

La Dolce Vita, the Italian Case Study: Linking Culture,
Policy and 'ACTIVE AGING'

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Using their collective experience, their moral courage and their ability to rise above the parochial concerns of nation, race and creed, they can help make our planet a more peaceful, healthy and equitable place to live. Let us call them Global Elders, not because of their age, but because of their individual and collective wisdom. We call this the spirit of Ubuntu – that profound African sense that we are human only through the humanity of other human beings. – Nelson Mandela, Founder, The Elders

Recognizing global citizenship, *The Elders* is a coalition of independent global leaders, no longer holding office, who cooperate and support international human rights, labor, environmental standards and peace (The Elders.org). The illustrious *Elders* exemplify a life after retirement, still contributing to the ascendancy of elders in a community. To make a difference in the political prospects and advocacies affecting elderly in society – steering away from the “need-based” perspective of aging – one need not be a Nelson Mandela since people, including the elderly, are one of the *resources of a country*. Moreover, if wisdom comes with age, why are the elderly sometimes perceived as having little to contribute to society?

Society should celebrate the achievements of the elderly and applaud them for their unique accomplishments. At 99, Miczyslaw Horszowski, a classical pianist, recorded a new album; at 91, Hilda Crooks climbed Mount Whitney, the highest mountain in the United States; and at 91, Lucille Borgen won the National Water Ski title (Haber, 2012). These elderly may be labeled as “over achievers;” however, they are examples of *Active Aging – people who are successful, positive, and experiencing a high quality of life in their aging years*. Aging is not a disease, or a *problem*; rather, it is an inevitable tide to which we all will succumb.

Older adults typically leave the labor force, which is synonymous with productivity, and retire. However, retirement does not have to punctuate a *productive life*. An elderly person living a productive life is simply being an active member of the community, living a *lifestyle fostering autonomy, interacting on a multilevel environment of family, community and society*. Undoubtedly, the major backbones supporting activity in the elderly must be reinforced by the

culture of that society, the policies and the political support which is witnessed in societies with a large aging population, such as Italy.

Modernity, industrialization and globalization have immensely affected the living standard and family structure of the aging population (Marcellini et al., 2007), a change revolutionizing and de-institutionalizing the Italian culture's deeply ingrained norm of *familism*. However, Italy's elderly population continues to be productive and active as its country's policies and environmental infrastructure fosters and "supports at the individual level the variability, plasticity, and modifiability of the elderly" (Fernandez-Ballesteros, 2008, p14). This graying of the population is not only occurring in Italy but resonates globally.

This paper refers to the aging individual who is 65 years and older, the retirement age ushering in old age which was first arbitrarily decided by Otto von Bismarck (1815-1898) (Germain & Bloom, 1999). *However, "Active Aging" starts in childhood and is, in reality, a life course perspective, encompassing everyone in society.* "Active aging" cannot just be addressed when a person gets to be sixty-four, but must be considered when they are in their twenties and thirties, since the activities at that point would likely mirror their involvement in those same activities when they are in their sixties.

The *younger* population must buy into the Active Aging initiative, as the environmental infrastructure and the subsequent health initiatives will serve/benefit them as well. Active aging discourse differentiates itself from merely looking at the economic perspective of being physically active, participating productively in the labor force, into the broader analysis of active, continuing participation in social, economic, cultural, spiritual and civic affairs. *Successful aging is a multidisciplinary, multigenerational collaboration.*

This paper will examine the experience of Active Aging in Italy and is informed by my study abroad through a University of Washington Nursing Exploratory Seminar. I will look at the case study of Italy as it showcases Active Aging with the intention of examining the ramifications for policy in the United States. Coalition of policy and culture takes the perspective of understanding that society's culture and, therefore, *culture appropriateness* becomes the focus, otherwise, such policies do not last or becomes rejected (Ostrom, 1997).

This paper uses the methodology of participatory observation, interviews with the local people, and lectures from Italian health care providers as well as critical literature reviews. The limitation for the critical Italian literature research is access to English resources only as most research articles are published using the Italian language. The paper will cover the following: 1) the contextual background; 2) a socio-anthropological case study analysis of the Italian culture, its intergenerational social reciprocity on aging and its respective policy; 3) the intersection of the coalition of culture and policy and implementation of Active Aging; and 4) a discourse of the elderly, policies and Active Aging in the United States.

Contextual Background

This section will show the global aging population trends, the origin of Active Aging and how the Active Aging framework began.

Demographic Trends Where Numbers Matter

The global aging population trends reveal that the typical “triangular pyramid of 2002 will be replaced with a more cylinder-like structure in 2025” (World Health Organization, 2002, p.6).ⁱ The *WHO 2012 Global Brief* confirms that in the mid-20th century, those 65 and over were “just 14 million” globally; however, the number of people in this age group will escalate by 2050, when there will be “100 million living in China alone and 400 million people in this age

group worldwide” (p.10). The United States is not spared either, as its demographic profile confirms that in 2010, those aged 65 and over, numbered at 40 million, and are projected to increase in 2030 by 72 million or 20% of the total population (Federal Interagency Forum on Aging-related Statistics, 2012).ⁱⁱ

The “Baby Boomers,” or those born between 1946 and 1964, started turning 65 in 2011 and will eventually retire from the labor force, indeed, impacting the standard of living and socio-economic fabric of the United States. Anxiety over the increase in the number of elderly is closely connected with the heavy medical expense of this population. If the United States is currently experiencing the problems of caring for the elderly, juggling Medicaid/Medicare funds and implementing the Patient Protection and Affordability Care Act in its desperate attempts to offer affordable healthcare coverage for everyone, how would the U.S. sustain the needs of the 35 million over the age of 65? If a person is a member of that population, what kind of life must he or she envision? If a person belongs to the younger population, what kind of care and opportunities does he/she want for his/her parents or loved ones?

People are living longer in the twenty-first century. This longer life expectancy is attributed to “advances in medical care, greater access to health care, healthier lifestyles and improved living conditions before and after people reach age 65” (Organization for Economic Cooperation and Development (OECD) 2012, p.18). Better education and more advanced technology are keys to longer lifespan. These global demographic trends will undoubtedly usher in a myriad of socio-political repercussions which governments must resolve. Italy had been proactive dealing with its aging population, by supporting Active Aging with cultural policies, and political infrastructure due to its large aging population.ⁱⁱⁱ

Governments with a large aging population will find it costly to maintain the economics of preserving pensions, health care needs as well as other remunerations. Economically, nations with aging populations will face a tradeoff between labor supply and the standard of living, with social repercussions reverberating through a vicious cycle of poverty, loneliness, ill-health and more human suffering. Thus, developing and implementing policies that supporting the aging population locally and globally are of paramount importance.

The Origins of Active Aging

Gerontologists and socio-political analysts have not considered aging from the perspective of biomedical reductionism but from multidimensional conceptualization of successful aging (Baltes & Baltes, 1990; Fernandez-Ballesteros, 2006). Aging is paradoxically viewed as merely an erosion of youth (Hohn, 2006), a positivist view originating from Plato (428-348 B.C.). Plato's progressive stance on aging claimed that aging was a phenomenon throughout a person's lifespan (Fernandez-Ballesteros, 2008). Banduras (1986) interjected that the human being is a bio-psycho-cultural entity constantly evolving, interacting and changing through his entire lifespan. Biomedical and psychosocial negative co-variants may decline in aging, however, positive development accumulated through the lifespan integrates with the human being's high level of plasticity (Fernandez-Ballesteros, 2008; Lehr, 1982; Whitebourn, 2005) and connotes stability in aging.

This positive concept of aging has been affirmed by gerontologists and socio-political scientists, forming the groundwork of what is known today as the "Active Aging policy." Active Aging is not a new gerontological paradigm. Since the 1950s, the ensuing discourses of socio-gerontologists regarding aging and its role in society led to two theories: the *activity theory*, proposing an active lifestyle and a more satisfying personal life in the aging years (Katz, 2000)

and the 1961 *disengagement theory*, meaning a person learns, works and rests warranting a life of dependence, decline and death (Boudiny & Mortelmans, 2011). This view originated with Aristotle (384-322 B.C.).

Recognizing the unstoppable global greying of the population, it was only in the late 1990s that the World Health Organization Ageing and Life Course Programme adopted this term “Active Aging.” This was explicitly defined in the Second United Nations World Assembly on Ageing, convened in Madrid, 2002, as:

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age (WHO, 2002, p. 12).

This definition was further expanded into the WHO “Active Aging” framework, grounded on the human rights of the elder population, and integrated with the United Nations principles of independence, participation, dignity, care and self-fulfillment (WHO, 2002).

Pursuant to the Active Aging policy framework, the Council of Europe, in collaboration with the European Population Committee had done further studies on this policy implementation (Avramov & Maskova, 2003), and the European Commission has drawn labor policies on active aging as well (Zaidi & Zolyomi, 2011). In the United States, the Environmental Protection Agency (EPA) looks into existing physical environmental infrastructures in communities supporting the mobility of active aging and supports a small amount of research through its Active Aging community initiative. The Centers for Disease Control and Prevention (CDC) also promotes Active Aging as an essential to healthy aging.

Active Aging and its subsequent policies are not just about biomedical reductionism and health coverage compensation. Rather, Active Aging is supporting and nurturing an environment that empowers an aging individual with educational and volunteering opportunities to remain an active member of society. Deviating from the stereotypical image of the elderly as

one of dependency and rest, “Active Aging” means that public policies support the aging individual as a valuable, productive resource of society, unrestrained and unencumbered by ageist labor policies.

Moreover, “Active Aging” recognizes and sustains the positive volunteer contributions of the elderly in the civic, cultural and political affairs of society. Furthermore, these policies concern programs for the elderly centered on age-friendly environmental infrastructures and the role of social capital in intergenerational cooperation, familial support, accommodation or reduced impediments to employment for elders in good health, and “fit for work.” Lastly, “Active Aging” is about the elderly engaging in leisure activities of sports, travel, and creative hobbies, which are tailor-made to the individual’s capacity, which *enhance the physical as well as cognitive health and quality of life.*

Physical activities and social networking – whether it is through a paid job, volunteering, or participating in leisure interests – are similar to the oil lubricating the door’s hinges. As lubrication prevents rust and squeaky hinges in doors, “Active Aging” creates a fluidity in an elderly’s self-esteem and quality of life (Fernandez-Ballesteros, 2008), integrating the aging individual as a productive member of civil society. The significance of the Active Aging policy is magnified, and claims its niche when the global aging population comes into perspective.

Culture and Policy – Beyond Hegemonic Power

Culture is the stamp of past legacy, consisting of artifacts, knowledge, beliefs and values of human behaviors – a person’s “social heredity,” or “the blueprint for behavior... precipitate of learned human adjustments to the physical environment and to societies” (Williams, 1960, p. 22-23). Culture is not about emphasizing hegemonic power brewed from some primordial trap but

the expression of identity, aspirations, social norms and meaning of belief systems showing the predisposition and movement of public action (Rao & Walton, 2004).

Social networking and integration of policies adopted due to public action must be *culturally appropriate*. Basing her conclusions on the synthesis of longitudinal studies of institutional framework, Ostrom (1998) affirms that rational citizens are not helpless consumers of political life, rather, they “build conditions in which reciprocity, reputation and trust can help to overcome the strong temptations of short-run self-interest” (p.3). This is a reality that transcends history.

With the onset of modernity and globalization knocking down barriers and borders, diaspora and the ‘Other’ have taken on new meaning. Botz-Borstein (2006) aptly coined a term signifying this harmonious blend as “glocalization,” a hybrid form of globalization melding into the local or ethnic cultural experience. The *coalition of culture and policy*, as exemplified by this Italian case study which adopted the Active Aging policy, is significant, as policies persist and last, if they are culturally appropriate. Culture indeed matters. A close scrutiny of the Italian culture demonstrates this culture’s efficacy in adopting the Active Aging policy.

La Dolce Vita – the Italian Culture, Norms and Values

The Italian culture, its norms and values had been the grounds where Putnam (1941-) had developed his theories on social capital, which will later be discussed. This section gives the readers an appreciation of why Italy naturally assimilated Active Aging.

From the socio-anthropologist perspective on Mediterranean societies, Filipucci (1996) sums up the uniqueness of Italian culture as: the concern for *honour (onore)* a form of social status based on the fulfillment of sexual roles, *familism*, preference for personalistic forms of

political action or “*compadre system*,” *amicizia* or friendship, *clientelism*, strong subnational (localistic and regionalistic) identities, corruption and the *Sicilian code*.

Filipucci (1996) derived her observations from the studies of Friedman in Matera of the Basilicata region. Friedman and Tullio Tentori were Italian scholars who initiated *anthropologia culturale* – the 1950s anthropological studies of urban, bourgeois and modern culture of Italy. The Friedman studies observed that the culture of the Southern peasants as being *la miseria*.

The Marxist thinker, Gramsci (1891-1937) claimed the class domination, not solely based on economic supremacy, but “on the imposition of a system of moral, political, and cultural values which he called *hegemony*” (Filipucci, 2006, p.60). Filipucci (1996) also cited the 1987 study of Goddard on the Neopolitan working class which give the paradigm built on the “resignation and attachment to values like virginity and honour, ‘pitiful attempts’ to uphold individual and collective indignity in the face of economic, political and social deprivation” (p.54). It was ties of neighborhood and “*godparenthood*” that showed the solidarity of families.

The prominent Italian historian Paul Ginsborg (1943-1980) reinforces that “*familism* (defined as exclusive emphasis on family values and actions)...weakens Italians’ responsibility and their associations with civil society and national government...[making]Italy,...not so much a national state as it is a collection of millions of families” (Killinger, 2005, p.71). Forgacs and Lumley (1996) expound that Italy has a “weak national identity and a strong inward-looking attachment to the locality and family” (p.8). Furthermore, Miller and Miller (1978) concur:

The moral injunction to serve the family is incumbent upon all. That everyone is under such an obligation is beyond doubt...moral norms demand that everyone should serve the family, subordinate their private interests to its needs, and sacrifice themselves for its benefit. But when it comes to those who are not members...expect the worst (p.117).

Dyadic friendships within a village or commune transpire through real or ritual kinship whose aim is to preserve the honor of the family (Miller & Miller, 1978). The movie, *Godfather*,

displays the typical norms/values of a *compadrazgo* or the *compadre* system which can never be renounced. The godparents are not just spiritual stewards supervising children's behavior but also have the authority to attempt to resolve family conflicts (Miller & Miller, 1978).

The *compadre* system, a principal obligation of ritual kinship, entails not just one's manner of speaking but is also shown by not smoking, drinking or gambling in the presence of the godparents. A person must be on his best behavior. Godparents are always visited before and after a long absence from the village or community. In turn, the godparents extend their assistance with the basics like food, teaching skills, to counseling or advising in personal or economic matters (Miller & Miller, 1978).

Filipucci (1996) cites that in the rigid codes of Sicilian culture, men are the providers and defenders in domestic affairs, where chastity is regarded as men's honor and loss of chastity as women's shame. In a study on Neapolitan working class women, Goddard (1987) showed women's role in public and domestic affairs linking social prestige with sexual roles (Filipucci, 1996). Goddard (1987) study cites how "women controlled their sexuality, manipulating norms to their own advantage, e.g. becoming pregnant to hasten a marriage...honor and shame are related less to women's individual worth than to group identity, of which women are the carriers" (p.55).

Individualism is portrayed by Eve (1996) as he describes the *sistema economico Italiano*, or the *bustarella* (envelope) where, many self-serving middlemen get their cut as it passes through them. Bribing becomes a means to soften "stringent" rules. Corruption is so commonly practiced that it is accepted as a norm of behavior attributed to the Italian "*particularism*" and "*familism*" which is "perennially subject[ed] to pressures of favour to friends and relatives and concomitantly incapable of adhering to the impersonal rules" (Eve, 1996, p.36).

Paradoxically, the Italian strong moral conscience is due to the longstanding historical presence of the Catholic Church. Despite the dialectic relationship of Church and State, the social norms – based on ethical recognition of crime, punishment and sin – have averted “institutional weakness sliding into anarchy” (Magatti, 2003, p. 7).

Familism, honor, the *compadre* system, *clientelism*, corruption and the “Sicilian code” define the Italian culture which, in turn, are the grounding ideas of the term, “Social Capital.” What is it like to be an elderly in such a society? The next section will give insights on the aging population in Italy, its health disparities and multigenerational support, its social capital.

Aging and the Elderly

Observing the crowds at piazzas, bus stops, train stations, restaurants and other public places, one has no doubt that Italy has a huge elderly population. The current aging profile of Italy replaces the traditional A-shaped demographic pattern with an atypical V-shaped pattern, “characterized by three or four living grandparents, and at most only one grandchild” (Cherubini, Gaspirini, Orso & Di Bari, 2009, p. 310). In 2050, one out of two will be over 60 and one out of six over 80 (Lombardi, 2002).

Italy has one of the longest life expectancy rates in the world, about 84.5 years (ISTAT, 2012) with 20.8% of its population, aged 65 and over. With a growth rate of 2.4% among youth aged 15 and younger (OECD, Stat Extracts, 2011), and a fertility rate of 1.4% (OECD, Stat Extracts, 2009), this suggests that Italians weigh the “cost and benefits of having children” versus the “cost and benefits of living alone or in a union without children” (Kokkenen, 2012). Women responding to the economic incentives of participating in the labor force postpone marriage or forego having children (Kokkenen, 2012). Italy spent 9.5% of GDP on healthcare

for 2009, covered by the Italian National Health Services, with an average expenditure of \$3,137 per capita – slightly below the OECD overall average spending (OECD, 2011).

In Italian law, there is no legal definition for the elderly, but it is a term freely defined in the fields of economics, sociology, and psychology (Lombardi, 2002). This being said, the Italian constitution assures the elderly have rights as everyone. With socialized healthcare, good healthcare is a rightfully given to the elderly. Pensions are given to the elderly whether or not that person had made contributions (Lombardi, 2002). Being an Italian citizen or having worked there for many years, any aging person living in Italy collects some pension which could be: *old-age pension*, which is dependent on pensionable age; *seniority pension*, independent of age but based on contributions made; and *social pension*, a minimum social protection, based on age and collected by citizens who do not qualify for any other pension (Cherubini, et al., 2009, Kunkel, 2009).

In a social welfare state like Italy, the elderly and disability pension, and the surviving spouse pension, accounts for 16.7% of the GDP (Cherubini et al., 2009). Italy also has the highest public expenditure on old age and survivor benefits, at 14.1% of GDP (OECD, Stat Extracts, 2007). These generous pensions, skewed with an “almost a complete lack of family benefits and services, employment/income and poverty relief” were a legacy of the 1969 reforms that took place before the population began aging rapidly (Sciubba, 2012, p. 68). OECD (2011) confirms that although the elderly people have pension incomes lesser than those who are working, 72% of those over 65 own their houses, with men more likely to be homeowners than women. Italy, along with Germany and Japan, has the “single most pro-elderly biased welfare states in the OCED world,” with a culture of early retirement (Sciubba, 2012, p. 55)

Health Disparities and the Aging

In Italy, health disparities are expressed in the North-South gradient which is also the socioeconomic divide (Franzini & Giannoni, 2010, Olivadato & Bordogna, 2011). Northern Italy has the industries and big businesses, whereas the South relies more on agriculture. Moreover, within the Italian society, health disparities go hand in hand with social class stratification – which exists not due to “subjective opinion of individuals, but [due to] the material conditions that allow some to have greater access to material, cultural and social assets” (Olivadoti & Bordogna, 2011, pp.426-427).

Data from the “*Indagine Multiscopo sulle Famiglie*” survey shows the various features of the daily life of Italians for which Franzini and Giannoni (2010) conclude that poor health outcomes are a direct result of income inequality, unemployment, and poor living conditions. It is interesting to note that although Italy may have a socialized welfare system, health disparities still exist, as detailed in the *Black Report*, dating back to the 1980s (Olivadoti & Bordogna, 2011).^{iv} In general, although the elderly are less affected by economic disparities due to pensions received which augment their daily expenditures, nevertheless, the changing structure of the family affects them most (Marcellini et al. , 2007).

Transformation from Multigenerational to Nuclear Family

The issues of modernity and globalization ushering the change from agricultural to industrial economy have immensely affected the living standard and family structure of the aging population (Marcellini et al., 2007). This change has revolutionized the Italian culture’s deeply ingrained norm of *familism*. The traditional Italian “patriarchal,” multi-generational family has been transformed to a nuclear setting with parents and children. This is confirmed by the

European-funded Mobilate 2000 project which queried the urban-rural disparities affecting the elderly in Italy (Marcellini et al., 2007).

Aside from better living conditions for the elderly in the urban areas, the most significant finding was the change in the family size and social network support for the elderly. The study showed that the number of children born to families in the rural areas was, “between 2 to 3 compared to 1 to 2 per urban family, (p. 248); living alone was a strong indicator of family change” (Marcellini et al., 2007, p. 249).

The Italian survey on families conducted by the Italian Statistics (2006) showed the fertility decline points to the new trend of cohabitation, instead of marriage, which is postponed until later in life – if couples even decide to do so (Tabuchi, 2008). The population dynamics in Italy show a conspicuous trend of “*deinstitutionalization of the family*” (Tabuchi, 2008, p.67), as living alone has become the lifestyle of many young as well as aging Italians today (Lombardi, 2002; Tabuchi, 2008). More elderly are seeking outside help since family size is shrinking, and relationships are breaking down. Loneliness and stress are other problems affecting the elderly aged 65 and over (Lombardi, 2002; Marcellini et al., 2007), as more women are integrated in the workforce, and unable to care for the elderly father and mother (OECD, 2011).

Italy may have many socio-economic problems as well as the de-institutionalization of family, yet the elderly population has better quality of life due to Active Aging and its inherent social capital. This is presented as the case study since this culture has naturally applied the principles of Active Aging, long before the Active Aging was initiated by the WHO. This is a success story of Active Aging, simply because many generations back, physical activity had been long valued.

The Italian Case Study on Active Aging

Culture is a key factor that “shapes the way in which we age because it influences...the determinants of active ageing” (WHO, 2002, p. 20). At the crux of the Italian culture is the strong history and traditions of participation in community life compensating for the current de-institutionalization of the Italian family. Social and cultural norms towards civic engagement, as well as voluntary involvement in organizations have kept the aging Italian occupied. The family may have been the “bedrock of our sense of security and belonging to the world” (Angel & Angel, 1997 p. 88), ensuring the existence and sustainability of society, giving people their basic support system at every stage of the human life span, however, when the aging Italian cannot turn to the family for fear of imposing himself or herself, the immense social support the aging Italian had earlier developed in life a safety net that can help him during the emotional and physical downturns.

Loneliness, expected to accelerate in extreme old age, is mitigated by social support. This social support had been the focus of **social capital**, popularized by the Italian studies of Putnam (1993) as he studied the disparities of political culture in northern and southern Italy (Jennings, 2007). However, social capital was first mentioned by Bourdieu (1970) in *La Production* and later in 1983, *Okonomishes Kapital, Kulturelles Kapital, Soziales Kapital* where he defined:

Social capital, made up of social obligations (‘connections’)... [is] the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition – or in other words, to membership in a group.(Smith & Kulynych, 2007, p. 45- 46).

Bourdieu counts social networking as a vital source of capital, just like money is the capital in economics. Bourdieu’s approach to social capital draws on the dynamics of power, class distinction and domination of social life set within the context of the society the individual is

interacting in (Forsman, Herberts et al., 2012). On the other hand, Putnam (1993) emphasizes the trust and voluntary associations in social capital, creating consensus and collective welfare, which is particularly valuable to the aging individual. Regardless of the interpretation, the bottom line is that social capital, which denotes social networking, is a useful tool in Active Aging as this is what the Italian elderly, and the elderly population anywhere, can rely on to give them purpose and drive to get out in the community and be active.

Italian society may be riddled with problems, just like the United States or any country; however, the Italian culture imparts an invaluable lesson about Active Aging. Active aging is not just an empty rhetoric but an effective policy tool (Boudiny, 2012) ensuring an active, better quality of life. For example, volunteer activities rendered by the elderly are well endorsed by Italian law as active participation in social, civic and cultural life is highly desired. Some of the volunteer services the elderly can engage vary from managing public parks through gardening and horticulture to skills training for any volunteer work which need these skills. A unique feature of elderly volunteerism is the time banks where skills and services are shared within the members of the community and the municipality provides the venue for the activities, resources and information services (Lombardi, 2002).

The physical lay-out of the environment impacts the physical and mental health of the elderly. In Italy, elements of the environmental conditions that promote an Active Aging lifestyle are neighborhood walkability, safe access for bicycle mobility, architectural features promoting visibility, such as good lighting and long-term residence in a stable urban environment (Annear, Keeling et al., 2006). These environmental elements were in place in Italy for many decades before the Active Aging framework was formulated. Bicycle lanes enable a

form of transportation utilized across the lifespan. For this reason, bicycle lanes are prominent in local roads as well as bike roads that run parallel to highways connecting one town to the other.

In the piazzas, benches and ledges near public buildings promote social capital or social networking opportunities for the elderly. Along the coast, clad in their swimsuits or jogging suits, the elderly stroll down the shores with their canes. To further promote Active Aging, education for the elderly in Italy is extended through the Third Age Universities and Study Centers in Italy where the elderly aged over 65 of age can enroll in its formal education of computer science and Web design, general culture and foreign languages, or its informal education which offer expressive education in graphic arts and crafts, restoration, painting, sculpture, mosaics, glass work, photography music, gardening, volunteer work education and environmental education (Principi & Lamura, 2009).

The Third Age Universities and Study Centers are mostly nationally funded through subscription and associative installments (Principi & Lamura, 2009). Active Aging in Italy promotes many social opportunities for physical activities as well as optimal cognitive activity, which, then enhances the physical and mental health, and self-esteem of the elderly.

The next section will discuss the significance of linking culture and policies together, specifically as they relate to aging.

Coalition of Culture and Policies

The [policy] decisions that we make over the next few decades will matter greatly for the living standards of our children and grandchildren. If we don't begin soon to provide for the coming demographic transition, the relative burden on future generations may be significantly greater than it otherwise could have been. – Ben Bernanke, President of the U.S. Federal Reserve, excerpt from his speech delivered at US Congress, 2006).

Bernanke tersely stated his insights into the social ramification of an aging society when policies are not in place. Oftentimes, policies adopted are scrutinized using only the economic and political concerns; it is very rare that the cultural lens is even considered. Bearing in mind that

the society's culture is significant in policy implementation, adopting culturally inappropriate policies that go against the social norms and create social dilemmas, will cause these policies to eventually be rejected and no change will occur (Ostrom,1997).

Looking at the demographics of the aging trend only reinforces the picture of the local and global aging issue – an issue overlooked by younger generations, unless they are affected by some active involvement in caring for an elderly family member. The hard reality is that the issues surrounding the elderly are *everyone's concern* – regardless of age. After all, people, including the elderly, are one of the ultimate resource of a country. The Active Aging framework is a paradigm shift that translates into public policies encouraging productivity which embraces creativity, leadership, and achievement (Posner, 1995; US Department of Health & Human Services, 1997; WHO,2012).

In studying policies governing the elderly in Europe, Da Roit (2010) asserts the key role of organizations “to transmit and contribute, to reproduce social norms and institutional features, to channel social demands towards the policy level... the result of explicit choices that matter greatly in defining a system's trajectory” (p.156). In the case studies of long-enduring systems, Ostrom (1998), a renowned political scientist, gives the insight that communities that preserve environmental systems are effectively sustained by its communities who devised policies and rules governing the environmental or resource sustainability.

For policies to be appropriate, “fitting like a glove in the hand,” they must not be exclusively viewed from the economic aspect (Rao & Walton, 2004; Sen, 2004), but specifically ruminate the influencing culture with its ingrained social norms or implied “rules in use” (Ostrom, 1998) as social norms determine the subtle interwoven social capital networking.

The interconnectedness of structure, agency and the policies adopted must not be divorced from the culture stemming from its social networks. People have taken culture for granted as many regard that the “role of culture in development [is] either...a primordial trap, a mystical haze, or a source of hegemonic power...[and this has] not prove[n] to be very useful as guides for public action” (Rao & Walton, 2004, p. 3). Moreover, culture “is to social organization as mind is to [the] brain, [since] it is part of an internal organization interaction within the system of society” (Douglas, 2004, p.91). Indeed, it is very difficult to escape culture since every society has a prevailing culture, and ignoring this is detrimental to the survival of the individual in such an environment.

Culture may demonstrate the inclination and interaction of people, however, it is “heroic oversimplification” and “epistemic nonsense” to say that culture “hopelessly seals the fate of countries” (Sen, 2004, p. 38). Culture matters as it interacts with development influencing economic behavior, as well as enhancing political participation, social solidarity, mutual cooperation and reciprocity (Ostrom, 1990; Putnam, 1993; Sen, 2004).

Sociologists and political analysts have recognized and integrated the role of culture in the schema of effective social movements and policy making (Appadurai, 2004; Bourdieu, 2004; Ostrom, 1998; Poletta, 2008; Rao & Walton, 2004; Sen, 04). After all, policy-making is a process of informed problem-solving (Colebatch, 2006), causing a paradigm shift, which results in a more favorable, desired outcome. Policies emerge from existing problematic social phenomena amenable to human solutions, and are “created by people trying to make sense of their world and deciding how to act” (Burstein, 1991, p.331).

The subsequent section will discuss the perspectives and policies regarding aging and the care of the elderly population in the United States.

The Urgency of Policy Implementation on Active Aging in the United States

As previously stated, the United States has an aging profile of “in 2010 of 40 million aged 65 and over” will be projected in 2030 “to be 72 million, representing 20 percent of the total U.S. population” (Federal Interagency Forum on Aging-Related Statistics, 2012, p.xv). The “Baby Boomers” will eventually retire from the labor force, thus, impacting the standard of living, cultural practices and the socio-economic fabric of the United States.

The U.S. is credited for many trailblazing achievements pioneering an extensive gerontology research program, and the U.S. still leads gerontology research efforts today (Palmore, 2009). However, in comparison to other countries – even considering the impressive achievements of the US in gerontology research – one finds many glitches.^v In analyzing the current predicament of the US, where does it stand in regards to its policy for the elderly?

Healthcare and the Elderly: Struggling for a Better Quality of life

Shenson et. al (2012) cite that “if (chronic diseases are) left unchecked, the aggregate cost associated with treating (these conditions) will escalate sharply from \$1.3 trillion in 2003 to \$4.2 trillion by 2023...[with] 50,000 to 100,000 deaths per year ...[which] could be prevented through optimal use of nine preventive services” (p.165). At present, the US pays only 2-3% for preventive services (Shenson et al., 2012). How will Medicare/Medicaid pay for the health requirements of the aging population? Indeed, we have reached a time when the aging population will upset the balance of economic equations. How can we save the social security system from bankruptcy?

The United States is currently experiencing problems of caring for the elderly, juggling Medicaid/Medicare funds, and implementing the Patient Protection and Affordability Care Act in its desperate attempts to give affordable healthcare coverage for everyone. How will U.S.

financial resources sustain the health and basic survival needs of the 72 million elderly? For the elderly, health expectancy is more valuable than life expectancy: how will they ensure a better quality of life? With better medical technology, how will the young sustain the upside down pyramid of the aging demographics? Is the United States content to be reactive to the surging tide of aging and postponing dealing with the ramifications of a huge aging population until later?

Retirement: A Sticky Situation

The passage of the 1936 Social Security Act changed social norms by decreasing some of family's financial responsibility for the elderly parents, making the elderly somewhat more financially independent (Angel & Angel, 1997). Social Security had marked 62 as the age of eligibility for early retirement and 65 as full retirement age. Today, government policies of Medicare/Medicaid have raised the eligibility from 65 to 67, effective 2014, implemented through the recent changes of the 2010 Health Reform Law (Kaiser Family Foundation, 2011).

The retirement age of 65, arbitrarily marked in the 1800s by Bismarck, has lost its relevance with people having longer life expectancy and higher educational attainment. American employers have pegged the retirement age at 65 since World War II (Nyce & Schieber, 2005). Employer-based retirement plans have greatly manipulated the demographics of the labor force. The sizeable "early retirement subsidies built into their pension formula of many employers...[was a way to replace] older, supposedly less productive workers with cheaper and younger employees...[and] to substitute for layoffs" (Nyce & Schieber, 2005, p. 250). This demonstrates a subtle ageist policy that works against the interest of a competent professional worker whose proficiency is replaced by a trainable neophyte with cheaper wages. A classic example is in the nursing profession where registered nurses, aged 50 or more with

about 15 to 20 years of experience, are sometimes offered enticing early retirement schemes since their base pay is at about \$60 per hour, considerably higher than for new nurses. For the wage cost of that nurse, the employer can get two new nurses, who are younger, and deemed healthier and more trainable.

This manipulative form of business economics may create turnover in the workforce; however, its implications on the macro level are numerous. Society will be confronted with the tradeoff of labor supply and, consequently, will lower the standards of living (Nyce & Schieber, 2005) as higher earners leave the workforce and consumer spending must be kept at a minimum as the “rainy days” have arrived. Every income-earning person is a figure in the gross domestic product. These early retirees have now ceased to be an active and productive economic resource for society, living off an income that could have been a fluid investment circulating and enlivening the economy.^{vi} Currently, the baby boomers are holding on to their employment as long as they possibly can due to the economic hardship following the recent financial crisis. Thus, finding employment has become more difficult for those in their 20s or 30s.

Kunkel (2009) states the U.S. government cannot afford the huge entitlements of the “boomer generation” unless policy change happens, an issue contested and branded by the liberals as ageism, leaving the interests of the younger population. How do Americans value family? How is the American elderly supported by family?

Family and Social Support for the American Elderly

Family support in the US will vary according to the ethnic background of the elderly. Ingrained in most Asian, Latin American, Ukrainian and some African cultures is the value of having a closely knit family system that includes the care of the elderly grandparents (D’Andrade, 2008; Germain & Bloom, 1999; Vasquez, Fernandez et al., 2007). Kinship serves

as “the locus of social identity,” that determines the norms and social group boundaries for family interaction and defines the social space where family lifestyle and personal identity are expressed (Mogeey, Farber, Lewis & DeOllos, 1990).

Cultural orientation would likely follow the trend of living arrangements of the elderly. Statistical profile often refers to the term “household.” The US Census defines household as “all people who occupy a dwelling unit...that is, when the occupants do not live and eat with any other persons in the structure” (Mogeey et al., 1990, p.51). Co-habitation and reaching a collective decision on consumption and sharing a common lifestyle choice are expressed in a household unit (Mogeey et al., 1990).

Living arrangements for the American elderly persons are important to acknowledge. About “94 % of the older population live in ordinary households; 6% in nursing homes, homes for the aged, and the other group quarters; and less than 1% in mental hospitals, prisons and the like” (Germain and Bloom, 1999, p.160). The U.S. Bureau of Census updates for 2012 cited that those aged 65 and over, there were 65% living in family household, and 29.6% in non-family household. Moreover, there were 28.3 % who were the head of a household, whereas 27 % lived alone; and 4.7% lived in group quarters (U.S. Bureau of Census, 2012).

Looking at the difference between the trend cited by Germain and Bloom (1999) and the 2012 U.S. Census profile, both show that the elderly still lives with the family, although these statistics are inconclusive and do not account for the elderly who live outside a family household yet has family support.

Researchers have found out that although many elderly may have surviving children, most do not want to live with their children for fear of being a burden to them (Freeman & Gorman, 2008; Germain & Bloom, 1999). Most elderly hold on to their independence for as

long as their health allows and consider nursing homes as a last resort. Subsidized by private and public funding, the recent trend in the U.S. is the mushrooming of assisted living, retirement homes, and in-home support services such as, meals on wheels, which are the U.S. alternative for family/social support for the elderly – the formal institutionalization of social support.

Conclusion

The Active Aging concept and its subsequent policies have been formulated to assist the needs of the growing global population of older adults. Countries, such as Italy, with an almost upside down demographic pyramid, have already integrated some of the best practices of Active Aging into their cultural, social and political framework long before this became the agenda in the international roundtable. In the discussion of the Italian case study, modernization and globalization may have corroded and de-institutionalized family. The Italians are also at the midst of European economic crisis, yet, the Active Aging framework and its environmental-friendly infrastructure are intact for its whole population to use.

In the United States, the social and political debates might be a long overdrawn process of resolving ageist social disparities. However, one issue obviously jumps out – a major overhauling in policies must take place soon before its various risks exacerbate societal conditions, necessitating stronger treatments for a dismal prognosis. This is not an oversimplified solution but we have to start somewhere and that is right now when we are in the prime of our youth, not when we are in our 60s. Aging is only an “erosion of youth” (Hahn, 2006, p. 4); it is occurring through the lifespan and, therefore, involves everyone.

Views of prolonging employment may be favorable for those who are able to engage in a paid job, however, this activity does not actually vouch as Active Aging. The elderly *do not* have to engage in a full time paid job to be labeled as “successfully aging.” Active Aging

acknowledges the productive pursuits of the elderly in volunteer work, part time paid job, or simply engaging in some leisure activity of sports, the arts, or simply learning, just like those who enroll in the Third Age Universities in Italy.

The importance of social capital was previously mentioned. Social capital is *not a policy but a means* to effectively achieve multigenerational networking. This social capital developed through habits cultivated in the younger years has made it possible for the Italian aging population to unconsciously be immersed in Active Aging. There needs to be a broad social support as well as political support for Active Aging to be effectively implemented. The Italian culture has policies and practices that the United States should probably look at.

Social Capital involves more than social networking. For the elderly person, social capital simply means purpose in life, to go out and move. The implied elements of social capital consist of: “*behavior* (active participation in voluntary networks/associations), a *function* (that facilitates), a *belief* (that other people can be trusted), and a social norm (reciprocity)” (Rothstein, 2005, p.55). Trust and reciprocity are the keys to make an initiative work in a community and in a country.

Putnam (1993) states, “Trust lubricates cooperation; the greater the level of trust within the community, the greater the likelihood of cooperation” (p. 171). The intricacies of trust, social capital and reciprocity are a whole topic that is not within the scope of this paper. However, the bottom line is that if the people in the US have a culture of distrust, then many proposed governmental projects that may benefit Active Aging will fall into the cracks and get lost in oblivion. The intended changes will never happen. Does this happen in the US?

The US was quick to jump into the bandwagon of Active Aging initiating two programs aligned with it. Were the society’s cultural norms even considered? Perhaps, the campaigns for

diet and activity had been as these are also connected to obesity, a prime issue in America. But where are the bike lanes, environmental-friendly infrastructure for activity? Here, it becomes apparent that the implementation of Active Aging for the elderly is tied in with the younger population. Considering all these factors, were two programs initiated by the EPA and CDC also a leap of faith, hoping that all goes well? It is unfortunate since Active Aging is more than the rhetoric but an effective policy tool (Boudiny, 2012) enhancing the life of the elderly. This effective tool is not carefully considered.

Aging is not a disease, or the problem; rather, it is an inevitable tide to which we all succumb. The stereotyped elderly as helpless, spending their twilight years possibly sitting and watching TV in some home just waiting for the final curtain call or a systemic social withdrawal is a norm that fits into the schema of discriminatory ageism, fostering nihilism and paternalism. On the other hand, an elderly living a productive life simply means being an *active* member of the community, a *lifestyle fostering autonomy, interacting on a multilevel environment of family, community and society*. Undoubtedly, the major backbones supporting activity in the elderly must be reinforced by the *culture of that society, the policies and the political support* which is witnessed in societies with a huge aging population, such as Italy. Italy may have its problems with aging, however, this culture have important lessons to impart on Active Aging.

At the core of effective implementation of Active Aging is the need for a broad social support from the younger generations. The elderly who had not been physically active when they were in their 30s, or whose activity was not made easier by environmental age-friendly structures, cannot be expected to have a 360 degree change and become physically active. *Habits are developed through time and are very hard to acquire, however, once they are acquired, it becomes very difficult to change them.* The Active Aging framework is a tool that

sets certain habits in place. This definitely transpires in the younger years. Also, the government can make institutional changes in habits by policy implementation, just as it had done with initiating the Child Nutrition and Reauthorization Act, which changed food choices in the school's cafeteria. However, this is a whole topic outside the scope of this paper.

Aging activities must be fostered within the communities. Age-friendly environments mean neighborhood walkability, signage, noise and lighting levels, local safety and security, and protection from deleterious elements (Annear et al, 2006). The WHO Global Network of Age-friendly Cities and Communities (2012) has taken the first steps in commencing programs that stimulate the participation of the aging population by providing the social and physical environment. The American public has yet to see this implementation in the United States, although both the EPA and CDC have recommendations to improve opportunities for Active Aging.

Active Aging is a proactive and active perspective in contrast to the commonly held belief of biomedical reductionism. Active Aging is not a desperate dash to cosmetically look younger. This paradigm does not negate the concomitants of bio-physiological deterioration naturally occurring in aging, the prevalence of illness, cognitive decline and impairment. Active Aging promotes the perspective that flexibility and modifiability in cognitive and social habits occurring across the human life span, incorporates the elderly people. However, the bottom line is that Active Aging policy does not just concern the elderly. Active Aging concerns us – our future in the United States, in Italy, and worldwide.

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Endnotes:

ⁱ Currently nine of the ten countries [of the more developed regions have] more than ten million inhabitants and the largest proportion of older people are in Europe. By 2025...people aged 65 and over will make up one-third of the population in countries like Japan (35.1%), Germany (33.2%) and Italy (34%). By 2025 [the regions trend will project], Asia (59%), Europe (17%), Latin America (8%), North America (8%) and Oceania (1%) (World Health Organization (WHO) *2012 Policy Framework* pp.7-10).

ⁱⁱ In 2010, there were 40 million people age 65 and over in the United States, accounting for 13 % of the total population. The older population in 2030 is projected to be twice as large as in 2000, growing from 35 million to 72 million and representing nearly 20 percent of the total U.S. population. (Federal Interagency Forum on Aging-related Statistics, 2012, p.xv).

ⁱⁱⁱ Genoa...displays more old than young, suggesting how hard it would be to reverse the downward population spiral. There are no longer children playing in the streets here, nor many family-friendly restaurants. Schools have closed for lack of students. Hospitals are overworked with the elderly. Medical costs are bankrupting the government. Most Genovese have only one child or none...the birthrate (7.7 births in 1,000 people) was about half the death rate (13.7 in 1,000) in Liguria last year, a frightening ratio even by European standards...Courtyards from Rome to Naples, once filled with children, have fallen silent (“Empty playgrounds in an aging Italy – Europe,” an *International Herald Tribune*, Rosenthal, 2006).

^{iv}In Italy, unlike what occurs in Europe, there is no established practice of disciplinary integration between the scientific community of epidemiologist, economists, sociologists, very few research projects are interdisciplinary, as well as initiatives which join the scientific and educational studies...there is a shortage of databases on health and behaviour... lack of integration between health and social data, in particular the description of social position (Olivadoti and Bordogna, 2011, pp. 431 & 433).

^v It has not solved the problems of its elders’ health, social integration, and economic status as well as many other countries have. Some of the most important problems are indicated by the

following facts [:] Life expectancy, 16 years [more] at age 65...is less than that of 11 other industrialized countries. About 10% of elders have incomes below the official poverty threshold...Millions are willing and able to work but cannot find employment because of age discrimination. Few elders (about 5%) participate in senior centers, and many are isolated from the mainstream of family and community life (Palmore, 2009, p.607).

^{vi}The best option of policymakers may be to organize their pension systems so they continue to offer older people real income protection when they can no longer work, being particularly careful to protect the welfare of those most economically vulnerable – those people who have lived their whole lives with low incomes. Beyond this, our retirement systems should employ strong incentives to encourage workers to continue working throughout their productive older years rather than withdrawing from the workforce at the early ages they do now (Nyce and Schieber, 2005, p. 5).