Helping older adults who are marginalized is beneficial not only to these individuals but also society. Three reasons are presented for why society should embrace this idea.

First, helping older adults who are marginalized to be healthy reduces social injustice. Health inequities exist in older adults, and those who are marginalized are more likely to have poorer health (Fernandez-Martinez et al., 2012; Zelle & Arms, 2015). Specifically, older adults with disabilities are likely to delay seeing a health care provider due to economic difficulties compared to older adults without disabilities (Lee, Hasnain-Wynia, & Lau, 2012). Low socioeconomic status is related to the increased possibility of a transition from good to bad health status and a decreased probability of recovery from poor health in later life (Adena & Myck, 2014). Moreover, low level of educational attainment is significantly linked to greater all-cause deaths and differential mortality in cardiovascular diseases among older women (Rostad, Schei, & Lund Nilsen, 2009). Low attainment of education is the largest attributable risk factor of Alzheimer’s disease worldwide (Norton, Matthews, Barnes, Yaffe, & Brayne, 2014). Older adults who are marginalized experience greater social and economic disadvantages during the life course compared to those who are not marginalized. These structural oppressions are accumulated through the life course and adversely influence health. Maintaining and enjoying a high standard of health is a fundamental right of every individual. Social contextual factors, such as low educational attainment and poverty, along with individual factors such as biology and health behaviors, ultimately violate one’s fundamental right. Therefore, these health inequities in older adults are a form of injustice and making an effort to reduce health inequities in older adults is beneficial to achieving an equitable society.

Second, helping older adults who are marginalized through elder-friendly communities is beneficial for individuals of all ages. These communities share common favorable features for future generations. An elder-friendly community is defined as an accessible, supportive, and complex place including infrastructure and services that meet the needs of older residents (Alley, Liebig, Pynoos, Banergee, & Choi, 2007). Elder-friendly infrastructure, for instance, includes improving the beauty of the city’s natural landscape, repairing the condition of sidewalks, increasing green spaces and safety of pedestrian crossings, making outdoor spaces safer and transportation more accessible, and offering diverse services. The infrastructure of elder-
友好社区是支持和有益于老年人的，包括那些被边缘化的，以及儿童和青少年。具体来说，较低的安全感与他们的社区有关，导致较低的生理活动在老年人中（Brown, Werner, Smith, Tribby, & Miller, 2014）。一个拥有物理活动设施的社区，高可访问性，以及与社会的高连通性，导致在儿童中的增加的生理活动（Zhao & Settles, 2014）。绿色空间也与更多的物理活动在儿童（Coombes, van Sluijs, & Jones, 2013）相关。此外，一个接近住宅区的社区，拥有公园和更多公园，与较低的物理活动有关（Zhao & Settles, 2014）。在结论中，护理作为一项职业具有共享问责制，不仅对老年人有益，还对年轻人都有好处。这种排除可能由于挑战，如歧视，障碍，以及与健康护理访问和有限的资源有关的照顾者（Fredriksen-Goldsen, Jen, Bryan, & Goldsen, 2016）。作为一个结果，那些被边缘化的人可能经历孤独性和社会孤立。这种隔离导致了社会凝聚力的缺乏。此外，孤独感和孤立感与延缓有关。因此，帮助老年人，通过建设步行和可访问的社区，可能有助于增加社会参与。
REFERENCES


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