
Golden Years? Social Inequality in Later Life, by Deborah Carr. New York: Russell Sage Foundation, 2019. 357 pp. \$35.00 cloth. ISBN: 9780871540348.

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The sociology of aging and the life course emerged as a subfield in the years following World War II, often with a strongly applied “problem-centered” orientation. Issues involving health status, poverty, social isolation, and vulnerability of elders amid increasingly mobile nuclear families became more visible, even though the percentage of older adults in American society remained small. Widely regarded as a deserving constituency within political discourse, the older population has also benefited significantly from federal and state welfare policies that have been effective in reducing poverty and expanding access to basic healthcare. These policies have contributed to increased life expectancy, overall, for Americans, and to a perception—partly true—that older people collectively have seen greater improvements in socio-economic status than have other age groups. For example, the current poverty rate for older adults, roughly 8 percent, is half that for children, according to (admittedly inadequate) federal standards.

These dynamics have led to debates about generational equity, even as they obscure sharp inter-cohort differences within the older population based on race and ethnicity, social class, and gender—inequalities that are stark and that we can expect to widen in the decades to come. *Golden Years? Social Inequality in Later Life*, by Deborah Carr, both synthesizes and advances our knowledge of these patterns, drawing not only on sociology but on social psychology and human development, which have always enriched the study of aging.

More incisive analyses regarding age and well-being are now urgently needed. Within a decade or so, fully twenty percent of the U.S. population will be age 65 or older—a common definition of age in social policy and cultural discourse—a proportion that has tripled since 1950. Within the aged population, the fastest growth is among the “oldest old,” aged 85 and over, a segment that, according to U.S. Census data, has grown nearly 300 percent since 1960. The velocity of demographic change and the accompanying challenges of providing medical care and meaningful social roles in the final years of life have only intensified the sense of alarm within and beyond policy circles. Against the backdrop of these concerns, the large baby boomer cohorts (numbering some 80 million, born between 1946 and 1964) bring wholly new situations: as compared with earlier cohorts, their marriage rates are lower, divorce rates higher, and non-traditional supportive networks more typical, thus reducing the traditional “supply” of care, even as the “demand” is and will continue to be historically unprecedented. Furthermore, earlier federal and state policy supports, centering on the passage of Medicare, Medicaid (the major funder of long-term care), and the Older Americans Act in the mid-1960s, have not been updated or funded as required, and a neoliberal narrative of fiscal crisis involving the viability of these policies, as well as of Social Security itself, has shaken long-held expectations about the likelihood of growing old with a modicum of dignity and security. And all of this is true without considering the impact of the Great Recession of a decade ago, which forced half or more of those approaching retirement to delay this transition.

This conjunction of forces lends a darkly ironic meaning to the phrase “golden years.” As a compendium of data and research about the heterogeneous older population, informed by the most fruitful theoretical frameworks, this book, which was published as part of the American Sociological Association’s Rose Series, is a superb, if not unsurpassed, contribution to knowledge about “social inequality in later life.” Furthermore,

it is written in an accessible and engaging style and presents its analyses in charts and graphics that are as understandable for advanced undergraduates and/or the lay public as for teachers and scholars. It is a monumental achievement that will also clarify and advance the integration of aging studies with areas of topical interest that have long been salient in sociology, especially social stratification, family and social supports, the study of health and illness (including mental and emotional well-being), and linkages between quality of life and meso-level community factors. Each of these topics is subject to in-depth examination in the book's chapters, while social inequality—especially the model of cumulative advantage and disadvantage—provides conceptual scaffolding throughout the presentation.

Carr draws on multiple sources of data and skillfully integrates prior published sources. Among the prominent data sources are the U.S. Census, the National Center for Health Statistics, the Federal Interagency Forum on Aging-Related Statistics, and the American Psychiatric Association. Though lacking ethnographic texture, the book provides a sensitive and coherent analysis of micro-macro linkages and shifts lucidly between broad patterns and a nuanced explanatory narrative. In an early chapter recounting the development of theoretical perspectives on aging and inequality, Carr articulates four key assumptions in life course analysis that undergird the book and, also, specify the essential contributions of a multi-disciplinary approach: "(1) human lives are embedded in and shaped by historical contexts; (2) the meaning and impact of a life experience is contingent on a person's age at which it occurs; (3) human lives are linked through social relationships; and (4) individuals construct their own lives through their choices and actions, yet within the constraints of historical and social circumstances" (p. 41). These premises orient readers to a multidimensional analysis of aging and illuminate myriad findings.

In an early overview of older adults in the United States, we learn that while images and research on later life have been dominated by European Americans, who now account for over 75 percent of the over-65

population, by the middle of the millennium whites are projected to constitute just over half. In policy terms this is alarming, inasmuch as outreach to and participation of people of color in existing community-based programs lags behind that of whites. A key chapter on health status within the older population reveals significant inequalities from birth to death—from infant mortality, to self-reported health in midlife, to the timing and experience of death and dying. Though Carr reports substantial *overall* declines or plateaus in age-specific death rates linked to such major causes as heart disease and stroke, these patterns conceal sharp disparities for nearly all health outcomes (including excess morbidity and disability, linked to the chronic conditions so characteristic of societies that have made the epidemiological transition toward longer life expectancy). Limited access to formal education and health care in earlier years of life mediates the potential benefits, even of the most promising advances in diagnostic and clinical interventions among people in late life. The cumulative impact of these health inequalities—*independent of genetic or biological factors*—and associated differences in behavioral health involving diet, smoking, and the like yield life expectancies that are nearly a decade lower than in other industrialized nations. Carr's treatment of health is comprehensive, involving detailed analyses of mental and emotional well-being as well; and references to extant policies and potential reforms are adeptly woven throughout the text.

Notwithstanding challenges of health or mobility, the quality of later life is strongly shaped by supportive networks, including and transcending kin-ties, and by community-based resources that foster social integration. Over two chapters, Carr offers a detailed and thoughtful analysis of where and how older people live in the current United States, whether by choice or necessity, and of the compelling need to map and reinforce home and community-based services (HCBS) in the years ahead. Her cumulative evidence offers strong weight to the still-halting efforts to shift from the institutional bias in Medicare and Medicaid—expanding the autonomy and dignity of people who

are older and/or disabled—even as we continue to reform geriatric care in hospitals and nursing homes, where nearly 60 percent of Americans die.

In the sociology of aging and the life course, theory, research agendas, and policy discourse have often developed along parallel tracks: the intellectual and institutional developments of the field have strained toward fuller integration. Scholars such as Mannheim, Riley, Neugarten, Elder, Estes, Dannefer, and others have left a rich legacy of theoretical tools, even as the burgeoning literature in gerontology has often been regarded as conceptually thin or fragmented. In *Golden Years?* Deborah Carr has advanced that integration in a book that students, researchers, advocates, and policy-makers will deservedly celebrate.