



NYU

SILVER SCHOOL
OF SOCIAL WORK

Explicating Cumulative Dis/Advantages among Older Adults to Guide Research and Social Policy on Employment and Health

Planning Meeting on Work, the Workplace, and Aging

September 6, 2019

Ernest Gonzales, PhD, MSSW
Assistant Professor
NYU Silver School of Social Work

The National Academies of Sciences,
Engineering, and Medicine
Committee on Population
Washington, DC

Agenda

- I. Studies 1-2. Health and Capacity among Low-Income Older Adults: Findings from SCSEP**
- II. Studies 3-4. Perceived Age Discrimination, Health, and Occupational Wellbeing: Findings from HRS**
- III. Study 5. Exploring Consequences of Cumulative Dis/Advantages on Health and Retirement Age**
- IV. Conclusion**
- V. Q&A**





Participants must be at least 55, unemployed, and have a family income of no more than 125% of the federal poverty level.



Enrollment priority is given to

- *veterans and qualified spouses,
- *65+
- *have a disability
- *have low literacy skills or limited English proficiency
- *reside in a rural area
- *homeless or at risk of homelessness
- *have low employment prospects, or have failed to find employment after using services through the American Job Center system.



NYU

SILVER SCHOOL
OF SOCIAL WORK



Journals of Gerontology: Social Sciences
cite as: J Gerontol B Psychol Sci Soc Sci, 2018, Vol. XX, No. XX, 1–10
doi:10.1093/geronb/gby149
Advance Access publication December 19, 2018



Original Article

Institutional and Individual Factors Affecting Health and Employment for Low-Income Women With Chronic Health Conditions

Kelsi Carolan, MSW,^{1*} Ernest Gonzales, PhD, MSSW,² Kathy Lee, PhD, MSW,³ and Robert A. Harootyan, MS, MA⁴

¹School of Social Work, Boston University, Massachusetts; ²School of Social Work, University of Texas at Arlington; ³See

*Address correspondence to: Kelsi Carolan, MSW, School of Social Work, Boston University, Boston, MA; e-mail: kcarolan@bu.edu

Received: May 16, 2018; Editorial Decision Date: November 1, 2018

Decision Editor: Deborah Carr, PhD

Abstract

Objectives: This qualitative study explored risk at the individual, family, institutional, and societal levels that promote employment and health among low-income older adults with implications for direct social work practice. **Methods:** The authors conducted a secondary data analysis of chronic health conditions who had participated in a federally funded training and employment program for low-income individuals 55+ years of age. Qualitative data were analyzed using thematic analysis. **Results:** The physical nature of the work and discrimination, and/or ableism, and internalized ageism in institutional supports (e.g., access to retraining, time in demands matched with the capacity of the individual) Discussion: Working conditions can degrade health through access to financial and interpersonal retraining are crucial to obtaining a good fit between positive relationship between employment and health for lifelong learning, and encourage flexible work conditions may facilitate healthier working lives.

Keywords: Aging, Chronic disease, Disability, Flexibility

Employment in later life can ensure the economic well-being of older adults (Tunney & Sax, 2008), bolster cognitive (Andel, Kärstoft, Parker, Thor, 2007), physical, and psychosocial health (Finkelstein, Calvo, & Sivaramakrishnan, 2016). Latent disadvantages due to gender, class, race, disability over the life course may render occupation

© The Author(s) 2018. Published by Oxford University Press on behalf of The Gerontological Society of America. For permissions, please e-mail: journals.permissions@oup.com.

Clinical Social Work Journal
https://doi.org/10.1007/s10615-019-00719-x

ORIGINAL PAPER

Voices from the Field: Ecological Factors that Promote Employment and Health Among Low-Income Older Adults with Implications for Direct Social Work Practice

Ernest Gonzales¹ · Kathy Lee² · Bob Harootyan³

© Springer Science+Business Media, LLC, part of Springer Nature 2019

Abstract

We employed cumulative dis/advantage and ecological theories to identify risk and protective factors at the individual, family, institutional, and societal levels that promote employment and health among low-income older adults. The authors conducted semi-structured interviews with 26 older adults who participated in a federally funded training and employment program for low-income individuals 55+ years of age. Qualitative data were analyzed using thematic analysis. Approximately 60% of participants had experienced a lifetime of disadvantages (e.g. low levels of formal education, poor physical and mental health, enduring poverty, physically demanding jobs). Surprisingly, 40% of respondents had higher levels of education, excellent or good health, consistent lifetime employment, and personal drive to obtain employment, but had experienced a major health, economic, or social shock that resulted in unemployment, poverty and at times, homelessness. Their life stories, as well as the extant literature, enabled us to understand the many risk and protective factors across the ecological framework associated with employment and improved health. A holistic, strengths-based approach, which utilizes the full scope of biopsychosocial and service assessments is required to bolster employment and health of low-income older adults.

Keywords: Ecological framework · Older workers · Cumulative dis/advantage · Risk and protective factors

Introduction

Although many have acknowledged the great diversity among the older adult population in the United States, current research, policy and practices have not adequately identified and responded to the many risk and protective factors affecting employment among low-income older adults. The extant literature has emphasized a wide range of risk factors across the ecological framework, and some protective factors at the individual level, that relate to employment (Carolan

et al. 2018; Hoare 2015). Consequently, our knowledge of factors that promote work beyond individual/work contexts is not fully known and limits the depth and breadth of social work practice. The purpose of this qualitative study was to listen to the life stories of low-income older adults, and elevate their voices and experiences in a federally funded job-training program, the Senior Community Service Employment Program (SCSEP), to help guide policy and practice. We sought to identify protective factors within the ecological framework that promote work and health. The study is unique in its utilization of ecological and cumulative dis/advantage theories to reveal not just risk factors but also protective factors among a very heterogeneous population of older adults in the United States. Findings can help inform direct social work practice, which complements and extends the American Academy of Social Work and Social Welfare's Grand Challenge efforts to promote long, healthy, and productive lives (Morrow-Howell et al. 2018).

✉ Ernest Gonzales
geg2000@nyu.edu
Kathy Lee
kathy.lee@uta.edu
Bob Harootyan
bharootyan@ssa-l.org

¹ Silver School of Social Work, New York University, New York, USA

² School of Social Work, University of Texas, Arlington, USA

³ Senior Service America, Inc., Silver Spring, USA

Published online: 08 August 2019



Theoretical Orientations

Cumulative dis/advantage and ecological theories to identify risk and protective factors at the individual, family, institutional, and societal levels that promote employment and health among low-income older adults

Research Questions

1. What are the co-occurring risks, barriers, and resources that relate to health and employment outcomes among low-income older adults?
2. What ecological factors protect and enhance health and work?
3. How did SCSEP impact their health and work?



Methods

- Thematic analysis (Braun & Clarke, 2006) with constant comparison analytic procedures (Glaser & Strauss, 1967). Mix of deductive and inductive methods for content analysis with constant comparison technique to identify variations in the data across properties and dimensions
- Qualitative face-to-face interviews (N=26)
- Inclusion criteria: Current of post SCSEP participant
- Received a small remuneration (\$20 gift card)



Characteristic	Interviewed Participants (n = 26)	SCSEP Nationwide Participants (n = 65,170)
Age		
55-59	34.6	38.2
60-64	42.3	30.1
65-69	15.4	18.7
70-74	3.8	8.4
75 and older	3.8	4.6
Gender		
Male	15.4	35.0
Female	84.6	65.0
Race & Ethnicity		
African American/Black	46.2	39.7
Caucasian/White	38.4	51.0
Multi-Race	15.4	0.8
Hispanic or Latinx	3.8	12.3
Educational Attainment		
Less than high school diploma	3.8	18.1
High school diploma or equivalent	15.4	39.3
Vocational or post-secondary certificate	7.7	2.0
Associate's or 2-year degree	7.7	4.1
1-3 years of college	30.8	23.2
B.A. or 4-year degree or better	34.6	13.3

Results

Emergent Populations

1. Cumulative Disadvantage
2. Shocks





Results

Cumulative Disadvantage

(approximately 60%)

Participants who had experienced a life-time of disadvantages (e.g., low levels of formal education, enduring poverty, physically demanding jobs, a weak relationship with the labor force, social isolation, poor health, behavioral problems) even though they had a strong desire to work.



Evidence of Cumulative Disadvantages

“...since I have got back problems and I have had cancer and stuff and I have got some health issues, but it worked out for me, because I could also sit and make the sandwiches and do things sitting and taking a break and sit and work, still work, and then get up and do the dishes, different things. I got along with everybody. I loved it. When I had to leave, I cried, because I got a letter from Social Security...”

**White Women, 50s,
High School Diploma**

Results

Shocks (approximately 40%)

Individuals who were well-resourced, with high levels of education, excellent or good health, consistent employment, and personal drive but who experienced a major shock (e.g., health, economic, or social) that led to poverty, at times homelessness, and in SCSEP.



Evidence of Shocks

... “very, very dark bad years...” She wondered aloud, “Now, I’m in my early 50s trying to enter the workforce. I mean, I’m getting interviews, but ... before there was no problem getting positions. So, you think ageism is involved here? Is there something wrong with my resume? So that placed me in this program in order to get a job...”

White middle-aged woman
with a Bachelor’s Degree

Results

Emergent Themes

1. Risk Factors: Unaccommodating Work Environments and Discrimination (perceived ageism/ableism, internalized ageism)
2. Protective Factors: Access to Retraining, Task & Time Management Flexibility, Enhanced Health and Self-Confidence

Results

In general, how has SCSEP impacted your life?



"I am no longer homeless"

"I am not starving"

"SCSEP was a lifeline"

Results

Approximately 70% reported that their health improved, of which the majority (80%) said it was because of the program.

*In general,
how has SCSEP
impacted your life?*

“...I was depressed. Actually, working over there [SCSEP] helped get me out of my depression...I was happy [laughs], I had a social life and working and I lost weight, too...physically, mentally, everything. I felt better...”

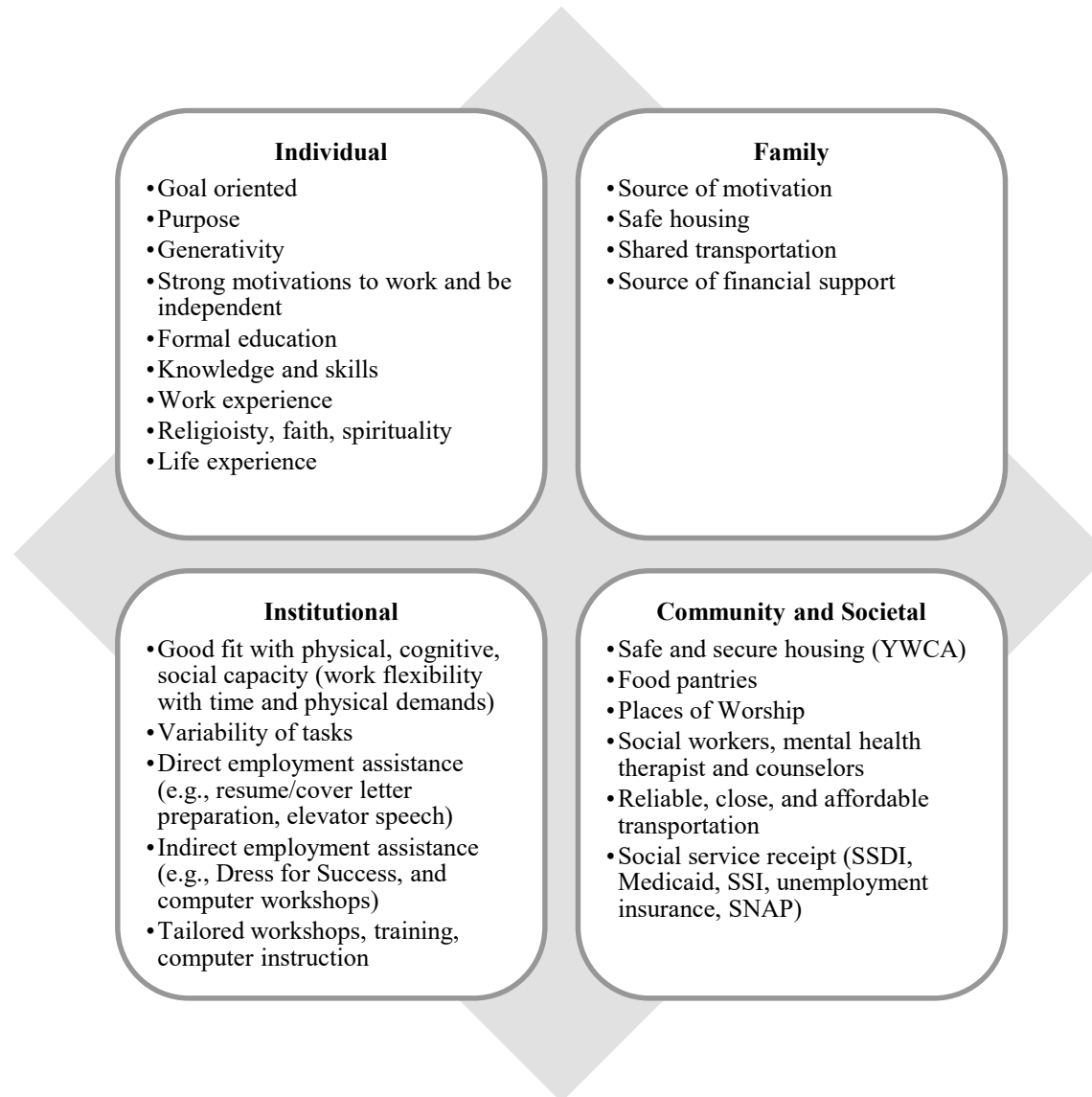
A small minority believe their health got worse, primarily due to age and/or because of chronic health conditions (e.g., multiple sclerosis).

A smaller minority reported that their health has not changed (e.g., it was good to begin with or *“it could have gone downhill without the program”*).





Figure 1. Protective Factors Identified in the Study Sample at Multiple Levels





NYU

SILVER SCHOOL
OF SOCIAL WORK

J Bus Psychol
DOI 10.1007/s10869-015-9425-6



ORIGINAL PAPER

Development and Validation of the Workplace Age Discrimination Scale

Lisa A. Marchiondo¹ · Ernest Gonzales² · Shan Ran³

© Springer Science+Business Media New York 2015

Abstract

Purpose Workplace age discrimination research is proliferating, but researchers lack a valid measure with which to capture targets' discriminatory experiences. We developed a measure of perceived workplace age discrimination that assesses overt and covert forms of discrimination and then compared older, middle-aged, and younger workers' experiences.

Design/Methodology In Study 1, we developed the Workplace Age Discrimination Scale (WADS) based on older workers' experiences using a deductive approach, a qualitative study, and two quantitative surveys. In Study 2, we validated the measure among young employees using a qualitative and two quantitative surveys. In Study 3, we tested the WADS among middle-aged workers and tested models of invariance between age groups.

Findings Participants frequently endorsed covert discriminatory experiences, which the WADS reflects. The WADS contains convergent and discriminant validity, high reliability, and a unidimensional structure across age groups. It demonstrates criterion-related validity among older and

younger workers but not middle-aged workers, given their low experiences of age discrimination. Age discrimination frequency follows a U-shaped pattern across age groups.

Implications Researchers can use the WADS to identify long-term outcomes of age discrimination and to further compare workers' discriminatory experiences. Practitioners and policymakers can use the measure to develop interventions to ameliorate workplace age discrimination and inform policymaking.

Originality/Value The WADS is the first validated measure of targets' perspectives of workplace age discrimination. Our results challenge assumptions that only older workers experience age discrimination (younger workers' means were highest) and that age discrimination is usually overt in nature (it is often covert).

Keywords Ageism · Age discrimination · Measurement · Older workers · Middle-aged workers · Young workers · Modern discrimination

... I wonder whether employers, or whether the public generally realizes that age discrimination is illegal...

Stuart Ishimaru, Chairman, U.S. Equal Employment Opportunity Commission (EEOC 2009)

The opening quote illustrates the degree to which age discrimination is tacitly accepted within U.S. society. This phenomenon is not unique to the U.S. though; reports of age discrimination abound globally (e.g., Balch 2015; Hock 2015; Medhora 2015). The number of workplace age discrimination claims through federal human rights agencies is growing, reflecting the negative climates that a growing number of workers face (e.g., EEOC 2013).

✉ Lisa A. Marchiondo
marchiondo@unm.edu
Ernest Gonzales
geg@bu.edu
Shan Ran
shan.ran@wayne.edu

¹ Anderson School of Management, University of New Mexico, MSC05 3090, 1 University of New Mexico, Albuquerque, NM 87131-0001, USA

² School of Social Work, Human Behavior Department, Boston University, 264 Bay State Road, Boston, MA 02215, USA

³ Department of Psychology, Wayne State University, 5057 Woodward Avenue, Detroit, MI 48202, USA

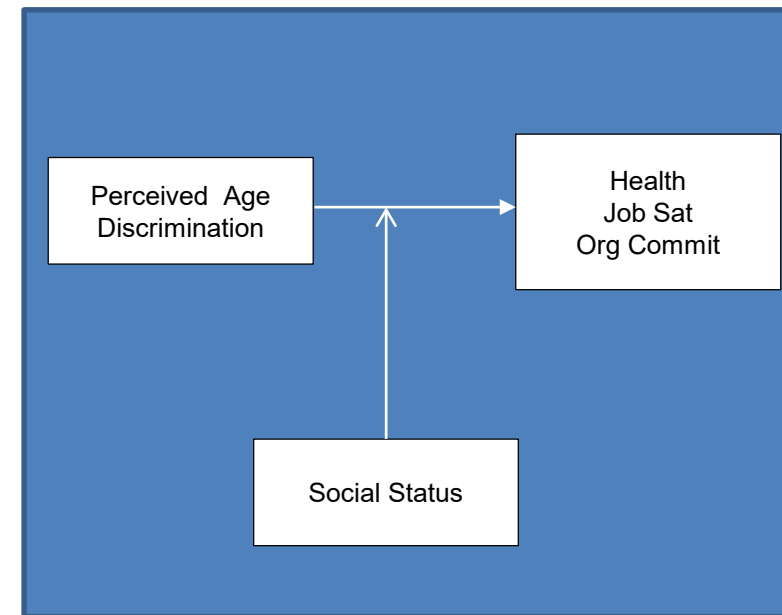
Published online: 09 December 2015





Gaps in Knowledge

1. Frequency of perceived age-based discrimination across the working life-span;
2. The possible impact on targets' health, job satisfaction, and organizational commitment
3. Membership to a lower social status (older/younger, women, racial and ethnic minorities, lower educated, lower-income) results in more vulnerability and worse outcomes





Methods

Amazon Mechanical Turk (N=1,217)

Inclusion criteria

- » Working 20+ hours per week in the United States

Received a small remuneration

Structural Equation Modeling (SEM) and Regression tested moderation

- » Indexes for model fit included CFI, RMSEA, SRMR



Measures

Workplace Age Discrimination Scale (WADS)

Please indicate how often you have experienced the following AT WORK

1. I have been treated as though I am less capable due to my age
2. I have been given fewer opportunities to express my ideas due to my age
3. I have been unfairly been evaluated less favorably due to my age
4. I have been passed over for a work role/task due to my age
5. I receive less social support due to my age
6. My contributions are not valued as much due to my age
7. I have been treated with less respect due to my age
8. Someone has delayed or ignored my requests due to my age
9. Someone has blamed me for failures or problems due to my age



Measures

Health

- » Mental Health Index (Berwick et al., 1991; Veit & Ware, 1983)
- » Self-report health

Job Attitudes

- » Job Satisfaction (Cammann, Fichman, Jenkins, & Klesh, 1983)
- » Organizational Commitment (Meyer, Allen, Smith, 1993)
- » Turnover Intentions (Balfour & Wechsler, 1996; Porter et al., 1976)

Control for Negative Affect (Watson, Clark, & Tellegen, 1988)



Measures

Age Group

- » Younger (18-29; n=409)
- » Middle (30-49, n=406)
- » Older (50+, n=402)

Sex (male/female)

Race and Ethnicity

- » White
- » Black
- » Asian
- » Hispanic/Latino

Education (no college degree v. 2-year degree or higher)

Income (continuous measure)



Results

	Total			Young-Age			Middle-Age			Older-Age	
	N	%		N	%		N	%		N	%
Total	1,128			365	32%		382	33%		381	33%
Female	505	44%		137	12%		208	18%		196	17%
Male	613	54%		222	19%		172	15%		183	16%
White	928	80%		271	24%		324	28%		333	29%
Non-White	235	20%		108	9%		69	6%		58	5%
<i>Black</i>	83	7%		28	2%		27	2%		28	2%
<i>Asian</i>	75	6%		41	3%		23	2%		11	10%
<i>Hispanic/Latino</i>	64	5%		37	3%		15	1%		12	1%
<i>Other</i>	28	2%		10	1%		8	1%		10	1%

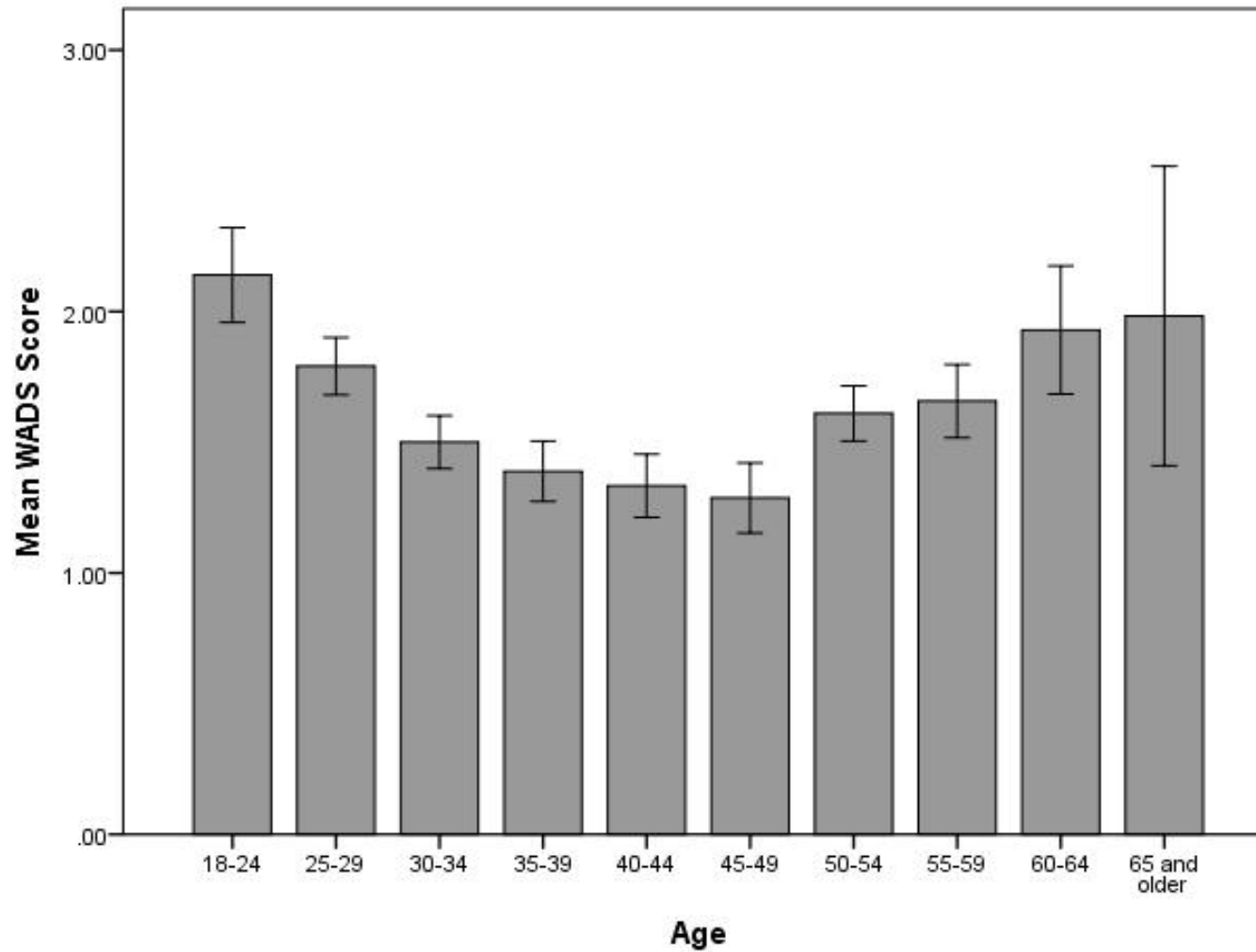


Results

	Total			Young-Age			Middle-Age			Older-Age	
	N	%		N	%		N	%		N	%
Education											
No College Degree	388	34%		151	13%		111	9%		126	11%
2-Year Degree or Higher	730	64%		201	17%		269	23%		253	22%
Income											
10K or Less	39	3%		23	2%		4	0.4%		12	1%
10-30K	349	30%		164	14%		84	7%		101	9%
30-50K	354	31%		104	9%		140	12%		110	9%
50-70K	195	17%		42	3%		80	7%		73	6%
70-90K	104	9%		17	2%		41	3%		46	4%
90K or Higher	76	6%		9	1%		30	3%		37	3%



Figure 1
Mean of the WADS across Ages



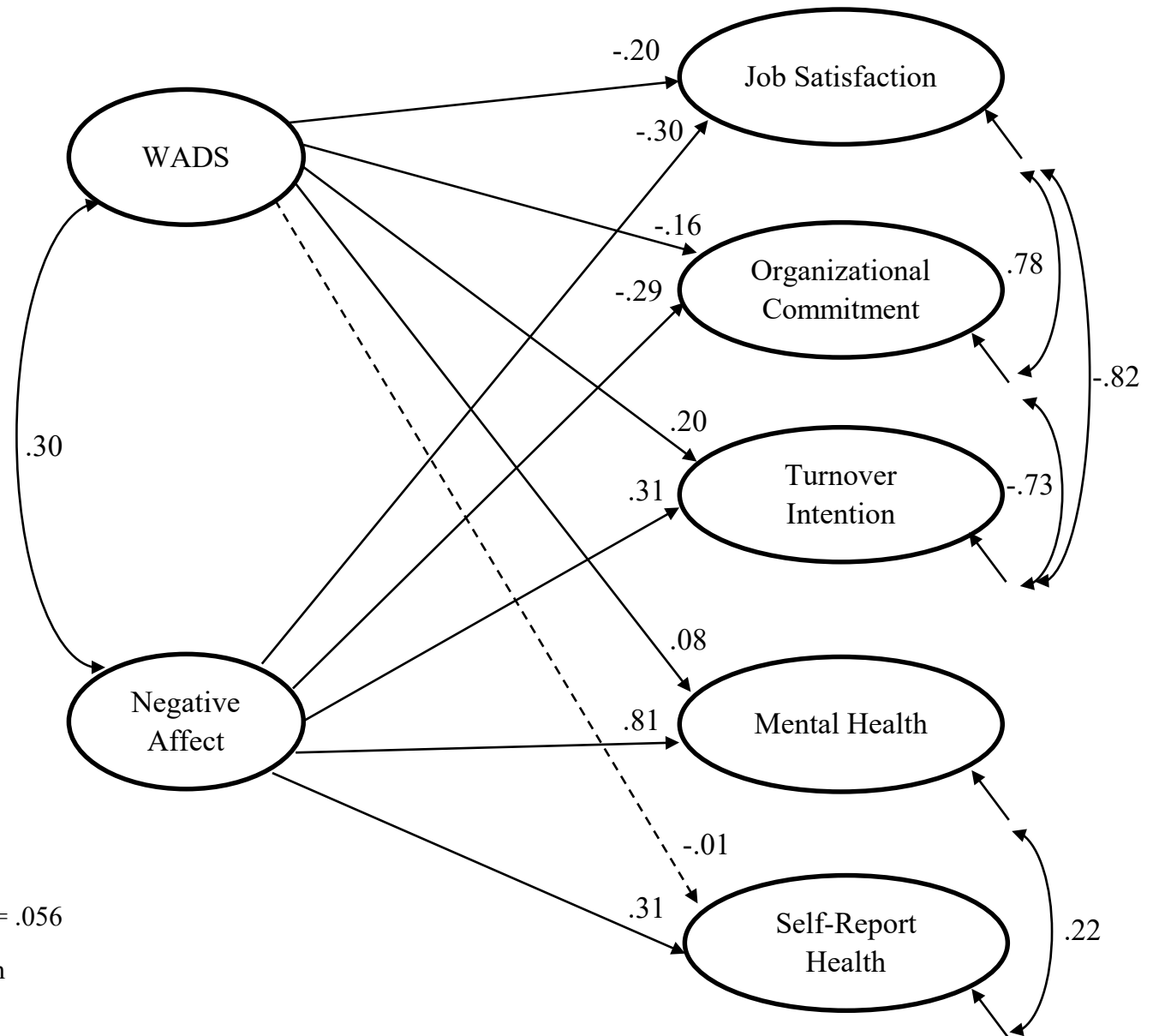
Note. Error bars contain 95% confidence intervals.



NYU

SILVER SCHOOL
OF SOCIAL WORK

Results: Direct Effects



N = 1,108

$\chi^2(546) = 3245.302, p < .001$

CFI = .91, RMSEA = .067 (.065, .069), SRMR = .056

All paths are sig at .01 except for the dotted path

**NYU****SILVER SCHOOL
OF SOCIAL WORK**

Limitations...which informed our next study...

Longitudinal research can confirm causal relationships

Thus: 2017 Study:

Latent growth modeling

HRS, 3 waves (N=3,975)

Age discrimination related to depression, self-rated health, job satisfaction, and likelihood of working past retirement age in expected directions.

Overtime, age discrimination predicts lower job satisfaction, self-rated health, and depression (not working past retirement age).



Journals of Gerontology: Social Sciences
cite as: *J Gerontol B Psychol Sci Soc Sci* 2017, Vol. 00, No. 00, 1–9
doi:10.1093/geronb/gbx095
Advance Access publication July 12, 2017

OXFORD

Original Article

Trajectories of Perceived Workplace Age Discrimination and Long-Term Associations With Mental, Self-Rated, and Occupational Health

Lisa A. Marchiondo, PhD,¹ Ernest Gonzales, MSSW, PhD² and Larry J. Williams, PhD³

¹Anderson School of Management, University of New Mexico, Albuquerque. ²School of Social Work, Boston University, Massachusetts. ³College of Business Administration, University of Nebraska-Lincoln.

Address correspondence to: Lisa A. Marchiondo, PhD, Anderson School of Management, University of New Mexico, MSC05 3090, 1 University of New Mexico, Albuquerque, NM 87131. E-mail: marchiondo@unm.edu

Received: August 26, 2016; Editorial Decision Date: June 13, 2017

Decision Editor: Deborah Carr, PhD

Abstract

Objective: This study addresses older employees' trajectories of perceived workplace age discrimination, and the long-term associations among perceived age discrimination and older workers' mental and self-rated health, job satisfaction, and likelihood of working past retirement age. We evaluate the strength and vulnerability integration (SAVI) model.

Method: Three waves of data from employed participants were drawn from the Health and Retirement Study ($N = 3,957$). Latent growth modeling was used to assess relationships between the slopes and the intercepts of the variables, thereby assessing longitudinal and cross-sectional associations.

Results: Perceived workplace age discrimination tends to increase with age, although notable variance exists. The initial status of perceived age discrimination relates to the baseline statuses of depression, self-rated health, job satisfaction, and likelihood of working past retirement age in the expected directions. Over time, perceived age discrimination predicts lower job satisfaction and self-rated health, as well as elevated depressive symptoms, but not likelihood of working past retirement age.

Discussion: This study provides empirical support for the SAVI model and uncovers the "wear and tear" effects of perceived workplace age discrimination on older workers' mental and overall health. We deliberate on social policies that may reduce age discrimination, thereby promoting older employees' health and ability to work longer.

Keywords: Age discrimination, Job satisfaction, Latent growth modeling, Mental health, Older workers, Self-rated health

The trend of working to an older age is a global phenomenon (OECD.Stat, 2016) attributable to many factors including greater longevity, rising retirement eligibility ages, improved health, and increasing financial necessity (Munnell, 2015). Despite their growing representation, many older adults do not experience receptive climates in the workplace. Negative stereotypes of older workers are abundant (Posthuma & Campion, 2009) and include assumptions that they lack creativity, perform more poorly, resist change, provide lower returns on investments, and are

less able or willing to learn and adapt (Chiu, Chan, Snape, & Redman, 2001; Posthuma & Campion, 2009). Age stereotyping causes supervisors and coworkers to engage in numerous discriminatory behaviors including providing biased assessments of older workers' performance and economic worth, as well as lower recommendations for their selection, training, promotion, job transition, and retention (Chiu et al., 2001; Finkelstein & Burke, 1998; Fritzsche & Marcus, 2013; Krings, Sczesny, & Kluge, 2011; Rupp, Vodanovich, & Crede, 2006). While research has

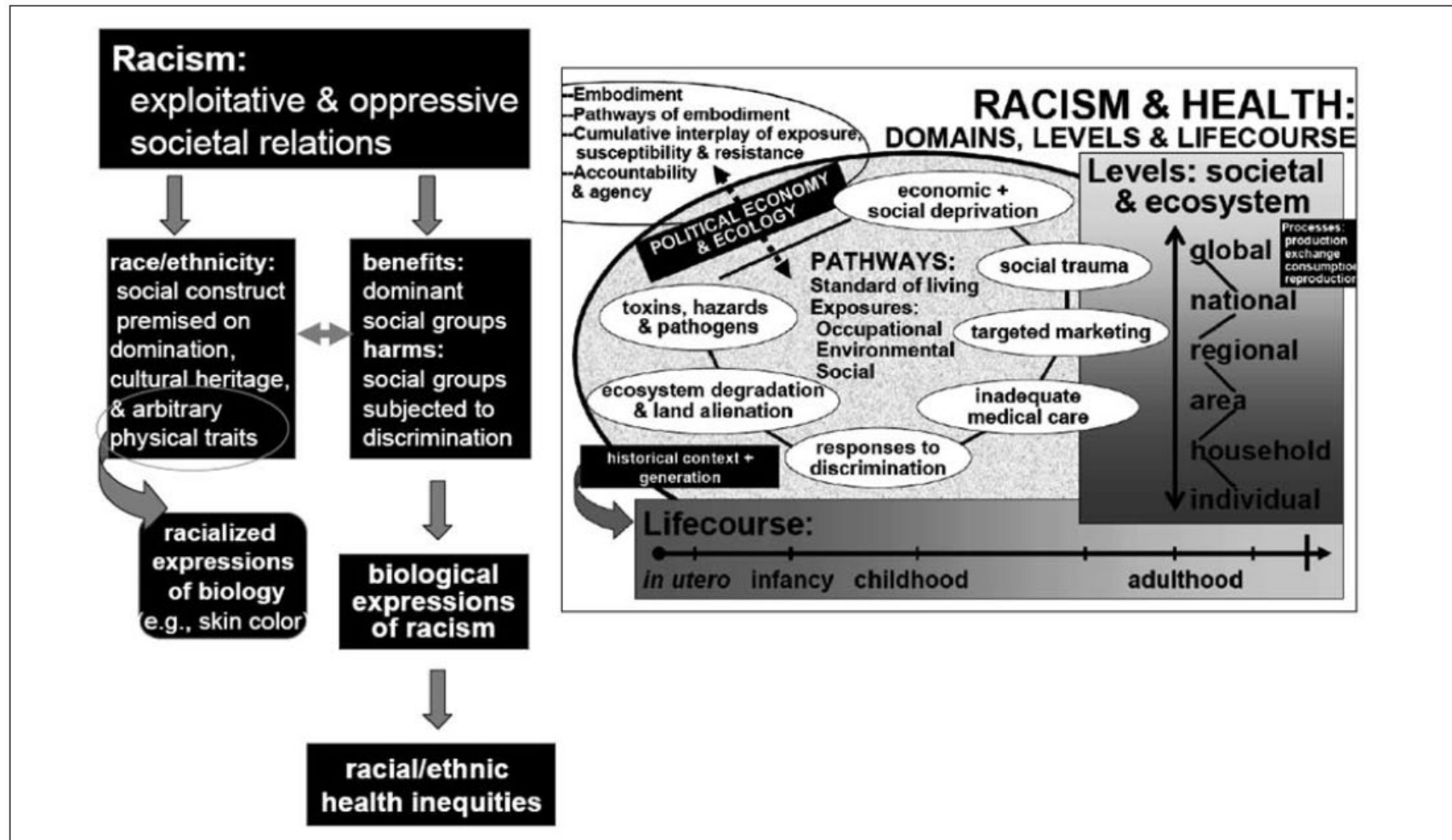


Figure 1. Ecosocial analysis of racism and health: core concepts and pathways of embodiment. *Sources:* Krieger (1, 4, 8, 48, 57, 58).

**NYU****SILVER SCHOOL
OF SOCIAL WORK**

The National
Academies of

SCIENCES
ENGINEERING
MEDICINE

THE NATIONAL ACADEMIES PRESS

This PDF is available at <http://nap.edu/10887>

SHARE



Measuring Racial Discrimination (2004)

DETAILS

334 pages | 6 x 9 | HARDBACK

ISBN 978-0-309-09126-8 | DOI 10.17226/10887

GET THIS BOOK

FIND RELATED TITLES

CONTRIBUTORS

Rebecca M. Blank, Marilyn Dabady, and Constance F. Citro, Editors; Panel on Methods for Assessing Discrimination; Committee on National Statistics; Division of Behavioral and Social Sciences and Education; National Research Council

SUGGESTED CITATION

National Research Council 2004. *Measuring Racial Discrimination*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/10887>.

Visit the National Academies Press at NAP.edu and login or register to get:

- Access to free PDF downloads of thousands of scientific reports
- 10% off the price of print titles
- Email or social media notifications of new titles related to your interests
- Special offers and discounts

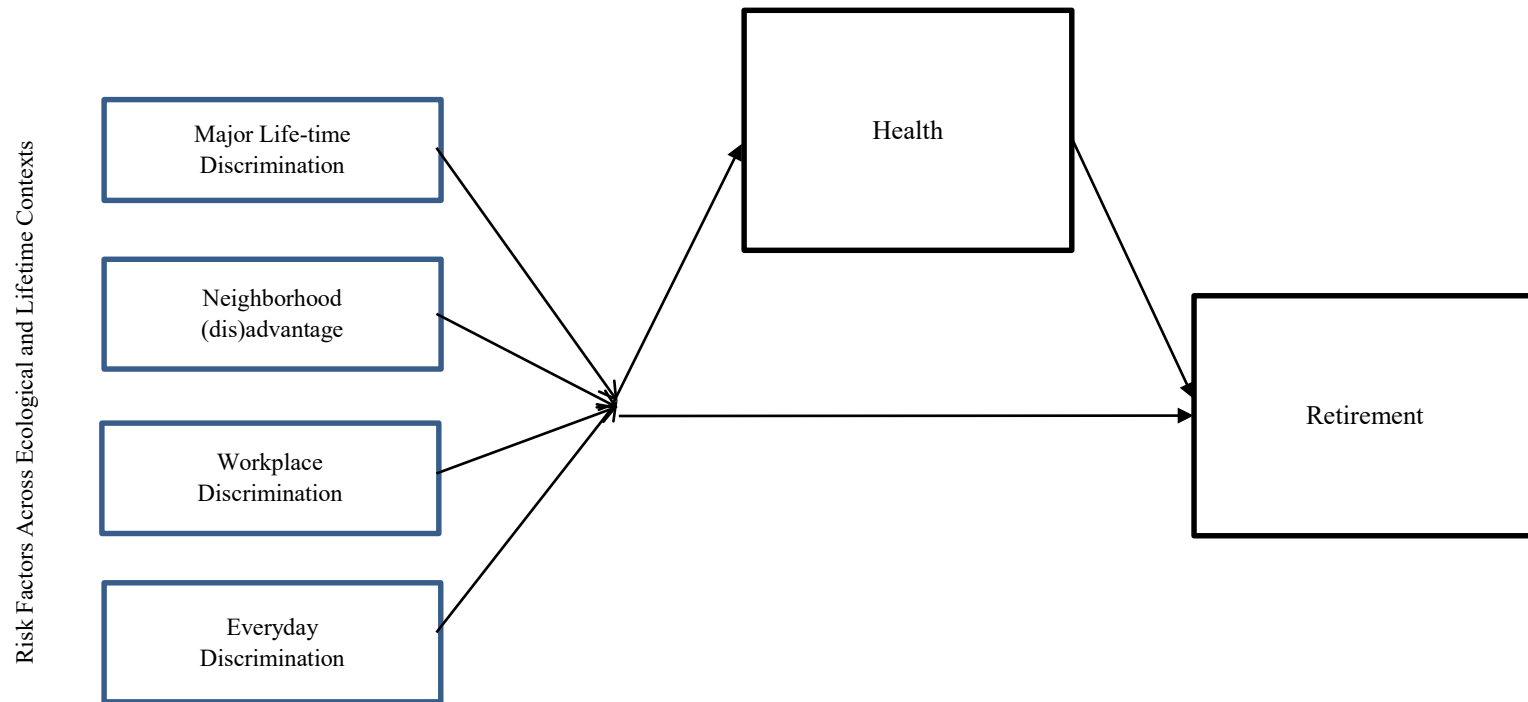


Distribution, posting, or copying of this PDF is strictly prohibited without written permission of the National Academies Press.
(Request Permission) Unless otherwise indicated, all materials in this PDF are copyrighted by the National Academy of Sciences.

Copyright © National Academy of Sciences. All rights reserved.



Cumulative Dis/Advantages Theory



Environmental aspects such as neighborhoods and workplaces in concert with interpersonal relationships can either improve or worsen mental health and may be associated with earlier retirement.



Literature Background

Discrimination and Health, What do we know?

Poor health outcomes linked with:

- Major lifetime discrimination
- Living in disadvantaged neighborhoods
- Work discrimination
- Everyday discrimination

(Ayalon & Gum, 2011; Williams, et al. 2008 ; Glymour, Mujahid, Wu, White & Tchetgen, 2010; Williams & Collins, 1995; Deitch et al., 2003; Marchiondo, Gonzales & Ran, 2015; McCluney, Schmitz, Hicken, & Sonnega, 2018; Gee, Spencer & Chen, 2007; Lewis et. al., 2010; Sternthal, Slopen & Williams, 2011)



GAPS IN THE LITERATURE

1. Cross-sectional designs primarily used, leading to limited ability to make linkages between discrimination and retirement behavior
2. Few studies focusing on retirement behavior specifically
3. Research has additionally been limited in scope for types of discrimination (focusing on only the workplace, etc.)
4. Research on retirement age has not focused on health as a potential mediator



METHODS

Data Source:

- **Health and Retirement Study:** longitudinal, representative survey of older Adults in the U.S.
- **Leave Behind Questionnaire:** includes discrimination constructs

Inclusion Criteria:

- Adults, 51 and older who responded to the Leave Behind Questionnaire, and reported full-time, part-time, or unemployed in 2006 were selected (n=2,028).

Sample for analysis:

- **N=958** adults who retired between 2008 to 2014



METHODS

- **Retirement Age (DV):** Respondents were asked: *“Are you working now, temporarily laid off, unemployed and looking for work, disabled and unable to work, retired, a homemaker, or what?”* If respondents answered “retired” and were not working any hours or any weeks, then we selected these individuals and coded them as retired. We then subtracted their birth year from the year of retirement (year of retirement – birth year = age of retirement) to construct the dependent variable.
- OLS regression. Bias-corrected bootstrap resampling method tested whether mental health mediates relationship between disadvantages and retirement age
- The average age of retirement was 65 (mode = 63; range: 53 - 88 years) and was normally distributed (skewness 0.87).
- **Independent variables:**
 - Major Experiences of Lifetime Discrimination
 - Neighborhood Disadvantage
 - Chronic Workplace Discrimination
 - Everyday Discrimination Scale
 - Summative Discrimination Scale
 - Depressive Symptoms
 - Self-rated health
- **Covariates:**
 - Time
 - Age cohort
 - Race
 - Ethnicity
 - Education
 - Total household income
 - Total household assets
 - Marital status
 - Health insurance



Major Experiences of Lifetime Discrimination

Major Experiences of Lifetime Discrimination	
Q1	At any time in your life, have you ever been unfairly dismissed from a job?
Q2	For unfair reasons, have you ever not been hired for a job?
Q3	Have you ever been unfairly denied a promotion?
Q4	Have you ever been unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment?
Q5	Have you ever been unfairly denied a bank loan?
Q6	Have you ever been unfairly stopped, searched, questioned, physically threatened or abused by the police?
Q7	Have you ever been unfairly denied health care or treatment?



Neighborhood Disorder/Neighborhood Social Cohesion

(These questions ask how you feel about your local area,
that is everywhere within a 20 minute walk or about a mile of your home)

- | | |
|-----------|--|
| Q1 | I really feel part of this area/I feel that I don't belong in this area |
| Q2 | There is no problem with vandalism and graffiti in this area/Vandalism and graffiti are a big problem in this area |
| Q3 | Most people in this area can be trusted/Most people in this area can't be trusted |
| Q4 | People feel safe walking alone in this area after dark/ People would be afraid to walk alone in this area after dark |
| Q5 | Most people in this area are friendly/Most people in this area are unfriendly |
| Q6 | This area is kept very clean/This area is always full of rubbish and litter |
| Q7 | If you were in trouble, there are lots of people in this area who would help you/If you were in trouble, there is nobody in this area who would help you |
| Q8 | There are no vacant or deserted houses or storefronts in this area/There are many vacant or deserted houses or storefronts in this area |



Chronic Workplace Discrimination Scale

Here are some situations that can arise at work. Please tell me how often you have experienced them during the LAST 12 MONTHS.)

- | | |
|-----------|--|
| Q1 | How often are you UNFAIRLY given the tasks at work that no one else wants to do? |
| Q2 | How often are you watched more closely than others? |
| Q3 | How often are you bothered by your supervisor or coworkers making slurs or jokes about women or racial or ethnic groups? |
| Q4 | How often do you feel that you have to work twice as hard as others at work? |
| Q5 | How often do you feel that you are ignored or not taken seriously by your boss? |
| Q6 | How often have you been unfairly humiliated in front of others at work? |



Everyday Discrimination Scale

(In your day-to-day life how often have any of the following things happened to you?)

- | | |
|-----------|--|
| Q1 | You are treated with less courtesy or respect than other people. |
| Q2 | You receive poorer service than other people at restaurants or stores. |
| Q3 | People act as if they think you are not smart. |
| Q4 | People act as if they are afraid of you. Q30e You are threatened or harassed. |
| Q5 | You are threatened or harassed. |
| Q6 | You receive poorer service or treatment than other people from doctors or hospitals. |



Example items

Depression: CES-D 8

Q1 I felt sad.

Q2 I could not get going

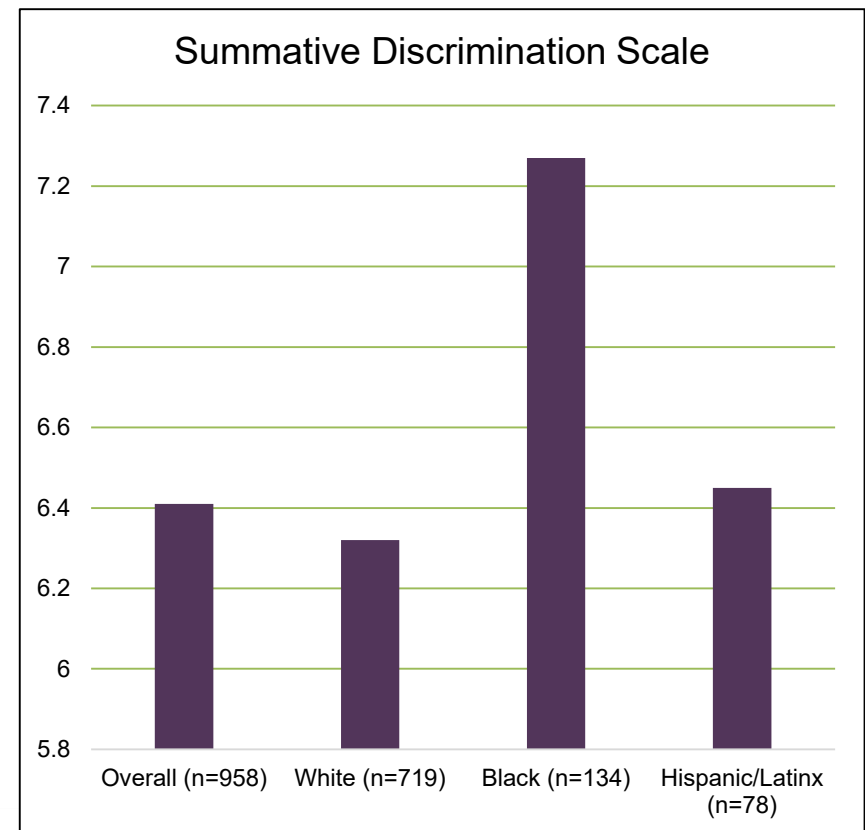
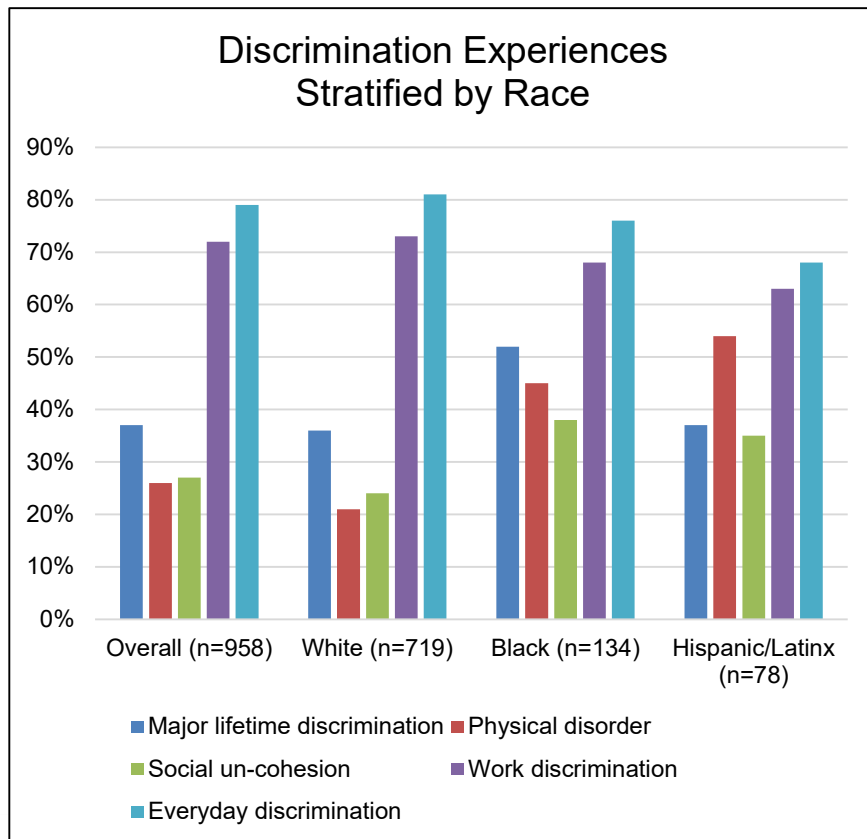
Q3 I felt that everything I did was an effort

Self-Rated Health

Q5 Would you say your health is excellent, very good, good, fair, or poor?



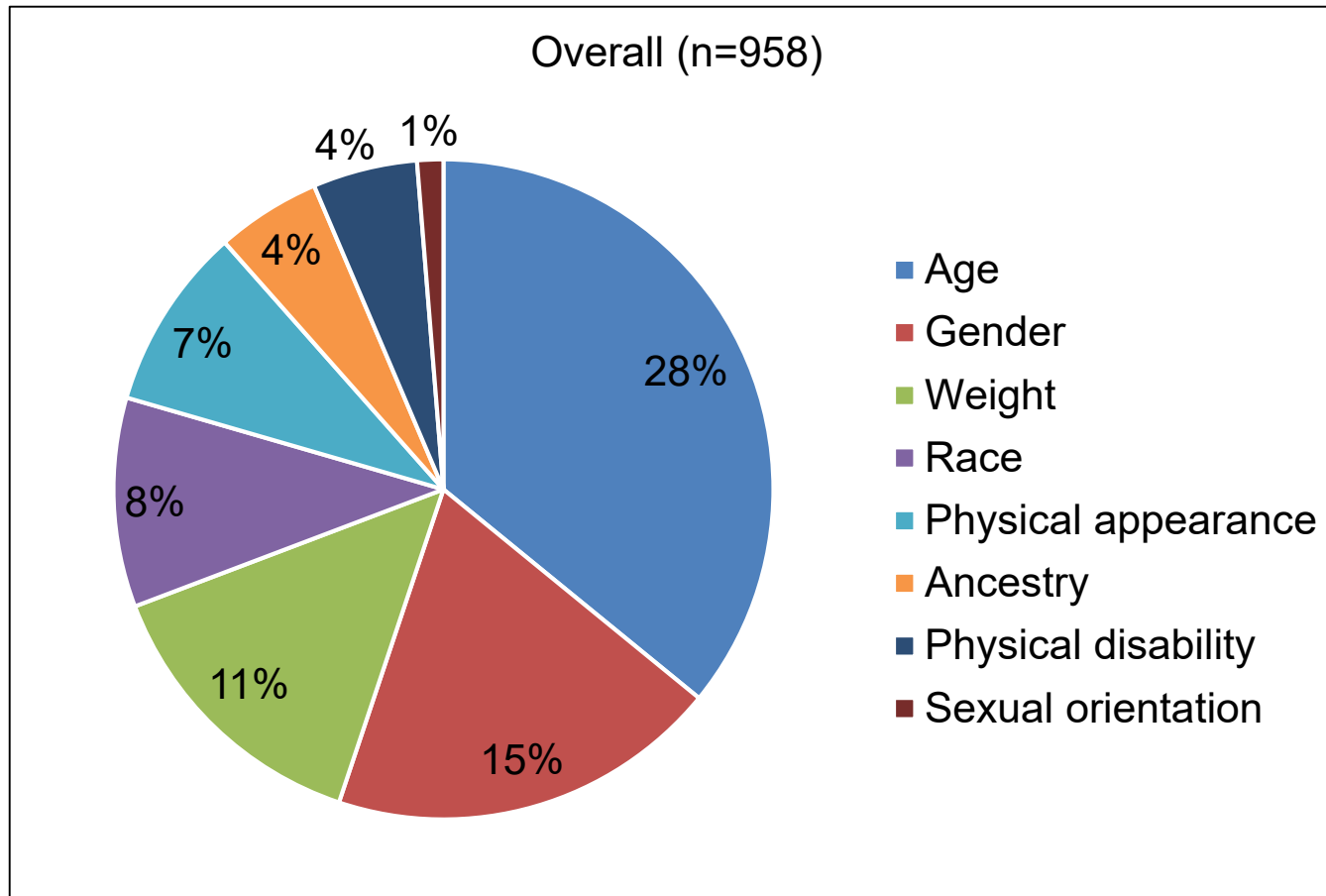
Results

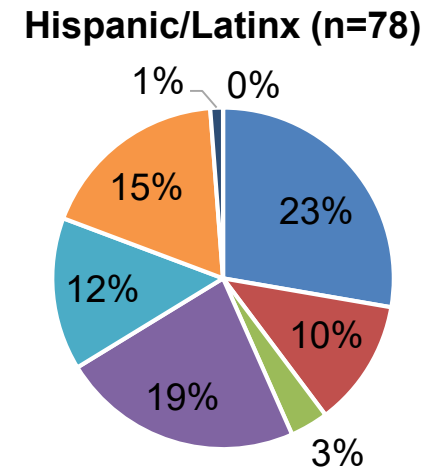
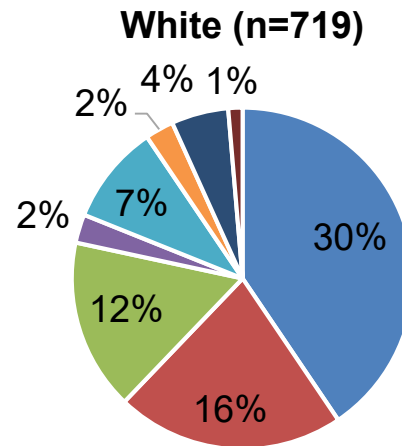
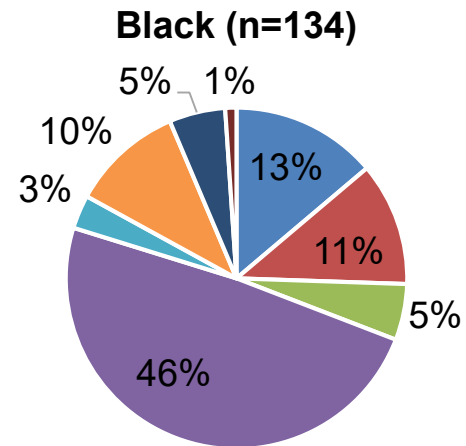


*SDS: Alpha = .76, empirical range 5-23



Attribution of Discrimination





- Age
- Gender
- Weight
- Race
- Physical appearance
- Ancestry
- Physical disability
- Sexual orientation



Multivariate Results

Measures	Significance	Direction
Depression	***	-
Lifetime Discrimination	**	-
Neighborhood: Physical Disorder	*	-
Neighborhood: Social Incohesion	*	-
Work Discrimination	**	-
Everyday Discrimination	*	-
Summative Disadvantage Scale	***	-

- Individuals who did not report experiencing disadvantages retired at the age of 65, whereas respondents with the highest levels of disadvantage retired earlier (~62.5).
- Mental health mediated the relationships between various forms of discrimination and neighborhood disadvantage with retirement age.



SUMMARY

Limitations & Future Research

- Experimental/quasi-experimental study with SCSEP participants on interventions to improve health and unsubsidized employment
- Longitudinal study with WADS and other valid measures in HRS is needed
- Measures from the Health and Retirement Study should incorporate attribution of discrimination
- Intersectionality theory, latent class analyses, propensity score analyses may be useful to unpack attribution and causation
- Some measures had low psychometric properties (e.g., lifetime discrimination) and need further research

Cross-Cutting Themes

- Individual and workplace characteristics (e.g., flexible assignments) are important to health and work/retirement
- Ecological factors promote health and consequently capacity to work (e.g., neighborhood characteristics and resources)
- Low-income older adults may need wrap around social services: work, safe housing, health, affordable and reliable transportation



SUMMARY

Advocacy for Social Policy

- Protecting Older Workers Against Discrimination Act- bipartisan (S. 443)
- Fair Employment Protection Act- introduced to Senate, under review (S. 2019)
- Expand ADEA across the working life span
- Consider expanding DOL's performance measures on health among SCSEP participants and strengthen the relationship with Administration for Community Living (ACL) under Human and Health Services (HHS)

Interventions

- Social workers could help individuals navigate multiple social insurance systems for wrap around social services
- Stanford's Chronic Disease Health Management has promising results (Yulikova, 2017)
- Workplace best practices from organizational psychology (Cortina, 2008)
- Contact Hypothesis by Gordon Allport translated to workplaces to overcome discrimination between groups

Acknowledgements

U.S. Social Security Administration/Boston College's Center for Retirement Research

Steven H. Sandell Grant Program

National Institutes of Health, Loan Repayment Program

John A. Hartford Foundation

Peter Paul Career Development Award, Boston University

New York University, Silver School of Social Work

American Academy of Social Work & Social Welfare, Grand Challenges



Dr. Lisa Marchiondo
University of New Mexico
Anderson School
of Management



Dr. Kathy Lee
UT Arlington
School of Social Work



Dr. Jane Lee
University of Hawai'i
School of Social Work



Mr. Bob Harootyan
Senior Service America



Kelsi Carolan, PhD Candidate
Boston University
School of Social Work





Selected References & Additional Research

1. Carolan, K., Gonzales, E., Lee, K., & Harootyan, B. (2018). Institutional and Individual Factors Affecting Health and Employment among Low-Income Women with Chronic Health Conditions. *Journals of Gerontology: Social Sciences*. DOI: [10.1093/geronb/gby149](https://doi.org/10.1093/geronb/gby149).
2. Gonzales, E., Lee, K., & Harootyan, B. (2019). 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*. DOI: [10.1007/s10615-019-00719-x](https://doi.org/10.1007/s10615-019-00719-x).
3. Gonzales, E., Matz-Costa, C. & Morrow-Howell, N. (2015). White House Conference on Aging 2015. Increasing Opportunities for the Productive Engagement of Older Adults: A Response to Population Aging. *The Gerontologist*, Special Issue for the Policy Forum. DOI: [10.1093/geront/gnu176](https://doi.org/10.1093/geront/gnu176).
4. Gonzales, E., Lee, Y. J., & Marchiondo, L. (*revise & resubmit*). Exploring the Consequences of Major Lifetime Discrimination, Chronic Workplace Discrimination and Neighborhood Conditions with Health and Retirement.
5. Marchiondo, L., Gonzales, E., & Ran, S. (2015). Development and Validation of the Workplace Age Discrimination Scale (WADS). *Journal of Business and Psychology*. DOI: [10.1007/s10869-015-9425-6](https://doi.org/10.1007/s10869-015-9425-6).
6. Marchiondo, L., Gonzales, E., & Williams, L. (2017). Trajectories of Perceived Workplace Age Discrimination and Long-Term Associations with Mental, Self-Rated, and Occupational Health. *Journal of Gerontology: Social Sciences*. doi.org/10.1093/geronb/gbx095
7. Morrow-Howell, N; Gonzales, E; Matz-Costa, C; James, J & Putnam, P. (2018). Advance Long and Productive Lives in Grand Challenges for Social Work and Society. R. Fong, J. Lubben, and R. P. Barth (Eds.). New York and Washington, DC: Oxford University Press/NASW Press.
8. Yulikova, O., & Halvorsen, C. (*revise & resubmit*). Motivated Participants, Focused Job Training, Yet Poor Employment Outcomes: The Paradox of the Senior Community Service Employment Program. *Clinical Social Work Journal*.