Education Program

Confronting Ageism in Medicine

Friday, June 7 | 2 – 2:30 pm CDT

We take harassment and conflicts of interest seriously. Visit ama-assn.org/codeofconduct to learn more.

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Moderator

Samuel Lin, MD, PhD, MBA, MPA, MS
Chair, AMA Senior Physicians Section
Sponsored by the AMA’s Senior Physicians Section (SPS)
Speakers

William Jordan, MD, MPH
Health Equity Policy and Transformation Director, American Medical Association

Emily Cleveland Manchanda, MD, MPH
Director for Social Justice Education and Implementation, Center for Health Equity at the American Medical Association
Learning Objectives

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

• Define ageism and its disparate impact on older physicians and patients

• Describe resources and strategies for patients and physicians to address ageism
Health equity: Having & assuring the conditions, resources, opportunities, & power to achieve optimal health

“Achieving health equity requires…

(1) valuing all individuals and populations equally,
(2) recognizing and rectifying historical injustices, and
(3) providing resources according to need.

Health disparities will be eliminated when health equity is achieved.”

– Camara Jones, MD, PhD, MPH
Potential definition for age equity

Adapted from AGE Platform Europe vision:
[Age equity is] an inclusive society, based on well-being for all, solidarity between generations and full entitlement to enjoy life, participate in and contribute to society. At the same time, each person’s rights and responsibilities throughout their life course have to be fully respected.

Our vision and mission - AGE Platform Europe (age-platform.eu)

AGE Platform Europe (age-platform.eu)
Prejudice necessary but insufficient for ageism

World Health Organization (WHO): Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.

AGE Platform Europe: Structural ageism is the way in which society and its institutions sustain ageist attitudes, actions or language in laws, policies, practices or culture.

Ageism (who.int); AGE_Intergenerational Solidarity_Position_on_Structural_Ageism2016.pdf (age-platform.eu)
Ageism in health care has a long history with structural solutions

“health costs increase greatly in old age when... income almost always declines... Prior to Medicare, only... [1/2] of... 65 and over had... hospital insurance; few... had insurance covering... surgical and out-of-hospital physicians' costs... private insurance companies were terminating health policies for aged persons in the high-risk category”

MEDICARE by the Numbers

1965 | Year Medicare program is established
2% | Percentage of Americans 65+ lacking health insurance today; in 1962, half the elderly were uninsured
15% | Increase in life expectancy at age 65 between 1965 and 1984

52.3 million | Americans covered by Medicare in 2013
$12,210 | Spending per beneficiary in 2013
8.8 million | Disabled beneficiaries under age 65
$385 | Spending per beneficiary in 1970

Social Security History (ssa.gov)
Medicare at 50—Origins and Evolution | Commonwealth Fund
Ageism connected to health outcomes, access, and costs

• “everyday ageism… prevalent (93.4%),… and associated with multiple indicators of poor physical and mental health”
• “median survival… 7.5 years longer… with the most positive beliefs about aging…”
• “ageism… associated with cardiovascular events,… physical function… Alzheimer’s disease.”
• “20% of older patients… reported experiencing ageism in medical encounters… clinicians were less likely to offer procedures and treatments to older patients… even when they were equally likely to benefit”
• “discrimination against older people, negative age stereotypes, and negative perceptions around one's own age, cost the health care system $63 billion a year”

Experiences of Everyday Ageism and the Health of Older US Adults; Exploring the Health Effects of Ageism

The Role of Structural Ageism in Age Beliefs and Health of Older Persons; Bias against older people in health care settings is common and harmful
Intersectionality is simply about how certain aspects of who you are will increase your access to the good things or your exposure to the bad things in life. 

-KIMBERLÉ CRENSHAW
TIME.COM FEB. 20, 2020
Intersectional ageism reveals greater inequities

“inequities in healthcare are unduly experienced in later life… especially true for older women… older Black, Indigenous and People of Color (BIPOC)… older members of the… (LGBTQ+) community, who experience greater (and cumulative) health disparities across the lifetime course… For example,… COVID-19… [1 in] 188… of the Navajo Nation lost their lives, most… 60 years or older,… linked with both ageism and racism”

Ageism, Racism, Sexism, and Work With Older Healthcare Clients: Why an Intersectional Approach Is Needed in Practice, Policy, Education, and Research (gmu.edu)

Exploring the intersection of structural racism and ageism in healthcare - Farrell; The Association of Group-Based Discrimination with Health and Well-Being: A Comparison of Ableism with Other “Ism$s”; Ageism and Ableism: Unrecognized Biases in Occupational Therapy Students; LGBTQ+ seniors have seen lifelong discrimination. Doctors can help.
Intersectional ageism impacts the workforce

“Problems with family/career balance, age- and gender-based discrimination and harassment, salary inequity, and professional isolation persisted throughout their careers, but diminished in frequency for senior women”
Resources to address ageism

- National Center to Reframe Aging
- Ending Ageism Together (Changing the Narrative)
- Reframing Aging Through Images (FrameWorks Institute and AARP)
- Quick guide to avoid ageism in communication (WHO)
- Short guide to avoid stereotypical communication when talking about ageing and older people (AGE Platform Europe)
- Ending Ageism (MN Leadership Council on Aging)
- Addressing Ageism in Healthcare (MN Northstar Geriatrics Workforce Enhancement Program)
- National Resource Center on LGBTQ+ Aging (SAGE)
Strategies to address ageism are being proposed by Senior Physicians Section

• “Review all existing policy about discrimination, bias and microaggressions, and add age or ageism if not already mentioned”

• “Work with the World Medical Association (WMA) to have AMA’s work significantly inform the global health organization’s work on ageism”

• “Advocacy for hospital and regulator policy changes focused on the physician’s care quality data rather than their age”

• “Educational outreach to AMA members”

Attitudes and Knowledge of Medical Students Towards Healthcare for Lesbian, Gay, Bisexual, and Transgender Seniors: Impact of a Case-Based Discussion With Facilitators From the Community - PMC (nih.gov)
Questions from Audience Members
Physicians’ powerful ally in patient care