Diversity in Late Life: Definitions, Implications, and Considerations

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INTRODUCTION

Diversity in Late Life: Definitions, Implications, and Considerations

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Diversity, as defined by the Merriam-Webster dictionary, is “the condition of having or being composed of different elements: variety; especially: the inclusion of different types of people” (“Diversity,” n.d.). This definition is rather vague. What is meant by “different types of people?” Are racial or ethnic groups different types of people? Do differing sexual identities distinguish types of people? What about where older adults reside; are urban elders different from rural elders? Is an older adult with a disability different from one with no disability? The articles included in this special issue on late-life diversity all focus on a narrowly defined aspect of diversity—be that racial or ethnic group, sexual identity, disability status, or place of residence.

The study of diversity is important for many reasons; however, the simple identification of differences between groups of individuals is not one of them. Group differences, by themselves, do little to advance our understanding of people. Perhaps, a much more worthy goal is to search for mechanisms, factors, or processes that underlie any differences between groups. Such information has the potential to inform clinical care, scientific inquiry, and public policy, while information on group differences has the potential to fuel misconception and discrimination (Zuckerman, 1990). As many of the authors in this special issue note, there is great diversity within groups of identified individuals. While there are few human universals, one potential universal may be that there are consistently more within-group
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differences—across many variables—than there are between-group differences (Betancourt & Lopez, 1993). Concretely, this means that if you were to randomly select any rural older adult they would likely be very different from any other randomly selected rural older adult (and the same holds true for African Americans, Asian Americans, Hispanic/Latino Americans, disabled older adults, and LGBT older adults). There are important topics within diversity that are not covered in this set of papers. For example, the distinction between race and ethnicity (Betancourt & Lopez, 1993; Phinney, 1996) and the issue of intersectionality (Cole, 2009), both of which are quite complex and important concepts, are not discussed. Rather than delving deeply into some of the more complex issues, this special issue was designed to serve as a broad overview of diversity in health and mental health issues in late life.

The articles presented in this special issue outline the characteristics, research needs, and barriers to research and treatment engagement, along with clinical and public policy implications for their populations of choice. Kimmel discusses diversity in terms of sexual identity. He highlights the changing legal landscape and how these changes may directly impact the aging LGBT population. His manuscript notes the heterogeneity among LGBT elders and suggests no single approach will be appropriate when working with any given LGBT older adult. Also, importantly, the author highlights some positive characteristics associated with being an LGBT older adult. Sorkin and Ngo-Metzger highlight the vast heterogeneity among Asian Americans older adults. They report Asian American older adults are unique in that the majority are foreign born, speak numerous different languages, and increasingly use complementary and alternative medicines. Alvarez and colleagues discuss the mental health needs of older Latino Americans. They make a call for more culturally competent mental health providers and illuminate the need to be aware of the historical context of the patients we serve. Vinson and colleagues discuss the unique circumstances encountered by older African Americans. The authors note the importance of both physical health/disability and rural living environments for older African Americans. Note that both disability and rural environmental status are discussed in detail in separate manuscripts in this special issue. Such information points to the fact that older adults can often be simultaneously considered members of many unique subgroups (e.g., an older adult may identify as Latino and gay, and be disabled, all while living in a very remote geographic area).

Two of the articles included in this special issue are unique in that they focus on a type of diversity that is more “plastic”—namely, urban vs. rural environments and disability. Dautovich and colleagues highlight the difficulty inherent in simply delineating rural from urban. They note the increased needs and decreased availability of services in rural settings, and the trends for rural areas becoming increasingly populated by older adults. Like the other set of papers, here too it is noted that rural elders...
are a very heterogeneous group. Reinhardt draws attention to the idea that disability/disablement is a process—which makes disability-related diversity very different from the other forms of diversity discussed in this special issue. She discusses the distinct paradox of valuing disability-related diversity while also working to improve functional capabilities. This paper also highlights the connection between disability and mental health in late life. Through the set of articles included in this special issue it is hoped that readers will appreciate the complexity of late-life diversity.

In sum, while “different” often carries a negative connotation, this is not the case in the study of diversity. Diversity offers an opportunity to learn and grow—diversity not only in the color of our skin or the ancestry of our parents, but in our worldviews, our political beliefs, and our religious teachings. This set of papers is meant to inform interested scholars and practitioners about some of the many areas of diversity in older adults, and as such is completely congruent with the overarching mission of *Clinical Gerontologist*.

**REFERENCES**


