

The Intersection of Ableism and Ageism: The Impact on Older Adults



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Disclosures

No relevant personal or financial relationships with any commercial interests pertaining to this activity.

Learning Objectives

At the end of this activity, learners will be able to:

1. Identify major theories of aging and disability
2. Discuss the inequities created by ageism and ableism
3. List 3 ways person-centered care in conjunction with the 4Ms can reduce or eliminate ageism and ableism

AGING

What is Aging?

Cascade Aging Model

- **Primary Aging** – typical, disease-free changes in biological, psychological, sociocultural and life-cycle developmental processes
- **Secondary Aging** – developmental changes related to disease, lifestyle, and the environment that are not always inevitable
- **Tertiary Aging** – the rapid losses that occur shortly before death

Aging is unique to each person

Birren & Cunningham, 1985

Biological Theories of Aging

- **Stochastic Theories** – based on random events causing cellular damage that accumulates as an organism ages
 - Free Radical Theory
 - Wear & Tear Theory
- **Non-stochastic Theories** – based on genetically programmed events that cause cellular damage that accelerates aging of the organism
 - Programmed Theory
 - Gene/Biological Clock Theory
- **Successful-Usual-Pathological Theory**

Life Course Perspective/Theory

- 1. *The Principle of Life-Span Development:*** human development and aging are lifelong processes
- 2. *The Principle of Agency:*** individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstance
- 3. *The Principle of Time and Place:*** the life course of individuals is embedded and shaped by the historical times and places experienced over their lifetime

Elder, et al., 2003

Life Course Perspective/Theory (*continued*)

- 4. *The Principle of Timing:*** the developmental antecedents and consequences of life transitions, events, and behavioral patterns vary according to their timing in a person's life
- 5. *The Principle of Linked Lives:*** lives are lived interdependently and socio-historical influences are expressed through this network of shared relationships

Life Span Perspective

1. Multidirectionality – growth and decline in skills/abilities
2. Plasticity – capacity is not predetermined; many skills can be improved, even in late life
3. Historical Context – we each develop within the historical and cultural circumstances in which we are born and grow up
4. Multiple Causation – a wide variety of forces impact our development (i.e., biological, psychological, sociocultural, and life-cycle forces)

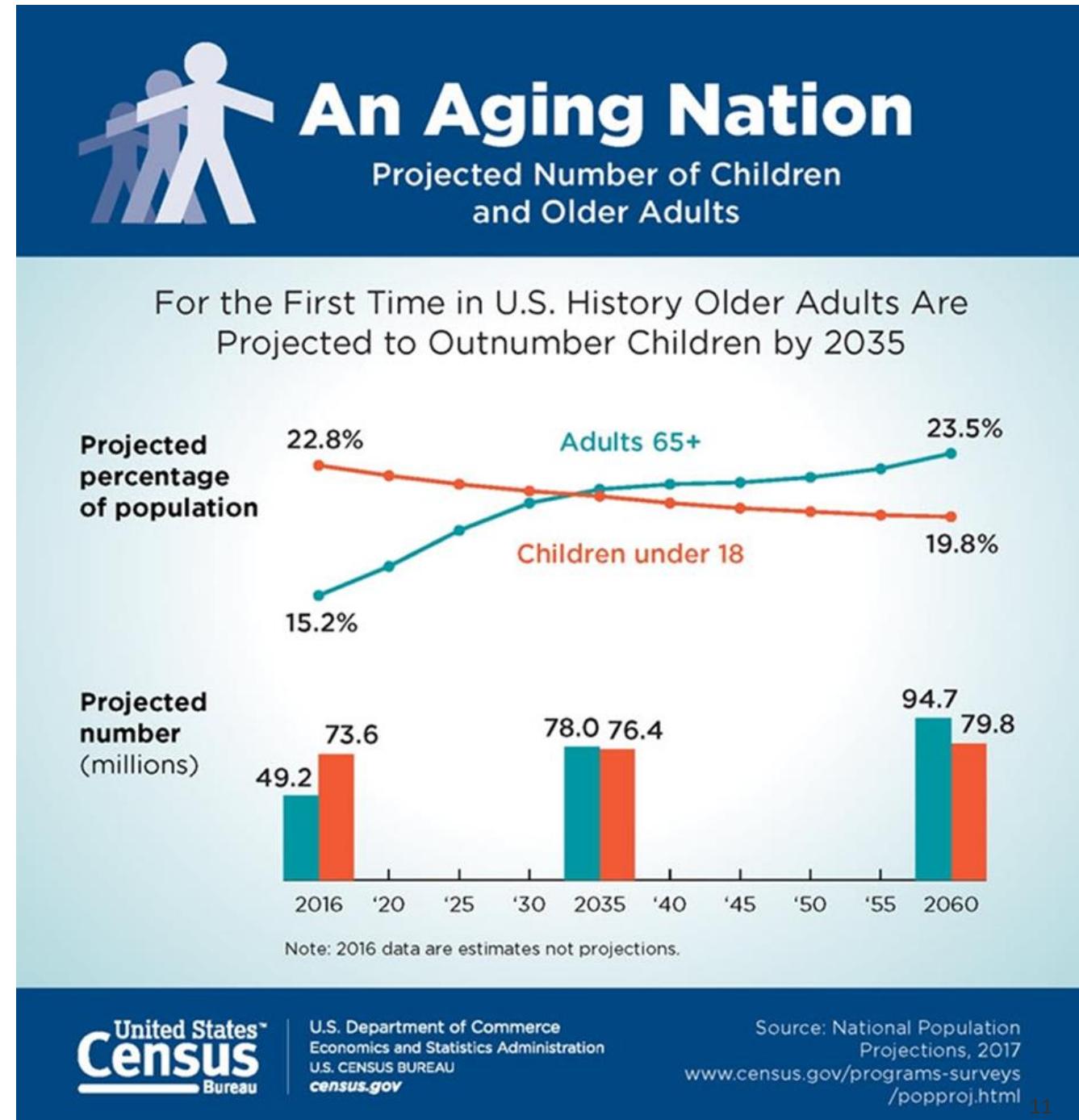
Baltes, 1987; Baltes, et al., 2006

Framing the Problem

AGEISM

US demographics are changing

- The US Census Bureau estimates that by 2030, when all of the baby boomers are older than 65, one out of five people in the US will be older than 65
- By 2035, there will be more people over age 65 (78 million) than people under age 18 (76.4 million) for the first time in US history

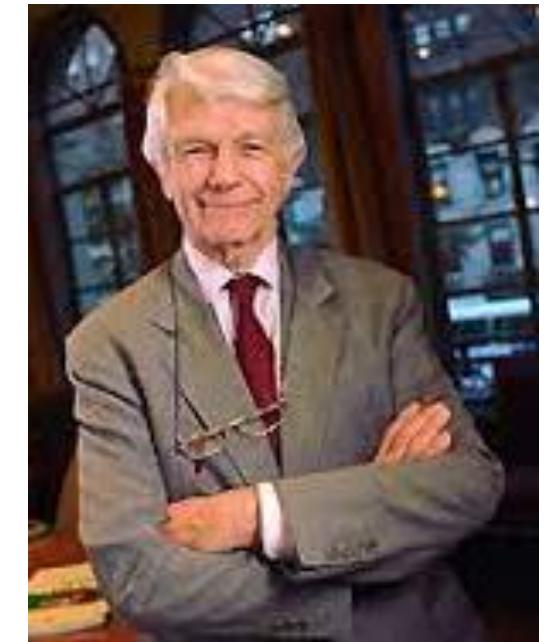


What is Ageism?

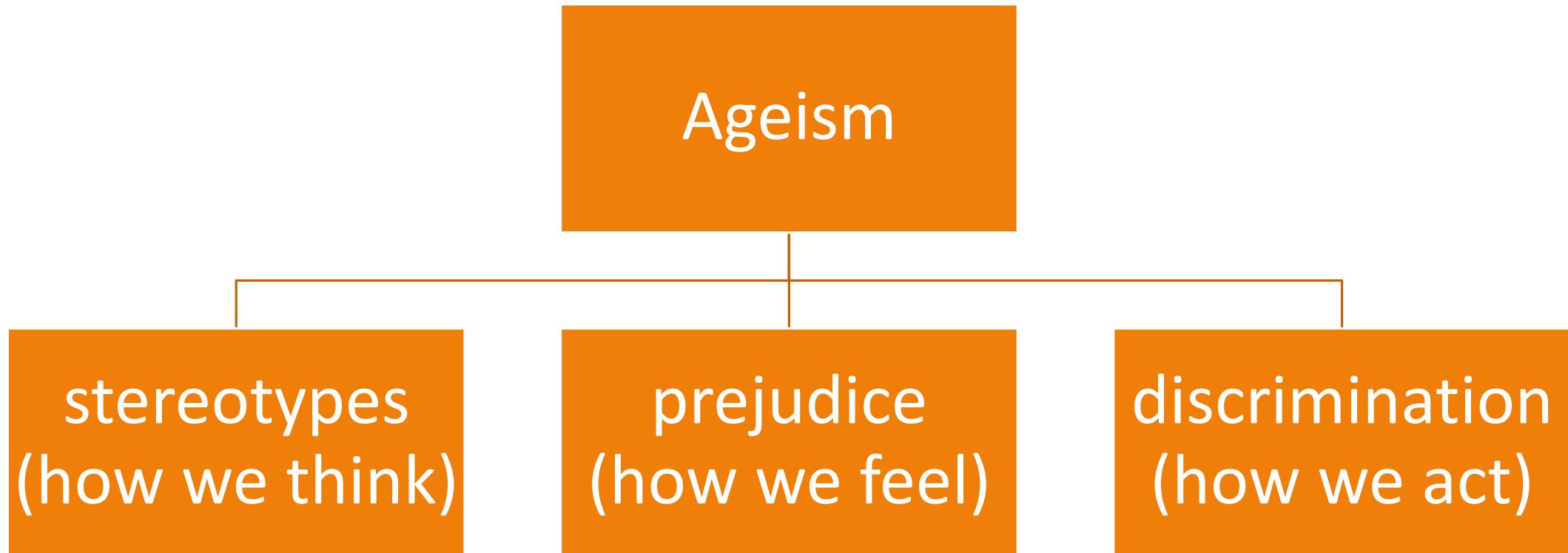
First defined by

Robert N. Butler, MD, in 1969

“prejudice, discrimination and abuses
committed against the elderly”



2021 WHO Global Report on Ageism



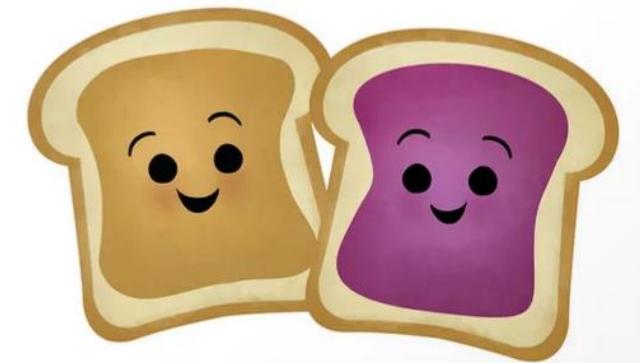
Cost of Ageism

People that experience ageism:

- Feel devalued and internalize feelings of worthlessness
- Are less likely to engage in healthy behaviors
- Scored poorer on cognitive, memory and balance tasks
- Are offered fewer research and medical treatment opportunities
- Increase health care expenditures

DEFINITION: Implicit Bias

- We form subconscious negative judgements about people based on their age.
- Knowing about these biases makes us less likely to act on these “snap judgements” and more likely to treat people fairly.



Research Evidence

AGEISM

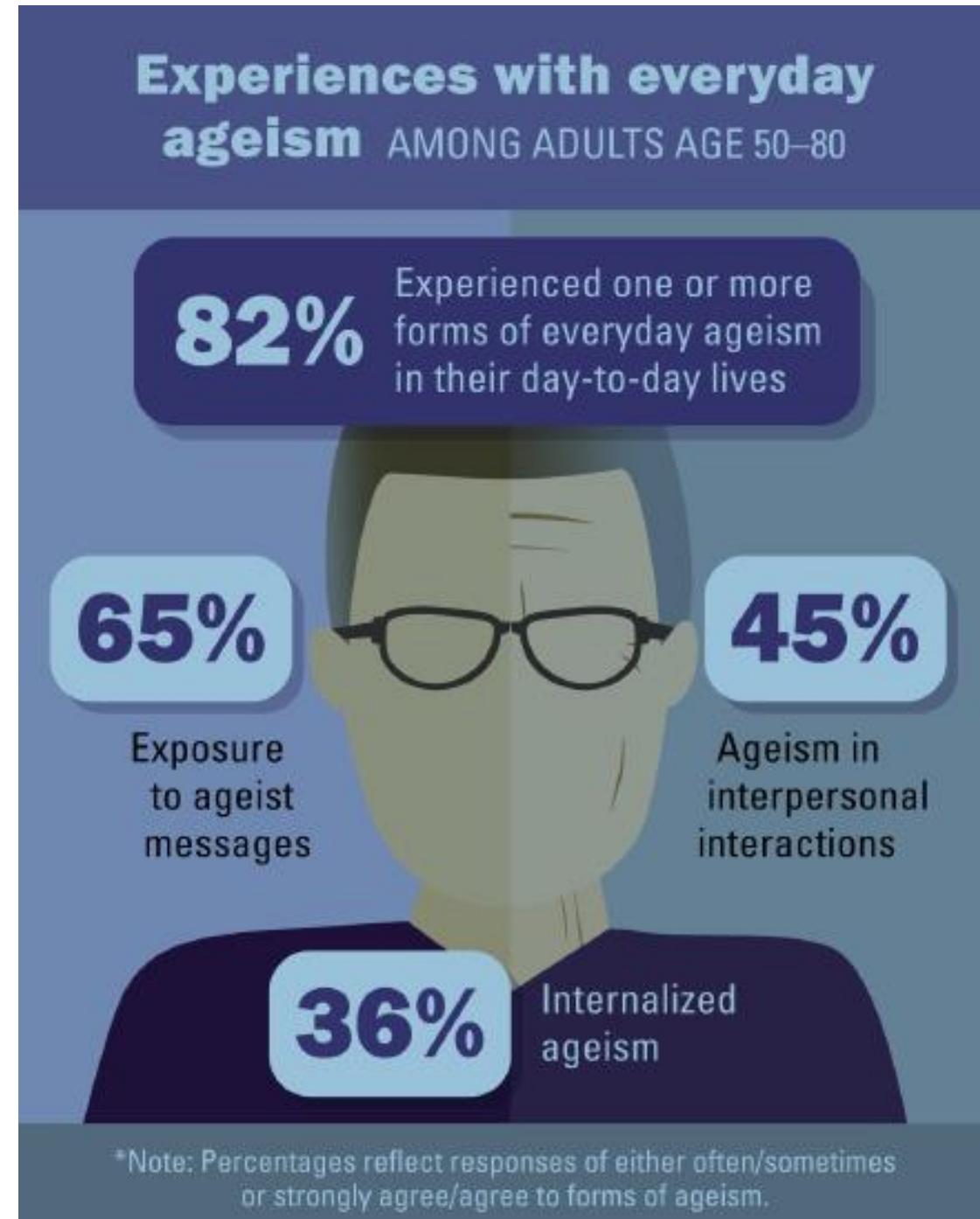
Common Negative Age Stereotypes

North & Fiske (2012) identify 3 trends in the way youth feel about older adults:

- **Succession:** younger people often assume that older individuals have "had their turn," and should make way for the younger generations.
- **Consumption:** Younger people frequently feel that limited resources should be spent on themselves rather than on older adults.
- **Identity:** younger people feel that those who are older than they should "act their age" and not try to "steal" the identities of younger people, including things such as speech patterns and manner of dress.

National Poll on Healthy Aging

- National household survey conducted exclusively by Ipsos Public Affairs, LLC for the University of Michigan
- Administered online in Dec. 2019
- Randomly selected, stratified group of older adults aged 50–80 (n=2,048).
- The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau.



Positive views on aging AMONG ADULTS AGE 50–80

88%

Feel more
comfortable being
themselves

80%

Have a strong
sense of purpose

67%

Feel more positive
about aging

65%

Think their life is
better than they
thought it would be



Older Adults have Positive Views on Aging

National Poll on Healthy Aging, University of Michigan

Stereotype Embodiment Theory (SET)

SET explains the impact of stereotypes on health and function in older adults. The stereotypes:

- 1) become internalized across the life span,
- 2) can operate unconsciously,
- 3) gain importance from self-relevance, and
- 4) utilize multiple pathways

Each component then contributes to a process that occurs over the entire course of one's life as well as in relationships with other people and institutions (Levy, 2009).

Stereotype Embodiment Theory (continued)

Age stereotypes utilize three pathways

- Psychological
- Behavioral
- Physiological

Three discrete ageism predictors

- age discrimination
- negative age stereotypes
- negative self-perceptions of aging

Negative Age Stereotypes Impact Health

In a cohort of 440 adults aged 18 - 49, Levy found that those who held more negative age stereotypes at baseline were **significantly more likely** to experience a cardiovascular event in the next 38 years, after adjusting for relevant covariates such as family history of cardiovascular disease (Levy, et al, 2009)

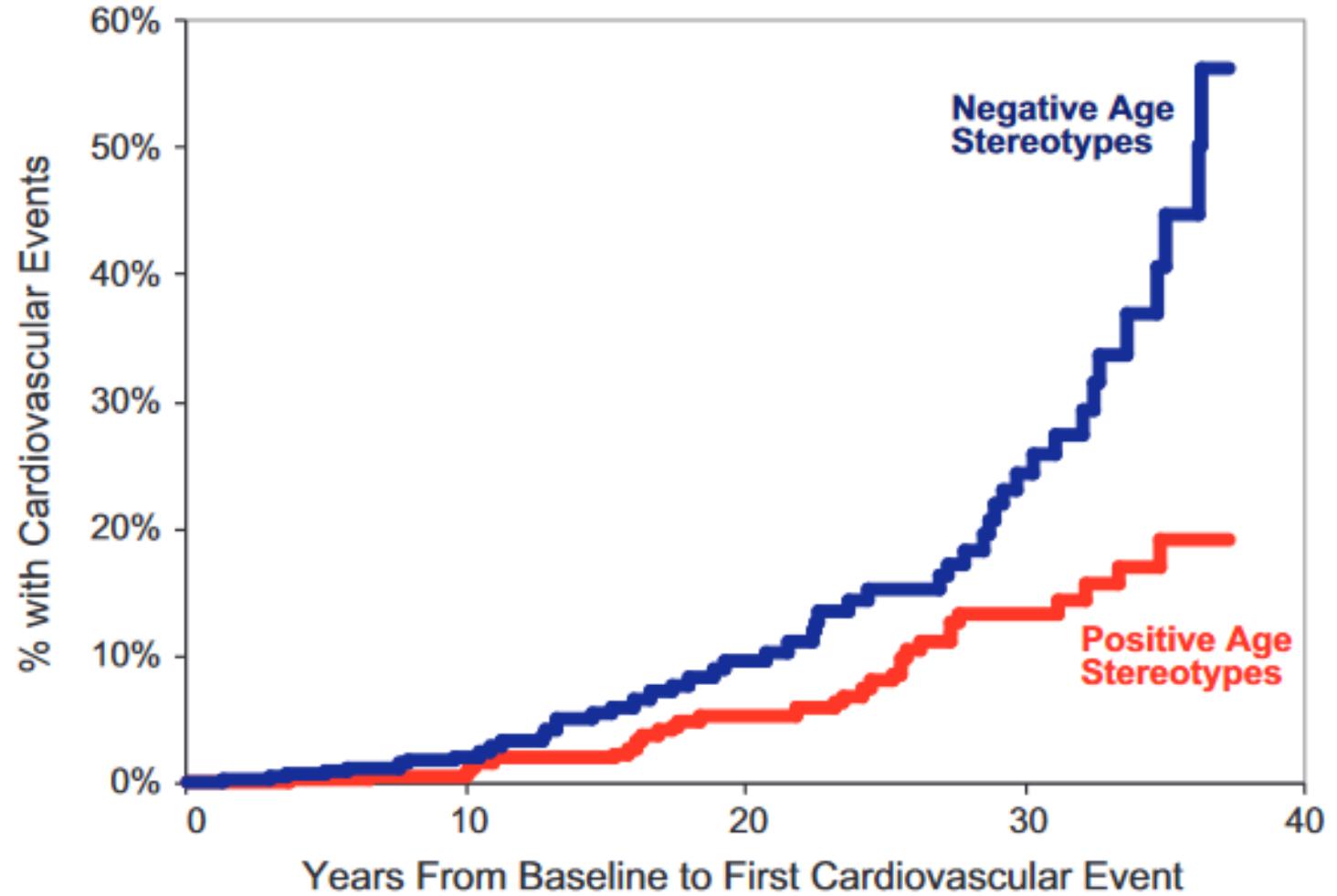


Fig. 1. Association of negative (blue) versus positive (red) age stereotypes held in younger adulthood to risk of cardiovascular events (e.g., congestive heart failures, heart attacks, and strokes) over the next 38 years. This analysis was based on data from the Baltimore Longitudinal Study of Aging. Adapted from Levy, Zonderman, Slade, and Ferrucci (2009), p. 297.

Impact of Ageism on Health

(Chang, et al, 2020)

AGEISM

- decreased longevity,
- reduced quality of life
- low social support
- poor social engagement
- increased social isolation
- unhealthy diets, increased risky behavior (drinking, smoking, noncompliance)
- increased incidence and prevalence of depression
- worse memory

NEGATIVE AGE STEREOTYPES

- More multi-morbidity
- More hospitalizations
- More functional impairments



Who Perpetuates Ageism?

Targets of Ageism

- Older Adults (ages 50+)
- Less educated
- Lower income
- Self

Perpetuators of Ageism

- Younger adults
- More educated
- Health care students (medical, nursing, OT, Residents)
- Researchers
- Health care professionals

The Cost of Ageism

Levy, et al, 2020, found excess health care costs were

- \$11.1 billion for age discrimination,
- \$28.5 billion for negative age stereotypes, and
- \$33.7 billion for negative self-perceptions of aging

According to the models used in the analyses, there were over 17 million cases of health care conditions that were attributable to ageism

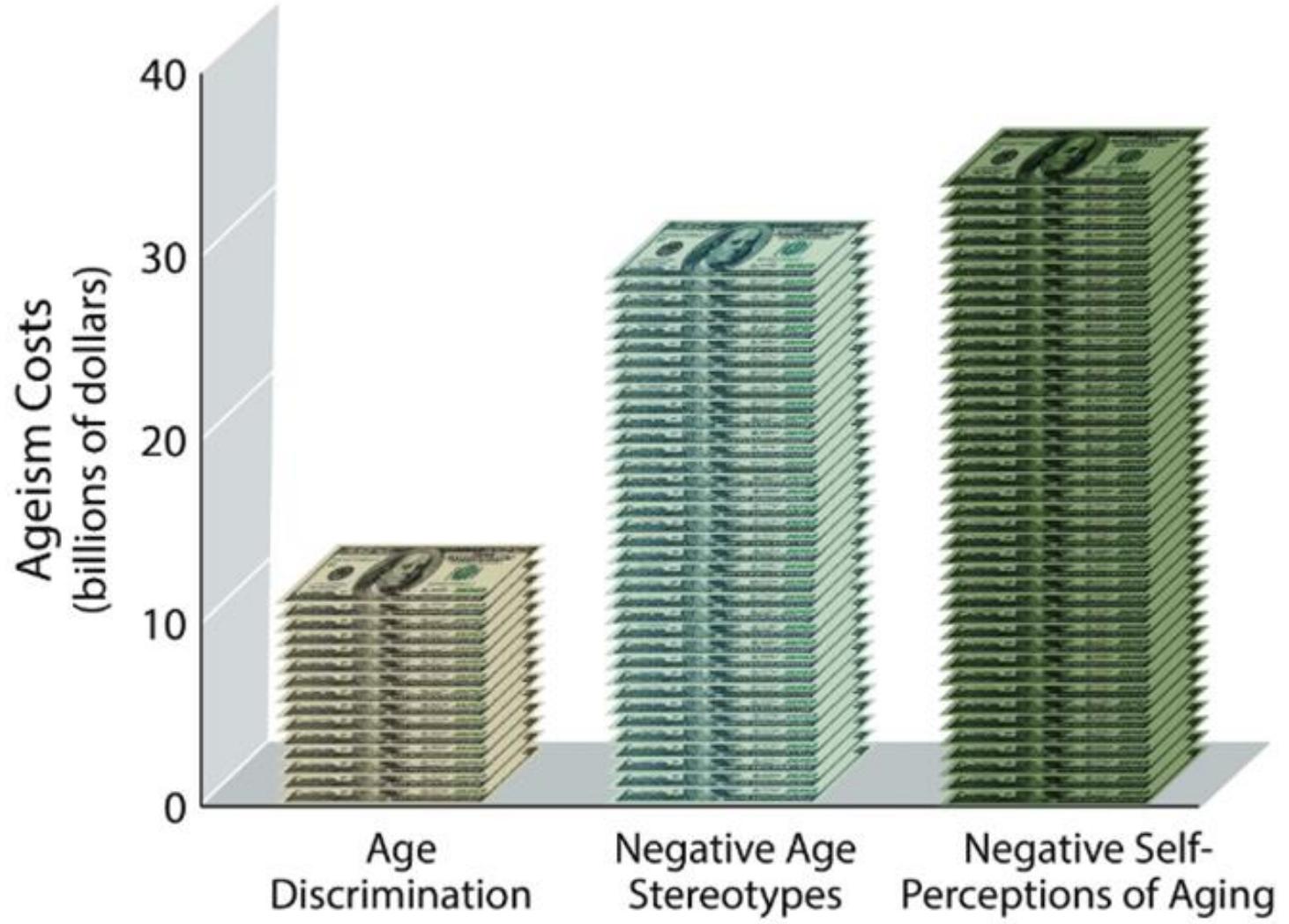


Figure 1. Health care costs of age discrimination, negative age stereotypes, and negative self-perceptions of aging in 1 year

DISABILITY

What is Disability?

- The *International Classification of Functioning, Disability and Health* (ICF) categorizes problems with functioning into three inter-connected areas:
 1. **Impairments:** problem in body function or alterations in body structure (e.g., paralysis, blindness)
 2. **Activity Limitations:** difficulties in executing activities (e.g., walking, eating)
 3. **Participation Restrictions** – problems with involvement in any area of life (e.g., discrimination in employment or transportation)
- Disability: difficulties encountered in any or all 3 areas of functioning
- Disability is an evolving concept (UN CRPD)

WHO, 2011

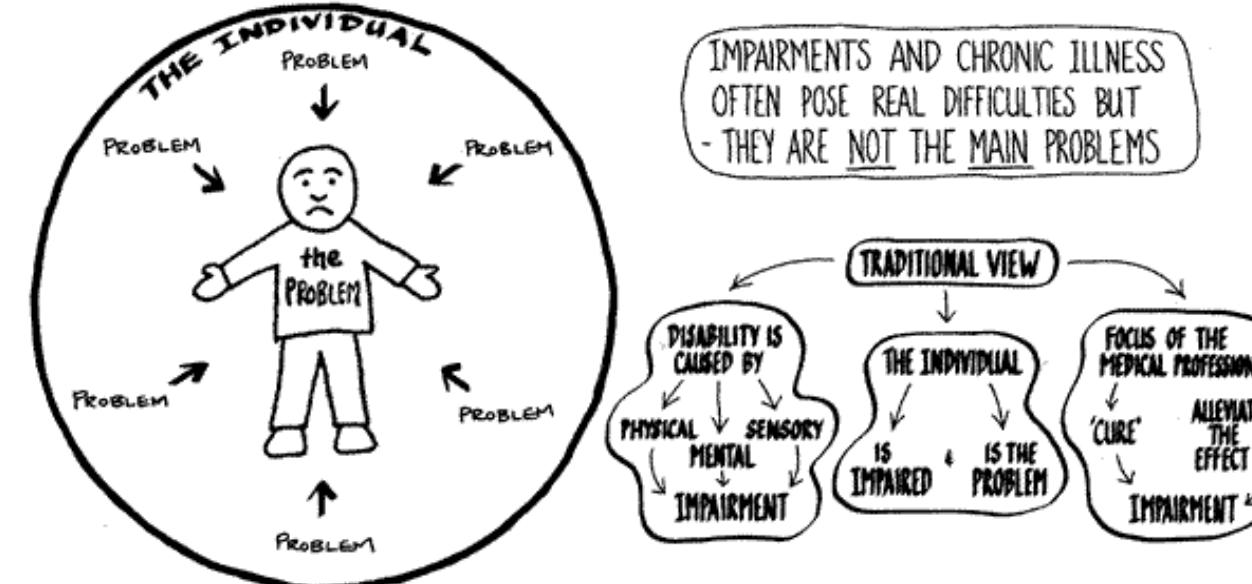
Medical Model of Disability

- Disability is the result of pathology, disorder, dysfunction, or deformity
- Maintains the power differential between the patient and the practitioner
- Ignores the social aspects of disability

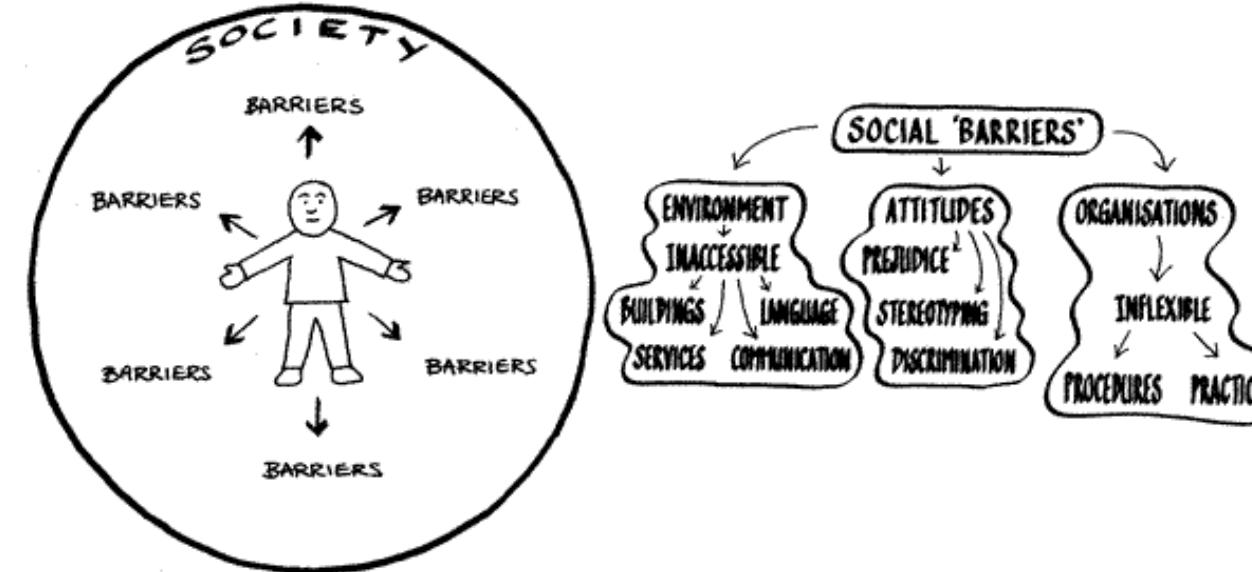
Social Model of Disability

- Disability is the result of the interaction between people with disability and an environment filled with physical, attitudinal, communication and social barriers

THE MEDICAL MODEL OF DISABILITY



THE SOCIAL MODEL OF DISABILITY



Sociopolitical Model of Disability

- Disability is a political identity rather than a diagnosis
- The “problem” of disability is the lack of civil rights and unequal opportunity resulting in a life of reduced opportunity, inferiority, and marginalization (McCarthy, 2003)
- Policy makers, legislators, professional service providers, and the general public are part of the “problem” of disability, thus disability is a collective concern requiring a collective response

Smart, 2009

Framing the Problem

ABLEISM

Disability in the US

The Centers for Disease Control and Prevention (CDC) estimates:

- 1 in 4 adults (61 million people) in the US have a disability (CDC, 2020)
- 2 out of 5 adults over the age of 65 have a disability
- The prevalence of disability for Hispanics and American Indian/Alaska Natives over age 65 is closer to 50%

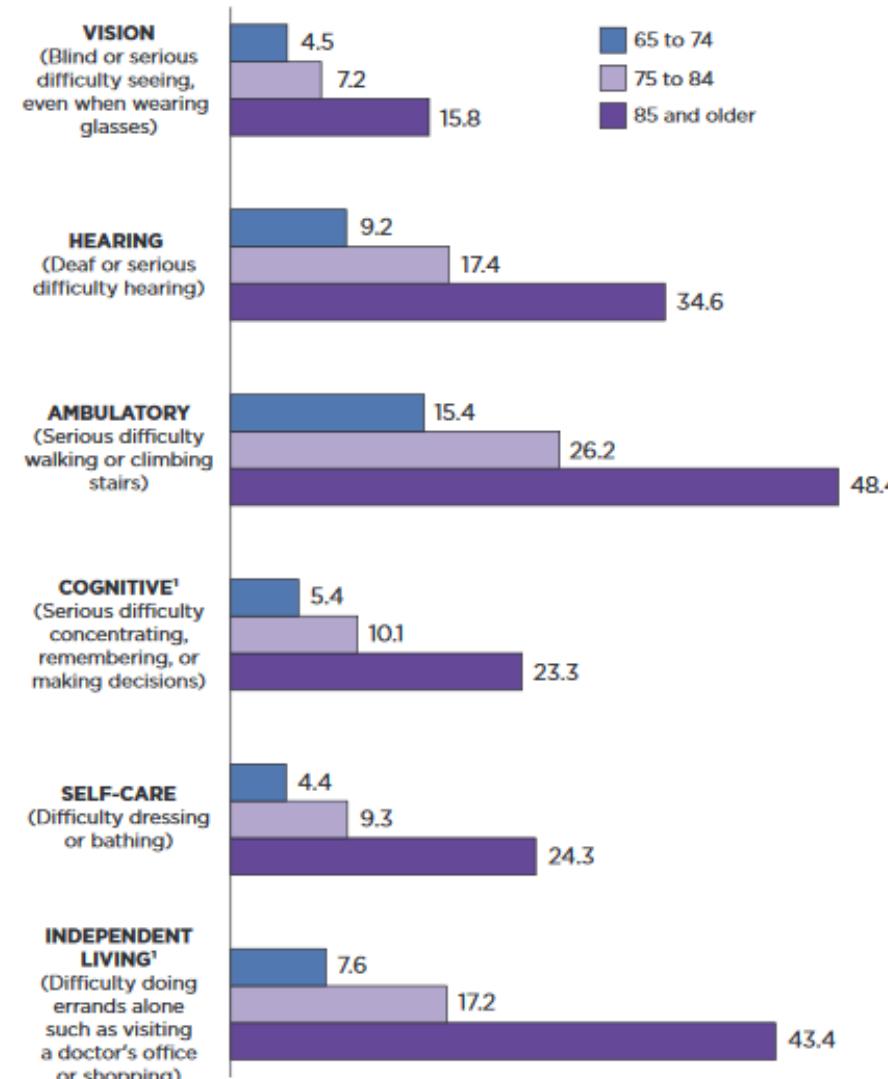
<https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

Disability increases with Age

About 69% of the population age 85+ had at least one type of disability, compared with just 9% of the population under the age of 65.

48% of adults over age 85 had difficulty walking and climbing stairs

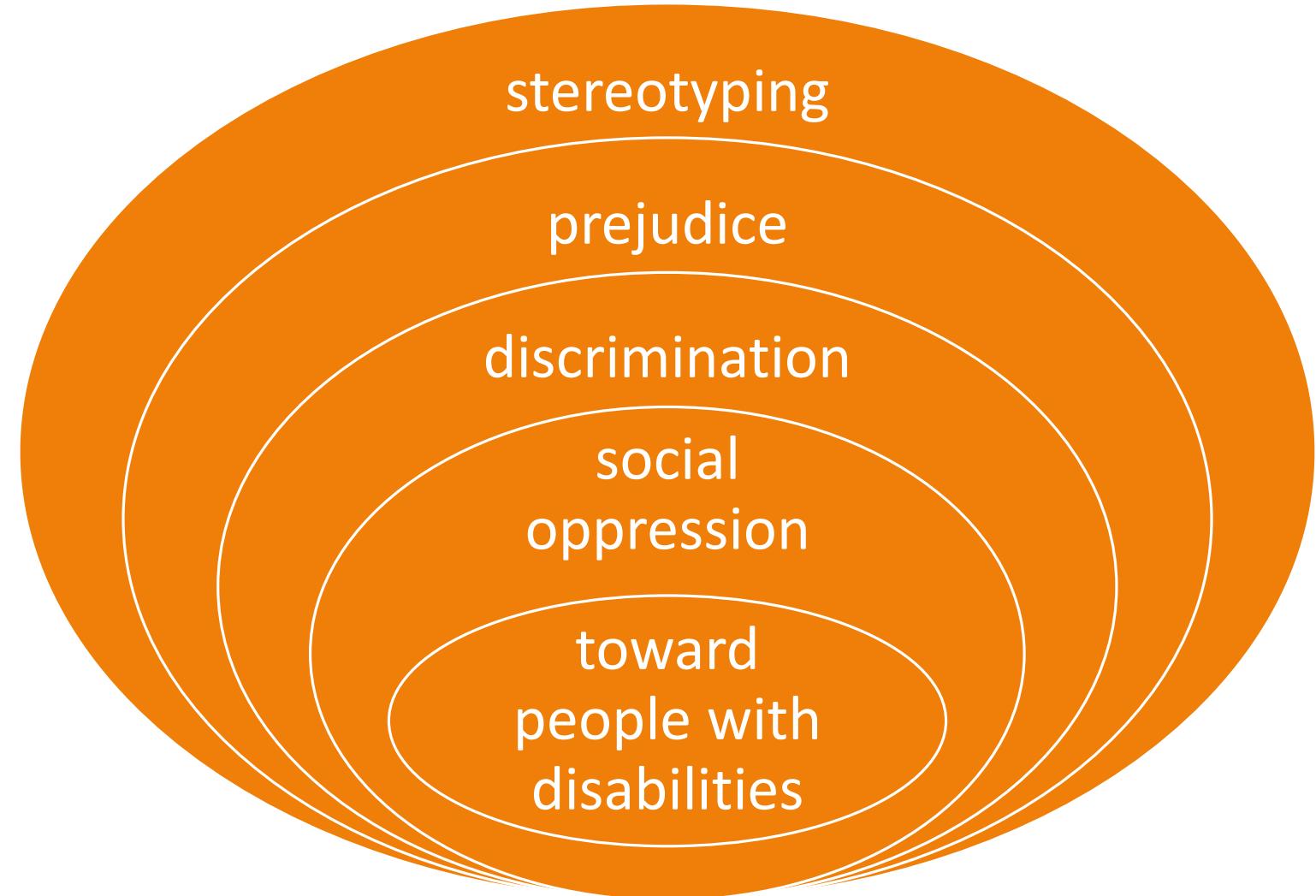
Figure 11.
Disabilities by Age and Type: 2016
(Percent of the civilian noninstitutionalized population. Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/acs)



¹ Due to a physical, mental, or emotional condition.

Ableism

(Branco, et al., 2019)



Cost of Ableism

Many people with disabilities:

- Do not have equal access to health care, education, and employment
- Live in poverty
- Do not receive disability-related services they require
- Experience exclusion in everyday life activities

WHO, 2011

Research Evidence

ABLEISM

Health Care Disparities

- The Americans with Disabilities Act (1990) legally required physicians to provide equitable care to PWD
- Healthy People 2010 was the first time PWD were included in this national initiative that began in 1970
- Disparities exist in screenings and preventive services, cancer diagnosis and treatment, reproductive and pregnancy care, communication with health care professionals, and satisfaction with care (Iezzoni, 2021)

Ableism Around the World

- Barriers to health care in Europe (Scheer, et al., 2003)
- Negative attitudes & stereotypes (Ingstad & Whyte, 1995; Yazbeck, et al., 2004; World Bank, 2009)
- Hate crimes (Van Brakel, 2006)
- Discrimination based on intellectual ability or mental health condition (Lauber, et al., 2007; Siperstein, et al., 2003; Thornicroft, et al., 2007)

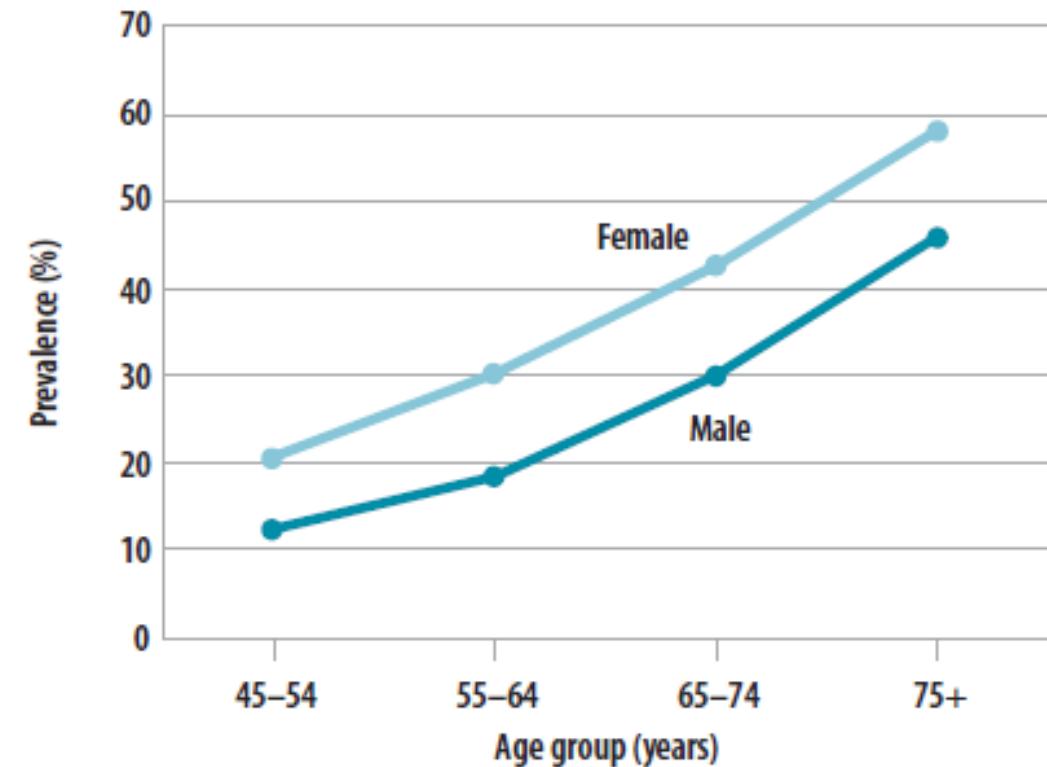
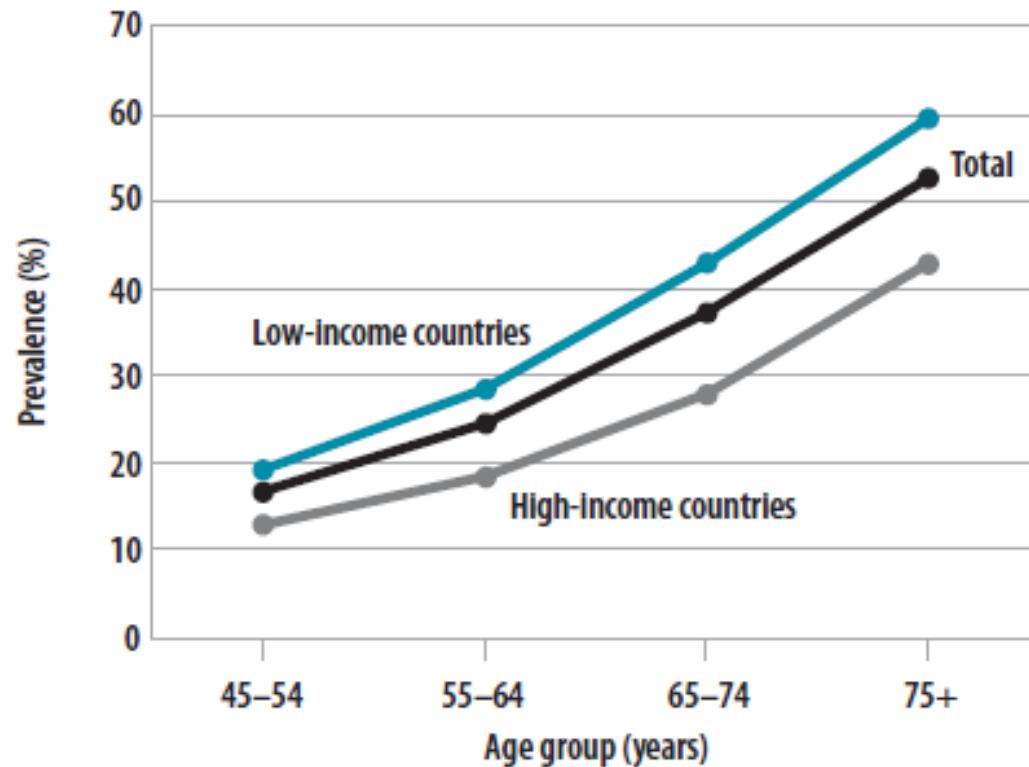
Intersectionality of Ableism and Ageism

Intersectionality

- Intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage compound themselves creating obstacles that are not often understood within conventional ways of thinking about anti-racism, anti-feminism, and other social advocacy structures.
- It is not a theory.
- It is a prism for understanding certain kinds of problems where identities overlap.



Fig. 2.2. Age-specific disability prevalence, derived from multidomain functioning levels in 59 countries, by country income level and sex



WHO World Report on Disability

Older people are disproportionately represented in disability populations

The association of group-based discrimination with health and well-being: A comparison of ableism with other “isms”

Branco, C., Ramos, M. R., & Hewstone, M. (2019)

European Social Survey (ESS) =
36 European countries

- N=18,660 from 32 countries
- 53% female
- 34% disabled
- 26% ethnic minority
- 13% over age 65 (mean age = 42.8)
- Mean education level = 12.7 years

“Health and well-being” score (mean = 2.01) based on self-reported health, happiness and satisfaction with life

RESULTS

- Lower health and well-being scores were negatively and significantly associated with age ($p<0.001$) and disability ($p<0.001$)
- All three components of the health and well-being score were lower for people who identified as both older and disabled

Ageism and Ableism: Unrecognized Biases in Occupational Therapy Students

Friedman, C., & VanPuymbrouck, L. (2021)

Implicit Association Tests for age and disability

- 54 OT graduate students
- Female: 87%
- White: 76%
- Age range: 23 - 47, (most 24-25)
- 2 students identified as having a disability

RESULTS

- Mean score on Aging IAT = 0.29, indicating a significant preference for younger adults
 - 70.37% preferred younger adults,
 - 20.37% preferred older adults,
 - 9.26% no preference

Results

Friedman, C., &
VanPuymbrouck, L. (2021)

Linear regression model was used to explore the relationship between students' implicit disability attitudes and implicit age attitudes.

The model was significant, $F(1, 53) = 19.09$, $p < 0.001$, $R^2 = 0.27$. The implicit disability attitudes term was significant, $t = 4.47$, $p < 0.001$.

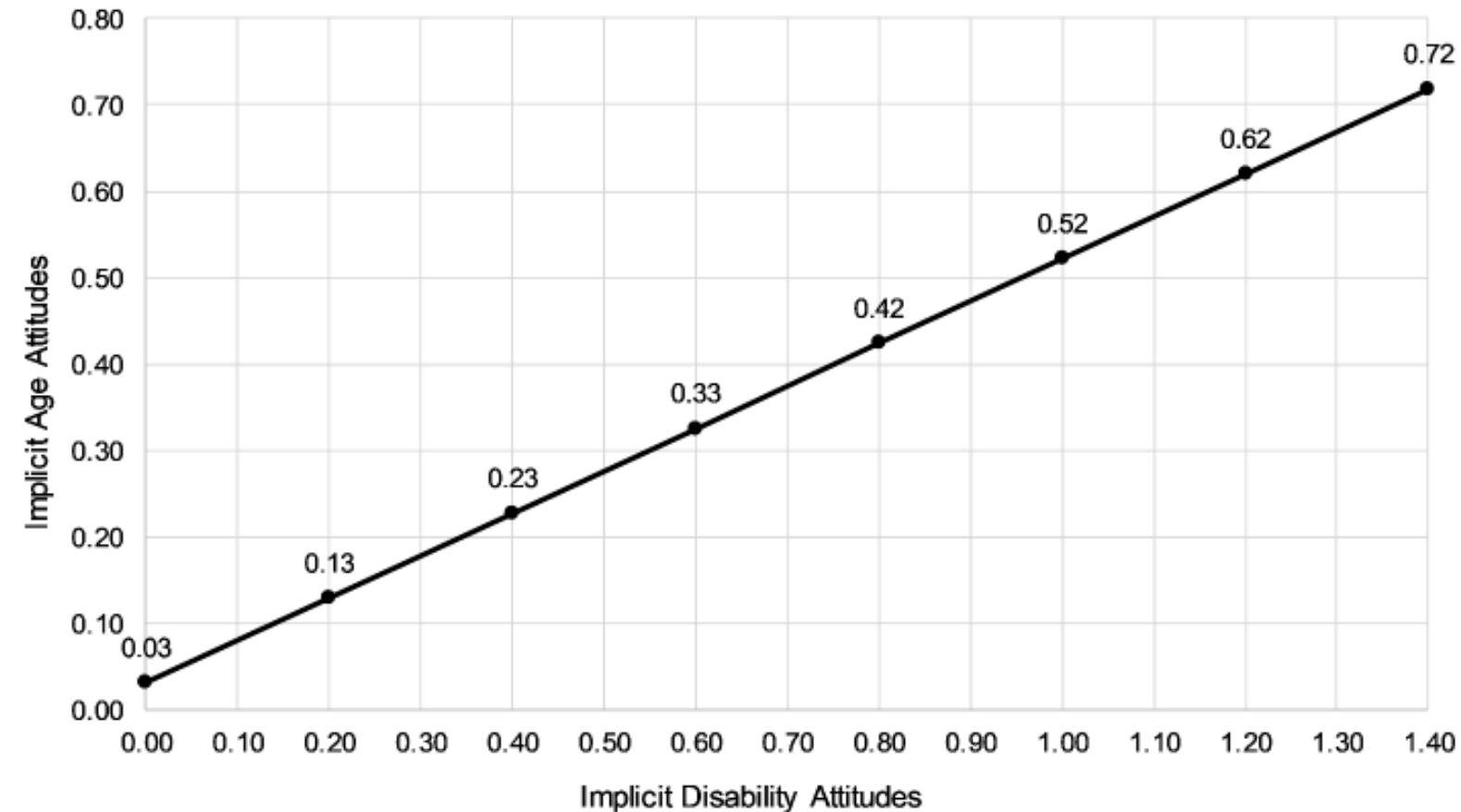


Figure 3. Relationship between implicit disability attitudes and implicit age attitudes.

Two Systems of Oppression

- Age is a social construct of power, not biology
- Disability is a social construct of power, not biology
- Social practices, institutions, and systems reinforce negative values turning some common characteristics of humans into social liabilities, rationalizations for subordination, and sources of shame.
- Lives without impairments and lives that are youthful are valued over lives with impairments and lives that are elderly

Overall, 2006

Recommendations

Group-Based Discrimination

- Biological-based normative beliefs
 - Body size/shape/appearance/function
 - Independence may be compromised
- Paternalism – assuming low competence and low agency
- Heterogeneity – the variety of people within each group may prevent them from forming a homogenous and strong minority group identification

Language is Important

- Do not use “normal” when referring to ability or function
- The Dilemma of Difference (Minow, 1990)
- Avoid diagnostic overshadowing (Reiss, et al., 1982)
- Determine patient preference for either **Person-First Language** or **Disability-First Language**

Individual Awareness & Social Policy

- Increasing awareness of the negative impacts of discrimination against two of the largest groups of people in the US
- Promotion and endorsement of the models of aging and models of disability in healthcare and schools
- Incorporate an intersectional perspective in future legislation to protect all groups from discrimination

Recommendations for Systemic Change



4Ms Framework

What Matters

Know and align care with each older adult's specific health outcomes goals and care preferences

Medication

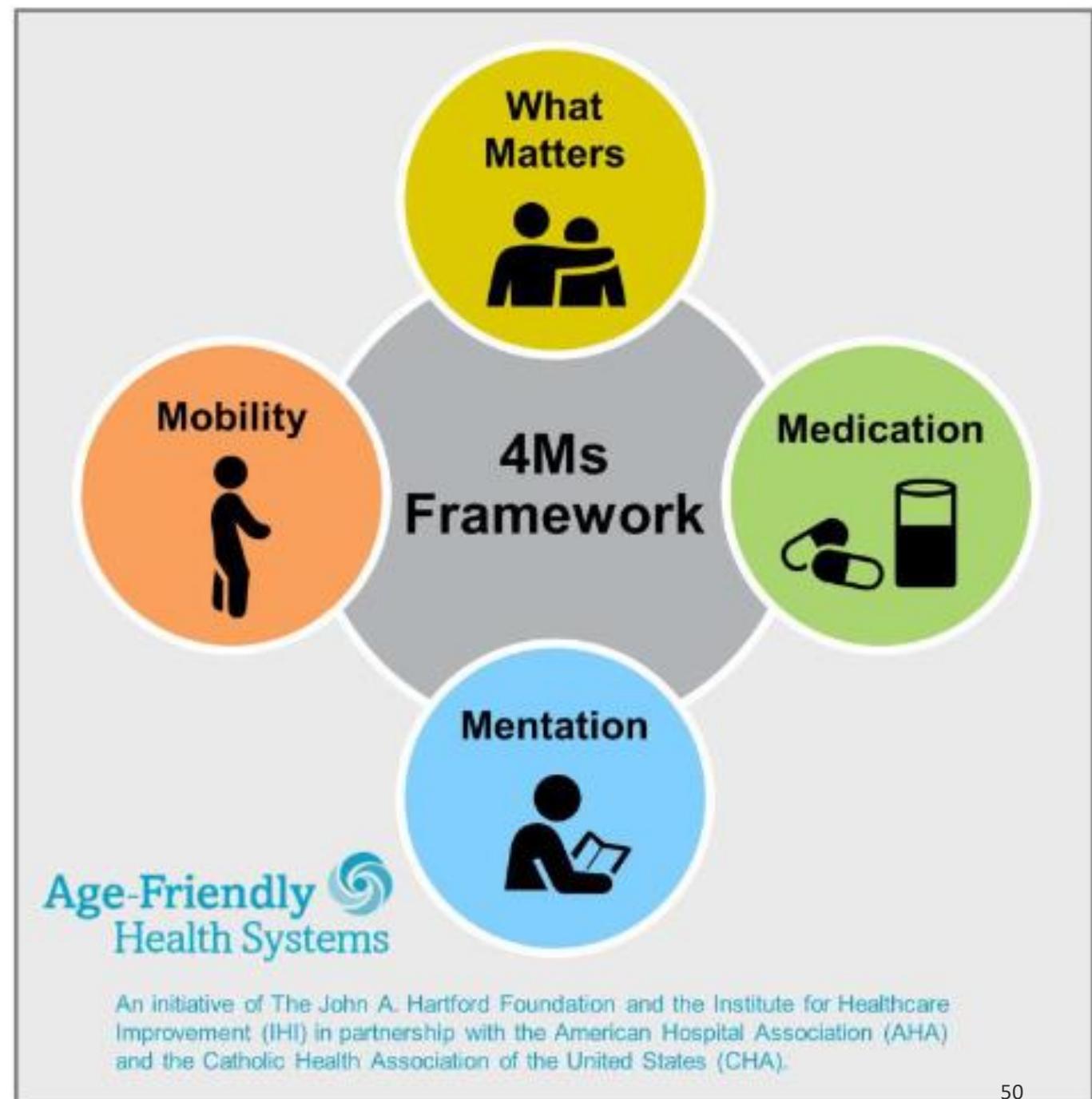
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adults, Mobility, or Mentation across care settings

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care

Mobility

Ensure that older adults move safely every day in order to maintain function and to do What Matters



What YOU Can Do

- Take the Implicit Association Test to measure your own implicit bias <https://implicit.harvard.edu/implicit/education.html>
- Call out ageism or ableism when you see it or hear it
- Learn more about the WHO's initiative to combat ageism and the Reframing Aging initiative
- Offer education at your organization, school, or community group on discrimination and how to eliminate it
- Advocate for the 4Ms and Age-Friendly Health Systems



Questions?
