



aging news

NEWSLETTER OF THE INSTITUTE ON AGING (IOA)

| UNIVERSITY OF WISCONSIN-MADISON

| Summer 2023

Celebrating IOA's 50th Anniversary!

Institute on Aging

50
YEARS

at the forefront
of aging research

1973-2023

We are thrilled to report that in 2023, the Institute on Aging (IOA) has reached the age of 50! In celebration, we have posted information about IOA's history & accomplishments on our website and offer some highlights here:

The Lifecourse of the Institute on Aging:

- IOA began in 1973 as the **Faye McBeath Institute on Aging and Adult Life**. Our benefactor gave generously from the fortune she inherited from her uncle, who founded the *Milwaukee Journal*.
- From 1973-1981, the Institute focused largely on **community service projects** for older people.
- In the 1980s, the UW Graduate School took over funding for the Institute and the **focus changed to research, particularly in the social sciences**. Our name changed to the "Institute on Aging."
- In the early 1990s, the IOA expanded to include support from the UW Medical School, making us a truly multidisciplinary institute. We included **more biomedical research and hosted geriatric clinics** on such topics as osteoporosis and incontinence.
- In 1995, IOA **became the administrative home for the Midlife in the United States (MIDUS) study**, which subsequently became a major component of IOA's work. For the past two decades, MIDUS has been continually funded by the National Institute on Aging for a total of over \$150 million.

Highlights of MIDUS Accomplishments:

Through MIDUS, the IOA has spearheaded vibrant advances in the science of aging and life course studies, including:

- Providing the **first comprehensive look at**

midlife in the United States. Before MIDUS, midlife (years between 30 & 70, with 40-60 at its core) was not well studied, even though it is the longest segment of the life course and a time of notable responsibility for work and family. Midlife adults are thus of critical importance to society.

- MIDUS **changed the focus of aging research** to include long-term pathways to health & well-being, on the one hand, and disease & decline, on the other. MIDUS is **one of few federally-funded national studies that has a comprehensive focus on protective factors** to help Americans age well.

MIDUS was at the forefront of understanding that aging requires a **deeply multidisciplinary approach**. Findings from MIDUS have shown that multiple factors *interact* to influence how aging unfolds. MIDUS thus works across scientific disciplines to investigate how psychosocial & behavioral factors interact with biological, neurological, & genetic factors to illuminate who does or does not age well & why.

Other IOA Accomplishments:

- The **IOA Colloquium** is our widely popular outreach event that brings current aging research and practice to the public. This annual event typically attracts over 600 people from the local community and the campus. For information about the 2023 event, see: <https://aging.wisc.edu/annual-colloquium>
- This **newsletter**, which began in 1991, has been published for over 30 years. It is currently sent to 2000+ readers from the public and across campus interested in the latest news and science about aging.

*Please join us in congratulating
the IOA on its successful aging!*

For a more complete timeline of IOA history and an archive of historical photos, see our website: <https://aging.wisc.edu/ioa-history>



“At a time when nearly a third of Americans die in a state they were not born in, it is important to consider how calculating geographic disparities in life expectancy does not only reflect the overall health of a region, it also reflects migration patterns.”

~ Jason Fletcher, PhD

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A New Approach to Understanding Geographic Differences in Mortality Rates

Most research on how mortality differs by geographic region in the US uses place of residence at death in its calculations. A new study suggests that this provides an incomplete picture because it does not take into account whether people have lived in the same place all their lives. This may limit the usefulness of current data for addressing inequalities in mortality rates.

For example, research has shown that people living in more liberal states tend to live longer. However, this result is hard to interpret without knowing if people in those states have lived there all their lives, or have migrated there from other states that may have been more or less liberal. Data on whether people were born in the same state in which they currently reside, however, cannot always be obtained. For this study, researchers used the newly available Mortality Disparities in American Communities database, which links respondents in the 2008 American Community Survey to official death records from the National Death Index, which has mortality data through 2015. They used a sample of close to 1.5 million individuals to look at mortality rates by state.

They found that the difference in life expectancy at age 50, measured by state of birth versus current state of residence, was 0.58 years for men and 0.40 years for women. This gender difference may be because the overall migration rate is higher for men than women. Additionally, mortality differences were clustered geographically:

- All states in the Middle Atlantic and Midwest regions, except for Minnesota, had *higher* life expectancies when calculated by *state of birth rather than state of residence*.
- Most Southeastern states, already known to have the lowest life expectancy when measured by state of residence, had *even lower life expectancies when measured by state of birth*.

The authors also compared life expectancies

for those who lived in the same state all their lives vs. those who moved out of or into a state. Results showed substantial variation:

- In many Southern states, life expectancies of people who *moved there* were significantly *higher* than for people who were *born there*.
- For five states in the Southeastern region, men who *moved in* had a life expectancy more than *two years higher* than those who were *born there*.
- In contrast, in the Northeast and Midwest, the mortality rates of people who *moved there* and those who were *born there* were *similar*.

Further results show that patterns of migration were not primarily flowing from states with *lower* life expectancies to states with *higher* life expectancies. Although some people may purposefully leave states that have detrimental effects on their health, such as people who migrated out of Louisiana after Hurricane Katrina, migration is often motivated by employment opportunities, going away to college, or moving closer to family.

These results show that looking at mortality differences by the widely used state of residence underestimates the extent of geographic inequality in mortality, compared to looking at it by state of birth. Since overall life expectancy in the US has declined recently, and inequalities in mortality rates have increased, the authors suggest that more research is needed to disentangle the effects of migration on mortality. Such information is critical for evaluating public policy programs seeking to reduce geographic inequality in mortality rates.

Source: Fletcher, J. M., Engelman, M., Johnson, N. J., Hakes, J., & Palloni, A. (2023). Understanding geographic disparities in mortality. *Demography*, 60(2), 351-377. <https://doi.org/10.1215/00703370-10609710>

Some Good News about Stress: It is Likely to Decline as We Get Older

Recent research suggests that Americans are experiencing more stress than ever. Additionally, stress has been linked to multiple physical and mental health problems, including depression, anxiety, sleep disorders, heart disease, and early mortality. A recent study from MIDUS, though, has some good news about stress: individuals seem to experience less of it as they age.

This study was the first to gather data about daily stress over a 20-year period with adults from a wide age range (25 to 74 years old at the beginning of the study). Three thousand participants provided daily reports about their stressful experiences for an eight-day period. These reports were collected three times, approximately 9 years apart, around 1996, 2005, and 2017.



Participants reported daily on the:

- **Amount of Stressors:** how many stressful experiences they encountered, such as arguments with their partner, feeling overloaded at work, or financial problems.
- **Reactions to Stressors:** whether they had negative emotions, such as feeling nervous, worthless, hopeless, or like everything was an effort.

Results showed that **stressful experiences decreased as people got older:**

- 25-year-olds reported stressors on nearly half their days, while 70-year-olds reported them on only 30% of days.
- On average, adults showed an 11% decrease in stressors over the 20-year period.

Results also showed that people had **fewer negative emotions in response to stress as they aged:**

- The youngest adults reported the most negative emotions on days they experienced stressors.

- They also showed the greatest decrease in negative reactions to stress (47% less) as they aged over the 20-year period.
- Overall, the amount of negative emotions people experienced in response to daily stressors declined until age 55, after which it remained stable, although the *number* of stressors people experienced continued declining as they aged.

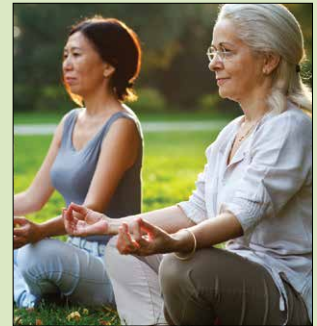
Why Do Older Adults Have Less Stress?

Scientists have multiple theories as to why stress is likely to decline with age:

- Younger adults report more major life challenges and often have more social roles. For example, they may be starting a career, finding a life partner, or beginning to have children. People with multiple roles are more likely to experience conflict between those roles, which can increase exposure to daily stressors. Older adults may have fewer stressors because they have more leisure time, they have retired, and their children are grown.
- Another theory is that as we get older, we become more aware of the brevity of life. As a result, we want to make the most of it by focusing on good things, so we seek out positive situations and avoid stressful ones.
- Finally, it's possible that as we age, our past experiences help us develop better ways of avoiding stressful situations. We may also become better at coping with them when they do occur, so that we have fewer negative emotions in response.

In conclusion, the authors point out that although stress can damage our health and cause us to age faster, growing older seems to help us lead less stressful lives.

Source: Almeida, D. M., Rush, J., Mogle, J., Piazza, J. R., Cerino, E., & Charles, S. T. (2022). *Longitudinal change in daily stress across 20 years of adulthood: Results from the National Study of Daily Experiences. Developmental Psychology*. Advance online publication. <https://doi.org/10.1037/dev0001469>



Although stress can accelerate the aging process, growing older may help us lead less stressful lives.



Midlife in the United States (MIDUS) is an ongoing multi-disciplinary study administered by the Institute on Aging that is following over 11,000 US residents to understand factors that influence their health and well-being across the decades of adult life.

MIDUS.wisc.edu

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*"Today is the oldest you've ever been,
and the youngest you'll ever be again."*

~ Eleanor Roosevelt

33rd Institute on Aging Annual Colloquium



FREE PUBLIC EVENT

Wed., Sept. 27, 2023

8:30 am - 1:30 pm
in Madison, WI

Racial Disparities in Health: Challenges and Opportunities

David R. Williams, PhD, MPH, Harvard University

This presentation will provide an overview of large and persistent racial/ethnic disparities in health and will also describe promising interventions that can eliminate racial/ethnic gaps in health.

Throughout the State and Across the Life Course: Studies of Health and Aging in Wisconsin

Michal Engelman, PhD, MHS, UW-Madison

This talk will introduce two rich resources for studying the social determinants of health, the Survey of the Health of Wisconsin (SHOW) and the Wisconsin Longitudinal Study (WLS), which offer remarkable breadth, depth, and insights into the health consequences of (dis)advantage across cohorts, racial/ethnic groups, & geographic contexts.

Experiences of Discrimination, Feelings of Purpose in Life, and Brain Health in the Midlife in the U.S. (MIDUS) Affective Neuroscience Project

Stacey M. Schaefer, PhD, UW-Madison

Findings from MIDUS will be shared that describe how adverse experiences (such as daily discrimination) and wellbeing factors (such as feelings of purpose in life) are associated with brain measures linked to brain health and aging.

The Power to Change Lives: 20 Years of the UW Odyssey Project

Emily Auerbach, PhD, UW-Madison

Dr. Auerbach will share the connection between her parents' background escaping poverty and her founding of the award-winning UW Odyssey Project, whose graduates have moved from homelessness to UW degrees, and from prison to meaningful work.

The Annual Colloquium also includes our:

- **Health & Resource Fair**
with local aging organizations
- **Poster Session** showcasing recent aging research.

Registration Opens August 7th

aging.wisc.edu/annual-colloquium