Visionaries

Dr. Linda Fried
illuminates aging research

This visionary on aging research addresses the work that must be done to help define the larger picture of aging today and the new roles, responsibilities and expectations of older adults going forward

by Marilynn Larkin, MA

“We’ve added 30 years to human life expectancy [over the past century], in part through intentional human investment, including through science,” says geriatrician and epidemiologist Linda P. Fried, MD, MPH, dean of the Mailman School of Public Health at New York’s Columbia University. “We’ve also demonstrated that many of our expectations about those 30 years, such as ‘They’ll be a disaster,’ don’t have to be true.” Among much else, Fried has done seminal research in defining frailty as a medical condition, elucidating its causes and the potential for prevention.

Many Journal on Active Aging® readers are familiar with Experience Corps, which Fried developed and cofounded with Marc Freedman, now CEO and founder of Encore.org. Run under the AARP umbrella since 2011, Experience Corps is an evidence-based program that matches older-adult volunteers with public school students to help boost students’ academic performance, as well as volunteers’ physical and mental health.

Fried has been honored with numerous awards for her enduring commitment and career contributions to aging research. In 2004, the United States Congress named her a Living Legend in Medicine. She received the Alliance for Aging Research’s inaugural 2011 “Silver Innovator Award,” and was profiled by the New York Times as one of 15 world leaders in science. In 2014, global publisher Thomson Reuters named Fried

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Dr. Linda Fried ‘has dedicated her career to the science of healthy aging.’ Image courtesy of Columbia University Mailman School of Public Health.
“one of the decade’s most influential scientific minds.” And in April 2016, she was inducted as the 2016–2017 president of the Association of American Physicians, the elected society of the leading physician scientists in the US. The renowned researcher is also a member of the MacArthur Network on an Aging Society as well as the World Economic Forum’s Global Agenda Council on Aging and Global Task Force on Social Protection.

We are fortunate to be able to bring to Journal readers Fried’s perspectives on the direction of aging research and its implications for older adults in every setting, from the community-at-large to assisted living and dementia care—and for older staff and volunteers.

“The purpose of research and science is to have a formal process to pose the big questions that could lead to a better future—questions that matter, but to which we don’t know the answers,” Fried states. “Through asking and refining the questions that matter the most, we can lay out a process to try to find the answers. And there are so many exciting, very important questions that need to be tackled,” she says. Let’s dive into the interview to learn more.

ML: What is the biggest question society needs to address with respect to aging?

LF: The biggest questions are: “What are the opportunities to build a new stage of life for those new 30 years—a stage of life we’ve never had before? How do we create a pathway to building a new stage of life that would be great for all of us? What roles or responsibilities should, or could, this extra 30 years of life involve?”

ML: Where do we begin?

LF: One option is the workplace—providing work opportunities, and looking at work roles that were never invented before, because we never had people living this long. What new roles could be designed to harness, capture and benefit from the assets that older people bring?

In many sectors, including the federal government, 50% of the workforce is scheduled to retire now, or over the next five years. That’s a huge amount of knowledge to lose abruptly. Could there be new kinds of roles designed that enable the corporate, government and other sectors to do a knowledge transfer slowly, over time, to the generations coming up?

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The following are selections of recent research authored or coauthored by Dr. Linda Fried:

| Increases in Lifestyle Activities as a Result of Experience Corps® Participation. Journal of Urban Health. 2015 Feb; 92(1), 55–66. doi: 10.1007/s11524-014-9918-z |

Recent research

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A lot of research looks at new processes and models for retirement—for example, gradual or staged retirement and flexible work pathways—so people can work less and stay on the job longer. Researchers are also investigating new models for working—for example, working part of the year in one area and part in another in companies with offices in different states or countries.

People are also looking at ways to make it more advantageous for employers to hold onto valued older workers. Is there a way that Medicare could cover the primary health insurance costs for older workers, for example? If employers didn’t have to pay for healthcare, they might be in a position to pay higher salaries to individuals who have been with the company longer.

So there is a whole set of issues being addressed here, because we can’t afford, either in the US or other parts of the world, to completely lose this well-educated, highly experienced workforce.

ML: What specific assets of older adults would you like to harness?

LF: Most jobs, except in the tech world, were designed when life expectancy was about 47; they were never designed to capture the additional assets of mature minds. The evidence suggests those assets include attributes that we roll up into the word wisdom—the ability to have a lifetime of experience and knowledge on the objective-expertise side, and also on the lived-experience side. This translates into the ability to value both sides and bring them together to create novel solutions to issues confronting businesses, for example.

Evidence also suggests that by virtue, perhaps, of lots of real-world experience, older adults are quite good in ways that young people may not yet be—namely, in appreciating highly complex problems; figuring out which ones are really important; focusing on complicated issues and figuring out how to solve them, and having the patience to hang in there to do so; and drawing in others to participate in the solutions.

These are valuable sets of assets in our complicated world. It makes me wonder if we shouldn’t be thinking about designing work roles for people with these kinds of assets, where they get paid to use them and everybody would benefit.

ML: While there’s a group of older adults who value themselves and what they can continue to bring to the table, there’s a whole other group who self-stereotype and feel they can only do less, not more, with age. What do you envision for them?

LF: That’s a huge issue, and touches on the stigma that’s attached to aging, as well. But in the process of dealing with that, we also need to address another side of the issue, which is how to affirm their worth.

As I wrote recently in The Atlantic, early in my career, “… my patients taught me that many of the ills associated with aging were worsened—or even created—by the lack of meaning and purpose in people’s lives. Too many of my patients suffered from pain, far deeper than the physical, caused by not having a reason to get up in the morning. Many of my patients wanted to make a difference in the world but, finding no role for themselves, were treated as socially useless and even invisible.”

We are wired to feel needed, respected and purposeful. According to some research, ageism is more pervasive in our society than stereotypes based on gender, race or sexual orientation. Studies also now show that our attitudes toward aging affect our health and our resilience in the face of adversity.

When I set out to design Experience Corps, it was to address a number of these issues in one approach. But part of it was to demonstrate novel kinds of non-work volunteer roles that older adults could be uniquely able to perform.
and contribute, and that society desperately needed. So, I think we need to develop all kinds of new roles outside of work, as well, that bring meaning and purpose and meet older people’s needs to make a difference and leave a legacy.

There are potentially a huge number of undesigned public-health roles for older adults—roles they could play in their communities and which would be hugely valuable. Another example is being a role model. You mentioned the International Council on Active Aging® has a Champions program along those lines. [Ed. ICAA’s Changing the Way We Age® Campaign enlists older adults as role models and active-aging advocates in its ICAA Champions program; see “Resources” on this page for website information.]

**ML:** What other research agendas do you envision?

**LF:** A big one is, “How do we build communities that are cohesive and resilient in which older adults are not excluded, but actually are important members?” Another is, “How can we understand what creates health, function and well-being as we get older, and then design approaches to maximize that?”

It’s also really important to ask, “How do we effect a compression of morbidity, the major clinical and public health goal in the real world, so that our health span matches our life span?” And “How do we invest in prevention and health promotion effectively, at every age and stage of life—that is, how do we invest in future health, as well as current health?”

**ML:** How are we doing at moving these agendas forward?

**LF:** The United States is underinvesting in all of it. There’s not much funding for the kind of research that needs to be done. And because funding is hard to come by, it discourages scientists from entering and staying in this field, and that’s a really serious problem.

Right now is the moment to invest very heavily in figuring all this out and then using that knowledge to design health systems that will keep us healthy, which we don’t have now, except to the degree that we fund the US public health system.

**ML:** How can older-adult organizations help?

**LF:** That’s already begun to happen. There are a number of assisted-living communities, for example, that are interested in or actually partnering with scientists to improve the environment for residents. The research questions have to do with what residents’ goals are; understanding the opportunities to maintain both physical and mental function and social connectedness, and whether those opportunities are being met or how else they could be; to prevent certain adverse consequences, like frailty, cognitive decline and falls; and the kinds of things that keep people active and engaged, enthusiastic and excited.

It’s important for people working in all kinds of settings with aging adults to support this kind of research. At the same time, we need to engage the full pipeline of science to ask a whole range of questions that might prevent people from prematurely needing assisted living—in other words, the science of prevention is critically important.

**ML:** Isn’t prevention something that should be happening across the life span?

**LF:** Yes. What we’re learning is that a huge part of how we age is the environments that we live in and the opportunities we have over our whole lifetime. That is what really puts people on tracks of faster or slower aging. The older you get, the more variable people are in their

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**Resources**

**Internet**

AARP Foundation Experience Corps program
[www.aarp.org/experience-corps](http://www.aarp.org/experience-corps)

Columbia University Mailman School of Public Health: Dean Linda P. Fried biography
[www.mailman.columbia.edu/about/dean-linda-p-fried/biography](http://www.mailman.columbia.edu/about/dean-linda-p-fried/biography)

ICAA’s Changing the Way We Age Campaign: ICAA Champions
[www.changingthewayweage.com/champions.htm](http://www.changingthewayweage.com/champions.htm)

National Library of Medicine: Meet Local Legend: Linda Fried, MD

**Multimedia**


**Print**


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Health status and how old they feel, in part because of those opportunities and exposures over their lifetimes. So in one sense, one 70-year-old can be a health age of 40, another of 90, depending on your life course. [Ed. Refer to the sidebar, “Adolescent health tied to health across the life span,” on this page.]

As we build out a world—in part through this kind of research—that understands what people’s assets are and what they have to offer, and that can change our own perceptions of who we are, as old, as well as others, some of these issues will no longer prevail.

ML: What are you working on now?

LF: I’m working on a lot of the things we just talked about. I’m deeply concerned about how to invest in the science to create health span as well as life span, and to invest appropriately in prevention and preserving good health. I’m deeply concerned about the need to create a road map for both valuing older people and building roles that bring a meaningful old age, and benefit to society. I’m working on all of those, and look forward to doing so. [Ed. For a listing of some of Dr. Fried’s recent research, see the sidebar on page 28.]

For me, all this is as much about 25-year-olds as it is about 75-year-olds, because by the time we figure out the answers, those younger adults will want them. They will reach that new life stage soon enough.

Marilyn Larkin, MA, is an award-winning medical writer and editor, an ACE-certified personal trainer and group fitness instructor, and originator of Postur-Ability, a program that boosts posture and self-esteem. She is also ICAA’s Communications Director and a regular contributor to the Journal on Active Aging.

References


Investing in adolescent health and well-being could transform global health for generations to come, according to a Lancet Commission launched in London on May 10, 2016. Since evidence shows that behaviors that start during this stage of life can determine health and well-being for a lifetime, adolescent health is a major concern, according to the Lancet Commission on Adolescent Health and Wellbeing, funded by the Bill & Melinda Gates Foundation.

“Puberty triggers a cascading process of brain development and emotional change that continues through to the mid-20s,” explains Professor George Patton, MD, of Murdoch Children’s Research Institute in Australia. “It brings a different and more intense engagement with the world beyond an adolescent’s immediate family. These processes shape an individual’s identity and the capabilities he/she takes forward into later life.” Patton adds, “It profoundly shapes health and well-being across the life course.”

Most health problems and lifestyle risk factors for disease in later life also emerge during these years (e.g., mental health disorders, obesity, smoking, unsafe sex), according to the Commission. But because adolescence is generally thought to be the healthiest time of life, young people have attracted little interest and too few resources.

Depression resulted in the largest amount of ill health worldwide in 2013, affecting more than 10% of 10–24 year olds, followed by the rising burden of skin and subcutaneous diseases (9.9%) like acne and dermatitis, according to the Global Burden of Diseases, Injuries, and Risk Factors Study 2013 (GBD) (see www.thelancet.com/global-burden-of-disease#Jun08). The fastest-growing risk factor for ill health in young people ages 10–24 over the past 23 years is unsafe sex, according to the GBD. Alcohol is the world’s leading risk factor for ill health in this age group, responsible for 7% of the disease burden, followed by drug use, which accounts for 2.7%.

“Our data show a clear need for renewed efforts to improve health and reduce the burden of disease in young people,” states Ali Mokdad, professor of Global Health at the Institute for Health Metrics and Evaluation, University of Washington, in Seattle. “Continued inaction will have serious ramifications for the health of this generation and the next. Most of these health problems are preventable and treatable,” Mokdad adds, “and tackling them will also bring huge social and economic benefits.”

For more information, see the articles online at www.thelancet.com/commisions/adolescent-health-and-wellbeing.