

DEMOGRAPHIC DESTINIES

Interviews with Presidents of the Population Association of America

Interview with Eileen Crimmins PAA President in 2020



This series of interviews with Past PAA Presidents was initiated by Anders Lunde
(PAA Historian, 1973 to 1982)

And continued by Jean van der Tak (PAA Historian, 1982 to 1994)

And then by John R. Weeks (PAA Historian, 1994 to present)

With the collaboration of the following members of the PAA History Committee:
David Heer (2004 to 2007), Paul Demeny (2004 to 2012), Dennis Hodgson (2004 to
present), Deborah McFarlane (2004 to 2018), Karen Hardee (2010 to present), Emily
Merchant (2016 to present), and Win Brown (2018 to present)

EILEEN CRIMMINS

PAA President in 2020 (No. 83). On November 14th, 2023, we were able to have a Zoom interview with Dr. Crimmins. The members of the PAA History Committee participating in the interview included John Weeks, Dennis Hodgson, Karen Hardee, Emily Merchant, and Win Brown.

CAREER HIGHLIGHTS:

From her website:

Eileen Crimmins, PhD, is a University Professor and the AARP Chair in Gerontology at the USC Leonard Davis School of Gerontology. She is a member of the National Academy of Sciences and the National Academy of Medicine, is a fellow of the American Association for the Advancement of Science, and has been elected to the American Academy of Arts and Sciences. She is currently the director of the USC/UCLA Center on Biodemography and Population Health, one of the Demography of Aging Centers supported by the U.S. National Institute on Aging. She is also the Director of the Multidisciplinary Training in Gerontology Program and the NIA-sponsored Network on Biological Risk. Crimmins is a co-investigator of the Health and Retirement Study in the U.S. Much of Crimmins' research has focused on changes over time in health and mortality. Crimmins has been instrumental in organizing and promoting the recent integration of the measurement of biological indicators in large population surveys. She served as co-chair of a Committee for the National Academy of Sciences to address why life expectancy in the U.S. is falling so far behind that of other countries. She has co-edited several books with a focus on international aging, mortality, and health expectancy: *Determining Health Expectancies*; *Longer Life and Healthy Aging*; *Human Longevity, Individual Life Duration, and the Growth of the Oldest-old Population*; *International Handbook of Adult Mortality*; *Explaining Diverging Levels of Longevity in High-Income Countries*; and *International Differences in Mortality at Older Ages: Dimensions and Sources*. She has received the Kleemeier Award for Research from the Gerontological Society of America, the Matilda White Riley award from the Section on Lifecourse of the American Sociological Association, and the Taeuber award from the PAA.

OUR INTERVIEW WITH DR. CRIMMINS:

John Weeks: So, we are the PAA history committee. We are here today to interview past President Dr. Eileen Crimmins, who is the AARP Professor of Gerontology at the University of Southern California in Los Angeles, California. And she was the 83rd president of the Population Association of America way back in 2020. And Dr. Crimmins, it is our great privilege to be able to interview you today. And as we typically do, we'd kind of like to start out with some personal demographics. Now, I have it in my notes that you were born in 1946. Is that correct or am I wrong?

Eileen Crimmins: That's correct.

John Weeks: Okay, and given where you went to college, for example, did you grow up in Pennsylvania?

Eileen Crimmins: New York, New Jersey, Pennsylvania

John Weeks: Oh, okay. You want to tell us where you were born actually?

Eileen Crimmins: Actually, in Massachusetts. I guess I've been all over the east.

John Weeks: Okay.

Eileen Crimmins: Northeast. And then I lived for a variety of years in Pennsylvania and New Jersey and New York.

John Weeks: Now, you went to college in your undergraduate years to Chestnut Hill College. Was it Catholic?

Eileen Crimmins: I went to Chestnut Hill College, which is a small girl's Catholic school.

John Weeks: Right.

Eileen Crimmins: I was the oldest of seven children, and they reached out to me and said they'd give me a full scholarship. So, I said I would take it, and my father didn't want me to go there but I did.

John Weeks: Why didn't he want you to go there?

Eileen Crimmins: He didn't want me to go to a small girl's Catholic school.

John Weeks: Well –

Eileen Crimmins: In contrast to most fathers, mine did not want that.

John Weeks: Okay. Given the family size, I'm guessing the family you grew up in was Catholic?

Eileen Crimmins: Yes.

John Weeks: Okay.

Eileen Crimmins: I guess that's a good demographic correlation, isn't it?

John Weeks: Yeah. Right. Okay. And from there, as Mark Hayward calculated--I guess on Google Maps--for his introduction to your PAA presidential address, you went 13.1 miles south to the University of Pennsylvania for graduate school. Now, how did you make that choice?

Eileen Crimmins: I had a professor in an undergraduate class who had been to Penn and had done survey work in Sociology. I was a math major and a physics minor, and I decided I needed to have something a little more socially relevant. So, I felt like demography was a merger of math and sociology. So, I'm a real demographer by degree.

John Weeks: Right, right, right. So –

Eileen Crimmins: I'm not a real sociologist I can tell you that, but I am a real demographer.

John Weeks: Okay. You're a professor of sociology, but you don't –

Eileen Crimmins: I have been, yes. My orientation is that there are strong social forces that cause

the outcomes I am interested in.

John Weeks: Okay. Right. So, now, who were the people there at Penn that you were working with?

Eileen Crimmins: Well, it was a time of change, and I think Dorothy Thomas [PAA President in 1958-59] was probably among the most instrumental in my training. She moved to Georgetown probably before I received my degree, but she was very instrumental in my initial training. Most of the people who were at Penn then didn't do what I did. They did migration and labor force participation, which I found extraordinarily boring at that time or perhaps because of the way it was possible to study those topics at that time..

But I always wanted to do health and mortality, so John Durand [PAA President in 1961-62] had some influence on me, but mainly I did my own thing because I did a dissertation on infant mortality and nobody was working in that area at that point. So, I just went my own way. You were able to do that in the old days.

John Weeks: That's true. Now, of course, also at Penn in those days was a person who became your husband.

Eileen Crimmins: That's true, but he wasn't my mentor.

John Weeks: Right. Okay.

Eileen Crimmins: He was not working in the area of mortality but he became interested in studying historical mortality. We became colleagues working together with Gretchen Condran, working on historical mortality in the US.

John Weeks: Hmm, okay, because of course, obviously the whole Easterlin hypothesis is very famous throughout demography, and then you collaborated with him on sort of a revision of that.

Eileen Crimmins: Yeah, we collaborated because fertility was clearly the focus of his hypothesis, or his theory. But he didn't run individual level data at that point, and I did. So, we worked together on fertility in a number of countries at that point.

John Weeks: Okay.

Eileen Crimmins: I was the empirical one, and he was the theoretical one.

John Weeks: Okay. All right.

Eileen Crimmins: And I decided, after we spent two years arguing over an equation with econometricians to give up fertility, I thought it was a waste of time to spend so much time on one equation which didn't change any findings or implications.. And I went back to my interest in mortality.

John Weeks: Okay.

Eileen Crimmins: And a number of those economists then changed their focus into mortality and

health.

Dennis Hodgson: Now, that infant mortality and health, was it domestic, was it US-focused, or was it international?

Eileen Crimmins: I initially worked on New York City because –

Dennis Hodgson: You did New York City...

Eileen Crimmins: – they had very good data on individual cases linked to birth records. I worked on infant mortality because the high level of infant mortality was a major issue in the United States. I've had a long career, and that aspect hasn't changed.

Dennis Hodgson: Did you focus on differentials even at that point –

Eileen Crimmins: Yes, differentials and biological and social risk factors.

Dennis Hodgson: – by looking at racial differences and income?

Eileen Crimmins: Differentials by race. This was early in demography based on individual-level data. This allowed examining outcomes in terms of birth weight, place of birth, and prenatal care.

Dennis Hodgson: That's quite impressive--that span of time that you've been focused on mortality and morbidity from the beginning.

Eileen Crimmins: Well, the world has changed but those topics have remained prominent and the level of the US relative to other countries has only gotten worse.

Dennis Hodgson: Right.

Eileen Crimmins: I really studied health from the beginning but mortality was the only indicator for which we had good population data. Now I've spent 30-40 years working on data collection so we can study health, which we need in order to understand things at an earlier stage so we can intervene before death. Most people who studied mortality at the time I was in graduate school used community or country level or aggregate level data of some sort. Kitagawa and Hauser were pathbreaking in the beginning by introducing individual-level analysis of mortality data. So, I was following their lead in some ways.

John Weeks: Now, thinking about collaboration with your husband Richard Easterlin [PAA President in 1978], I should mention just for the record, so I don't forget it: the two of you happen to be among four groups of spouses who have been presidents of the PAA.

Eileen Crimmins: That's true.

John Weeks: Yeah, I went back through the records, and I think I'm right on this. The very first were Irene Taeuber and Conrad Taeuber. And in fact, Irene Taeuber was the very first female president.

Eileen Crimmins: I knew that.

John Weeks: And then we had Judith Blake and Kingsley Davis.

Eileen Crimmins: Yes. And Kingsley Davis whom I actually got to know as he was at USC in later years.

John Weeks: And then we had more recently Judith Seltzer and Robert Mare.

Eileen Crimmins: Oh, Judy Seltzer and Rob. Of course.

John Weeks: Close to you.

Eileen Crimmins: I actually don't think of them as a couple because I have known them separately.

John Weeks: But still, we think of them in that way. And then you and Richard and then basically you have spent your whole career being married to a past president, and now you are one.

Eileen Crimmins: That's true. That's why my kids were never very impressed with anything. It was always, "Oh, we've been there, done that."

John Weeks: Okay. Okay. Okay.

Eileen Crimmins: But it has been nice having a spouse in the "business".

John Weeks: Let's talk about your path to where you are now, which is I mean, arguably the world's most famous influential gerontologist.

Eileen Crimmins: Arguably is quite right! Only a very small circle of people would think that.

John Weeks: I'm putting it out there as that. Okay.

Eileen Crimmins: Okay. I'm not buying it.

John Weeks: That's my view. If I look at a book on aging and they don't reference you, I just throw it away.

Eileen Crimmins: Yeah. Okay.

John Weeks: Go ahead.

Eileen Crimmins: Well, I, as I said, I always wanted to study health and mortality. And after working in the area of fertility for a while, I moved back into the study of mortality. I realized that something was happening at older ages and US life expectancy was increasing because of changes at older ages. So, I began to investigate trends in mortality at the time we were recognizing that heart disease death rates were starting to tumble. Trends at the older ages were quite remarkable and we didn't really know why. I am not sure we even understand this change now as we may have attributed more to contemporary factors than we should have. I think we ignored to a large extent the cohort effect in the dramatic changes in old age death

rates over the last 40-50 years.

About this time, a focus on the length of healthy life not just length of life grew among a group of international demographers. The focus on healthy life for me began to increase as we joined in an international group REVES which has really developed this focus on healthy life.

But when we decided to move to California, it was very comfortable for me to be in a school of gerontology because I didn't have to explain to everybody why I was studying mortality. People in aging understand that it is important to understand mortality. So, I was very comfortable from the beginning in a school of gerontology. I have learned a lot from my colleagues in such a multidisciplinary setting. At that point, microdata on aging individuals were becoming much more extensive and available previously. From the early 1980s I was involved in NIA monitoring committees for data collections in aging populations. I have always been supported in my research by the National Institute on Aging since the very early stages of my career and this was very instrumental in my career.

I spent a number of years working on committees or on advisory panels to develop initial studies of aging and the longitudinal study of aging that had multiple waves in the 80s and 90s. This allowed us to introduce a lot more variables into the study of health outcomes and risk factors. Demographers increased the health outcomes studied. So the focus broadened from mortality to disease and frailty and functioning problems. Eventually we started studying cognitive problems and other aspects of mental health. While we were increasing the health outcomes under study we started filling in the model with a much wider range of independent variables or risk factors..

When I started, we were looking at age, race, and sex differences. Then we started including psychological variables, healthcare utilization, early life indicators, occupation, etc. So, we started filling in models with just much more extensive information about people's exposures and lifetime experiences.

Then with the Health and Retirement Study (HRS), which I've been working on for about 25 years, I started arguing for the introduction of biological data into that study. At that point I move from a member of the monitoring committee to a co-investigator who really focused on the inclusion of biological measurement. This was to better understand how social differences came about. I say we began in the era of hypertension and cholesterol, which now are not very informative indicators since a large proportion of those in the United States control both of those things. We're now basically into much more detailed biology, but always the question has been how do social variables get under the skin to affect these long-term health outcomes? Now we've moved back in the biology to measure molecular and cellular changes. We now include about 200 indicators of physiological state in the HRS. We have gradually added these and now we include genetics and epigenetics. So, it's been a real journey of learning biology.

I have a colleague in gerontology, Caleb (Tuck) Finch, with whom I've taught Health and Aging for 15 or 20 years. And that's how I have learned biology. Every class we would address the topic from a social and a biological approach. I would indicate what we know from data on social differences and social risk factors. And then he'd talk about what we know about the biology. So, I learned as much as the students especially as I repeated the course many times. Tuck always changes his readings the night before the class adding in the most up to date work which was very informative for me.

Another colleague with whom I have long-worked and have an NIA Center and grants--Teresa Seeman—was very instrumental in my learning about collection of biological data. She had done collection in the home of biomarker data for the MacArthur study, which was a study relatively limited in geography, but had used some technology that was innovative in collecting data. So, we argued for the use of that technology and other new technology in the Health and Retirement Study. And so, I learned so much from the people that I worked with. I also worked with psychologists who studied cognition long before demographers started measuring this in large populations.

When I first went to USC, I thought cognitive aging was a boring field because the focus was so much on the relationship between age and cognition. So, we started studying cognition in populations looking at the normal things demographers do: age, sex, race, geographic location, and other variables. So, I've basically learned all these topics from my colleagues and I think that is how we kept increasing our understanding of aging health.

Win Brown: Oh, yeah. I'm able to raise my hand here. So, Eileen, I want to take you all the way back to maybe college, probably Penn. I don't know if it was Chestnut Hill or Penn, but you've said a couple of times just now that you always wanted to study the health and mortality relationship. And I wonder when and where that happened. And I imagine about the only data that we really – that a lot of people knew about in those days, that I think of aside from the Framingham Heart study that was so famous there, I don't think there was a lot of survey data back then that you would certainly know. Was there a study or a big result, let's say, from Framingham that turned you on, that piqued your interest? Or what sort of gelled that led you in that direction?

Eileen Crimmins: No, I think it was more the times, that it was a period of wanting to be socially involved and have your research be socially meaningful and mathematics did not seem very meaningful. Perhaps I really owe my career to the fact that I was denied a job. I applied for one job - at IBM and I applied to one graduate school – Penn. The interviewer at IBM said to me, "You look like you're going to get married." I was totally taken aback as I did not have any plans or expectations of that type. They didn't offer me a job. So, that's why I went to Penn; I did not really have an option. So, I don't think it was particularly that I saw good science that made me want to do demography but that I saw you could use numbers to make a point. I had gotten very involved in sociology classes as an undergrad and loved arguing

for what I thought was right using numbers. And I think that was where my interest came from.

Win Brown: And then, oh, sorry. Can I just do a follow up? Now to take you all the way from that period to something that's very, I would say popular, important, but trendy today and that's the blue zone research. And you've got one blue zone site apparently that's right near you. That would be Loma Linda. How would an accomplished really serious gerontologist, social gerontologist say, or have a perspective in terms of, what we're seeing with blue zones? Which is maybe, I don't want to say the wrong thing, but it's sort of going off with the pop science approach you might say. Where are the gerontologists on this idea?

Eileen Crimmins: The real scientific gerontologists are trying to ignore most of the “Blue Zone” hype, I would say. Certainly, there's a reason to believe people in Loma Linda are prone to long lives. They are vegetarians, lead a good clean life in lots of ways, and they're certainly well off. Marin County is another blue zone, blue with billions of dollars. It's maybe true that Sardinia and Okinawa may be special. There may be genetic and lifestyle reasons for their long life. These are interesting cases in that they point to potential mechanisms. I would love to know why Japanese life expectancy for the whole population is so different from the US.

There is an issue in the aging area that a lot of people who either want to make money from people's desire to live long or who want to use their money to live a very long life support non-scientifically justified “treatments” of aging. Silicon Valley money has pushed some things that are bizarre. There are people up there transfusing young blood into old bodies because they think they can delay aging. That's extreme. There are many people in Silicon Valley taking all kinds of additives which are not proven.

Biologists tend to be the most bullish on extending life expectancy to extremes. Social science people don't tend to be as radical on the future--people that use data are more grounded. As my biology colleagues are talking about how life has been extended and we're going to continue to extend life, I talk about how life expectancy has stagnated in recent years and look at the decline in life expectancy with COVID.

Dennis Hodgson: I've got sort of a related question to that. Now you've been teaching with a biologist, and you've got biomarkers –

Eileen Crimmins: But Tuck is a very broadminded biologist.

Dennis Hodgson: Okay.

Eileen Crimmins: He's very, very broad and a big thinker.

Dennis Hodgson: Yeah, and your emphasis is more on differentials than the demographics of it.

Eileen Crimmins: Yes.

Dennis Hodgson: You've got all these racial differences and class differences. What kind of

approach do you have for policy recommendations?

Eileen Crimmins: Well, I feel the policy recommendations are all in the social area.

Dennis Hodgson: You can get very different kinds of policy recommendations if you view it mainly in terms of sort of the biology of aging or the sort of demographic social view of aging.

Eileen Crimmins: Biology doesn't move much to policy, but I have tried to integrate with the biologists in the last decade as they have introduced something called the hallmarks of aging, which are molecular and cellular changes that underlie all aging health outcomes. Hallmarks include telomere length and epigenetic measures which we now incorporate in our survey data. It's nice to understand those and include those. But perhaps the most beneficial way to study aging would be to look at what I would call the social hallmarks of aging. And then if I look at what makes some people age fast, and some people age slow, I would say it is SES, race/ethnicity, psychological states, and health behaviors. And these are related to large differences in life expectancy so we need to learn how to intervene to change those –

Dennis Hodgson: Variables.

Eileen Crimmins: If you would develop biological models to test what we think are the major differences that those social variables actually catalogue, that would be the most useful way to actually push biology to address human aging. So, I think there is a new understanding in biology that they have to be relevant to human aging which holds promise for the future. We're done curing everything in mice because they've been cured many times over and should be able to live forever. Now the focus should be on people. But until about five years ago, the National Institute on Aging Biology section did not allow research on humans. You had to use model organisms.

Dennis Hodgson: Wow.

Eileen Crimmins: So, they have just started allowing biologists with NIA support to actually engage in studies of human subjects. And they did then fund some studies that looked at understanding social differentials using a biological model system. So, I do think the research from social and biological science is starting to come together. For instance, they had what they call a geroscience summit last spring in Bethesda. And I would say almost half the people there were social scientists presenting social science data.

So, I think the scientific world has changed and disciplines are coming together. I do think we're better off than we were some years ago, and partly it's the value of the human data. For instance, twenty years ago when we first started getting genetic data on large populations, polygenic risk scores were developed based on multiple genes, e.g. maybe 5,000. This was a radical change from the focus on one gene at a time that was normal in biology.

I do think it's been a remarkable few decades of fields coming together. I used to

say I employed a social demographic model of health. Now I'd say sociologists, demographers, psychologists, economists, epidemiologists all fit the same basic model. It's very hard to tell the difference across fields. I do worry a little bit about demographers losing their identity, although nobody else takes things to populations. Going from individual model results to implications for populations can be very meaningful. For instance, life tables are an amazing tool to summarize population effects, and simulation is an amazing tool for understanding the implications of changing risk and policy in populations. These population implications are mainly still done by demographers, but the basic models people are using to get the equations are pretty similar across many fields at this point.

Emily Merchant: Sorry. If I can jump in. So, I have kind of a follow-up. Yeah, I was going to ask a question kind of similar to Dennis's which is, so you told us about how, as you add more biological data, more biological variables into the model, we actually can understand the workings of the social variables better, which is fantastic. And I'm wondering how much you have or have not seen policy take up your findings about how things like socioeconomic status and race affect health.

And so, we're putting – kind of putting all of this money into these biological variables that are giving us a better understanding of the social world. But then are we then using that information to actually improve people's health at a population level?

Eileen Crimmins: I don't think anything very sensible gets taken up in Washington and makes sensible policy. Although, as I started my description of introducing biology by saying we began in the cholesterol/hypertension years. Now, if you have any access to the healthcare system at all in the United States, there's diagnosis and treatment of hypertension and high cholesterol. Population differences in diagnosis have largely been eliminated. Those are two indicators that are relatively easy to deal with; there is a number above which you treat; below that number, you do not. It's very clear-cut.

It is conventional practice and everybody understands what the number is and what needs to be done. Public health advocates have provided many community opportunities for diagnosis and referral. In the U.S., we've done a good job with these two health indicators. We still have a ways to go with diabetes diagnosis and treatment, and diabetes requires long-term monitoring. It's a little bit harder than cholesterol and hypertension, but nevertheless, we could probably do it because there is a clear rule for treatment.

I chaired a National Academy of Science panel with Sam Preston [PAA President in 1984] on the state of mortality for those 55 and older in the United States relative to the rest of the world beginning about 15 years ago; and then we were both members of a panel addressing the same question but for the younger population. We documented the terrible, and declining relative to others, performance in the U.S., and documented many policy relevant reasons for this. There are many things that could be done, but there was no traction in Washington for picking up on the findings and doing anything. Old people actually do relatively well in the United States but it is harder to get to old age in the U.S. Is

it Medicare that explains the good state of old age mortality? Well, maybe a little bit, but certainly not totally.

For younger people, mortality in the U.S. is a disaster and it's getting worse every day. No developed country should have the levels of maternal mortality that we have. It's horrible. I don't know what else to do as an academic. We've made presentations and written editorials; we've tried to show people the data. I actually thought when NCHS put out a publication on the five worst states and the five best states, that maybe the worst states would be encouraged to try to move themselves to a better level to get off the list of worst states, but that did not happen. Now people are losing healthcare and even things relatively easy to treat, like diabetes, obstetrics, children's conditions, may get worse.

Dennis Hodgson: How about one quick question on this one? We sort of had a natural experiment with the child tax credit in the American Rescue Plan, where for a year we gave parents a significant amount of money per kid, and we cut child poverty in half.

Eileen Crimmins: Right.

Dennis Hodgson: Now, was that long enough to have any kind of health measure change? Will we be able to see any –

Eileen Crimmins: I don't know what to say.

Dennis Hodgson: – consequences of it?

Eileen Crimmins: I mean, I don't know. Certainly, it should have some short-term change and will it be big enough to see over the long run? I don't know. We have evidence that early life things really make a lot of difference. A recent paper using the epigenetic data out of HRS by Lauren Schmitz looked at declines in income during the depression and found that the people who were in the stage of fetal development had worse epigenetic age than cohorts around them in old age. So, declines in income had effects 70 and 80 years later.

Dennis Hodgson: And this is kind of the opposite, yeah.

Eileen Crimmins: Tuck Finch and I worked with Doug Almond from Colombia and showed that the 1918 flu epidemic affected heart disease and diabetes in people who were in fetal development at that time, quite significantly 70, 80 years later. So, some life stages are very critical stages and development in those stages may be really affected. Once you're born, effects may not be as strong as before birth, during development.

Dennis Hodgson: Right.

Eileen Crimmins: You didn't ask me about being president of PAA. I was president of PAA at a horrible time.

Dennis Hodgson: That's true.

Eileen Crimmins: And part of it was the pandemic but it was also the Trump administration.

Dennis Hodgson: Did it have an impact on your life expectancy?

Eileen Crimmins: Oh, I imagine.

Dennis Hodgson: Oh, sure.

Eileen Crimmins: The census was in the field and was greatly impacted by the pandemic. Whether to stay in the field or end operations was one issue. Also, the president was trying to prevent graduate students from certain countries from entering and staying in this country. The “Black Lives Matter” movement also required response from PAA. So it was a year of writing numerous letters, editorials, and position statements. This is all expertly led by Mary Jo Hoeksema and PAA Public Affairs but it still involves a lot of time and discussion. Also, members are not always happy with the views expressed and some even quit PAA for one reason or another.

These issues were in addition to the fact that we had a meeting all set in February. I visited Danielle at PAA in Washington in the second week in February, and I said, "This COVID thing really might have an effect on PAA. What do you think we should do?" And we concluded, "Oh, no, probably not." I got in my cab to go back to my hotel, and I was supposed to be going from Washington, DC to the University of Washington at Seattle to do a practice presidential address arranged by Sara Curran, the PAA vice president at that time.

While I'm in the cab, Sara called and said, "We're shutting down tomorrow because of the disease. You can't come here." So in the middle of February, when nobody had done a Zoom meeting yet we had to figure out what to do. In March the Board voted to cancel the in-person meeting and refund everyone's registration money, which was the right thing to do but we did not know whether we would end up paying for the meeting because of our contract. In the end, we did not pay as the hotel was not open at the time of the meeting but we did not know this when we had to decide what to do. After we cancelled the in-person meeting, we rearranged the whole meeting to be done on Zooms arranged by individual session chairs. Nobody knew how to do Zoom at that point but they learned quickly. Sara and PAA staff were so great in developing our approach.

When we were thinking about how to do an online meeting, people said for a couple hundred thousand dollars we could get a firm to help us put on the PAA meeting on the web. Sara and I said, we don't have a couple hundred thousand dollars at this point, we're just going to have to do this on a shoestring.

PAA members were totally traumatized as life was turned upside down but somehow we managed to get half of the planned sessions to take place. Session chairs agreed to run them by setting their own Zooms. It was a bottom-up rather than top-down Zoom plan. It worked. We only had one bad Zoom bombing. We also tried to run some social events through zoom. In addition, we set up a series of webinars over the year in order to keep PAA members in contact with each other and maintain scientific contact. These worked really well and we had

hundreds of attendees.

Also, the stock market fell dramatically at the beginning of the pandemic. The PAA board had voted, after much anguish, to remove money from the market in order to guarantee that we could pay salaries for the year. This was probably a mistake in hindsight but the rationale was we needed to preserve ability to maintain staff and pay our mortgage. We lost quite a bit of money on that move but we were able to pay staff and keep running.

Win Brown: Remember, Eileen, that was me who experienced the Zoom bombing, and we talked about that, but –

Eileen Crimmins: Yes, it was traumatic but it worked in the end.

Win Brown: – remarkably, that was the only really bad one.

Eileen Crimmins: Yes. That was the only bad one.

Win Brown: Everybody cooperated, everyone. The troops rallied and we got through.

Eileen Crimmins: Right. The PAA staff people were absolutely incredible. Nobody had done this before. Not only did the sessions take place, but all the posters were put up online and poster reviewers were organized. It was amazing how we managed to change everything at the last minute. So, it was horrible; but at some level it worked and we felt like we got through it. We maintained our organization. Then later on PAA got an unexpected donation from someone who died that was approximately the amount of money we had lost in the stock market.

Win Brown: Oh, wow.

Eileen Crimmins: We got a gift that made up for this probable mistake on our part of liquidating stock market funds at the beginning of the pandemic [*Editor's note*: the gift was from the estate of PAA member Marie Bousfield]. But anyway, it was a really difficult year with events nobody had expected. So, that was my PAA presidency, I will say. Not an easy time.

Karen Hardee: We all remembered listening to your address.

Eileen Crimmins: What?

Karen Hardee: We all remembered listening to your address.

Eileen Crimmins: Still on Zoom [*Editor's note*—it is available on YouTube—the link is at the end of this interview]. When I did the address the next year, we had a professional company who knew how to make videos and a company to set up Zooms. So, it was all a lot better than the year before. It's amazing how the times forced us into learning this new way to communicate--everybody learned how to do this. But people didn't know in the beginning, and people were nervous about whether they'd be able to share their slides.

For many people, it was their first Zoom because our meeting was early in the pandemic. But we did better than even later meetings. The gerontology group hired a firm for November and it was a disaster as the firm's system rebooted during the meeting time and tossed everyone off or prevented joining. So, the first few meetings I went to organized by expensive firms, I thought weren't any better than our amateur version. So, I was always happy we saved our few hundred thousand dollars that first year. I think we did about as well as we could.

John Weeks: Eileen, speaking about your presidential address, which is still up there on YouTube, and I subscribe to the PAA on YouTube. Easy to get to. But I'm wondering--you mentioned during that address that there's going to be a printed edition. I haven't seen that yet.

Eileen Crimmins: There isn't a printed version.

John Weeks: No, there isn't. Okay.

Eileen Crimmins: I have had it on my agenda but something always pushes it back.

John Weeks: Oh, okay.

Eileen Crimmins: I have written it up a few times but all of a sudden there was a lot more relevant science to include. I'm guilty of not getting it done.

John Weeks: No, you're not the only one. But in fact, looking back over your CV –

Eileen Crimmins: Well –

John Weeks: – looking you up on Google Scholar and stuff like that, you seem to be so amazingly busy all the time. You published so much. I mean, I know you've got a lot of help, but you obviously have to work with all these people.

Eileen Crimmins: Yes, I work with lots of very good people.

John Weeks: Are you one of these people that just has immense levels of energy? Do you get up at 4:00 a.m. every morning and go to bed at midnight or what?

Eileen Crimmins: No, I just don't have much life, I guess.

John Weeks: I doubt that's true.

Eileen Crimmins: I no longer have children in the house. And when you've been used to handling life while caring for children and then they're gone, it feels like there's a lot more time in a day relative to what there used to be.

What happened also with my PAA address is that science kept changing. And I'd update one section, and then another section would change, and I'd keep updating and updating. And then I also thought, well, a lot of people have written about these things since then. But I don't know, hope, maybe I will still do it, but the last two summers I've been planning to and I haven't.

- John Weeks: Okay. One of the things I did notice in a recent publication, you had a chapter in a Johns Hopkins University Project Muse monograph. And it looked like at least that could be thought of as sort of a summary of your presidential address because there were actually a couple of the figures in there were similar to what you'd used in your address and your basic conclusions were the same.
- Eileen Crimmins: I don't recognize that by Johns Hopkins Publishing. I don't know what it is, but I can – we – you and I can deal with this offline. [*Editor's note: the publication was "Longevity and Health?" 2015. E. M. Crimmins. In, G. S. Morson and M. Schapiro, (Eds.). The Fabulous Future? America and the World in 2040. Northwestern University Press, pp. 23-32--it was part of Project Muse at Johns Hopkins University but was not published by them.*]
- Win Brown: Emily, was that you or me who raised their hand first? I think it's you first.
- Emily Merchant: Oh, okay. Eileen, there are so many questions I want to ask you about your research, but I think for the purposes of this interview that we should talk a little bit more about PAA and the events of 2020, and so I would love to hear more. You said a couple of things about the 2020 census, which of course had all kinds of issues between the pandemic and the Trump administration's shenanigans. So, I'd love to hear more about how PAA got involved in that, and then also if you could tell us more about the Black Lives Matter movement and how PAA got involved in that as well.
- Eileen Crimmins: The census started getting pressure from the Trump administration during the planning phase to have a question on citizenship included. And then PAA weighed in on that issue through the public affairs committee. I guess I was on Public Affairs and PAA President-Elect at that point. But then during 2020, when Census was in the field and the pandemic was at its initial worst, there was the issue of whether they would continue to try to collect data or they would give up on the hard-to-find persons.
- So, near the end of the period--September, October--there were issues about whether they would just give up in certain places. If they did, it could make a difference in people who were going to be seen as Republicans and Democrats because the hard-to-find poor are less housed and are more likely to be Democrats. So, it was a political thing. PAA wrote letters about trying to get complete coverage. It seemed like every week there was something we were responding to from the administration with a letter. Public Affairs was so competent at handling this.
- Mary Jo Hoeksema is so good at writing these letters. Every week we had something to write about. In the summer, the administration was trying to prevent Chinese students from staying-- it's now hard to remember--I think from staying more than a couple years. There was a sense that Chinese students who were currently in degree programs might have to leave because they would've been here longer than they wanted to allow at that point. So we wrote letters weighing in on the problems this would cause.

All of this took a lot of work. First of all, you have to collect information and stories from people, have significant discussion, and develop a point of view. PAA Public Affairs always has a rationale for the point of view but they collect stories from individuals to illustrate points and make the letters more convincing. So you put out letters asking, Do you have any story about this, that, or the other thing? And then you try to weave that into your letter to make it a more convincing letter because it has personal stories, not just numbers, but it has stories of people who are doing good things, who would be prevented from continuing to do those good things, if policy changes. We also collect the numbers to use in arguments. So, it takes a lot of time and skill, mainly from Mary Jo to weave in the ideas and rewrite the letters. I felt like it was almost every week that something was happening.

Black Lives Matter was a time people were being asked to respond in some way, shape, or form. I don't remember the details of our letter but the gist was we support social justice for all people. We didn't use the phrase Black Lives Matter explicitly, and I would say it was a fairly innocuous letter, but giving support to the fact that social justice was important to demographers. Several people felt that was inappropriate and at least one member resigned from PAA. So, that was disappointing.

There are a lot of pressures for PAA to respond to world events. I'm sure there are probably pressures to react to what's going on in Israel and Palestine. You're asked regularly to respond to political issues and PAA has always tried to be apolitical, going back to the family planning movement. It is not possible to be totally apolitical in the current environment. I began my career as a Concerned Demographer, which was a subgroup devoted to integrating social issues into demographic study. Some of us laugh about how those days involved having sit-downs in the hall in front of the business meeting and disrupting the business meeting, and now we are running it.

Some of my colleagues who were Concerned Demographers with me have also been president of PAA, and we do kind of joke about how we spent our student lives disrupting PAA. I think one of the most memorable moments of PAA for me was with Dorothy Thomas and a whole group of women when we integrated the men's bar in the Hotel Monteleone in New Orleans.

Dennis Hodgson: I remember that.

Eileen Crimmins: That's what people used to do at PAA. We had Concerned Demographers and the Women's Caucus. Those were important groups for us at that point in time. I was just in Wisconsin giving a talk last week, which had been one of the hotbeds of dissent when I was at Penn, and they had found some of the old mimeos of *Concerned Demography* in the archives of Wisconsin. We actually spent our time writing articles for *Concerned Demography* rather than publishing papers in journals. But we were students at a time when that was important to do. Frankly, I remember it very fondly.

John Weeks: So, Eileen, you should know that Emily actually had dug out those things and got

them posted on the PAA website. If you go to the PAA website *Concerned Demography* is up there: <https://www.populationassociation.org/about/our-history/concerned-demography>

Emily Merchant: Charlie Hirschman [PAA President in 2005] actually had the whole set and he scanned them.

Eileen Crimmins: He had the whole set? Only Charlie would save them.

John Weeks: Right.

Win Brown: Eileen, if you –

Eileen Crimmins: Oh, that's funny.

Win Brown: If you could somehow harbor or retake that kind of critical protest spirit that you guys had way back then with the Concerned Demographers and sort of take it to Washington DC because you mentioned this a few times during the interview. It's not an easy question. So, but what would be the policy that you would most want to see come out of whatever agency or group in DC if you could wave that magic wand? And based on everything you know from your science –

Eileen Crimmins: Primary healthcare for everybody, and certainly income support for families and people who are unable to provide support for themselves. I think those things are a disaster in this country. And I think the stress that young families and parents experience while trying to provide support and care for children is just overwhelming in this country. Even if you're wealthy, it's not easy. And if you're poor, it's virtually impossible. We seem not to have moved at all towards providing appropriate support for the young.

I do think people who are older do well in this country. I mean, Social Security has been an incredible benefit. Medicare has been an incredible benefit. I think the fact that old people do pretty well is a testament to that—it's a group that actually does have social welfare. Sam Preston was right about that.

Win Brown: Children and the elderly--divergent paths for Americans...

Eileen Crimmins: Yes.

Win Brown: Dependence has progressed.

Eileen Crimmins: And it hasn't changed.

Win Brown: Yeah.

Eileen Crimmins: Hasn't changed since he said that. So, I have often argued in aging forums that the best way to make good aging is to support children and families. That a lifetime of support makes for good aging. But I do not know how you get anywhere in Washington. Before the pandemic, I was going at least twice a month. And I'm very happy now not going very often. Although last month I did go twice. It's so

broken. I don't know why did we not move in the right direction? I don't know.

Karen Hardee: And yet, we decry the birth rate. And why aren't people having children? Duh.

Eileen Crimmins: Increasing life expectancy would occur if laws about guns were changed. But this seems impossible. I will say when we had our panel on US Mortality and International Perspective, we were told by the National Academy of Sciences not to bring up gun control in interviews with the press. And that's when I said, I'm not doing any interviews because this is a very simple answer to increase life expectancy by a couple of years.

Karen Hardee: What year was this? This was recently?

Eileen Crimmins: 2012 or '13, it's in recent history. We were told that and we wanted to call the report--I said this at my PAA address-- Live Free and Die – which was said somewhat in jest but it reflected our views of the reasons for the poor level of life expectancy in the U.S. And they said, no, that it is too baiting of the opposition. You can't do that. So, I feel like the National Academy of Sciences is not a conservative place relative to the rest of Washington, but it's been very difficult to get anybody to really latch onto the issue of poor relative mortality.

I thought maybe maternal mortality would be a hook because that's so easy to improve as you don't need to know anything more scientifically than you know now, you just need to treat some people. It's not very expensive to treat relative to other types of mortality but it doesn't get anywhere. So, I don't know.

John Weeks: Can I just ask you a question? Because I do remember in your presidential address, you did mention that story about the National Academy of Sciences. Was the motivation on their part just that they were worried that Congress would drop funding for them if you talked about gun control?

Eileen Crimmins: There was always a little worry that if you got into areas that Congress would be against funding, support for that research would go away. So, for a long time, there was sort of a sense that we ought to stay away from air pollution because that might really make some congressmen mad.

John Weeks: Okay.

Eileen Crimmins: But that went away with change in specific congress persons. Congress has now supported research on the effect of firearms, but before that it was a topic to avoid. And I'm just generalizing about a set of people who are basically trying to protect funding. Funding has been very generous from the National Institutes of Health in recent years, extraordinarily generous. And I think it has actually made a difference.

I do think we will make progress on Alzheimer's, which is a disastrous disease for individuals and for society because it takes so many resources to care for people. I was initially against the recent approval of the new drugs because I thought, it's so much money and they've got such side effects and show very little real improvement. But I think now they've reached the point where you've got to

spread treatment through a whole society in order to figure out what works best and for whom it works.

So, when I started to try to put the “what's going on with Alzheimer's” in the perspective of heart disease and cancer. We spent 30 years spending billions on cancer and getting nowhere; but finally we began to see improvement and we needed to spend the money to get there. For heart disease, we just spent money; we didn't quite know what was working or what wasn't working at first, but a lot of things started working and we never really understood why but we treated symptoms. It wasn't like we got “the” cure and then applied it. We basically treated symptoms and pieces of the diseases and then we got much better at preventing mortality and delaying deterioration from the diseases. So, I think we have to do the same thing with Alzheimer's. And if you think, \$30,000 a year for a drug is a lot, it is. But compared to \$100,000 for a bypass surgery which we didn't need to do 30 years ago, it isn't so much. We were learning when we did need to do bypass and when we could forego this treatment.

That's what it costs, frankly, to cure or to delay these diseases. So, I do think we've made progress, and I think the progress we're going to make is that we're going to start treating people for aging in the next decade to delay it, to delay some of the bad things. It doesn't mean you'll delay death, but you might, but you'll delay the onset of these conditions. But we're going to start treating people in their 30s, 40s, 50s. We're not going to wait till they have disease. So, it's now we should be treating people from birth or before; we should be treating their mothers to give people the best start possible.

But there is progress. I mean, I guess this is being recorded, but I don't think NICHD has been as active in the population field in terms of pushing things forward as the National Institute on Aging, to tell you the truth. And I think it would help if NICHD had some of these topics in the forefront of their program.

John Weeks: Is there a way that PAA could step in and help push that agenda?

Eileen Crimmins: Well, there's certainly, the population centers have been very, very concerned with this for the last decade or decade and a half. I think that's the place because they are NICHD-supported. Many demographers were trained with NICHD support.

John Weeks: Including me, by the way.

Eileen Crimmins: Yes. I was trained with NICHD support and I worked on infant mortality, which was absolutely NICHD relevant. But now we have a lot of training that is supported by NIA.

Emily Merchant: Do you think it's a problem that NIH splits childhood and aging, given that they're so connected to each other?

Eileen Crimmins: I don't know. I will say NIA is has been – now maybe it's because they're so flush with Alzheimer's money but they have been very open to the idea that aging begins early in life. And they even have supported some child cohorts for certain things, and they took in Add Health [The National Longitudinal Study of

Adolescent to Adult Health] now. And Add Health people aren't old by any standard definition yet; they're just approaching it. NIA has basically seen that lifetime circumstances matter to aging. And so they are interested in lifetimes. I don't think that NICHD has the same kind of interest because their people age out. They don't see them again. I actually think having something on child development and aging is better than having just disease-focused agencies.

I think if you're all just heart or cancer or diabetes that silos you much more so than childhood or aging does because I think now we sort of realize hearts and metabolism and kidneys and everything interact with each other. And I think that's easier to see when you're doing people of a given age rather than people with just a given disease. I feel like in my period of growth in the field when I was coming up, NICHD was all important and really leading the population area in terms of the big ideas and data but this is not as clear now. NIA has really dominated a lot of demography in recent years. But maybe I'm just seeing the world from my perspective.

John Weeks: Well, but one of the things that you have done is to help push the field of demography really beyond the original confines, particularly with your emphasis recently on epigenetics.

Eileen Crimmins: Yes.

John Weeks: Which truthfully, I didn't know much about until, well, until your presidential address, actually. The question I asked myself was, what is that? And you talked about it, but I had to go back and Google it a bit to know, and you actually referenced Kathy Harris [PAA President in 2009] in your address. And we interviewed her talking about the Add Health project.

Eileen Crimmins: Right.

John Weeks: And Emily in particular was asking her about the bringing in of the genetic data and biology data. And do you see that as one of the directions that demography is heading?

Eileen Crimmins: Well, clearly the demographers have led that in the population survey field. I was part of the beginnings of HRS doing that, but HRS is only one example. HRS interviews 20,000 people at a time, but we've got 200,000 people around the world in all these population surveys that comprise the HRS family of studies in 40 or more countries. And those studies are generally led by PAA people.

I don't want to indicate they are all demographers. They're sociologists, demographers, economists, epidemiologists, etc., but they're an extremely well-integrated group which has had extremely good support from NIH. This has produced strong international working groups. For 15 years we have had a meeting of the biomarker network on the day before PAA.

We have 75-100 people, approximately, every year who come one or two days early to PAA. A lot of them are now PAA members. NIH has promoted this growth of surveys throughout Europe and Asia which has been very valuable to

the field. I am involved in an interesting study on Ireland and the United States on early life circumstances in epigenetics. And the idea is that in the United States, poor people have bad exposures in early life. In Northern Ireland, the people who are now old had exposure to what's called the troubles. And the troubles exposure depended on geographic location rather than social status. So, it didn't matter if you were a Protestant, or you were a Catholic. If you live right near the line, you got exposed to some pretty difficult things. And on the other hand, in the Republic of Ireland, people who were high status tended to go to boarding schools that were extremely strict and had a lot of physical punishment and sexual abuse. And we all have epigenetic measures and we all have harmonized our studies, and we're looking at the way different early life exposures affect late life because all the studies are of older people now.

But these are phenomenal things that we're able to do now that I think we never would've imagined even 20 years ago, 30 years ago. So, there's a lot to come.

John Weeks: And thinking about a lot to come now, you must have, I mean, you have so many collaborators, so many publications and have evolved in so many different ways. I'm assuming that there are a lot of graduate students that are being trained and are going out to continue this line of research and work.

Eileen Crimmins: It is a problem that a lot of graduate training is still what it used to be. Students still need to know what we all learned in graduate school but now there is so much more. Virtually everybody does a postdoc now, and they mainly get this kind of specialized training as postdocs. But we have argued pretty strongly that we need whole sets of short-term intensive training courses in methods and other fields, biology or environment. I mean, everything is so much broader. For instance, my center supports the integration of contextual data with the Health and Retirement Study and other studies and we provide some training for that approach.

Now I've learned a lot about air pollution and all its components that is not taught in social science grad schools. Geographic analysis is different from other analysis and requires some specific learning.

We're all doing artificial intelligence now because we have so many variables in the biological realm. We're working on a new measure for HRS where we have 50 terabytes of data for the first 50 cases on a measure. I mean, we're going to drown in data.

John Weeks: Quantum computers.

Eileen Crimmins: Yes. Even they need speed up too. But it's all very black boxy too. That's a little nerve-racking that you work with these data. Conceptually, you know what it is, but errors in computing are hard to identify.

John Weeks: Well, we've taken an hour and a half of your time almost. But before we let you go, I want to make sure that there isn't anything that you thought we might ask or that you wanted to say that you haven't given us yet.

Eileen Crimmins: I don't think so. I did tell you about PAA.

John Weeks: Yes, you did. You did. I mean, truthfully, I think we could sit here and talk pretty much for the rest of the day, but I know you said you had to go to campus and we didn't want to have you go without lunch...

Eileen Crimmins: It's just talk, isn't it?

Karen Hardee: I hate to drop off, but I have to say goodbye to get to another call. I'm talking to a student. The student wants to know about the fields.

Eileen Crimmins: Thank you. Okay.

Karen Hardee: Thanks, Eileen. Thanks so much, everybody.

Eileen Crimmins: Thank you.

John Weeks: Okay. Well, we will let Karen's exit to be the exit for all of us. Again, thank you so very, very much for taking this time with us, and –

Eileen Crimmins: You're welcome. I enjoyed it.

John Weeks: Thank you so much for everything.

Dennis Hodgson: Very insightful.

John Weeks: Oh, thank you. Absolutely. Okay. And so just so you know we've recorded this. I will send it off to a transcription service here in California that actually Emily found for us a while back. And in two or three weeks they'll have a transcript written that I'll do a little editing on so we get it in the right format, and then we'll be sending it off to you to help us with the final edit on that. Eventually, it'll all go up on the PAA website.

Eileen Crimmins: Okay. Good.

John Weeks: Very good. All right.

Eileen Crimmins: It's been fun talking to you.

John Weeks: Good. Thanks.

Win Brown: Thanks, Eileen. Thanks so much.

Eileen Crimmins: Okay.

Transcription by GMRTranscription.com
Edited by John Weeks and Eileen Crimmins

DR. CRIMMINS' PAA PRESIDENTIAL ADDRESS HAS NOT BEEN PUBLISHED, BUT YOU CAN VIEW HER ACTUAL PRESENTATION ON YOUTUBE:

<https://www.youtube.com/watch?v=yItaGA4GpNE>

[*Editor's note:* Dr. Crimmins' address begins about 22 minutes into the video--following the PAA awards ceremony]