

We Are All Aging: A Focus on Older Adults

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Quick Bio

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- Member of APA's Committee on Aging (CONA)
- Research & Clinical Focus: Development and implementation of psychosocial interventions for older adults and their caregivers

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Disclosure & Views Expressed

- ▶ No disclosures to report or disclose.
- ▶ This disclaimer **informs all those who attend, view or engage with this webinar presentation that the views, thoughts, and opinions expressed in the talk and in text belong solely to the author, and not necessarily to the author's employer, organization, committee or other group or individual.**

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Presentation Outline

- ▶ Objectives
- ▶ Biopsychosocial Model and Ageism
 - ▶ Discussion
- ▶ Intersectionality of Ageing
 - ▶ COVID-19
 - ▶ Media
- ▶ Person-Environment Lens & Ageism
- ▶ Practical Strategies & Combating Ageism
- ▶ Large Group Discussion

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LEARNING OBJECTIVES

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Following the Webinar...

- ▶ Participants will have:
 - ▶ A deeper understanding of the biopsychosocial model of aging and how ageism exists in each of these areas impacting the quality of life of older adults.
 - ▶ Increased knowledge on the intersectionality of aging, COVID-19 and the media and how this relationship exacerbates ageism.

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Following the Webinar...

- ▶ Participants will have:
 - ▶ Gained more awareness of my own aging process and possible barriers in my environment to successful aging through discussing the biopsychosocial model and person in environment theory.
 - ▶ Learned of practical strategies to continue combating ageism personally and professionally, and respect the inherent dignity and worth of the person.

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Biopsychosocial Model & Ageism

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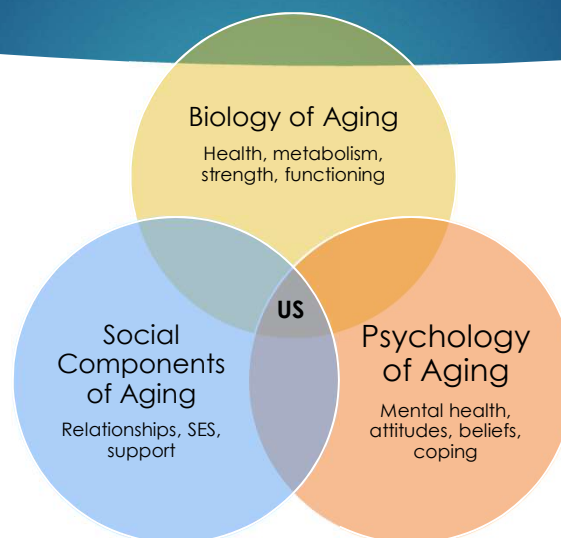
The Biopsychosocial Model

- ▶ Aging is a naturally occurring process that affects us all.
- ▶ It is happening as we speak in our day to day, and moment by moment.
- ▶ The BPS model is multidimensional that consists of biological, psychological, and sociological components that act upon us across the lifespan.

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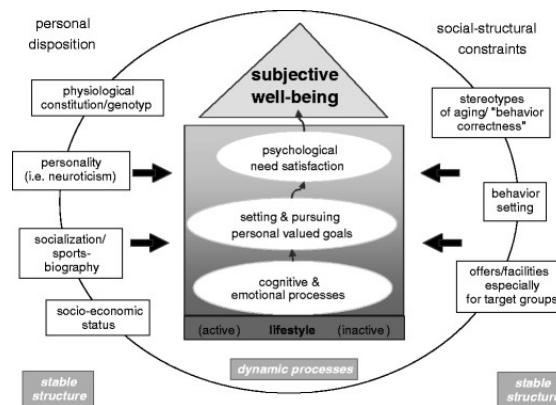
The Biopsychosocial Model



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Traditionally we see...



Kanning, M., & Schlicht, W. (2008).

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Ageism Defined

- ▶ **Ageism** is the stereotyping and discrimination against individuals or groups based on their age.
- ▶ Ageism takes several forms and include:
 - ▶ Prejudicial attitudes,
 - ▶ Discriminatory practices, or
 - ▶ Institutional policies and practices

Source: World Health Organization, 2020
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The Biopsychosocial Model & Ageism

Needing help, too frail, less engagement with what the older adult wants

Biology of Aging
Health, metabolism, strength, functioning

Older adults are "using up" all the resources

We're investing too much in their care

Social Components of Aging
Relationships, SES, support

US

Psychology of Aging
Mental health, attitudes, beliefs, coping

Older adults are "grumpy," having "senior moments"

They're "lonely and sad"

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Intersectionality of Ageing

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Intersectionality Defined

- ▶ **Intersectionality** is the combination of social categorizations, identities that create:
 - ▶ Advantages
 - ▶ Privileges
 - ▶ Disadvantages
 - ▶ Marginalization
 - ▶ Discrimination



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Ageism & Intersectionality

- ▶ Ageism interacts with sex, race, gender, sexual orientation, and disability, health and socioeconomic status, social class, and different combinations of stigmatized identities.
- ▶ Older Adults with multiple stigmatized identities face greater risk for poor health outcomes
- ▶ Older Adults with multiple stigmatized identities face greater risk for poor mental health too



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Discussion Question #1:

Time to Reflect

- ▶ What are your thoughts about the bio-psycho-social model plays out in your life and how it may impact you as you get older?

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Ageism in our Society

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Perspectives about Ageism and Society

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“Although there is substantial evidence about the many contributions that older people make to their societies, they are frequently stereotyped as dependent, frail, out of touch, or a burden. These ageist attitudes limit older people’s freedom to live the lives they choose and our capacity to capitalize on the great human capacity that older people represent”

Source: World Health Organization, 2020
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Ageism and COVID-19

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- ▶ Current framing of the COVID-19 outbreak tends to dichotomize the spread and severity of the disease with regard to 2 groups – young and old.

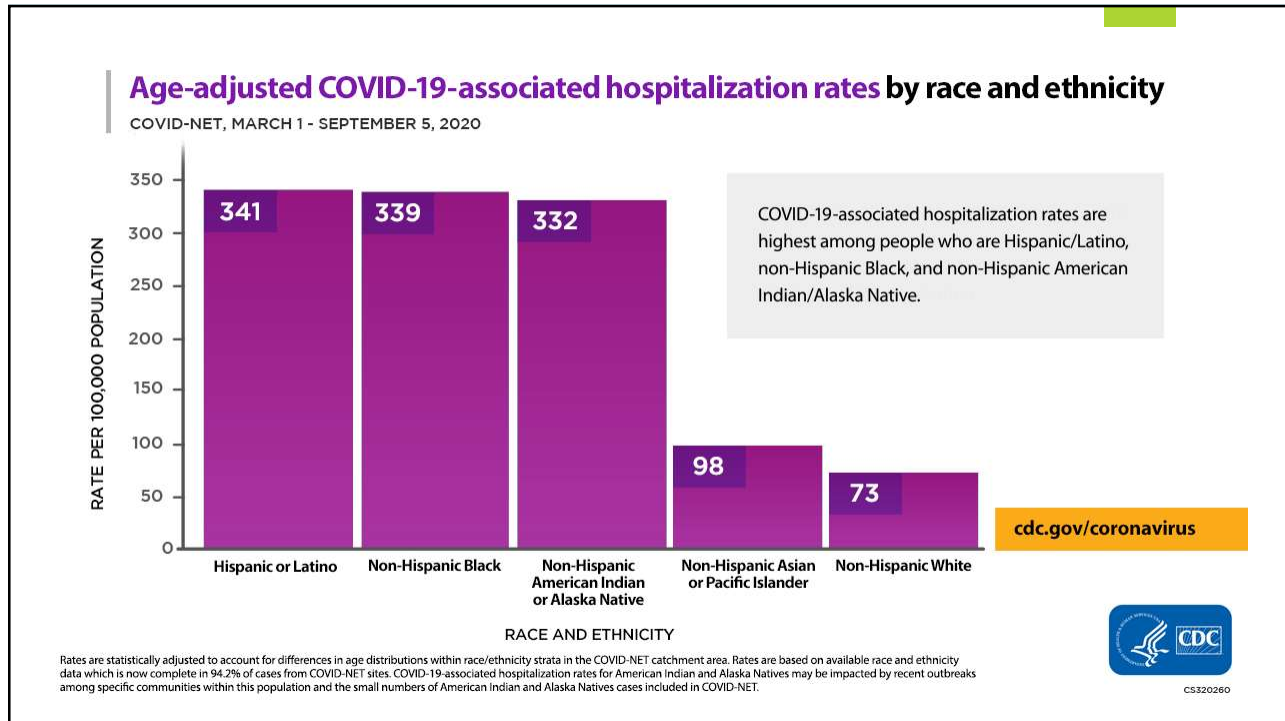


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Key Points on COVID-19 and Older Adults American Psychological Association Committee on Aging (CONA)

Older adults vary in their needs, their risks, and their ability to engage in active coping during the crisis. As such, responses to the COVID-19 outbreak should not *solely* depend on chronological age as criterion in policies, medical decisions, or allocation of resources. Treating age 60 or 65 and above as a cutoff for discussions of risk for hospitalization or mortality related to COVID-19 obscures tremendous differences across subgroups of older adults. And efforts to assist in coping with the disease need to account for these varying circumstances.

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Ageism in our Society

BREAKING | 270 views | Apr 30, 2020, 01:30pm EDT

COVID-19 Layoff Or Pretext For Age Discrimination Against Older Employees?

Eric Bachman Contributor @ Personal Finance
I am a blogger helping professionals navigate employment challenges

The recent, unprecedented changes to our country and its workforce due to the COVID-19 pandemic have upended the lives of millions. The economic fallout continues and in many instances, employers simply have no choice but to lay off large swaths of their employees due to the lack of business/revenue. And these employers have legitimate reasons for doing so and view this as a heart-wrenching but necessary step.

Observations | Opinion

As COVID-19 Spreads, So Do Negative Stereotypes of the Young and the Old

The pandemic is leading to an outbreak of age discrimination

By Anthony Orig, Anthony Burrow on March 27, 2020

Images and videos of college students packing onto beaches and bars last week for spring break portray a picture of young people as irresponsible

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Ageism Is Making the Pandemic Worse

The disregard for the elderly that's woven into American culture is hurting

LOUISE ARONSON MARCH 26, 2020

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Envision for a moment: a world in which the candle-strewn coronavirus is merely

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Discussion Question #2:

- ▶ Thinking about your own experiences and the older adults you service, what you are seeing in-terms of ageism & intersectionality in the time of COVID-19? (5 minutes)?

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Person-Environment Lens and Ageism

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Person-Environment Fit

- ▶ Access to resources will disproportionately affect older adults based on their surroundings and points of intersectionality
- ▶ Ageism can impact older adults based on urban versus rural settings,
- ▶ Complementary-congruence model
 - ▶ Match between needs, existing conditions, and match

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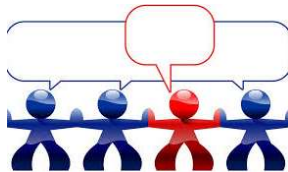
Ageism at Work

- ▶ Take a moment to reflect on the culture of your center, the older adults your service. How have you seen ageism play out?

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Ageism at Work Continued



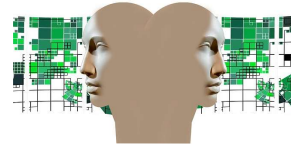
Interpersonal

Jokes, stereotypes, exchanges that I have made about getting older, or about older people. Engaging in conversations about "back in our day," or "when we were in our prime,"



Institutional/Work

Older adults need to be protected because they are vulnerable. Older adults are set in their ways. Older people benefit more from concrete interventions but not 'abstract' elements. "Bypass" older adult and speak to younger family member.



Internalized

Attitudes and beliefs that being older is not something to look forward to or enjoy. Feelings that getting older is "depressing." Coloring hair or making beauty modifications for appearance.

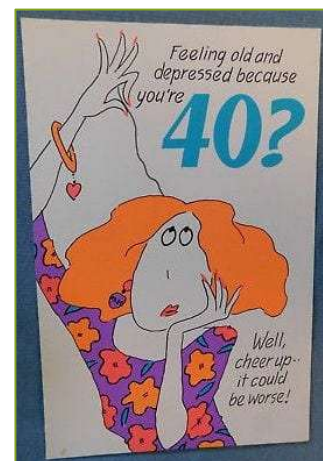
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Ageism in our Society

- ▶ 8/10 older adults **experience Ageism EVERYDAY**
 - ▶ Jokes about "older adult moments"
 - ▶ Older person "can't use" technology
 - ▶ Constant barrage of anti-wrinkle ads in the media
 - ▶ Getting older is unattractive, undesirable, a burden

- ▶ Experiencing 3+ forms of ageism everyday →
 - ▶ Poor Mental Health
 - ▶ Poor Physical Health



Source: University of Michigan's Institute for Healthcare Policy and Innovation

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Practical Strategies & Combating Ageism

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Ageism at Work/Senior Center

- ▶ Examples Continued:
 - ▶ Reductions in asking older adults what they, and expressing preferences
 - ▶ Elderspeak (i.e., infantilizing communication)
 - ▶ **Diminutives** (e.g., honey, sweetie, Susie for Susan)
 - ▶ **Collective pronoun substitutions**
 - ▶ **Tag questions**
 - ▶ **Reflective**

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Strategies to Reduce Ageism # 1

- ▶ Enhance your Older Adult Allyship by **Using BIAS-FREE Language:**
 - ▶ Terms such as "older persons," "older people," "older adults," "older patients," "older individuals," "persons 65 years and older," and "the older population" are preferred.
 - ▶ Avoid using terms such as "elderly," "the aged," "aging dependents," "older adult citizens," "elders," "social security recipients social security beneficiaries," "Medicare recipients (unless study about Medicare specifically)," "Medicare beneficiaries (unless study about Medicare specifically)."

Source: <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/age>

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Strategies to Reduce Ageism #2

- ▶ Enhance your Older Adult Allyship by **Understanding a person's functional ability.**
 - ▶ Don't assume the older adult can't hear you, don't raise your voice unless needed.
 - ▶ Ask whether the older adult would like assistance for ambulation, don't assume they need or desire the help.
 - ▶ Reduce the need or desire to repeat yourself unless your older adult has a clear and verifiable comprehension or memory difficulty.

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Strategies to Reduce Ageism #3

- ▶ Enhance your Older Adult Allyship by **Acknowledging and engaging with the older adult first.**
 - ▶ Avoid speaking about the older adult in the third person when they are with you.
 - ▶ Always check in with the older adult they are OK and willing to be discussed with their family and providers. Respect their dignity.

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Strategies to Reduce Ageism #4

- ▶ Enhance your Older Adult Allyship by **Knowing your older adult client.**
 - ▶ Recognize that older adults have a life history of their own, with varying contexts that have shaped the person they are, and how they view their life.
 - ▶ Take time to discover the strengths, sources of resiliency, and areas for personal growth with the older adult client/patient. Avoid making this age-dependent (e.g., "She/He/They are strong/spry/fiery for such an old person.")
 - ▶ Recognize the diversity and intersectionality of older adults.
 - ▶ Examine your culture at home, in society, at work, and in your field with how it informs how you engage with your client or patient.

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10 Key Facts to Know to Combat Ageism

- ▶ 1. There is no typical older person.
- ▶ 2. Diversity in older age is not random.
- ▶ 3. Only a small proportion of older people are care dependent.
- ▶ 4. Population ageing will increase health-care costs but not by as much as expected.
- ▶ 5. 70 is not yet the new 60.
- ▶ 6. Good health in older age is not just the absence of disease.
- ▶ 7. Families are important but alone cannot provide the care many older people need.
- ▶ 8. Expenditure on older populations is an investment, not a cost.
- ▶ 9. It's not all about genes.
- ▶ 10. Older individuals who've taken in more positive age beliefs tend to have a longer life span than those who've taken in more negative age beliefs.



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Advocating

- ▶ Read and listen about the experiences of others
- ▶ Engage in perspective-taking
- ▶ Invite conversations with families, friends, and colleagues
- ▶ Write to your senators, healthcare systems
- ▶ Engage with your institutions about how older adults are being protected
- ▶ Check out APA resources, CONA resources
- ▶ Volunteer your time in your community

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Risks and Limitations

- ▶ The accuracy and utility of the materials presented are informed from the scientific literature available, presenter expertise, and resource materials available in professional organizations (e.g., APA).
- ▶ The following presentation is not an exhaustive presentation of all facets of ageism or clinical practice.
 - ▶ This webinar is designed to provide an overview on the topic of ageism and intersectionality. Participants are encouraged to engage in additional reading, coursework, and self-study for more in-depth content.
- ▶ Content related to ageism and immigration, ageism and native language were not covered for the focus of this talk; though briefly highlighted in the intersectionality portion.

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Personal Reflections: Final Discussion #3

- ▶ What do you envision for your center?
- ▶ Write out this vision statement for yourself.
- ▶ Think about creating the change you want to see for your place of work.

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Key References & Resources

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Key References & Resources

- ▶ <https://www.apa.org/pi/aging>
- ▶ <https://www.apa.org/monitor/may03/fighting>
- ▶ <https://www.apa.org/topics/covid-19/ageism>
- ▶ <https://www.apa.org/topics/covid-19/research-ageism>
- ▶ <https://www.apa.org/topics/covid-19/ageist-beliefs>
- ▶ <https://www.apaservices.org/practice/clinic/telehealth-older-adults>
- ▶ <https://www.who.int/bulletin/volumes/96/4/17-202424/e>



APA RESOLUTION on Ageism

AUGUST 2020

INTRODUCTION

Negative stereotypes of aging (ageism) continue to raise serious problems that lead to discrimination and unfair treatment of older adults. Since the adoption of the first APA Resolution on Ageism in 2002, there has been a wealth of empirical evidence documenting that ageism, including negative self-perceptions, are associated with a host of negative psychological and physical outcomes in older adults and societal impacts across health care, employment, education and training, and policy settings. While ageism is a construct that can impact individuals across the life span, and there is increased research attention to ageism directed toward younger people (e.g. Chasteen, Horhota, & Crumley-Branyon, 2020; Bratt, Abrams, & Swift, 2020), the focus of this resolution is the older adult population (defined as individuals 65 years and older). Although old age is defined differently across contexts such as housing, job discrimination, determination of

alternatives to stairs (APA, 2020; Haselwandter, et al., 2015), education and training (Boswell, 2012; Eymard, & Douglas, 2012; Levy, 2018), and policy arenas (Lloyd-Sherlock, Ibrahim, McKen, & Prince, 2016; North, & Fiske, 2013); and

WHEREAS ageism is ubiquitous in the mass media in the United States (AARP, 2019) and promoted by stereotypes in advertisements, entertainment, greeting cards, and news stories that present older people as physically or cognitively disabled, lonely and depressed, or objects of ridicule (Levy, 2016; Cuddy, Norton, & Fiske, 2005; Kite, Stockdale, Whitley, & Johnson, 2005; Thayer & Laura, 2019); and

WHEREAS Stereotype Embodiment Theory (Levy, 2009) and related research has shown that older adults often assimilate negative age stereotypes from the surrounding culture, leading to negative self-definitions that have a detrimental effect for

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