

We Are (way) More Than Our Gray Hair

Rethinking Age and Aging
in Healthcare Settings

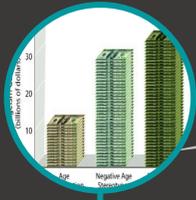
Mary Lou Ciolfi, JD, MS
University of Maine Center on Aging

Geriatrics Colloquium
October 25, 2021



Why should we care?

What do the data show?



Where does ageism come from?

A brief history



What does ageism look like?

A few important examples

A road map

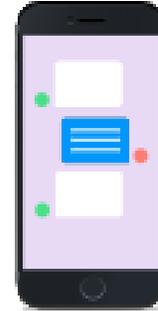
How can we do better?

Let's Reframe Aging!



First, a poll

Join by Text



- 1** Text **MLC1234** to **37607**
- 2** Text in your message

How old are you?

How old are we?

45.1 median age in Maine (2019)

How old are we?

38.4 median age in U.S. (2019)

How old are we?

20.6% over 65 in Maine (2018)

Source: US census

How old are we?

16.9% over 65 in U.S. (2020)

I am sometimes ageist toward older people

Agree

Disagree

Not sure



GLOBAL
CAMPAIGN
TO COMBAT
AGEISM

1 in 2 people are ageist toward
older people

GLOBAL REPORT ON
AGEISM

<https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>



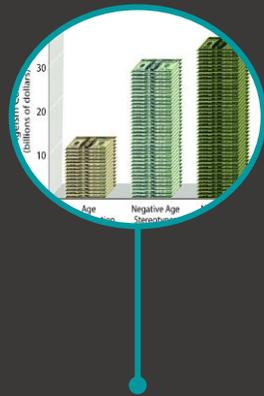
Ageism

is coming

for

YOU!

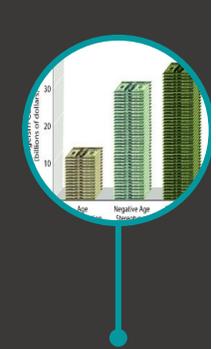
1



Why should we care?

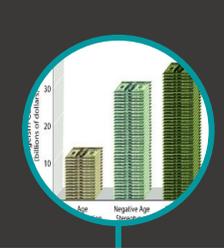
What do the data show?

Health impacts of ageism



Category	Instrument	# Studies ¹	Reliability ²
Age Stereotype	Aging Stereotypes and Exercise Scale (Chalabaev et al., 2013)	1	0.80 ³
	Attitudes Toward Old People Scale (Tuckman & Lorge, 1953)	3	0.80
	Facts on Aging Quiz (Palmore, 1980)	1	0.66
	Image of Aging Scale (Levy et al., 2004)	1	0.84
	Older People Scale (Lu & Kao, 2009)	1	0.93
	One item "Please tell me where most people would place the status of people over 70?" (Age UK, 2011)	1	NR
	One item "What are the first five words or phrases that come to mind when you think of an older person?" (Levy & Langer, 1994)	3	0.84 – 0.94
	Five-item self-developed questions on attitude toward aging (Lai, 2009)	1	0.61
	Age-based Rejection Sensitivity Questionnaire (Kang & Chasteen, 2009)	1	0.95
Self-Perceptions of Aging	AgeCog Scale (Wurm et al., 2007)	3	0.77 – 0.82
	Aging Perceptions Questionnaire (Barker et al., 2007)	1	NR
	Attitudes to Ageing Questionnaire (Laidlaw et al., 2007)	5	0.62 - 0.78
	Attitudes Toward Own Aging (Lawton, 1975)	17	0.62 - 0.82
	Brief Aging Perceptions Questionnaire (Sexton et al., 2014)	1	0.79
	Expectations Regarding Aging (Sarkisian et al., 2005)	6	0.74 – 0.86
	Fear of Aging Scale (Sarkisian et al., 2005)	1	0.92
	Negative Belief in Aging in Spanish (Blanca et al., 2005)	1	0.64
	Personality in Intellectual Aging Contexts Scale (Lachman et al., 1982)	1	0.78
	Korean Symptom Management Beliefs Questionnaire (Yeom & Heidrich, 2009)	1	0.81
	One-item illness attribution (Stewart et al., 2012)	1	NR
	One-item "With age, do you feel more useless?" (Gu et al., 2016)	3	NR
	Four-item self-developed questions on attitude toward aging (Momtaz et al., 2013)	1	0.80
	Personal Aging Experience Scale (Steverink et al., 2001)	3	0.74 - 0.77
	Everyday Discrimination Scale (Williams et al., 1997)	7	0.79 – 0.94
Age Discrimination	One-item whether you had been discriminated against, or placed at a disadvantage due to their age, in the past 12 months (yes/no; Avidor et al., 2017)	1	NR
	Four-item self-developed scale (Garstka et al., 2005)	1	0.77
	Five-item scale adapted from measures of racial and gender discrimination (Sabik, 2013)	1	0.75

Note. ¹Number of studies that have used the instruments. One study used two instruments. ²Reliability is based on reports of the included studies. ³Figures in number format are Cronbach's alpha in italic font and inter-rater reliability. NR = not reported.



Health impacts of ageism

Instrument

Aging Stereotypes and Exercise Scale (Chalabaev et al., 2013)

Attitudes Toward Old People Scale (Tuckman & Lorge, 1953)

Facts on Aging Quiz (Palmore, 1980)

Image of Aging Scale (Levy et al., 2004)

Older People Scale (Lu & Kao, 2009)

One item "Please tell me where most people would place the status of people over 70?"
(Age UK, 2011)

One item "What are the first five words or phrases that come to mind when you think of an
older person?" (Levy & Langer, 1994)

Five-item self-developed questions on attitude toward aging (Lai, 2009)

Age-based Rejection Sensitivity Questionnaire (Kang & Chasteen, 2009)

AgeCog Scale (Wurm et al., 2007)

Aging Perceptions Questionnaire (Barker et al., 2007)

Attitudes to Ageing Questionnaire (Laidlaw et al., 2007)

Attitudes Toward Own Aging (Lawton, 1975)

Brief Aging Perceptions Questionnaire (Sexton et al., 2014)

Expectations Regarding Aging (Sarkisian et al., 2005)

Fear of Aging Scale (Sarkisian et al., 2005)

Negative Belief in Aging in Spanish (Blanca et al., 2005)

Personality in Intellectual Aging Contexts Scale (Lachman et al., 1982)

Korean Symptom Management Beliefs Questionnaire (Yeom & Heidrich, 2009)

One-item illness attribution (Stewart et al., 2012)

One-item "With age, do you feel more useless?" (Gu et al., 2016)

Four-item self-developed questions on attitude toward aging (Momtaz et al., 2013)

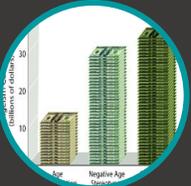
Personal Aging Experience Scale (Steverink et al., 2001)

Everyday Discrimination Scale (Williams et al., 1997)

One-item whether you had been discriminated against, or placed at a disadvantage due to their age, in the past 12 months (yes/no; Avidor et al., 2017)

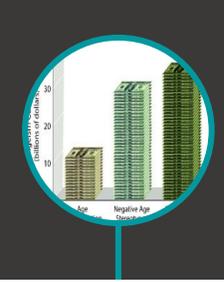
Four-item self-developed scale (Garstka et al., 2005)

Five-item scale adapted from measures of racial and gender discrimination (Sabik, 2013)



Health i





Health impacts of ageism

Research Article

Ageism Amplifies Cost and Prevalence of Health Conditions

Becca R. Levy, PhD,^{1,2,*} Martin D. Slade, MPH,³ E-Shien Chang, MA,¹ Sneha Kannoth, MPH,⁴ and Shi-Yi Wang, MD, PhD⁴

¹Social and Behavioral Sciences Department, Yale School of Public Health, New Haven, Connecticut. ²Department of Psychology, Yale University, New Haven, Connecticut. ³Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut. ⁴Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, Connecticut.

*Address correspondence to: Becca R. Levy, PhD, Social and Behavioral Sciences Department, Yale School of Public Health, 60 College Street, New Haven, CT 06520. E-mail: Becca.Levy@yale.edu

Received: June 11, 2018; Editorial Decision Date: September 14, 2018

2



Where does ageism come from?
A brief history

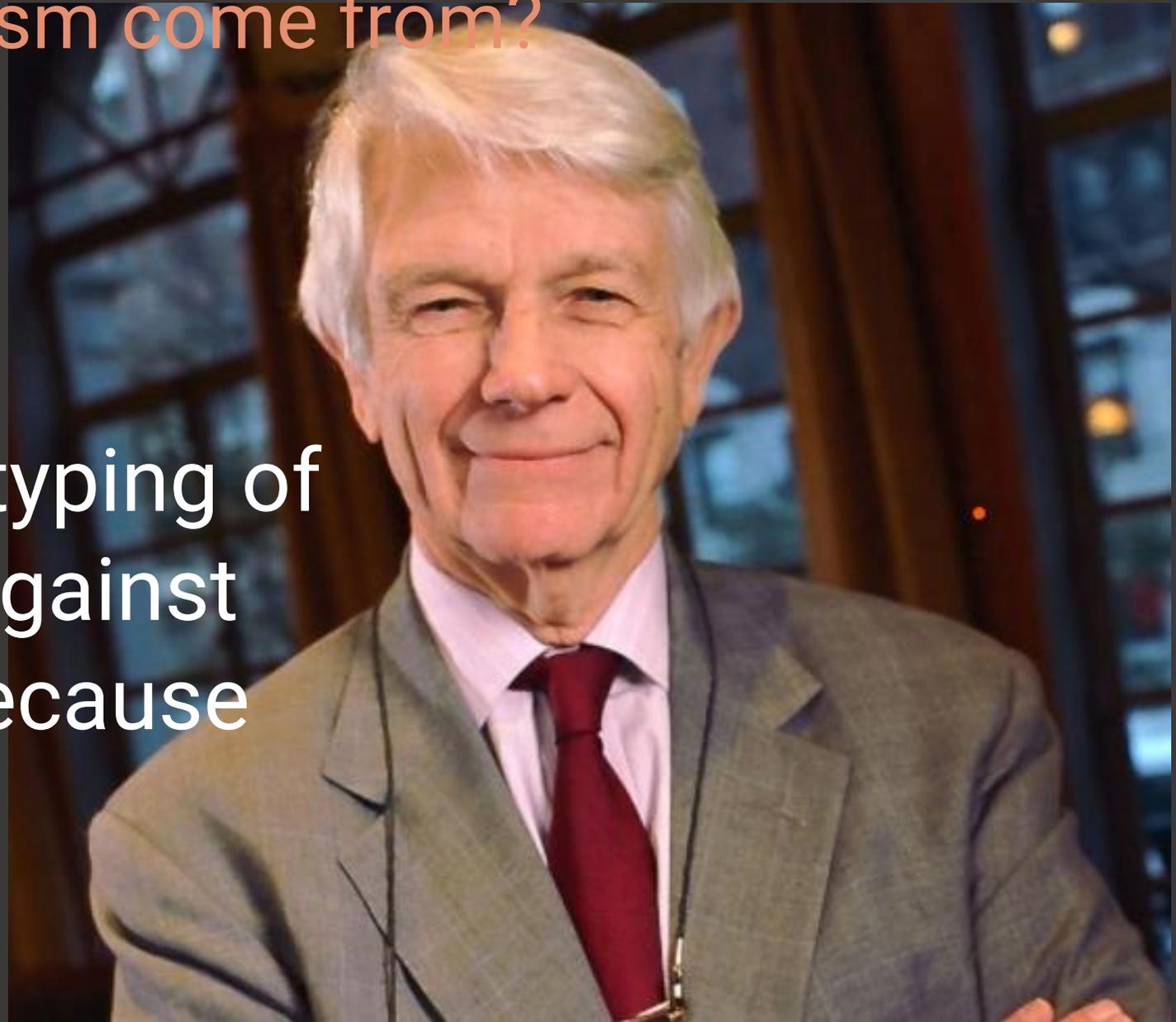


Where does ageism come from?

A brief history

A systematic stereotyping of
and discrimination against
older people [just] because
they are old

Butler, 1969, 1975



Where does ageism come from?

A brief history





Where does age

A brief history

Cultural narratives of older women



Where does ageism come from?

A brief history



Where does ageism come from?

A brief history



PAYING PENSIONS AT THE SUB-TREASURY IN NEW YORK—WIDOWS OF SOLDIERS RECEIVING THEIR PENSIONS.—

Where does ageism come from?

A brief history



1935



Where does ageism come from?

A brief history



1965



Social Construction



Social Construction



Brief summary

(aka why does any of this matter?!)

**What are the first two words that come to mind
when you think of an older person?**



Where does ageism come from?

A brief history

But WHY are we so ageist?



Where does ageism come from?

A brief history



But WHY are we so ageist?

Terror Management Theory



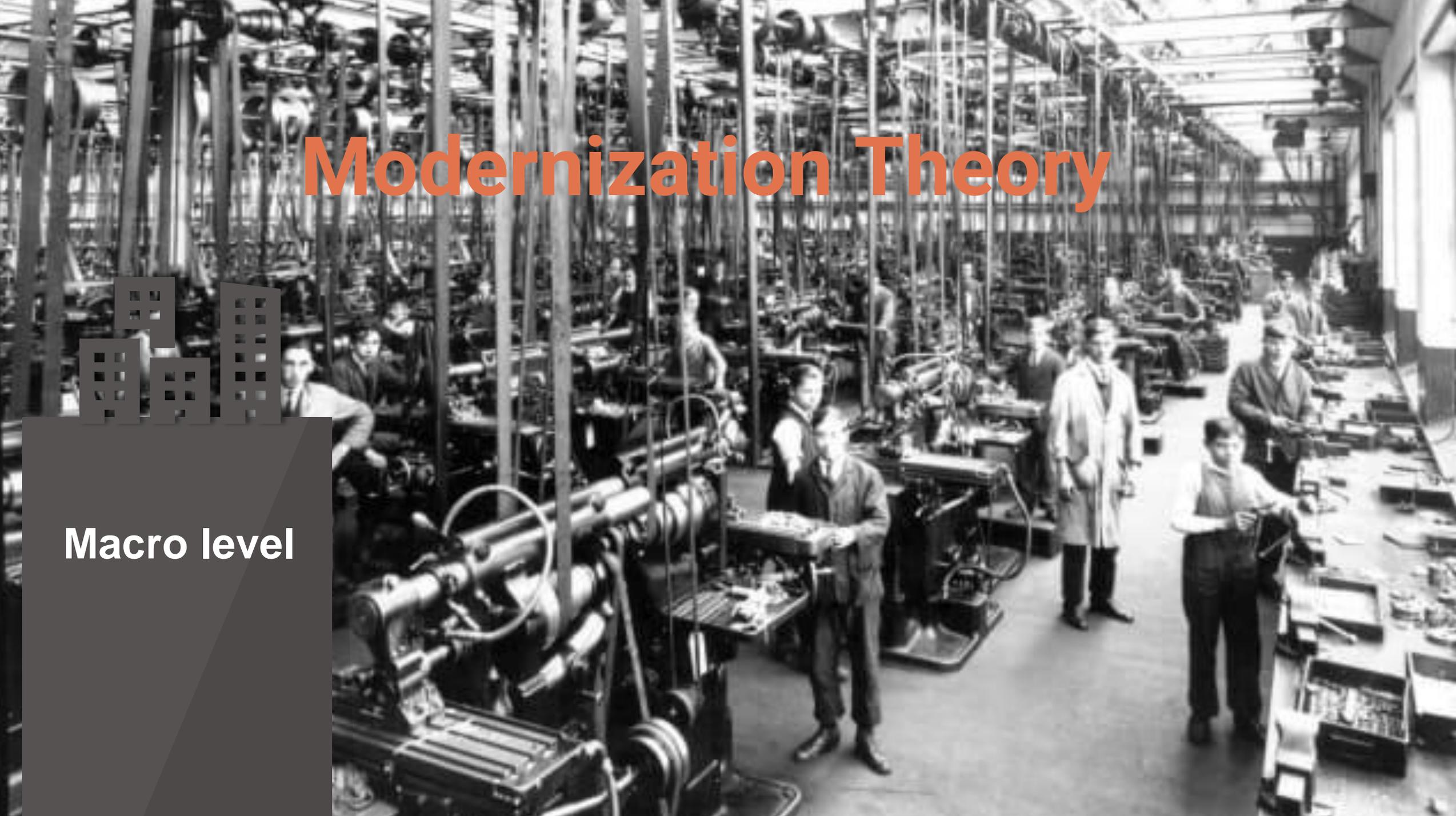
Micro level

Intergenerational Conflict Theory



Meso level

Modernization Theory



Macro level



Brief summary

(aka why does any of this matter?!)

3



What does ageism look like?

A few important examples



What does ageism look like?

A few important examples

Think

Stereotyping

Feel

Bias & Prejudice

Act

Discrimination

Seniors decry age bias, say they feel devalued when interacting with health care providers

By Judith Graham, Kaiser Health News

Updated 3:59 AM ET, Sun October 17, 2021



The assumption that all older people are frail and helpless is a common, incorrect stereotype.

(Kaiser Health News) — Joanne Whitney, 84, a retired associate clinical professor of pharmacy at the University of California-San Francisco, often feels devalued when interacting with health care providers.

Scholarly Review

Understanding Elderspeak: An Evolutionary Concept Analysis

Clarissa A. Shaw, PhD, RN^{1,*} and Jean K. Gordon, PhD, CCC-SLP²

¹College of Nursing, University of Iowa, Iowa City, Iowa, USA. ²Department of Communication Sciences and Disorders, University of Iowa, Iowa City, Iowa, USA.

*Address correspondence to: Clarissa A. Shaw, PhD, RN, College of Nursing, University of Iowa, 50 Newton Road, Iowa City, IA 52242, USA.
E-mail: clarissa-shaw@uiowa.edu

Received: February 1, 2021; Editorial Decision Date: June 25, 2021

Decision Editor: Min-Ah Lee, PhD

Abstract

Background and Objectives: Elderspeak is an inappropriate simplified speech register that sounds like baby talk and is used with older adults, especially in health care settings. Understanding the concept of elderspeak is challenging due to varying views about which communicative components constitute elderspeak and whether elderspeak is beneficial or harmful for older adults. **Research Design and Methods:** Rodgers' evolutionary concept analysis method was used to evaluate the concept of elderspeak through identification of elderspeak's attributes, antecedents, and consequences. A systematic search using the PubMed, CINAHL, PsycINFO, and Embase databases was completed.

Results: Eighty-three theoretical or research articles from 1981 to 2020 were identified. Elderspeak characteristics were categorized by semantic, syntactic, pragmatic, paralinguistic, and nonverbal attributes. The primary antecedent to elderspeak is implicit ageism, in which old age cues and signs of functional or cognitive impairment led to simplified communication, usually from a younger caregiver. Research studies varied in reporting whether elderspeak facilitated or interfered with comprehension by older adults, in part depending on the operational definition of elderspeak and experimental manipulations. Exaggerated prosody, a key feature of elderspeak, was found to reduce comprehension. Elderspeak was generally perceived as patronizing by older adults and speakers were perceived as less respectful. In persons with dementia, elderspeak also increases the probability of resistiveness to care, which is an important correlate of behavioral and psychological symptoms of dementia.

Discussion and Implications: Based on this concept analysis, a new definition of elderspeak is proposed, in which attributes that have been found to enhance comprehension are differentiated from those that do not. Recommendations for consistent operationalization of elderspeak in future research are made.

Translational significance: The concept of elderspeak has faced conceptual inconsistencies across four decades of research. This review generated a new definition of elderspeak: "Elderspeak is a form of communication overaccommodation used with older adults that: is evidenced by inappropriately juvenile lexical choices and/or exaggerated prosody; arises from implicit ageist stereotypes; carries goals of expressing care, exerting control, and/or facilitating comprehension; and may lead to negative self-perceptions in older adults and challenging behaviors in persons with dementia." This definition can be used to guide future research and practice in the prevention of elderspeak communication to combat the patronization and infantilization of older adults.

Keywords: Ageism, Communication, Dementia, Resistiveness to care, Systematic review



Shaw, C. A., & Gordon, J. K. (2021). Understanding Elderspeak: An Evolutionary Concept Analysis. *Innovation in aging*, 5(3), igab023.

operationalization of elderspeak in future research are made.

Translational significance: The concept of elderspeak has faced conceptual inconsistencies across four decades of research. This review generated a new definition of elderspeak: “Elderspeak is a form of communication overaccommodation used with older adults that: is evidenced by inappropriately juvenile lexical choices and/or exaggerated prosody; arises from implicit ageist stereotypes; carries goals of expressing care, exerting control, and/or facilitating comprehension; and may lead to negative self-perceptions in older adults and challenging behaviors in persons with dementia.” This definition can be used to guide future research and practice in the prevention of elderspeak communication to combat the patronization and infantilization of older adults.

Keywords: Ageism, Communication, Dementia, Resistiveness to care, Systematic review

Can we talk about long term care?



- ✓ Over-protectionism (surplus safety)
- ✓ Small spaces
- ✓ Poor reimbursement
- ✓ No \$\$ for remodeling
- ✓ No education re ageism
- ✓ Not enough staff

WHY is this?

4



How can we do better?
Let's Reframe Aging!

A photograph of a diverse group of volunteers, including an older man in the foreground, smiling and pointing towards the camera. They are wearing white t-shirts with a green logo and are loading cardboard boxes into the back of a white van. The scene is outdoors and brightly lit.

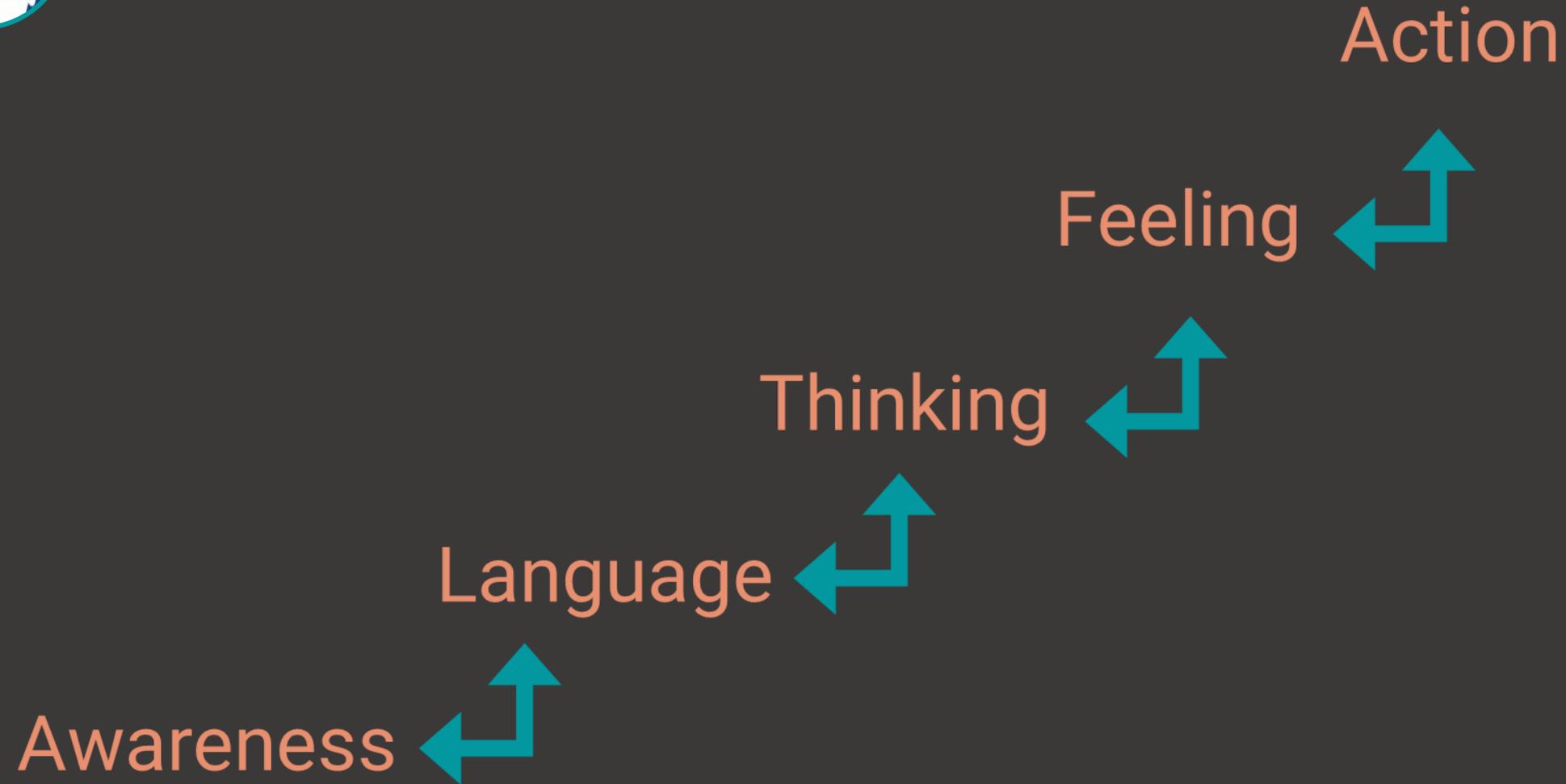
REFRAMING AGING INITIATIVE

COUNTERING AGEISM BY CHANGING HOW WE TALK ABOUT AGING



How can we do better?

Let's Reframe Aging!





How can we do better?

Let's Reframe Aging!

Language

When poll is active, respond at pollev.com/mlc1234

Text **MLC1234** to **37607** once to join

As I get older I continue to grow as a person

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

You Say...They Think

AAA



Expert/Advocate

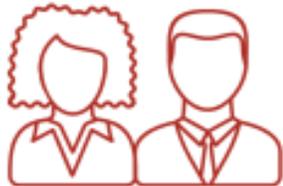
BBB



Public

You Say...They Think

ELDERLY



Expert/Advocate

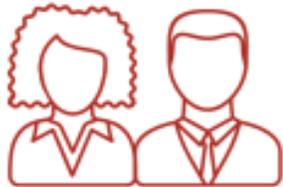
DECLINE



Public

You Sa

ELDERLY

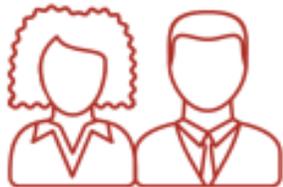


Expert/Advocate



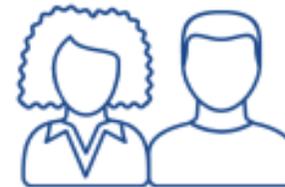
You Say...They Think

**OLDER
PERSON**



Expert/Advocate

**LIVING
WORKING
ENJOYING**



Public

You Say..

**OLDER
PERSON**



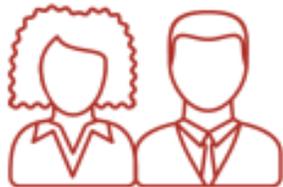
Expert/Advocate

Progress narratives



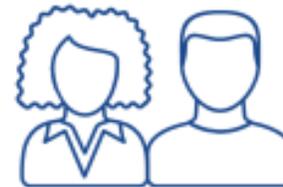
You Say...They Think

**We are
all aging**



Expert/Advocate

**We have
collective
responsibility**



Public



How can we do better?

Let's Reframe Aging!

Action

Feeling

Thinking





How can we do better?

Let's Reframe Aging!

What matters: Justice

Visibility

Inclusion

Trust

Access





Vow to:



Vow to:



Use “older people”

Notice when you might be stereotyping

Zero tolerance policy for elderspeak and patronizing acts

Remind others about our ageist tendencies

Find ways to include older people in decisionmaking

Educate yourself, your friends, colleagues, & staff about ageism

Listen closely to your older patients (and talk directly to them)

**Zero tolerance policy
for jokes about older
people
(no exceptions!)**

Thank you!!

Mary Lou Ciolfi, JD, MS
University of Maine Center on Aging

marylou.ciolfi@maine.edu

Follow us on Twitter

[@mlciolfi](https://twitter.com/mlciolfi)

[@reframingaging](https://twitter.com/reframingaging)

[#endageism](https://twitter.com/#endageism)

