

Keith Whitfield and Tamara Baker (eds.)
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REVIEWED by MARY E. MCCALL*

Whitfield and Baker have done an outstanding job in bringing together an excellent group of scholars to both review and critique the current state of knowledge about aging among various ethnic minority groups in the United States. Despite its singular focus on the United States, it provides scholars and practitioners with up-to-date work, both quantitative and qualitative, in various fields of aging, as well as recommends much future work to be done. This comprehensive review covers four parts: Psychology of Minority Aging; Public Health/Biology of Minority Aging; Social Work and Minority Aging; and Sociology of Minority Aging. The 33 chapters, written by 69 authors, address a variety of topics ranging from stress and coping, to religion and spirituality, to genetics, to caregiving, to aging in place and public policy. The inclusion of both established *and emerging* scholars is a good model for approaches to this field. We need both experienced and new perspectives on the experiences of aging among minority groups.

There are many strengths to this compendium. The intersectional approach is key, and the recommendation to disentangle the constructs of minority group, race, ethnicity and culture is critical to the field as these

* Mary E. McCall, Faculty Development, School of Nursing, Samuel Merritt University, Oakland, CA, USA

concepts will continue to shift as the United States becomes more multi-ethnic and identities become more complex. The call for more sound theoretical work and a shift to a more process-oriented view – as opposed to an outcome-oriented view – will also help build this field and knowledge in a more realistic manner (Chapter 1). For example, the interaction of ethnicity, age, SES and gender *at different ages* is the kind of nuanced analyses that need to be conducted in this field to really gain insight into various aging experiences (Chapter 9). Another important intersecting factor in aging and health is geographical location, discussed in Chapter 14.

An overall message concerning “missing data” is clear throughout most of the chapters. Much ethnic research in the United States has historically focused solely on black–white differences, thus leaving out important groups that we need to understand in order to support and serve. The dearth of research on Native Americans, as well as subgroups with Asian, Pacific Islander and Hispanic “categories,” means that virtually every area of aging research and service has an incomplete understanding of both similarities and variations between groups. The little research that does exist is, thankfully, included here and gives some hints as to the important questions to investigate with a finer-grained analytical approach.

I appreciated the positive psychological perspective taken in Chapter 2, which shifts the focus from the deficit model to a strengths approach to assessing how various minority groups cope with the stress of minority status in the United States. This can serve as a fundamental frame going forward so that scholars and practitioners alike can adopt a more sensitized approach to their analyses, such as paying attention to how a culture of familism, or a strong sense of spirituality, is a buffer against some health problems.

This acknowledgement of both cultural and personal strengths, however, should not overshadow the serious need to identify, and work to dismantle, systems that create and perpetuate disadvantages for many, if not all, ethnic minorities in the United States. With the developing neo-liberal views in US politics, which then lead to certain social policies, the risk of holding individuals responsible for all aspects of their health and wellbeing is one to be vigilant about (Chapter 5). For example, while the National Institutes of Health now require that funded research include minorities in samples, they do not require that the *results* be discussed in terms of minority experiences (Chapter 6).

I find two minor limitations to this handbook. First, not all the chapters follow the same structure, and so, while some offer good suggestions for future research on a given topic, not all chapters do, which would have been an added strength. Second, the two chapters which discuss public policy, and specifically, Medicare (32 and 33), are interesting, but they unfortunately risk being out of date shortly as policies can change quickly. That said, public policy is a critical part of understanding the experiences of older minorities in the United States.

As Rodríguez-Galán notes in Chapter 27, the “culture” of ethnic minority families is constantly evolving and culture is “both a phenomenon and epiphenomenon, simultaneously shaping and being shaped by other structural forces . . .” (p. 435). These influences of culture will continue to impact the aging experiences of *all* older persons in the United States. Thus, scholars and practitioners who are serious about this field, as well as those who have a serious personal interest in learning about ethnic variations in aging, will want a copy of this volume on their book shelf. It is highly readable and informative for all.