Understanding Ageism and Strategies to Reduce its Negative Impact

Karl Pillemer, PhD
Professor of Human Development
Cornell University

David Burnes, PhD
Associate Professor
University of Toronto
Moderator
Louis Weinstein, MD
Immediate Past Chair, AMA Senior Physicians Section Governing Council
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Conduct Liaison for this meeting: Lauren Robinson
lauren.robinson@ama-assn.org
(312) 464-4926

Confidential reporting: lighthouse-services.com/ama
(800) 398-1496
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
Speaker
Karl Pillemer, PhD

Professor of Gerontology in Medicine
Weill Cornell Medicine
Ageism

Overview of an Enormous, Damaging, and Probably Mortal Problem
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

Population in Millions

- 1990: 31.2
- 2000: 34.8
- 2010: 39.7
- 2020: 53.7
- 2030: 70.3
- 2040: 77.2
- 2050: 82
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

- 0-64 years: 22%
- 65+: 188%
- 85+: 351%
- 100+: 1004%
The “Greying” of America

People under 50 increased by 1%

People over 50 increased by 74%
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

The U-bend
Self-reported well-being, on a scale of 1-10

Age, years

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)
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

Reverse Aging Now

Doctors and scientists from Harvard, Yale, Stanford, USC, and UCLA show you how to:

- Slow Aging
- Look and Feel Better
- Boost Energy
- Fire Up Your Sex Life
- Live Longer and Healthier

Feature Length Documentary with Longevity Workbook

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

David Burns, PhD, Christine Sheppard, MSW, Charles R. Henderson Jr, MA, Monica Wassel, BSc, Richenda Cope, BA, Chantal Barber, MSW, and Karl Pillener, 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
Panelist
Barbara A. Hummel, MD

Former AMA Senior Physicians Section Governing Council Member
Panelist
Thomas Sullivan, MD

Alternate Delegate, Senior Physicians Section
Panelist
Luis T. Sanchez, MD

Former AMA Senior Physicians Section
Governing Council Member
Panelist
Michelle Silver, PhD

Associate Professor, University of Toronto, Department of Sociology & Interdisciplinary Centre for Health and Society
Please note: The online access code for your activity today is **Ageism**.

Participants can claim credit for this activity until **December 31, 2020**.

**CME Credit**

**Communications Requirements**

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Thank you for attending.

Please remember to complete our evaluation: bit.ly/AMAeval (case sensitive) as you leave out today.
If you have questions contact:

Alice Reed, Group Manager,
AMA Senior Physicians Section
alice.reed@ama-assn.org
Physicians’ powerful ally in patient care