

Who Are the People in Your Neighborhood? Neighborhood Age Composition and Age Discrimination

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Abstract

Age discrimination is pervasive in the United States, yet little is known about the social contexts in which it occurs. Older persons spend much of their time in their neighborhoods, where a density of other older persons may protect against age discrimination. Extending group density theory to age, we analyze data from 1,561 older adults from the second wave of the National Survey of Midlife Development in the United States, using neighborhood-level data from the 2010 U.S. census. We examine (1) whether the concentration of older neighborhood residents influences perceived age discrimination and (2) whether that influence varies by age. Results indicate that the density of older residents protects against age discrimination for individuals entering old age but it is decreasingly influential as individuals approach oldest-old age and report less age discrimination regardless of neighborhood age composition. We discuss the implications of these findings for theory on age discrimination.

Keywords

age discrimination, neighborhood contextual effects, ageism, age composition, group density

Age discrimination, or prejudicial behaviors directed toward persons on the basis of their age (Butler 1969), cannot occur outside of a social context. Due to the Age Discrimination in Employment Act of 1967, scholars have extensively studied the U.S. workplace as a context for perceived age discrimination (e.g., Gregory 2001). Yet most of what is known about perceived age discrimination outside of the workplace concerns the characteristics of victims—older, white, unmarried, well-educated, low-income women—rather than the characteristics of the contexts in which it occurs (e.g., Vogt Yuan 2007).

The neighborhood is a particularly important context in which to examine perceived age discrimination against older adults. By one estimate, older adults spend approximately three-quarters of their daytime hours in their homes and neighborhoods (Oswald and Wahl 2005). Out of all age groups, older adults have

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the highest levels of socialization with neighbors and involvement in community activities (Cornwell, Laumann, and Schumm 2008). The age distribution of a neighborhood can impact community life, opportunities for social interaction and cohesion, and potentially even experiences of age-based discrimination (Cagney 2006; Hagestad and Uhlenberg 2005).

Therefore, we apply a theory of neighborhood effects—group density theory—to the phenomenon of perceived age discrimination (Bécares et al. 2012). We test hypotheses using data from 1,561 participants aged 60 and older in the second wave of the National Survey of Midlife Development in the United States (MIDUS II). Our chief question is whether and how the concentration of older adult residents in a neighborhood is related to older residents' likelihood of reporting discrimination on the basis of age and whether this association varies according to a respondent's own age. By examining the neighborhood as context, this study advances social psychological theory about perceived age discrimination.

Group Density Theory and Age

Group density theory posits that despite the concentration of the disadvantages of low status, such as material hardship and isolation, enclaves of low-status residents may also entail certain advantages (Halpern and Nazroo 2000). Specifically, prior research has found that persons of color living among a high concentration, or density, of other persons of color are protected from exposure to whites who perpetrate discrimination, and instead are surrounded by peers who can extend social support because they understand discrimination firsthand (Hunt et al. 2007). The principles of group density can be extended to age. Surrounded by peers, older adults are protected from perpetrators of age discrimination, who tend

to be younger persons (North and Fiske 2013). A critical mass of older persons can also facilitate neighborhood social cohesion by promoting companionship (Bromell and Cagney 2014). Thus, group density theory leads us to hypothesize that older adults will experience less age discrimination as the concentration of older adults in the neighborhood increases.

Prior research has established that perceived discrimination of all types declines across older adulthood, although if an older adult does perceive discrimination, the probability of attributing it to age increases with age (Gee, Pavalko, and Long 2007; Kessler, Mickelson, and Williams 1999). The overall decrease in discrimination outweighs the increase in age discrimination, such that persons in their sixties (i.e., the young-old) are still more likely than persons in their eighties and older (i.e., the oldest-old) to experience age discrimination.¹ Therefore, we test whether the effects of age density vary across the progression of older adulthood.

METHODS

Data

Data for the present study came from two sources. All individual-level data were garnered from the most recent wave of the MIDUS study. Neighborhood-level data came from the 2010 U.S. census.

MIDUS II. The MIDUS study began in 1995 with a national probability sample of noninstitutionalized, English-speaking residents of the lower 48 United States, aged 24 to 74. Participants were recruited by random digit dial (RDD), with

¹The terms “young-old” and “oldest-old” are used to distinguish between different groups of older adults. While specific definitions may vary, “young-old” generally includes older adults under the age of 75, while “oldest-old” is composed of those aged 75 and older. See Neugarten (1974).

additional participants garnered from an urban oversample, siblings of the main RDD sample participants, and a national RDD sample of twins (Ryff et al. 2012). Participants were reinterviewed between 2004 and 2006. Of the 7,108 MIDUS I participants, 4,963 (75 percent of those living) participated in MIDUS II. We reduced the sample to participants aged 60 or older ($n = 1,814$), of whom 1,567 (86 percent) completed both a phone interview and a self-administered questionnaire (Ryff et al. 2012).

2010 Census. On April 1, 2010, the Census Bureau distributed a ten-question form to every American household. Data for this study came from Table PCT12 of Summary File 1, which reported the age and gender of all U.S. residents by census tract (U.S. Census Bureau 2011). Census tracts always nest within counties and are “designed to be relatively homogeneous units with respect to population characteristics, economic status, and living conditions” and to encompass approximately 4,000 residents each (U.S. Census Bureau 2013).

To protect MIDUS participants’ confidentiality, MIDUS II and 2010 census data were merged by the Institute of Aging at the University of Wisconsin-Madison, which houses and maintains MIDUS data. Data were able to be merged for 1,561 of 1,567 (99.6 percent) participants. These 1,561 persons living within 1,492 census tracts composed the final analytical sample for the present study.

Measures

Perceived Age Discrimination. Participants were asked a series of nine questions concerning how often they perceived discrimination (Williams et al. 1997). Sample items include “[How often] are you treated with less respect than other people?” and “[How often do] people act

as if you are not smart?” Following these items, MIDUS participants were asked “What was the main reason for the discrimination you experienced?” and given ten possibilities, including “other, please specify.” Respondents were allowed to select all reasons they felt applied. All participants who selected age as a main reason for experienced discrimination were coded as having experienced age discrimination, even if they selected additional reasons for experiencing discrimination as well. Participants who did not select age as a reason formed the reference group.

Independent Variables

Neighborhood concentration of older persons. We measured neighborhood concentration of older persons as the percentage of census tract residents aged 60 or older. Neighborhood concentration of older adults was mean centered for analysis.

Participant age. Age was measured continuously in years and was centered at age 60.

Individual-level controls. We incorporated a series of sociodemographic, health, and social support measures. Sociodemographic controls included gender, race/ethnicity, income, and education. A dichotomous indicator for *female* participants was used (reference group is *male*). Due to small cell sizes, *race/ethnicity* was measured using a dichotomous indicator for *nonwhite* primary self-identified racial/ethnic background (reference group is *white*). Participants reported *income* for the previous year, with responses ranging from 1 = less than \$0 to 42 = \$200,000 or more. *Education* was measured using five exhaustive, mutually exclusive dichotomous indicators for less than high school, high school graduate (reference group), some college, college graduate, and education beyond college.

Health controls included self-rated health, number of chronic conditions,

instrumental activities of daily living, and doctor visits. *Self-rated health* was measured using a scale ranging from 1 = poor to 5 = excellent. *Number of chronic conditions in the past year* was measured continuously. *Instrumental activities of daily living* were measured using a seven-item scale concerning functional limitations, with responses ranging from 1 = a lot to 4 = not at all. *Number of doctor visits in the past year* was measured continuously.

Social support controls included marital status, parental status, work status, contact with neighbors, years lived in current neighborhood, personal beliefs on the neighborhood, and living situation. *Marital status* was measured using a dichotomous indicator for *not married* (reference group is *married*). A dichotomous measure of *parental status* indicated whether a respondent had no children (reference group is *has children*). *Work status* was measured using three exhaustive, mutually exclusive dichotomous indicators for employed (reference group), retired, and not employed. *Contact with neighbors* was measured using a scale ranging from 1 = never or hardly ever to 6 = almost every day. *Years lived in current neighborhood* was measured continuously. *Personal beliefs on neighborhood* were measured using a four-item scale concerning perceptions of neighborhood safety and trust, with values ranging from 1 = lowest to 4 = highest. *Living situation* was measured using a dichotomous indicator for *living alone* (reference group is *lives with others*).

Last, the *MIDUS subsample* participants were originally selected from was measured using four exhaustive, mutually exclusive dichotomous indicators for main RDD (reference group), the sibling subsample, the twin subsample, and the city oversample. The inclusion of these individual control measures protects against the possibility that contextual

effects of neighborhood concentration of older adults are merely compositional (i.e., due to the characteristics of individuals who happen to live in neighborhoods with higher concentrations of older adults) (Kawachi, Subramanian, and Almeida-Filho 2002).

Neighborhood-level controls. At the census tract level, we measured race, ethnicity, and socioeconomic status. *Race* was represented through three measures indicating the percentage of residents who were white (reference group), black, and another race. Similarly, *ethnicity* was a measure of the percentage of residents who were Hispanic. We included two indicators of socioeconomic status: *percentage of residents below the poverty line* and *median household income*. The inclusion of these neighborhood control measures reduces the likelihood that any effects of neighborhood concentration of older adults are actually due to other neighborhood factors correlated with age demographics (e.g., racial demographics or neighborhood poverty rate).

Redefined census tracts. The Census Bureau redefines tracts that experience significant population shifts between decennial surveys in order to maintain approximately 4,000-resident tracts (U.S. Census Bureau 2013). Thus, redefinition of census tracts serves as a proxy for population change, which could impact residents' experiences of their neighborhoods. In our analysis, we used a dichotomous indicator to signal participants whose census tracts were redefined between 2000 and 2010 (reference group is *no change*) and used neighborhood-level data from the most recent time point, 2010. MIDUS data were collected between 2004 and 2006, while the decennial U.S. census was performed in 2000 and 2010. The use of 2010 census data is preferable to 2000 census data, which is both outdated and misaligned with MIDUS II. However,

in either scenario there is a gap of four to six years between the two data sources.

Analytic Strategy and Missing Data

Data were clustered in a framework of 1,561 individuals nested within 1,492 census tracts. Therefore, our analysis adjusts for clustering within neighborhoods by estimating robust standard errors. Since most participants did not co-reside in census tracts with other participants and tract-level variance in the outcome was not significant, multilevel modeling was not appropriate. Because perceived age discrimination was a binary outcome, logistic regression was used. Our analytic strategy involved estimating a model with neighborhood concentration of older adults, participant age, and the interaction of those two factors as the focal independent measures. All individual- and neighborhood-level controls were included in the model.

We conducted a series of robustness checks, the results of which are available from the authors on request. First, we analyzed the relationship between neighborhood concentration of older adults and other attributions for experienced discrimination, including race/ethnicity and sex. Neighborhood concentration of older adults was not associated with these attributions. Second, we estimated multinomial logistic regression models replacing the binary age discrimination outcome with a nominal outcome with the following categories: *No perceived discrimination* (base outcome), *perceived discrimination attributed to a reason other than age*, and *perceived age discrimination*. Neighborhood concentration of older adults was not related with perceived discrimination attributed to a reason other than age, and significant findings concerning perceived age discrimination were unchanged from the results reported in this study. Third, we examined both

participant age and neighborhood concentration of older adults as categorical variables, and there was no evidence of nonlinearity of effects. Fourth, we considered different age cutoffs for participant inclusion, ranging between 55 and 65 years old, with substantively similar results across these alternative thresholds. Last, we tested alternative measures of neighborhood concentration of older adults, including the percentage of residents aged 70 or older and the percentage of residents aged 80 or older. Results were stable across each of the measures of neighborhood concentration of older adults.

There were no neighborhood-level missing data (i.e., census data). Of the 1,561 cases in our analytic sample, 1,085 (69.51 percent) had complete data for all individual-level measures. The item with the greatest amount of missing data was income, for which 26.91 percent of respondents did not provide valid information. Excluding income, 92.44 percent of participants had complete data on all other measures. No significant findings were changed by the inclusion or exclusion of income as a control measure. We addressed individual-level missing data using multiple imputation by chained equations (Royston 2005). A total of ten imputed data sets were generated. Imputation enhanced final sample size but did not substantially alter results when compared with listwise analysis.

RESULTS

Descriptive statistics for all individual measures are shown in Table 1. Overall, experiences of age discrimination were relatively infrequent, with 14.41 percent of participants reporting discrimination based on age. Those who did not report any age discrimination were older, more positive about their neighborhoods, had fewer chronic conditions, and visited the

Table 1. Descriptive Statistics for Individual-Level Measures, MIDUS II (N = 1,561)

Individual-Level Independent Variables	Reported Age Discrimination (n = 225)		No Reported Age Discrimination (n = 1,336)		Difference between groups
	Mean or n	SD or percent	Mean or n	SD or percent	
Age (years)	68.38	6.01	69.39	6.49	*
Gender					
Female	122	54.22	740	55.39	
Male	103	45.78	596	44.61	
Race/ethnicity					
White	209	93.30	1,209	91.04	
Nonwhite	15	6.70	119	8.96	
Income ^a	\$9,760	\$10,400	\$11,660	\$14,520	
Education					
Less than high school	15	6.67	142	10.65	
High school graduate	69	30.67	413	30.98	
Some college	71	31.56	365	27.38	
College graduate	32	14.22	187	14.03	
Education beyond college	38	16.89	226	16.95	
Self-rated health	3.31	1.01	3.39	1.06	
Number of chronic conditions	3.68	.23	2.95	.08	***
Instrumental activities of daily living	2.21	.06	2.10	.03	
Number of doctor visits	4.95	.34	4.21	.13	*
Marital status					
Married	145	64.44	901	67.44	
Not married	80	35.56	435	32.56	
Parental status					
Has children	206	91.56	1,225	91.69	
No children	19	8.44	111	8.31	
Employment status					
Employed	50	22.22	242	18.25	
Retired	143	63.56	894	67.42	
Not employed	32	14.22	190	14.33	
Contact with neighbors	5.17	.08	5.20	.03	
Years lived in neighborhood	22.41	16.64	23.37	17.56	
Personal beliefs on neighborhood	3.43	.49	3.56	.47	***
Living situation					
Lives alone	56	24.89	327	24.49	
Lives with others	169	75.11	1,008	75.51	
MIDUS subsample					
Main RDD sample	112	49.78	633	47.38	
Twin subsample	40	17.78	223	16.69	
Sibling subsample	43	23.56	332	24.85	
City oversample	20	8.89	148	11.08	

Note: All descriptive statistics are reported prior to imputation. MIDUS = National Survey of Midlife Development in the United States; RDD = random digit dial.

^aIncome was measured on a scale ranging from 1 = less than \$0 to 42 = \$200,000 or more. The averages and standard deviations are converted to dollar amounts from the raw scores.

p* < .05. **p* < .001.

Table 2. Descriptive Statistics for Neighborhood-Level Measures, Census 2010 (N = 1,492)

	Mean or <i>n</i>	SD or %	Minimum	Maximum
Concentration of older adults				
Percentage of neighborhood residents aged 60 or older	21.97	8.35	2.68	93.85
Neighborhood demographics				
Percentage white	82.14	18.84	.99	100.00
Percentage black	8.41	15.83	0	98.64
Percentage other race	9.46	10.08	0	68.47
Percentage Hispanic	9.15	13.28	0	88.07
Percentage below poverty line	11.67	8.07	0	51.66
Average household income	\$58,398	\$25,270	\$11,919	\$228,573
2010 census boundary change				
Change	676	45.31		
No change	816	54.69		

doctor less frequently than those who did report age discrimination. Descriptive statistics for all neighborhood measures are shown in Table 2. On average, older adults comprised 21.97 percent of the population in participants' neighborhoods, ranging from 2.68 percent to 93.85 percent of the population in particular neighborhoods.

Table 3 displays the results of a binary logistic regression model with robust standard errors concerning the association(s) between neighborhood concentration of older adults, participant age, and the interaction of these two factors with the likelihood of participants reporting age as a reason for discrimination. First, the main effect of individual age was negative and significant (odds ratio [OR] = .97, $p < .05$). This indicates that in neighborhoods with average concentrations of older residents, the oldest studied were less likely to report age discrimination than were younger participants. Second, the main effect of neighborhood concentration of older adults was negative and significant (OR = .95, $p < .05$). This indicates that greater concentrations of older neighborhood residents were significantly related with lower likelihoods of experiencing age discrimination at age

60. Third, the interaction between individual age and neighborhood concentration of older adults was positive and significant (OR = 1.003, $p < .05$), indicating that the relationship between neighborhood concentration of older adults and the likelihood of experiencing age discrimination was weaker for the oldest-old than for the young-old. Figure 1 illustrates these findings. Greater concentrations of older adults protected against age discrimination for residents in their 60s, but that influence weakened with age and became null for residents in their mid-70s and 80s.

DISCUSSION

Using data from a national sample of U.S. adults aged 60 and older and neighborhood contextual information from the 2010 U.S. census, we examined the associations among the concentration of older adults in a neighborhood, one's own age, and perceived age discrimination. We found that the percentage of older adults in a neighborhood was not associated with the experience of perceived age discrimination for *all* older adults. Rather, we identified an interaction such that living among a higher concentration of older

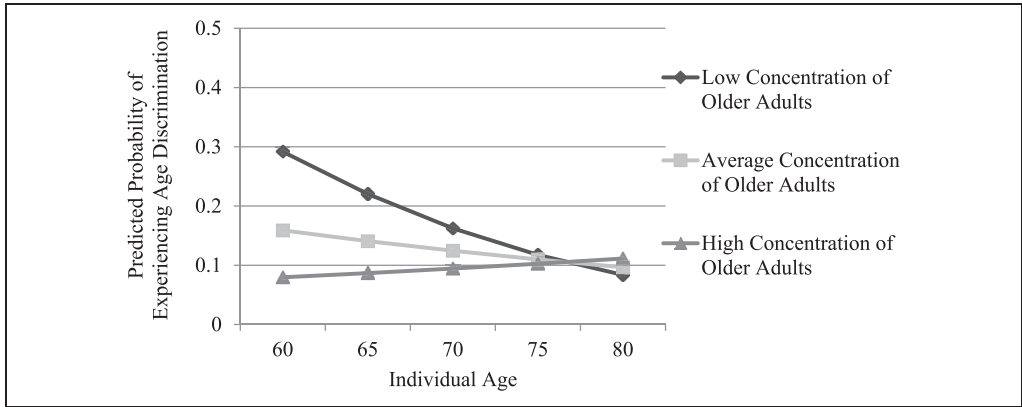


Figure 1. Density of Older Residents and the Likelihood of Experiencing Age Discrimination
 Note: “Low Concentration of Older Adults” is defined as two standard deviations below the mean. “High Concentration of Older Adults” is defined as two standard deviations above the mean. All other covariates are set to their mean values.

adults was associated with a reduced probability of perceived age discrimination for young-old persons but was progressively less influential as individuals aged. The oldest-old experienced low likelihoods of reporting perceived age discrimination regardless of the ages of their neighbors. These findings have implications for future theorizing concerning age discrimination.

Variation in Age Density Effects among Older Adults

We consider three possible explanations for our finding. First, people may perceive less discrimination with age. Psychosocial functioning improves with age, in a phenomenon known as the positivity effect (Mather and Carstensen 2005). Older adults direct their attention and memory away from negative information and toward positive experiences, such that the oldest-old may not even notice instances of age discrimination against them or may not be bothered by them enough to report them on a survey. This possibility violates assumptions of traditional regression models like those used here.

These models cannot adjust for error in measurement of perceived discrimination, such as participants using the scale differently as they age. We believe this explanation is unlikely, however, as other aspects of psychosocial well-being such as depressive symptoms and loneliness worsen rather than improve after age 60 (Dykstra, van Tilburg, and de Jong Gierveld 2005; Mirowsky and Ross 1992).

Second, people may encounter less discrimination with age. As people age, their goals shift toward maximizing the emotional and social meaning of personal relationships. Thus, older persons trim their social networks of ties that foster interpersonal tension and spend their time enriching their emotionally rewarding relationships (Carstensen, Isaacowitz, and Charles 1999). Our results may reflect this process of socioemotional selectivity: the oldest-old may have eliminated sources of age discrimination from their social lives, while young-old persons are still in the process of doing so.

Encountering less discrimination with age is not necessarily due to action on the part of the older person, however. People of all ages treat older people better

Table 3. Logistic Regression Concerning Neighborhood Age Composition and Age Discrimination (N = 1,561)

Predictors	B (SE)	OR
Predictors of Interest		
Percentage of neighborhood residents aged 60 or older ^a	-.05* (.02)	.95
Individual age ^b	-.03* (.01)	.97
Percentage of neighborhood residents aged 60 or older ^a × individual age ^b	.003* (.001)	1.003
Individual controls		
Female	-.26 (.17)	.77
Nonwhite	-.42 (.33)	.65
Income ^a	-.01 (.01)	.99
Less than high school education	-.64* (.31)	.53
Some college education	.14 (.19)	1.16
College graduate	.13 (.24)	1.14
Education beyond college	.09 (.25)	1.10
Self-rated health	.06 (.09)	1.06
Number of chronic conditions	.05* (.03)	1.06
Instrumental activities of daily living	.11 (.10)	1.12
Number of doctor visits in past year	.02 (.01)	1.02
Not married	.31 (.25)	1.37
Parental status	.05 (.29)	1.05
Retired	-.35 (.24)	.71
Not employed	-.37 (.27)	.69
Contact with neighbors	.05 (.07)	1.05
Years lived in neighborhood	.00 (.00)	1.00
Personal beliefs on neighborhood	-.61*** (.16)	.54
Lives alone	-.32 (.28)	.73
MIDUS subsample: twin	-.13 (.19)	.88

(continued)

Table 3. (continued)

Predictors	B (SE)	OR
MIDUS subsample: sibling	.01 (.21)	1.01
MIDUS subsample: city	-.21 (.27)	.81
Neighborhood controls		
Percentage black	-.01* (.01)	.99
Percentage Hispanic	.01 (.01)	1.01
Percentage other race	-.01 (.01)	.99
Percentage in poverty	-.00 (.01)	1.00
Average household income ^a	-.00 (.00)	1.00
Census tract change	-.19 (.15)	.83
<i>F; df</i>	2.02***; 31	

Note: B = logit coefficient; OR = odds ratio; MIDUS = National Survey of Midlife Development in the United States.

^aMean-centered variable.

^bAge is centered at 60.

* $p < .05$. *** $p < .001$.

than younger people, in an ambivalent combination of deference (i.e., the belief that older adults deserve good treatment) and stereotype (e.g., the belief that older adults cannot control their own social transgressions, as in Fingerman and Charles 2010). Alternatively, encountering less discrimination may be due to social isolation: poor functional health may leave the oldest-old housebound and unable to have many interactions, positive or negative, with their neighbors. Our results hold net of level of contact with neighbors, self-rated health, chronic conditions, functional impairment, and doctor visits, but these factors may not fully capture oldest-old adults' social isolation.

A third possible explanation for our results is a selection effect, whereby the persons who experience high levels of

age discrimination are not among the oldest-old survey respondents because they have died, become impaired, or refused to participate. The oldest respondents in MIDUS may be a particularly resilient group. If the oldest-old who experience the most discrimination are also the least likely to participate in MIDUS II, then the present analysis may underestimate effects for the oldest-old because the oldest MIDUS participants compose a unique group that does not experience much discrimination. That is, the resilience of the oldest-old MIDUS participants may obscure a significant main effect of neighborhood concentration of older adults on perceived age discrimination, instead producing the significant interaction effect that illustrates a stronger association for the young-old than for the oldest-old.

Limitations

This study has several limitations to consider. First, although the use of census tracts to define neighborhoods is common in the literature, participants' subjective experiences of their neighborhoods may not align with census tract boundaries (Lee et al. 2008). Future research should incorporate geographic information systems (GIS) technology and participants' subjective appraisals of their neighborhoods in order to more accurately measure neighborhood-level factors.

Second, a number of neighborhood-level measures could not be examined here. To preserve participant confidentiality, the Institute of Aging at the University of Wisconsin-Madison does not provide MIDUS data on the state, region, or urban/suburban/rural setting of participants' neighborhoods. Nor do they link MIDUS data to any external contextual data from the census that might reveal participants' locations, such as population density. Additionally, since few MIDUS participants shared census tracts, we were unable to use multiple individual reports to create aggregate measures of neighborhood-level conditions. Future research should examine whether neighborhood-level factors that could not be included here may modify or challenge our findings. For instance, neighborhood age concentration may be particularly important in more densely populated areas where there is greater everyday exposure to neighbors. Other urban trends such as gentrification may also help explain residents' experiences of everyday age discrimination, given that young, wealthy new residents may discriminate against older, poorer, long-term residents.

Lastly, MIDUS participation was limited to those aged 74 or younger in 1995. The oldest-old participants in MIDUS II were only in their mid-80s. Future research should examine perceived age

discrimination among adults in their late eighties, nineties, and beyond.

CONCLUSION

This study examined the influence of neighborhood age composition on older adults' experiences of age discrimination. Findings revealed that neighborhood density of older residents was associated with less perceived age discrimination for young-old persons but was not influential for the oldest-old, who reported low levels of age discrimination irrespective of neighborhood age demographics. This extends the theory of group density to the experience of age discrimination, a needed expansion of theory in the realm of age discrimination (Barrett, Redmond, and von Rohr 2012).

Furthermore, this study sheds light on the importance of living among age peers for older adults, particularly as they transition from late middle age to older age. However, prior theory suggests the need for caution: age segregation may protect against age discrimination in the neighborhood while perpetuating it in broader society by limiting younger persons' experience of age to shallow stereotypes (Hagestad and Uhlenberg 2005). It is our hope that this study will spur future research exploring the implications of neighborhood age composition for residents of all ages.

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