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
Where does ageism come from?  
A brief history

What does ageism look like?  
A few important examples

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

Why should we care?  
What do the data show?
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)

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not sure</th>
</tr>
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<tbody>
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</table>
1 in 2 people are ageist toward older people

Ageism is coming for YOU!
Why should we care?

What do the data show?

Health impacts of ageism
<table>
<thead>
<tr>
<th>Category</th>
<th>Instrument</th>
<th># Studies</th>
<th>Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Stereotype</strong></td>
<td>Aging Stereotypes and Exercise Scale (Chalabaev et al., 2013)</td>
<td>1</td>
<td>0.80</td>
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<tr>
<td></td>
<td>Attitudes Toward Old People Scale (Tuckman &amp; Lorge, 1953)</td>
<td>3</td>
<td>0.80</td>
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<tr>
<td></td>
<td>Facts on Aging Quiz (Palmore, 1980)</td>
<td>1</td>
<td>0.66</td>
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<tr>
<td></td>
<td>Image of Aging Scale (Levy et al., 2004)</td>
<td>1</td>
<td>0.84</td>
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<tr>
<td></td>
<td>Older People Scale (Lu &amp; Kao, 2009)</td>
<td>1</td>
<td>0.93</td>
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<td>One item “Please tell me where most people would place the status of people over 70?” (Age UK, 2011)</td>
<td>1</td>
<td>NR</td>
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<tr>
<td></td>
<td>One item “What are the first five words or phrases that come to mind when you think of an older person?” (Levy &amp; Langer, 1994)</td>
<td>3</td>
<td>0.84 – 0.94</td>
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<tr>
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<td>Five-item self-developed questions on attitude toward aging (Lai, 2009)</td>
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<td>0.61</td>
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<tr>
<td></td>
<td>Age-based Rejection Sensitivity Questionnaire (Kang &amp; Chasteen, 2009)</td>
<td>1</td>
<td>0.95</td>
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<td><strong>Self-Perceptions of Aging</strong></td>
<td>AgeCog Scale (Wurm et al., 2007)</td>
<td>3</td>
<td>0.77 – 0.82</td>
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<td>Aging Perceptions Questionnaire (Barker et al., 2007)</td>
<td>1</td>
<td>NR</td>
</tr>
<tr>
<td></td>
<td>Attitudes to Ageing Questionnaire (Laidlaw et al., 2007)</td>
<td>5</td>
<td>0.62 – 0.78</td>
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<tr>
<td></td>
<td>Attitudes Toward Own Aging (Lawton, 1975)</td>
<td>17</td>
<td>0.62 – 0.82</td>
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<td></td>
<td>Brief Aging Perceptions Questionnaire (Sexton et al., 2014)</td>
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<td>0.79</td>
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<td>Expectations Regarding Aging (Sarkisian et al., 2005)</td>
<td>6</td>
<td>0.74 – 0.86</td>
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<td>Fear of Aging Scale (Sarkisian et al., 2005)</td>
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<td>Negative Belief in Aging in Spanish (Blanca et al., 2005)</td>
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<td>0.64</td>
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<td></td>
<td>Personality in Intellectual Aging Contexts Scale (Lachman et al., 1982)</td>
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<td>0.78</td>
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<td>Korean Symptom Management Beliefs Questionnaire (Yeom &amp; Heidrich, 2009)</td>
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<td>One-item illness attribution (Stewart et al., 2012)</td>
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<td>NR</td>
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<tr>
<td></td>
<td>One-item “With age, do you feel more useless?” (Gu et al., 2016)</td>
<td>3</td>
<td>NR</td>
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<tr>
<td></td>
<td>Four-item self-developed questions on attitude toward aging (Mottaz et al., 2013)</td>
<td>1</td>
<td>0.80</td>
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<tr>
<td></td>
<td>Personal Aging Experience Scale (Steverink et al., 2001)</td>
<td>3</td>
<td>0.74 – 0.77</td>
</tr>
<tr>
<td><strong>Age Discrimination</strong></td>
<td>Everyday Discrimination Scale (Williams et al., 1997)</td>
<td>7</td>
<td>0.79 – 0.94</td>
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<tr>
<td></td>
<td>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)</td>
<td>1</td>
<td>NR</td>
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<tr>
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<td>Four-item self-developed scale (Garstka et al., 2005)</td>
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<td>0.77</td>
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<td></td>
<td>Five-item scale adapted from measures of racial and gender discrimination (Sabik, 2013)</td>
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<td>0.75</td>
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</tbody>
</table>

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 parentheses indicate reliability range.
Health impacts of ageism

Instrument

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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)
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Health impacts of ageism

AgeCog Scale (Wurm et al., 2007)
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Health impacts of ageism
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

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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 ageism come from?

A brief history

Cultural narratives of older women
Where does ageism come from?

A brief history
Where does ageism come from?

A brief history.
Where does ageism come from?  
A brief history
Where does ageism come from?

A brief history

1965
When we wanted to protect older people, we enacted big social programs like Social Security and Medicare.

When we felt that older people were a burden, we marginalized them and put them in poor houses at the edge of town.

When older people formed advocacy groups and gained political power and entitlements, we called them "greedy".
When we wanted to protect older people, we enacted big social programs like Social Security and Medicare.

When we felt that older people were a burden, we marginalized them and put them in poor houses at the edge of town.

When older people formed advocacy groups and gained political power and entitlements, we called them "greedy".

How can we get here?!

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?
Where does ageism come from?

A brief history

Terror Management Theory

Micro level
Where does ageism come from?

A brief history

Intergenerational Conflict Theory

Meso level
Where does ageism come from?

A brief history

Modernization Theory

Macro level
Brief summary

(aka why does any of this matter?!)

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

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.
Understanding Elderspeak: An Evolutionary Concept Analysis

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

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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 agism, in which 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, and 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 agist 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
Elderspeak

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

Let’s Reframe Aging!

Awareness

Language

Thinking

Feeling

Action
How can we do better?
Let’s Reframe Aging!

Language
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 Said

ELDERLY

Expert/Advocate
You Say...They Think

OLDER PERSON

LIVING
WORKING
ENJOYING

Expert/Advocate

Public
OLDER PERSON

You Say.

Progress narratives
You Say... They Think

We are all aging

We have collective responsibility

Expert/Advocate

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

What matters: Justice
Visibility
Inclusion
Trust
Access
How can we do better?

Let's Reframe Aging!
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!!

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Follow us on Twitter
@mlciolfi
@reframingaging
#endageism