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# Ageism in 2022: Why does it matter?

December 14, 2022



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We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

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# Learning Goals

- Why does **ageism** matter?
- Social/economic/medical **costs** of ageism
- How does ageism **differ** from other forms of discrimination?

# Disclosures

- I am an **ageist**
- In **college** I said “Don’t trust anyone over 30”
- **Now** I say : “I hate young people”
- No other **disclosures**

# Definition

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# Definition

“A process of systematic stereotyping of and discrimination against people because they are old” (Butler, R.N. “Why Survive? Being old in America” 1975)

“Negative or positive stereotypes, prejudice, and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of a perception of them as being “old” or “elderly.” Can be implicit or explicit and can be expressed on a micro (INDIVIDUAL), meso (SOCIAL NETWORK), or macrolevel (INSTITUTION OR CULTURE)”.

Iverson et al A Conceptual Analysis of Ageism, 2009.

# Assumptions and Internalized Stereotypes

1

## Belief

- Old age leads to INEVITABLE physical and cognitive decay

2

## Belief

- Old age always leads to loss of beauty, health, function, independence, usefulness, life

3

## Fact

- Negative age self-stereotyping leads to depression, poor well being, poor motivation, worse health outcomes

4

## Belief

- Older people are a homogenous group defined by weakness, sickness, senility

5

## Fact

- Poor expectations lead to increased risk of mortality in adults over 65 over a 16-year period (Sargent-Cox, et al 2014).







# Influence of Self-Belief of Aging

- **RISK:** Likely to attribute health to **EXTERNAL** locus of control: cause of illness is “old age”
- **OUTCOME:** This belief is linked to **poorer outcomes** and lower positive health behaviors (diet, exercise), higher perceived health symptoms and increased risk of mortality over 2 years.
- Negative attitudes can **delay** seeking timely healthcare treatment. OAs who attribute depression to aging were 4 times more likely not to report the symptoms to their doctor.
- The ageist attitudes **drive** the outcome.

WTF

is a MEME?

[pokeme.com](http://pokeme.com)

# Ageism Culture

- Culture: the way older persons are **treated**, and how age beliefs are expressed, are **assimilated** at a young age in cultures and are **reinforced** over time.
- Ageism in a **culture** may include **detrimental** treatment of older adults, **negative** age stereotypes, and negative **self-perception** of aging.
- Studies of older adults have shown findings that demonstrate the **effects** of ageism: older adults exposed to **patronizing** language perform more poorly on a cognitive task than if not so exposed.



hate when older people say "you're too young to be tired" alright margaret you're too old to be alive but here we are



# Sit Down Boomer

# Epidemiology



**BIAS**

- Age stereotypes begin in **childhood** and persist throughout life
- Stereotyping found in US, China, Japan, Thailand, Middle East, Europe (Italy more likely to have **stereotypes** rather than prejudice), 60% of respondents in 57 countries said older adults did not get respect
- Males and young people **demonstrate** the highest levels of ageism (controversial)
- **Lack** of knowledge about aging is highly **correlated** with ageism: “what will happen to me?”
- **Anxiety** about aging is correlated with stereotypes toward the elderly
- **Unique** in that it represents **bias** against one group from members of another group who will one day join that group

**“JUST SHOOT ME IF  
I GET THAT BAD”**

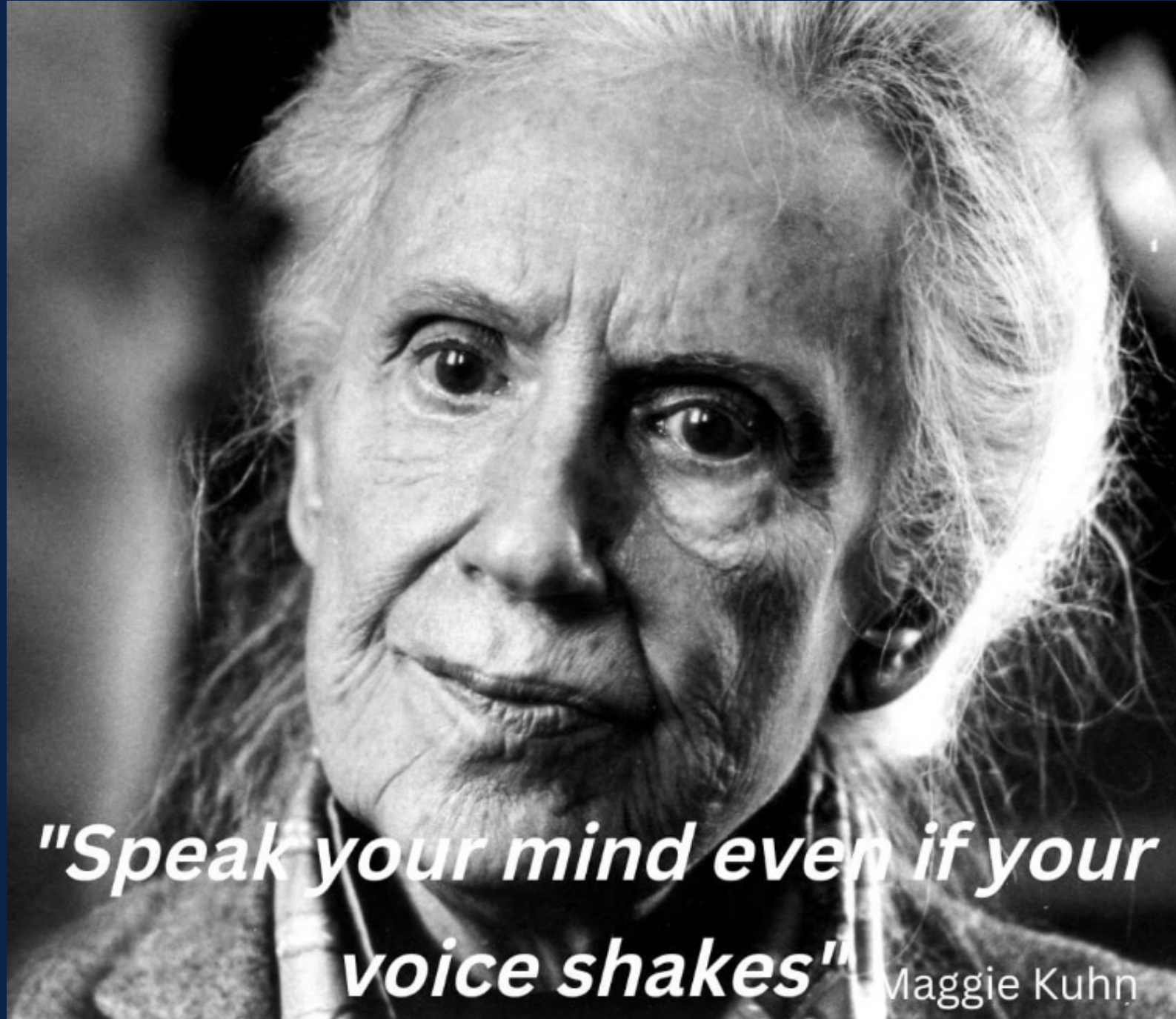
**I drive so badly that  
when I'm driving, the GPS  
doesn't speak, it prays.**





# Oppression as a Constituent of Ageism

- Determinants: **social construction** of old age, “structured dependency” of older people, impact of the ‘aging enterprise’.
- **Policies** are ‘for’ but not ‘by’ older people?
- Old age pensions: chronological age as a ‘benefit’ but a projection of old age’s negative status. Negative **assumption** of debility. Leads to resentment.
- Older people seen as **dependent** categories utilizing resources which could be better put to use by younger cohorts.
- Baby Boomers: disliked older adults, now **embrace** “new aging”: distance later life from “real” old age=nursing home. Unusual group.



*"Speak your mind even if your  
voice shakes"* Maggie Kuhn

# MAGGIE KUHN: GRAY PANTHERS 1970



# Gray Panthers

- This group was **formed** by Maggie Kuhn in 1970 after she was forced into retirement by the Presbyterian Church. The group became known for **advocating** nursing home reform and fighting ageist stereotypes.
- Maggie Kuhn said “old people and women constitute America’s biggest untapped and undervalued human energy source”. She also **dedicated** her life to **fighting** for human rights, social and economic justice, global peace, integration, and an **understanding** of mental health issues.



# Suicide and Ageism

- Risk of **suicide** in older adults **rises** with medical illness, disability, risk of losing independence. Many are affected by lack of access to **QUALITY** care, self-directed ageism, structural issues with access to care.
- Ageist bias: **dismissal** of complaints of depression or suicidal thoughts by health care providers, therapeutic nihilism, normalization of distress. Associated with decreased use of psychological treatment and overuse of medication.
- Loss of **meaning** drives SI: perception of burdensomeness drives people to ask for Voluntary Assisted Dying. Nursing home may represent a failure of networks to support OAs in the home.



“That’s not sexy”



Old People

It's funny when they think they are 'hip'...



# Medical Health Research and Older Adults

- **Population** based research often omits older adults as a distinct class
- Drug trials do not include meaningful numbers of older adults: one review of studies on **osteoporosis** management showed average age of participants was 64. Average age at hip fracture is 83. 23% of trials used older age as an **EXCLUSION** factor. Other exclusions: long time since menopause, impaired cardiopulmonary function, dementia.
- Little is known about drug **dosing** in the older adult except for inferential speculation. PD trials had upper age limits, 65% of trials for meds in T2DM had upper age limits. Inappropriate meds commonly used in older age.

# COVID and Older Adults in Nursing Homes

- On 3/13/2020 CMS issued a memorandum to all NHs nationwide that they should **restrict** visitors and non-essential personnel and cancel communal dining and group activities. No **visitors** until phase 3 (community cases decline for 14 days, no new NH cases for 28 days, no staff or PPE shortage, and test weekly. Updated after vaccines. **Outcome:** less use of PPEs now.
- **Downsides:** extreme isolation, not even getting trips outside for fresh air. May not have been eating well. Therapeutic dining curtailed. Decreased exercise, more time in bed. Increase in bed sores, decline in medical care. Increase in non-COVID deaths highly associated with quality of nursing homes.
- **One-fifth** of all COVID deaths in the pandemic were from nursing homes.





**“Once you turn 80, they  
don’t care anymore”**

# US vs Japan: Nursing Home Death in COVID

- In US in 2020, 35% of **COVID-19** deaths were in nursing homes compared to 14% of deaths in Japanese NHs. Why the disparity? Likely due to lower infection rate in Japan. Infection rate a result of policies.
- **Japan** has Universal LTC coverage since 2000. 7.8% of population in NHs in Japan, compared to 3.8% in US.
- **Staff** wages are higher in Japan, **facilities** are smaller and **unit** size is less. Much higher rate of infection control committees in Japan.
- During pandemic, Japan provided greatly **increased** in-home services rather than institutionalization.
- **CARE**= life or death, again **POLICIES**





# Hispanic Baby Boomers

- In 2050, 42% of US persons over 65 years of age will be in “minoritized” groups. The **fastest growing** group in US is Hispanics, expected to be 20% of older adults in 2050.
- Because of **advances** in their lifetime in social policies, education, and health benefits, Baby Boomers have been **described** as “healthy, wealthy, and wise” This applies only to nonHispanic whites.
- Hispanic in US may be US born, non-citizen immigrants, or long term residents. Commonly have **worse health outcomes**: DM, HTN, obesity and lack of resources. Driven by socioeconomic disparities that worsen in old age.



# Double Jeopardy

- “Double Jeopardy” : Combined negative **impacts** of racism, ageism and race- and age- based inequities on older black Americans. (Inabel Lindsey 1964 report to National Urban League)
- “Double Jeopardy” during COVID pandemic: **mortality** rate for Blacks was 3.6 time higher than non-Hispanic whites. Factors include multigenerational households, higher **employment** in service sector and essential workers, residential segregation with disinvestment of infrastructure, poorer access to healthcare. Nursing homes with higher **proportion** of African-American residents had twice as many COVID cases as NHs with 95% white residents.





# Racism, Ageism and Health

- Lancet editorial 2021: **chronic** stress of **marginalization** and **microaggressions** results in deterioration of mental and physical health “weathering”. (e.g. increased mortality of black men with prostate CA and black pregnant women in US and UK)
- Poorer health **outcomes** are linked to **decreased** care access, compromised quality of care (older patients with lung CA in UK referred less often for surgery, less provision of breast CA screening for older women)
- People with dementia had **increased risk** of COVID and poorer outcomes. Black people with dementia had twice the risk of COVID than white.

# A Senior Movement

I have recently  
been diagnosed  
with a serious  
medical condition  
called OCD.  
old, cranky and  
demented.



[www.facebook.com/ShutUpImStillTalking](http://www.facebook.com/ShutUpImStillTalking)



# Ageism and Sexual Violence

- Assumption: Older people do not **engage** in consensual sex, therefore it is inconceivable that they would engage in nonconsensual sex. “Who would want them?”
- Youth-centric **preoccupation** with young physical appearance and thinness in Western societies causes **disbelief** that older adults are abused sexually.
- **Globally**, about 9 million older people experience **sexual violence** each year.
- **Women** are more likely to be victims, men more likely **offenders**. Offenders often younger than victims, known to victims, may perform attacks in **care homes**.

# Cost of Medical Care for the Older Adult

- **Outcomes** affecting OAs re health care: age discrimination (detrimental treatment), negative age stereotypes (negative beliefs re: OAs), and negative self perceptions of aging.
- Negative **stereotypes** exacerbate stress, predict worse health behaviors (compliance), and predict brain changes (plaques and tangles).
- Study of cost of 8 most expensive health conditions: **cardiovascular** stress most often led to increase due to negative age stereotypes. Overall **excess cost**: \$63 billion dollars in US. 17.04 million cases of health conditions due to ageism.





# Health Effects of Ageism

- Young adults who believe negative age stereotypes are **TWICE** as likely to experience **cardiovascular** events 40 years later than those who held more positive stereotypes.
- Ageism variables: experiences may be “you are treated with less respect than others”. Or expectations “forgetfulness is a natural part of growing old”. Or **attitudes** “the older I get the more useless I feel”.
- These **variables** may drive up **health costs**: Levy et al calculated excess cost due to ageism for cardiovascular disease, chronic respiratory disease, musculoskeletal disorders, injuries, T2DM, smoking, mental disorders, noncommunicable diseases.

# Her Royal Highness

The cutest video you will see today.



71.5K

3.3K comments

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**Thank you**



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