

**Mehrotra, C.M., & Wagner, L.S. (2019). *Aging and diversity: An active learning experience*. New York: Routledge, 579 pp. ISBN-978-1-138-64553-0**

**Reviewed by Andrea Zammit<sup>1</sup>**

*Diversity* is a big word these days, and one that has only started gaining popularity as a research topic in itself, recently. We have been so accustomed to studying homogeneous populations that we never blinked an eye in analyzing all-male and all-White cohort studies, but reviewers flinched when the sample size was “not big enough”. Emerging research is showing us that the generalizations we have believed to account across the board for everyone for this long have more complexity and depth than previously acknowledged. For example, social forces (such as gender and race/ethnicity) seem to be more powerful than genetic risk factors; and educational attainment, childhood socio-economic status (SES), and neighborhood inequality are the kind of social forces that are driving late-life disparities and contributing to Alzheimer’s dementia and related disorders (ADRD). Mehrotra and Wagner have published their 3<sup>rd</sup> edition of the Book, *Aging and Diversity*, quite timely.

As they point out in their first chapter of the book, “Aging and Diversity”, in the United States, individuals under the age of 18 are more ethnically diverse than individuals over the age of 60. This picture, although more evident in the United States, is a projection of a world-wide transition. However, Mehrotra and Wagner do not only talk about racial/ethnic diversity, possibly the first thing that comes to mind when we think of the term *diversity*, but they also tackle four other major areas that directly hinge upon the topic: gender, social class, rural-urban community location, and sexual orientation and identity. Interestingly, each of these areas are universal and longstanding, and yet, the importance of investigating diversity in older adults has only been recently given its overdue importance in higher institutions in America. This is directly tackled in Chapter 2, “Research Methods”, where we are introduced to issues that when attempting to study effects of race/ethnicity, we overlook variables that we are not aware of. For example, within group heterogeneity is also noted to the extent that we learn that there is yet a lot of diversity to be accounted for within one ethnic group (e.g. within the Hispanic community there are several diverse subgroups –

---

<sup>1</sup> Department of Neurology, Albert Einstein College of Medicine, New York.  
(andrea.zammit@einstein.yu.edu)

Cubans, Porto Ricans, Dominicans, Mexicans, etc., with regards to the food they eat, the values they live by, and the culture they are immersed in). As the book progresses, the topics take on a deeper look into specific challenges that may arise in typical studies. Effects of acclimation have been rarely discussed in research studies on aging, let alone accounted for. Mehrotra and Wagner approach this topic directly, when discussing several chapters within the book, specifically Chapters 3 and 4, “Psychology and Aging” and “Health Beliefs, Behaviors, and Services”, acknowledging that first-generation immigrants are a lot different than their offspring in lifestyle and psychological factors such as dietary preferences, quality of education received, prevalence of non-communicable disease, and even attitudes to aging across generations. Differences also lie within persons themselves between the time they first immigrate (holding onto practices, behaviors, and beliefs from their country of origin) and after acclimating to the new culture (integrating into and adopting new routines and habits, lifestyles, and attitudes towards self and others). This hinges upon the physiological make-up within and across racial/ethnic groups, a topic still in its infancy, but one which is multifactorial e.g. ways in which a combination of genes, evolution, and culture and immigration make some subgroups resistant or vulnerable to certain diseases, and one which could have had its own chapter in the book. Cognitive aging and diversity, also briefly tackled in Chapter 3, would have also been an interesting topic in and of itself, as the field is currently booming within this sphere, especially with regards to rate of cognitive decline and incidence of ADRD across racial subgroups and between genders.

The culmination of the book is reached in Chapter 5, “Inequalities in Health”, where the authors present a framework which helps us understand and visualize how integral factors of gender, race/ethnicity, SES, rural/urban living, and sexual orientation affect health behaviors, access to health care, environment and occupational exposure, which in turn affect health outcomes. Mehrotra and Wagner also take care to note that the immigration experience is not equal across all of those who immigrate. While different subgroups experience immigration for different political, sometimes forced (war or natural disaster), reasons, other subgroups make the transition to progress further in educational and occupational domains, leading to the healthy immigrant effect. All these factors in turn affect their (and their offspring’s) educational and occupational opportunities. While individuals who make a choice to leave their country tend to be a very selective and elite group in terms of health and education, and who continue to strive for opportunities for themselves and their offspring, individuals who have been forced into immigrating, may not have the same qualities and consequently, the same opportunities. Furthermore, immigration is a complex phenomenon, which may affect individuals from within the same family differently. For example, the experience for an adult male who moves from his home country to another country to further his career, may be different from that of his wife and children who were uprooted from their home. It may be altogether different for any parents who may make the move to join their offspring. The ages of when the children immigrate is another matter altogether. These effects are reinforced in later chapters in the book (Chapters 6 “Informal and Formal Care for Older Persons” and 7, “Work, Retirement, and Leisure”) in that the employment pattern is consistent with the distribution of educational attainment. Mehrotra and Wagner pointedly note in Chapter 7 that despite the rise in education levels, females are still more likely to leave and re-enter the workforce, more

likely to decrease their work hours, or to work part-time for care-giving reasons regardless of their ethnic group. Interestingly, the authors also note in Chapter 6 that formal care is a last resort across all ethnic groups, mainly because females in the family usually decide to do the caregiving themselves, sometimes temporarily leaving the workforce to do so. All these multi-level and socially complex issues are brought to our attention, and illustrated with vignettes and a personal tone that almost moves away from the scientific into the experiential. It is this kind of approach that has been largely ignored in scientific studies, and one that we will need to adopt in our research in order to be able to account for as many factors as possible before we even get to the science of things.

The authors broaden up to wider topics in Chapters 8 (“Religious Affiliation and Spirituality”), and 9 (“Death, Dying, and Bereavement”). Sometimes, a more text-book approach is adopted where definitions are laid out and are, to an extent, unnecessary. For example, definitions of Buddhism, Hinduism, Islam, etc, in Chapter 8 were beyond the objectives of the book. Furthermore, although the wider scope of the book is *aging and diversity*, over and above the ways each ethnic subgroup approaches retirement, practices religion or spirituality, or comes to terms with death, how each of these approaches may lead to disparities and inequality in the bigger society would have given the later part of the book more depth. The information presented is interesting and factual; however, the book tends to stay at the descriptive rather than analytic in these later chapters.

Overall, this book serves as a solid and broad introduction to the topic on diversity, specifically within the aging community. By providing online resources, active learning experiences, and a quiz at the end of every chapter, it keeps the reader engaged. This book makes a good case of illustrating that just by looking into some of the social, racial, demographic, and gender/sexuality factors highlighted, a whole world previously overlooked and understudied will open up. We will come forth as more sensitive and tuned-in researchers by picking up a copy and educating ourselves on what may be really driving some of the findings in our studies.