needs. *Social Science & Medicine*, 73(1), 68–78.
doi:10.1016/j.socscimed.2011.05.016

- Earle, A., & Heymann, J. (2011). Protecting the health of employees caring for family members with special health care needs. *Social Science & Medicine*, 73(1), 68–78.
doi:10.1016/j.socscimed.2011.05.016
- Erikson E (1986) Vital involvement in old age. W.W. Norton, New York
- Fried, L. (2015). A Prescription for the Next 50 Years of Medicare. A wish list from the Dean of Columbia's Mailman School of Public Health. Next Avenue.
<https://www.nextavenue.org/a-prescription-for-the-next-50-years-of-medicare/>
- Gault, B., Hartmann, H., Hegewisch, A., Milli, J., & Reichlin, L. (2014). Paid parental leave in the United States: What the data tell us about access, usage, and economic and health benefits [Report]. Retrieved from Institute for Women's Policy Research website:
<https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/B334-Paid%20Parental%20Leave%20in%20the%20United%20States.pdf>
- Gault, B., Hartmann, H., Hegewisch, A., Milli, J., & Reichlin, L. (2014). [Paid parental leave in the United States: What the data tell us about access, usage, and economic and health benefits \[Report\]](#).
- Gonzales, E. (2023). [Challenges and Opportunities to Working Longer In the Context of Informal Caregiving](#). The Center for Health and Aging Innovation.
<http://hdl.handle.net/2451/64390>.
- Gonzales, E., Green, N., & Merz, A., (2024). Applying an Intersectional Lens to Intergenerational Programming and Research to Achieve an Equitable Society. *Generations Journal*.
- Gonzales, E., Lee, K., & Harootyan, B. (2020). [Voices from the Field: Ecological Factors that Promote Employment and Health among Low-Income Older Adults with Implications for](#)

[Direct Social Work Practice](#). *Clinical Social Work Journal*, 48, 211-222(2020).

DOI: 10.1007/s10615-019-00719-x.

Gonzales, E., Lee, Y. & Brown, C. (2017). [Back to Work? Not Everyone. Examining the Longitudinal Relationships between Informal Caregiving and Paid-Work after Formal Retirement](#). *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 72(3), 532-539. DOI: 10.1093/geronb/gbv095.

Gonzales, E., Matz, C., Morrow-Howell, N., James, J., Putnam, M., Greenfield, J., & Halvorsen, C. (January, 2021). [Policy Recommendations for Meeting the Grand Challenge to Advance Long, Healthy, and Productive Lives](#). American Academy of Social Work & Social Welfare. Policy Brief No. 13, <http://hdl.handle.net/2451/61979>

Gonzales, E., Morrow-Howell, N., Angel, J., Fredman, L., Marchiondo, L. A., Harootyan, R., Choi, J., Choudhury, N., Carolan, K., Lee, K., Tan, E., Yu, P., Shea, E., Whetung, C., & Matz, C. (2023). [Integrating AASW&SW's Grand Challenges of Productive Aging with Anti-Racism and Health Equity Lenses to Improve Population Health](#). In Martell L. Teasley, Michael S. Spencer, and Melissa Bartholomew (eds), *Social Work and the Grand Challenge of Ending Racism: Concepts, Theory, and Evidence Based Approaches* (New York, 2023; online edn, Oxford Academic, 22 June 2023), <https://doi.org/10.1093/oso/9780197674949.003.0009>, accessed 28 Aug. 2023.

Gonzales, E., Morrow-Howell, N., & Ho, H. (2017). [Expand Paid Family and Medical Leave. A policy action to Advance Long and Productive Lives](#). Grand Challenges for Social Work.

- Gonzales, E., Perry, T. E., Shen, H. W., & Wang, Y. (2019). [Intersections of Home, Health and Social Engagement in Old Age: Formal Volunteering as a Protective Factor to Health after Relocation](#). *Research on Aging*, 41(1), 31-53. DOI: [10.1177/0164027518773125](https://doi.org/10.1177/0164027518773125).
- Gonzales, E., Suntai, Z., & Abrams, J. (2022). Volunteering and Health outcomes among older adults. In *Encyclopedia of gerontology and population aging* (pp. 5374-5379). Cham: Springer International Publishing.
- Gonzales, E., Whetung, C., Lee, Y. J., & Kruchten, R. (2022). [Work Demands and Cognitive Health Inequities by Race and Ethnicity: A Scoping Review](#). *The Gerontologist*. <https://doi.org/10.1093/geront/gnac025>.
- Greenfield, E. A., & Marks, N. F. (2004). Formal volunteering as a protective factor for older adults' psychological well-being. *The journals of gerontology. Series B, Psychological sciences and social sciences*, 59(5), S258–S264. <https://doi.org/10.1093/geronb/59.5.s258>
- Greenfield, J. C. (2013). The long-term costs of caring: How caring for an aging parent impacts wealth trajectories of caregivers (Doctoral dissertation). Retrieved from <http://openscholarship.wustl.edu/etd>
- Greenfield, J. C., (2013). The long-term costs of caring: How caring for an aging parent impacts wealth trajectory of caregivers. *All Theses and Dissertations*. Paper 1108.
- Halvorsen, C. & Lai, P L. Documenting the Health, Well-Being, and Experiences of Older Workers in the Senior Community Service Employment Program (January 2023). Available at SSRN: <https://ssrn.com/abstract=4405049>
- Halvorsen, C. J., Werner, K., McColloch, E., & Yulikova, O. (2023). How the Senior Community Service Employment Program Influences Participant Well-Being: A

- Participatory Research Approach With Program Recommendations. *Research on aging*, 45(1), 77–91. <https://doi.org/10.1177/01640275221098613>
- Heo J, Chun S, Lee S, Kim, J (2016) Life satisfaction and psychological well-being of older adults with cancer experience: The role of optimism and volunteering. *Int J Aging Hum Dev* 83(3):274–289.
- Ho, H. (2017) Elderly volunteering and psychological well-being. *Int Soc Work* 60(4):1028–1038. <https://doi.org/10.1177/0020872815595111>
- Horner-Johnson, W., Dobbertin, K., Kulkarni-Rajasekhara, S., Beilstein-Wedel, E., & Andresen, E. M. (2015). Food insecurity, hunger, and obesity among informal caregivers. *Preventing Chronic Disease*, 12.
- Hunter K, Linn M (1981) Psychosocial differences between elderly volunteers and non-volunteers. *Int J Aging Hum Dev* 12(3):205–213. <https://doi.org/10.2190/0H6V-QPPP-7JK4-LR38>
- Jang H, Fengyan T, Gonzales E et al (2018) Formal volunteering as a protector of health in the context of social losses. *J Gerontol Soc Work* 12(3):205–213. <https://doi.org/10.1080/01634372.2018/1476945>
- Kim J, Moen P (2002) Retirement transitions, gender, and psychological well-being: a life-course, ecological model. *J Gerontol Ser B Psychol Sci Soc Sci* 57(3):P212–P222. <https://doi.org/10.1093/geronb/57.3.P212>
- Lee, Y. J., **Gonzales**, E., & An del, R. (2021). [Multifaceted Demands of Work and Their Associations with Cognitive Functioning: Findings from the Health and Retirement Study](#). *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, gbab087. <https://doi.org/10.1093/geronb/gbab087>.

- Lee, Y., Tang, F., Kim, K. H., & Albert, S. M. (2015). The vicious cycle of parental caregiving and financial well-being: A longitudinal study of women. *The Journals of Gerontology: Series B*.
- Lee, Y., Tang, F., Kim, K. H., & Albert, S. M. (2015a). Exploring gender differences in the relationships between eldercare and labour force participation. *Canadian Journal on Aging*, 34(1), 14–25. doi:10.1017/S0714980814000543
- Lepore, M. J., & Rochford, H. (2019). Addressing food insecurity and malnourishment among older adults: the critical role of Older Americans Act Nutrition Programs. *Public Policy & Aging Report*, 29(2), 56-61.
- Li Y, Ferraro KF (2005) Volunteering and depression in later life: Social benefit or selection processes? *J Health Soc Behav* 46(1):68–84.
- Lum T, Lightfoot E (2005) The effects of volunteering on the physical and mental health of older people. *Res Aging* 27(1):31–55. <https://doi.org/10.1177/0164027504271349>
- Marchiondo, L., Gonzales, E., & Ran, S. (2016). [Development and Validation of the Workplace Age Discrimination Scale \(WADS\)](#). *Journal of Business and Psychology*, 31, 493-513. DOI: [10.1007/s10869-015-9425-6](https://doi.org/10.1007/s10869-015-9425-6).
- Marchiondo, L., Gonzales, E., & Williams. L. (2019). [Trajectories of Perceived Workplace Age Discrimination and Long-Term Associations with Mental, Self-Rated, and Occupational Health](#). *Journal of Gerontology: Series B*, 74(4), 655-663. doi.org/10.1093/geronb/gbx095.
- MetLife Mature Market Institute. (2011). Caregiving costs to working caregivers. Westport, CT: MetLife Mature Market Institute.

- Morrow-Howell N (2010) Volunteering in later life: research frontiers. *J Gerontol Ser B* 65(4):461–469. <https://doi.org/10.1093/geronb/gbq024>
- Morrow-Howell, N., Dinman, M., Mauk, S., & Galucia, N. (accepted for publication). Age as a Factor in Diversity, Equity, and Inclusion Initiatives in Higher Education. *Journal of Gerontological Social Work*.
- Morrow-Howell, N., Hinterlong, J., Rozario, P. A., & Tang, F. (2003). Effects of volunteering on the well-being of older adults. *The journals of gerontology. Series B, Psychological sciences and social sciences*, 58(3), S137–S145. <https://doi.org/10.1093/geronb/58.3.s137>
- Musick M, Wilson J (2003) Volunteering and depression: the role of psychological and social resources in different age groups. *Soc Sci Med* 56(2):259–269. [https://doi.org/10.1016/S0277-9536\(02\)00025-4](https://doi.org/10.1016/S0277-9536(02)00025-4)
- National Academies of Sciences, Engineering, and Medicine (2022). [Understanding the Aging Workforce: Defining a Research Agenda](#). Washington, DC: The National Academies Press. <https://doi.org/10.17226/26173>.
- National Partnership for Women & Families. (2012). Dads expect better: Top states for new dads [Report]. Retrieved from [/https://fatherhood.gov/sites/default/files/resource_files/e000002743.pdf](https://fatherhood.gov/sites/default/files/resource_files/e000002743.pdf)
- National Partnership for Women & Families. (2012). Dads expect better: Top states for new dads [Report]. Retrieved from [/https://fatherhood.gov/sites/default/files/resource_files/e000002743.pdf](https://fatherhood.gov/sites/default/files/resource_files/e000002743.pdf)
- National Partnership for Women & Families. (2012). [Dads expect better: Top states for new dads \[Report\]](#).

- National Partnership for Women & Families. (2015a, March). [Children benefit when parents have access to paid leave \[Fact Sheet\]](#).
- National Partnership for Women & Families. (2015b, March). [Paid family and medical leave: Good for business \[Fact Sheet\]](#).
- Paluck, E., Green, S., & Green, D. (2019). The contact hypothesis re-evaluated. *Behavioural Public Policy*, 3(2), 129-158. doi:10.1017/bpp.2018.25.
- Pavalko & Artis (1997) Women's caregiving and paid work: Causal relationships in late midlife. *Journals of Gerontology: Social Sciences*, 52B, S170-S179.
- Perry, T. E., Shen, H. W., & Gonzales, E. (2018). [Further Investigations of the Social and Material Convoy: Exploring Relationships between Race, Volunteering, and Relocation](#). *Social Work Research*, 42(4), 290-301. DOI: 10.1093/swr/svy024.
- Roth, D. L., Fredman, L., & Haley, W. E. (2015). Informal caregiving and its impact on health: A reappraisal from population-based studies. *The Gerontologist*, 55(2), 309-319.
- Shen HW, Pickard J, Johnson S (2013) Self-esteem mediates the relationship between volunteering and depression for African American caregivers. *J Gerontol Soc Work* 56(5):438–451.
- Simon C, Wang C (2002) The impact of AmeriCorps service on volunteer participants: results from a 2-year study in four western states. *Adm Soc* 34(5):522–540.
<https://doi.org/10.1177/009539902237274>
- Szinovacz, M. E., & Davey, A. (2005). Predictors of perceptions of involuntary retirement. *The Gerontologist*, 45(1), 36-47.
- Van Willigen M (2000) Differential benefits of volunteering across the life course. *J Gerontol Ser B Psychol Sci Soc Sci* 55(5):S308–S318. <https://doi.org/10.1093/geronb/55.5.S308>

- Wakabayashi, C., & Donato, K. M. (2006). Does caregiving increase poverty among women in later life? Evidence from the Health and Retirement Survey. *Journal of Health and Social Behavior, 47*(3), 258-274.
- Waldfogel, J., Higuchi, Y., & Abe, M. (1999). Family leave policies and women's retention after childbirth: Evidence from the United States, Britain, and Japan. *Journal of Population Economics, 12*(4), 523–545. doi:10.1007/s001480050112.
- Wang, M., Zhan, Y., Liu, S., & Shultz, K. S. (2008). Antecedents of bridge employment: A longitudinal investigation. *Journal of Applied Psychology, 93*(4), 818–830.
<https://doi.org/10.1037/0021-9010.93.4.818>.
- Willert, B., & Minnotte, K. L. (2021). Informal caregiving and strains: Exploring the impacts of gender, race, and income. *Applied Research in Quality of Life, 16*, 943-964.
- Zhan, Y., Wang, M., & Shi, J. (2015). Retirees' motivational orientations and bridge employment: Testing the moderating role of gender. *Journal of Applied Psychology, 100*, 1319-1331.
- Zhan, Y., Wang, M., Liu, S., & Shultz, K. S. (2009). Bridge employment and retirees' health: A longitudinal investigation. *Journal of Occupational Health Psychology, 14*(4), 374–389.
<https://doi.org/10.1037/a0015285>.