

Understanding Ageism and Strategies to Reduce its Negative Impact

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Speaker's Disclosure

The content of this activity does not relate to any product of a commercial interest as defined by the ACCME; therefore, there are no relevant financial relationships to disclose at this time.

Objectives

Upon completion of this activity, the physician will be able to:

- Define the term ageism and its practice
- Evaluate the negative consequences of ageism on health outcomes
- Identify interventions that help to increase awareness and combat ageism
- Assess the latest research associated with reducing ageism to challenge one's assumptions and beliefs
- Compare current trends in global population ageing with those in the US

Poll Question #1

Jacqueline Bello, MD
Member since 1979





Poll Question #2

Neelum Aggarwral, MD
Member since 2013

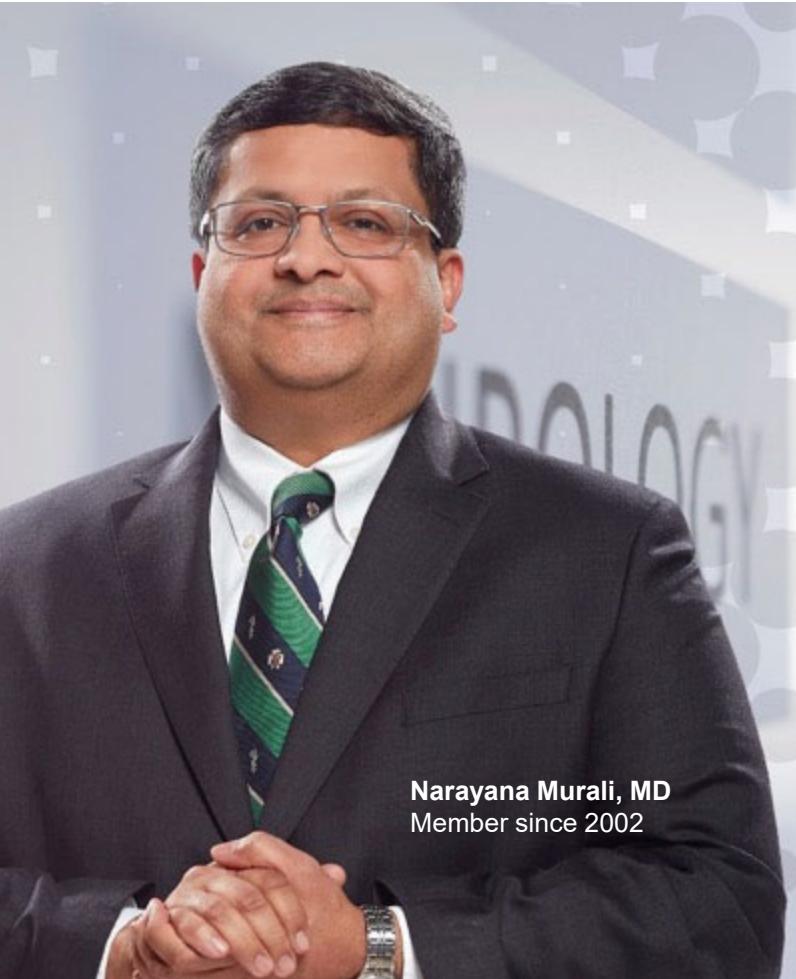
Speaker

Karl Pillemer, PhD

Professor of Gerontology in Medicine
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Ageism

Overview of an Enormous, Damaging, and Probably Mortal Problem

A professional portrait of Narayana Murali, MD. He is a middle-aged man with dark hair and glasses, wearing a dark suit, a white shirt, and a green and blue striped tie. He is smiling and has his hands clasped in front of him. The background is a blurred indoor setting with a blue and white patterned wall.

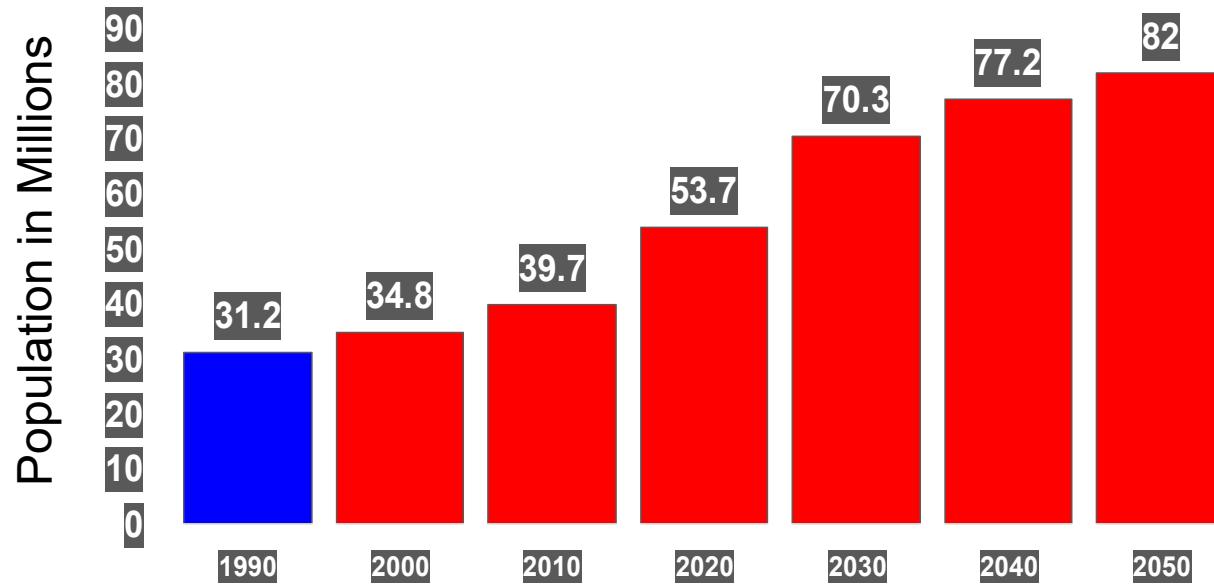
Ageism in Context

Why is ageism an enormous problem?

Because so many people are affected.

Narayana Murali, MD
Member since 2002

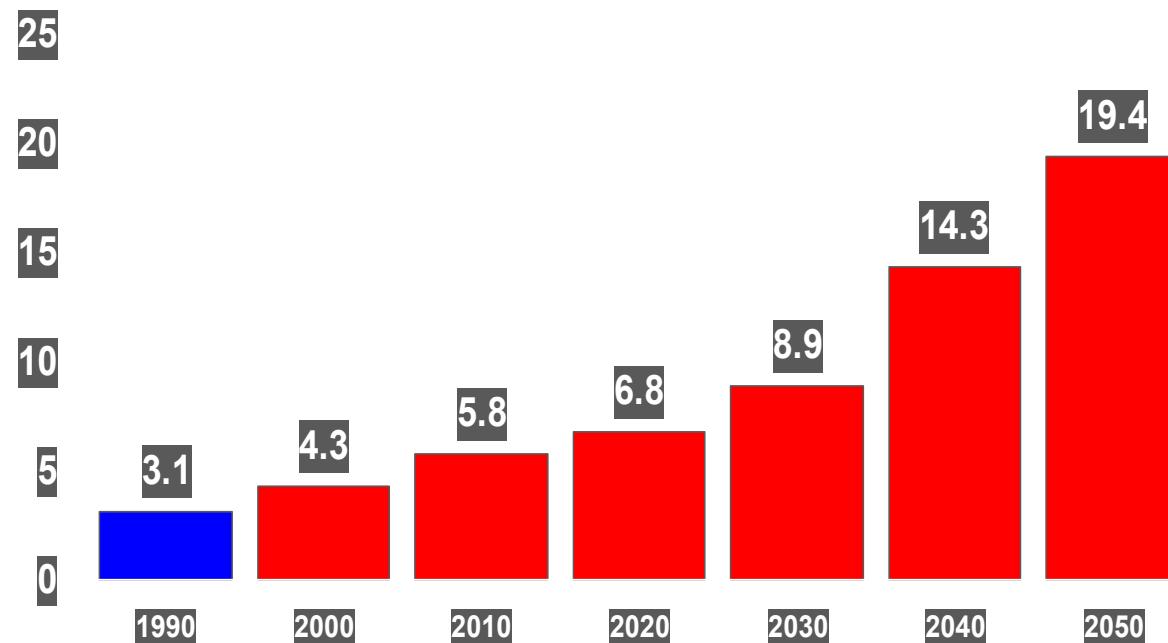
U.S. Population 65 and Older: 1990-2050 Census Data and Middle Series Projections



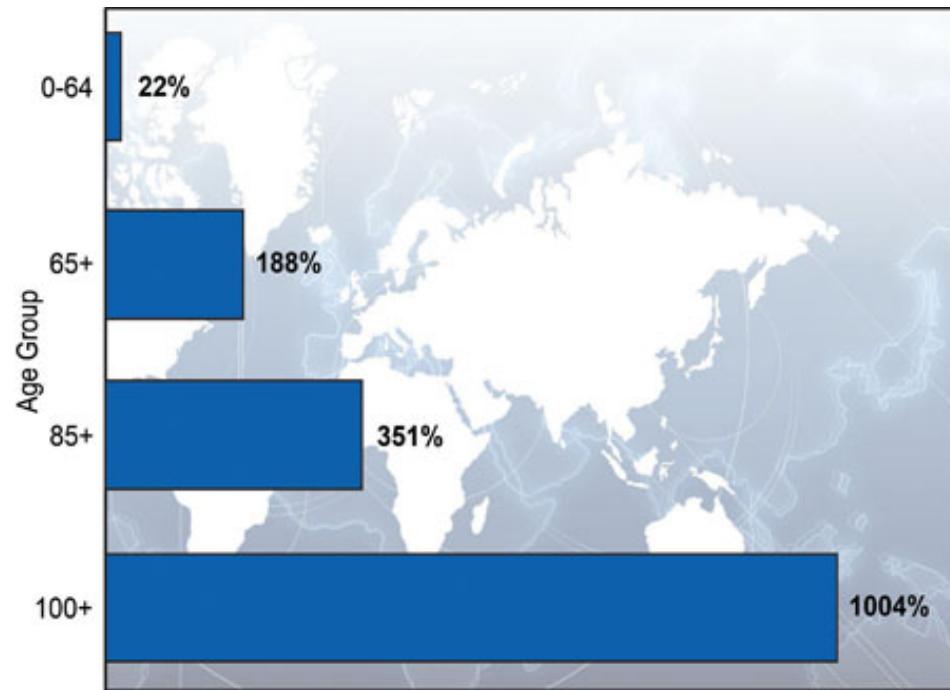
U.S. Population 85 and Older: 1990-2050

Census Data and Middle Series Projections

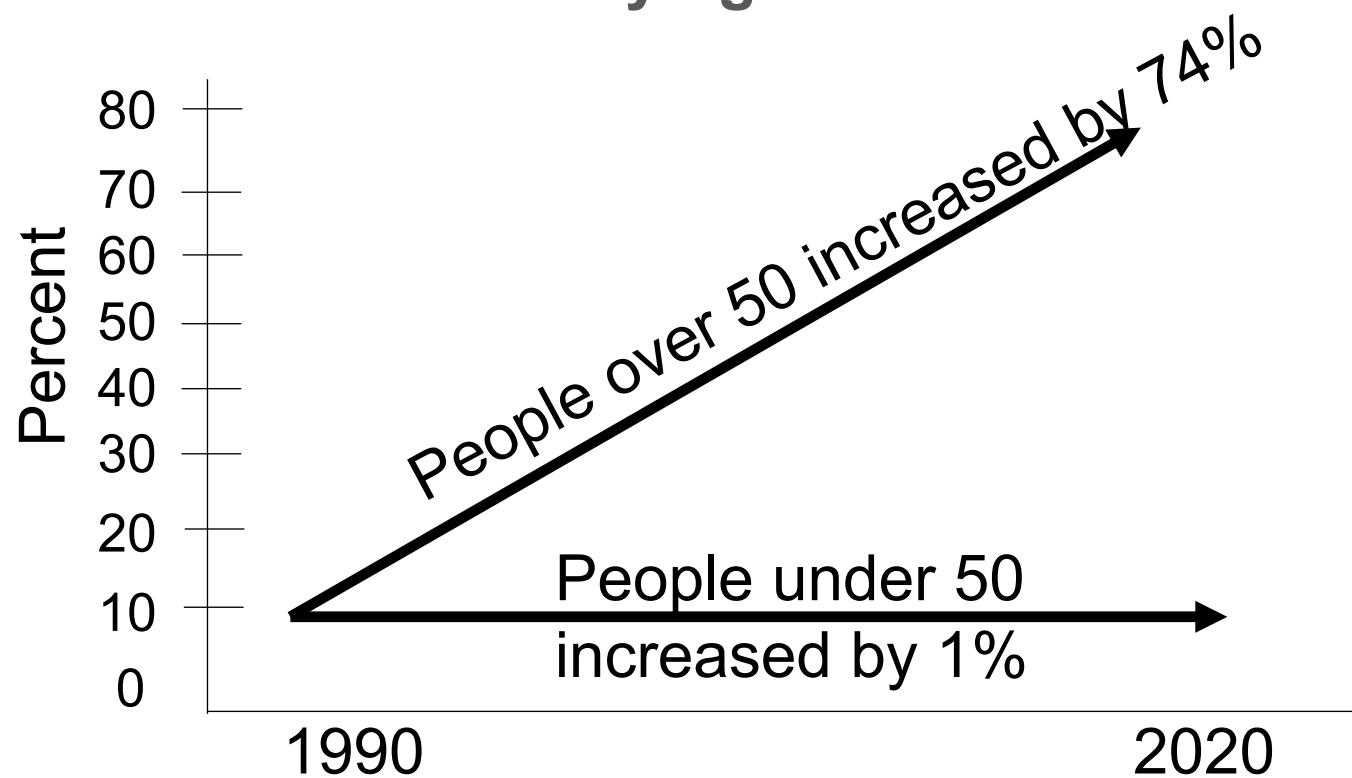
Population 85 and Older: 1990-2050



Percentage Change in the World's Population by Age: 2010-2050



The “Greying” of America



The Paradox

Much of the news about aging is good

BUT:

Ageism is a growing and pernicious problem

A New Older Generation

- Better health, less disability
- Continue work role
- New careers, education
- Demands for active leisure
- Civic engagement

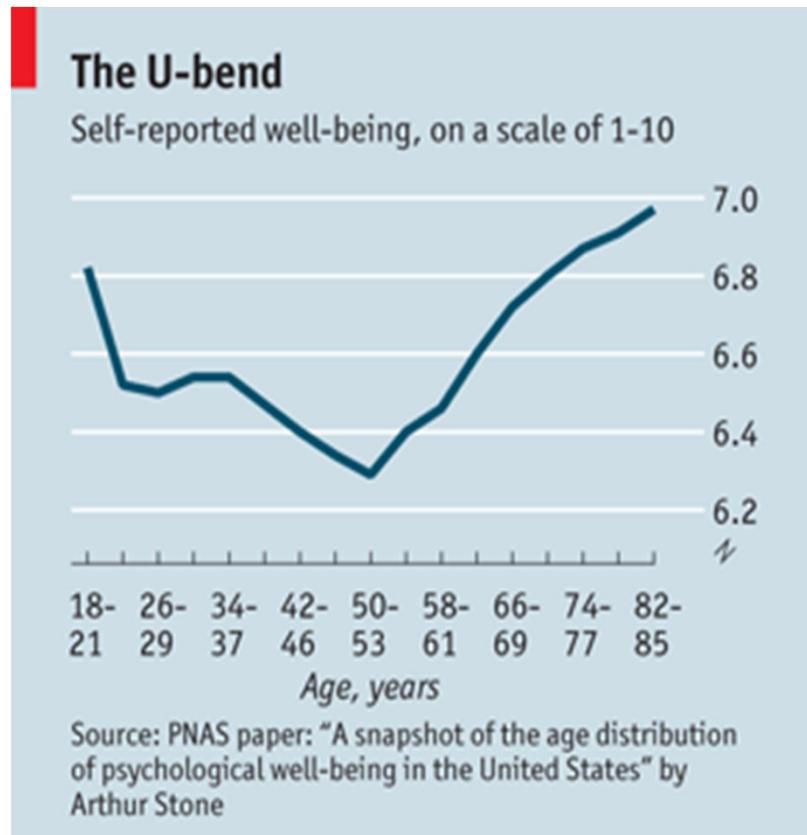
Not bad for the Boomers

- Improved health
 - ✓ Disability rates are falling and functional problems for older people less severe
- Increased education
 - ✓ Twice as many people 60 to 70 years old have a college degree: from 16 percent in 1994 to about 32 percent in 2019
- Increased education
 - ✓ In 1960, 30 percent were below the poverty line
 - ✓ In 2020, only 9 percent of older population poor

The Best Years (Emotionally)

- Mental health improves with age
- Older people suffer less depression, anxiety, and substance abuse than younger people
- Fewer negative emotions and manage emotions more effectively

Older People are Happier



So What's the Problem?

Ageism



What is Ageism:

**Ageism is stereotyping,
prejudice, and discrimination
against people on the basis of
their age.**

(World Health Organization)



Betty Chu, MD
Member since 1997

Ageism

- Assumption of physical or mental impairment
- Lack of contact with other age groups
- Social exclusion (e.g., from work roles)
- Seen as contributing little to society
- Insulting comments and jokes

Happy Birthday?

TOP 25 WAYS TO TELL YOU'RE GETTING OLDER

25. You think "LiBiDo" is an Italian Pasta. 

24. The TOOTH FAIRY has MORE of your Teeth THAN you do. 

23. You wake up WITH that AWFUL "MORNING after" FEELING... and YOU didn't DO ANYTHING the NIGHT before! 

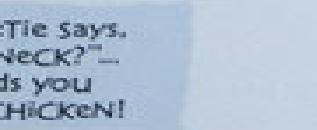
22. You DRINK PRUNE JUICE. On PURPOSE. 

21. You Start COMPLAINING that "They're building CAR Seats TOO DARN LOW!" 

20. You sit DOWN to Breakfast and Hear "Snap, Crackle, and pop," and YOU haven't Poured MILK on your CEREAL yet! 

19. You start thinking that SARASOTA, FLORIDA, is a lot MORE "CUTTING EDGE" than MOST people give it CREDIT for. 

18. YOUR PHARMACIST Calls you by your FIRST NAME. 

17. YOUR sweetIE says, "WANNA NECK?"... and HANDS you a PIECE of CHICKEN! 

16. YOUR CAR BATTERY goes DEAD because your TURN SIGNAL was ON for two WEEKS straight. 

15. LAWN CARE has BECOME a BIG PART of YOUR LIFE. 

Ageism in the Media

- Less than 2 percent of prime-time television characters are age 65 or older, although this group comprises 16 percent of the population.
- According to one study, approximately 70 percent of older men and more than 80 percent of older women seen on television are portrayed disrespectfully, treated with little if any courtesy, and often looked at as “bad.”

The “Anti-Aging” Movement



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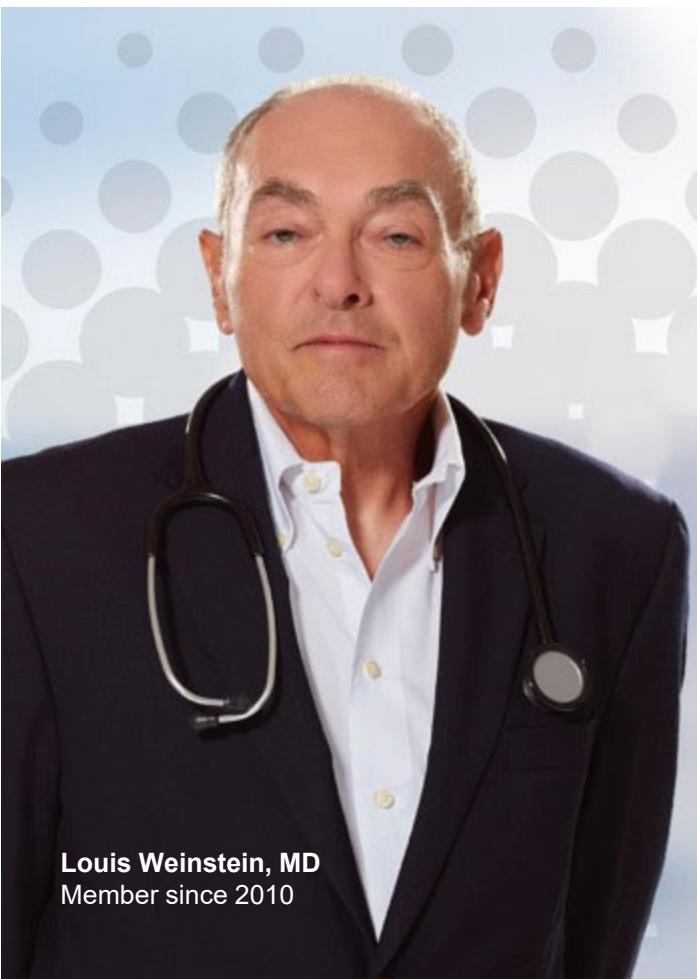
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Morbidity and Mortality of Ageism

- Ageism has demonstrated harmful effects on the health of older adults
- Adoption of ageist attitudes contributes to:
 - Mortality risk
 - Poor functional health
 - Slower recovery from illness
 - Cardiovascular stress
- Holding negative perceptions about aging predicts poor health

Ageism in Health Care

- Studies show widespread negative attitudes toward older people and old age among physicians, medical students, and nurses
- Leads to incorrect assumptions about functional/cognitive decline
- Consequences:
 - More limited provision of medical information
 - Withholding treatment options
 - Exclusion from clinical trials



Ageism Promotes Social Exclusion

- Unfavorable stereotypes
- Age discrimination
- Institutional norms that foster exclusion
- Inhibit health policies that would benefit older adults

Louis Weinstein, MD
Member since 2010

Texas Lt. Gov. Dan Patrick suggests he, other seniors willing to die to get economy going again

Texas' lieutenant governor was heavily criticized last month for suggesting that senior citizens might be willing to die of the coronavirus to save the economy.

Ageism and COVID-19

- The spread of ageism and intergenerational tension have co-occurred with the spread of the disease
- Categorizing all older people as vulnerable ignores great diversity in the older population
- Portraying COVID-19 as “old people’s disease” pits generations against one another

Ageism and COVID-19



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Ageism and COVID-19

- Policies targeted older persons with much more severe lockdowns in a number of countries
- Chronological age used as criterion for triage decisions
- Abandonment of long-term care populations
- The good news: Solidarity with older people also demonstrated in the United States and other countries

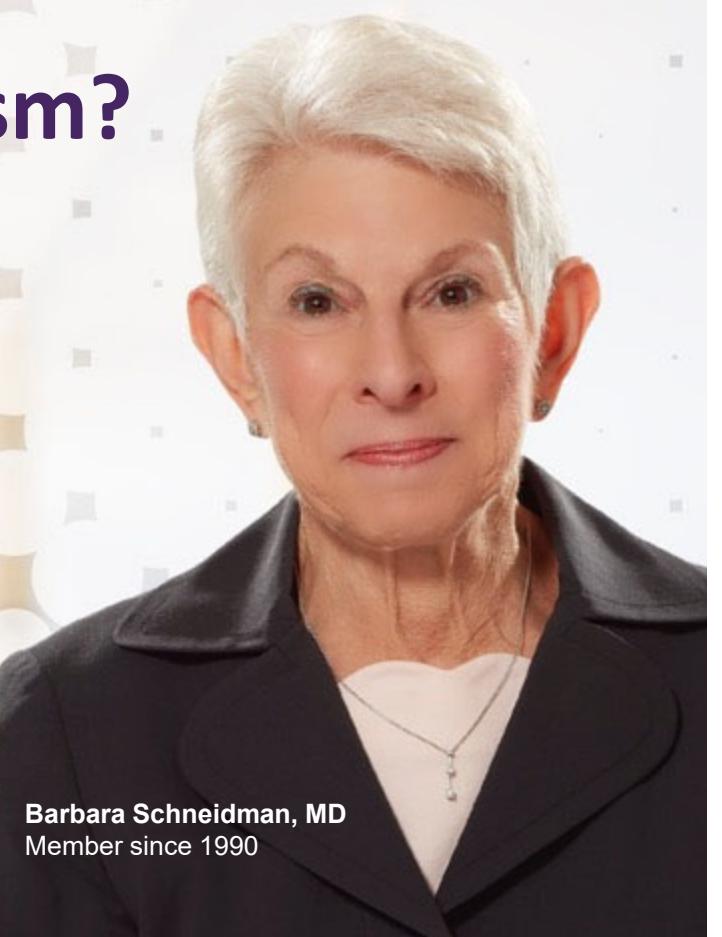
Speaker

David Burnes, PhD

Associate Dean, Academic,
Associate Professor, University of Toronto
Factor-Inwentash Faculty of Social Work

What Can We Do About Ageism?

- Time to act
- Can interventions work?



Barbara Schneidman, MD
Member since 1990

Interventions to Reduce Ageism Against Older Adults: A Systematic Review and Meta-Analysis

David Burnes, PhD, Christine Sheppard, MSW, Charles R. Henderson Jr, MA, Monica Wassel, BSc, Richenda Cope, BA, Chantal Barber, MSW, and Karl Pillemer, PhD

Despite the pervasiveness and serious health consequences associated with ageism, the effectiveness of interventions designed to reduce ageist attitudes has not been established.

Purpose

Conduct a systematic review and meta-analysis to assess the relative effects of three major interventions types designed to reduce ageism against older adults:

- 1) ***Educational***: provide instruction of some kind designed to reduce ageism
- 2) ***Intergenerational Contact***: feature an opportunity for contact between younger people and older people
- 3) ***Combined***: education + intergenerational contact

Study Eligibility

Inclusion:

- Evaluated an intervention designed to reduce ageism
- Examined at least one ageism outcome in relation to older adults
- Used a design with a comparison group (randomized or non-randomized)
- Published after 1970, when ageism concept was developed.

Outcomes

Primary Outcomes

- *Attitudes* toward older people, including stereotypes, perceptions, and prejudice
- *Knowledge* about aging, including information and misconceptions on the aging process

Secondary Outcomes

- *Comfort* with older adults
- *Anxiety* about one's own aging
- *Interest in working* in the field of geriatrics or gerontology

Analysis

- Meta-analysis carried out using statistical mixed models
- Dependent variables: standardized mean differences over time (baseline to post intervention) for control and for intervention
- Primary model: treatment (control vs intervention) and time of assessment (repeated measure: T0 vs T1) as fixed classification factors, the interaction between these factors, and studies as levels of a random classification factor
- Moderation analysis on primary outcomes: type of intervention, educational age group, country of study, RCT versus quasi-experimental, participant gender

Search Results

29,702 studies in total through database and hand searches



238 studies identified for full-text review



63 studies eligible for emta-analysis (1976 - 2018)
(Total pooled sample: n = 6,124)

Study Characteristics

Interventions Types

- Education-only (36.5%)
- Intergenerational contact-only (33.3%)
- Combined intergenerational contact/education (30.2%)

Design

- Experimental (8.0%)
- Quasi-experimental (92.0%)

Socio-Demographics designs

- Mostly female (67.2%), Caucasian (66.7%) with mean age 22.4

Outcomes

- Most common ageism outcome was attitudes toward aging (n=54), followed by knowledge (n=19), comfort with older adults (n=9), interest in working with older adults (n=6), and anxiety about own aging (n=5)

Results

Overall Effect of Ageism Interventions

Ageism interventions, overall, demonstrated strongly significant effect on:

- Attitudes ($d_D=0.33$, $p<0.0001$)
- Knowledge ($d_D=0.42$, $p<0.0001$)
- Comfort ($d_D=0.50$, $p<0.0001$)

Results

Effects of Ageism Intervention Types on Primary Outcomes

Attitudes

- Education-only: $d_D=0.34$, $p<0.0001$
- Intergenerational contact-only: $d_D=0.18$, $p=0.03$
- Combined: $d_D=0.43$, $p<0.0001$

Knowledge

- Education-only: $d_D= 0.41$, $p<0.0001$
- Intergenerational-only: $d_D=0.53$, $p=0.005$
- Combined: $d_D=0.36$, $p<0.08$

Results

Effects of Gender, Age, Design:

- Interventions had greater positive effect on females for outcomes of attitudes ($d_D=0.01$, $p=0.009$) and knowledge ($d_D=0.01$, $p=0.0007$)
- Interventions had greater positive effects on high-school (attitudes: $d_D=0.36$, $p<0.0001$; knowledge: $d_D=0.50$, $p<0.03$) and university-level (attitudes: $d_D=0.39$, $p<0.0001$; knowledge: $d_D=0.42$, $p<0.0001$) educational age groups
- No significant difference between ageism intervention studies using RCT versus non-RCT designs on attitudes outcome

Implications

- Overall, interventions are associated with substantial reduction in ageism – very encouraging
- Interventions combining elements of both education and intergenerational contact had particularly strong effect on people's attitudes toward older adults
- Interventions had a stronger effect on females as well as adolescent and young adult age groups
- Relatively small, low-cost, feasible intervention programs
- Further research using rigorous RCT intervention study designs strongly recommended

Limitations

- Relatively small number of studies using RCT design
- Majority of ageism intervention studies were from the United States, which may contribute to location bias
- Studies that examined the effect of ageism interventions among older adults themselves were lacking

Intervention Examples In Medical Schools to Reduce Ageism

- Structured interviews between older adult volunteers and medical students
- Clinical rotation and geriatric mock clinic
- Email pen pals
- Aging course and service learning with older adult
- Aging course and interviews with OA
- Student/older adult pairs discuss illness and age-related changes
- “Aging Game” workshop with role play activities

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(From left)

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Member since 2016

Nara Tashjian
Member since 2014

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