

### **A3. Women, Aging, and Chronic Disease**

**A3:1** Martha N. Gardner, *“Yet to see a decline”*: the gendered experience of smoking and lung cancer in American women, 1950s-90s

Between 1980 and 2000, lung cancer death rates in US women were on the rise for the first time. In contrast, after an unprecedented increase from the 1940s to the 1970s, US men’s rates had started to decline. This distinct gender disparity is surprising. It illustrates how women did not quit smoking when men began to in the 1960s and 1970s. As Americans came to understand the connection between lung cancer and smoking, why wouldn’t rates of smoking decline more equally among both men and women? With lung cancer first emerging among men (who starting smoking in significant numbers decades before women), the risks were not at first apparent to women, to their physicians or to cancer researchers. Additionally, the tobacco industry devoted a great deal of effort to targeting women in the 1960s and 1970s, both in marketing brands and in supporting women’s organizations. Images of slim, liberated women smokers making their own choices were ascendant, with lung cancer and other health risks emerging only later in life when women were no longer in the public eye. Additionally, it was not until the 1980s that women’s smoking would become a focus of either US public health authorities or women’s health movement activists. As lung cancer death rates eclipsed breast cancer death rates among women by the mid-1980s, lung cancer became an “equal opportunity” killer in media descriptions. But by that point, women’s delay in quitting decades earlier seemed difficult to understand, and stigma surrounding lung cancer marginalized its victims.

#### Learning Objectives

- Develop a more nuanced view of gender, chronic disease and aging
- Provide historical context for understanding stigma surrounding lung cancer and smoking
- Understand more fully the development of epidemiology and perceptions of risk factors in the 20th century

**A3:2** Jesse F. Ballenger, *“A Completely Unexplained Feature of Alzheimer’s Disease:” Gender, Senility, and Medical Science in Modern Society*

From its origins as a disease category at the turn of the twentieth century, clear evidence began to emerge that the prevalence of Alzheimer’s in women was much higher than in men. By the 1930s, there were 50% more women in published cases – a finding one researcher dubbed “a completely unexplained feature of Alzheimer’s disease.” By the end of the 1940s, research showed that Alzheimer’s brain pathology occurred at an earlier age and with greater severity in women. But such evidence was largely ignored for almost a hundred years. Through most of the twentieth century, medical and public concern about dementia was part of a broader set of anxieties about senility, particularly about whether the aging body and brain could keep up with the accelerating pace of industrial and bureaucratic work. Men remained the exemplary victims of dementia, the loss of cognitive ability robbing them of the social status and meaning that came from work. It was tacitly assumed and sometimes explicitly argued that women’s traditional role in domestic life made cognitive deterioration less of an issue. This changed in the 1980s in the wake of the women’s liberation movement, and the reframing of Alzheimer’s as a dread disease distinct from aging. By 2025, the higher prevalence of Alzheimer’s among women had finally emerged as a major focus of research. But the Trump administration threatened to cut funding for research on women’s health initiatives as part of its attack on DEI. Focus on the male brain as the normative object of scientific research on Alzheimer’s may be re-imposed by authoritarian fiat.

Keywords: Aging, Alzheimer’s disease, gender, women’s health, biomedical research

Learning Objectives

- Recognize the importance of gender in popular and medical ideas about Alzheimer’s disease and aging
- Deepen the capacity for critical thinking about the nature, ends, and limits of medicine
- Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education

**A3:3** Cara Kiernan Fallon, *Freedom from Disease and Disability: Healthy Aging in Women from the “New Grandma” to the Zumba Grandma, 1930-2010*

Despite women’s greater longevity across the twentieth century, physicians, demographers, and other public health professionals in the United States have framed women’s increased survival as a social and economic risk rather than a public health success or a model of health in later life. Early twentieth century health professionals defined healthy aging through masculine-coded ideals of productivity, independence, and disease-free “normal” bodies envisioned in white, middle class men. Postwar clinical researchers likewise defined norms of healthy aging through a similarly narrow, and in many ways abnormal, group. Yet, cultural models of healthy aging have emerged and evolved with women as subjects and symbols of a new moralized image of healthy aging: the able-bodied, independent, physically “fit” older woman as a model of civic duty, family contribution, and capitalist consumption.

This paper examines shifting cultural and biomedical constructions of healthy aging in women from the “New Grandma” emerging in the wake of Old Age Security to the Zumba grandma of the 2000s who embodied an active, athletic, self-managing older woman. Drawing on print literature, public health campaigns, and published and unpublished medical sources, it explores how images of the aging female body redefined old age as a period of continued health maintenance and the older body as a site of social responsibility, consumption, and self-surveillance. I argue that these iterative reimaginings of healthy aging in women brought new visibility to neglected groups of women, but simultaneously produced new exclusions and extended heteronormative, ableist, and youth-centric standards to older women, although not without space for transgression, resistance, and anti-ageism on women’s own terms.

Learning Objectives

- Examine the relationships between aging, chronic disease, and gender in the twentieth century
- Provide historical context for a contemporary public health movement based on disease-free aging as a moral obligation and civic duty
- Develop a deeper understanding of the role of intersecting categories of gender, age, and ability in chronic disease history