

# Challenging Ageism: The Imperative of Now!

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# AGEISM

Ageism refers to **HOW WE THINK** (STEREOTYPES), **FEEL** (PREJUDICE) and **ACT** (DISCRIMINATION) towards others or ourselves based on age

## AGEISM IS EVERYWHERE



**1 IN 2** PEOPLE  
WORLDWIDE ARE AGEIST  
AGAINST OLDER PEOPLE  
and, in Europe, there is  
more ageism against  
younger than older people



Ageism affects us  
**THROUGHOUT LIFE**  
and exists in our institutions,  
our relationships and ourselves




Ageism  
**EXACERBATES OTHER  
DISADVANTAGE**

## AGEISM IS HARMFUL



PHYSICAL HEALTH    MENTAL HEALTH    SOCIAL WELL-BEING

Ageism has far-reaching  
**IMPACTS ON ALL ASPECTS  
OF PEOPLE'S HEALTH**



Ageism takes a  
**HEAVY  
ECONOMIC TOLL**  
on individuals  
and society

## AGEISM CAN BE COMBATTED



**POLICY AND LAW**  
can protect human rights and address  
age discrimination and inequality



**EDUCATIONAL ACTIVITIES**  
can transmit knowledge and skills  
and enhance empathy



**INTERGENERATIONAL  
INTERVENTIONS**  
can connect people of different generations



# The Persistence of Ageism

Pervasiveness &  
Universality of Aging

- Internalization
- Lack of Urgency

Cultural Obsession  
with Youth

- Media Representation
- Anti-Aging Industry

Ageism's Intersection  
with Other Forms of  
Oppression

- Complex Intersections
- Invisibility of Older Individuals

# The Persistence of Ageism

## Structural & Institutional Factors

- Workforce Discrimination
- Healthcare Bias

## Absence of Strong Advocacy Movements

- Fewer Advocates
- Lack of Intergenerational Solidarity

## Invisibility of Ageism

- Normalization
- Internalized Ageism

## Generational Divides

- Intergenerational Tensions
- Failure to Recognize Ageism as Harmful

# Ageism Across the Life Course

## AGEISM

### Youth & Early Adult

- Perception of Capabilities
- Internalized Ageism
- Unrealistic Pressure to Maintain Youth

### Middle Adulthood

- Workplace Discrimination
- Job Insecurity
- Caregiving Strain

### Older Adults

- Social Exclusion & Invisibility
- Stereotyping & Infantilization
- Healthcare Discrimination
- Economic Insecurity
- Mental Health Impacts

### Lifelong Relationships

- Generational Divides
- Intergenerational Caregiving Stress

### Society as a Whole

- Policy Neglect
- Loss of Potential Contributions

# So, what do we do?

We advocate!

But **why** now?

# Because...

- “It was found that the 1-year cost of ageism was **\$63 billion**, or one of every seven dollars spent on the 8 health conditions (15.4%), after adjusting for age and sex as well as removing overlapping costs from the three predictors.”
- People aged 60 years and older who experienced ageism were more likely to have poorer mental health than those who did not perceive or experience ageism.



# Because...

- **Less than 1%** of grant funds go to causes related to age.
- Elder financial abuse and fraud costs to older Americans range from \$2.9 billion to **\$36.5 billion**.

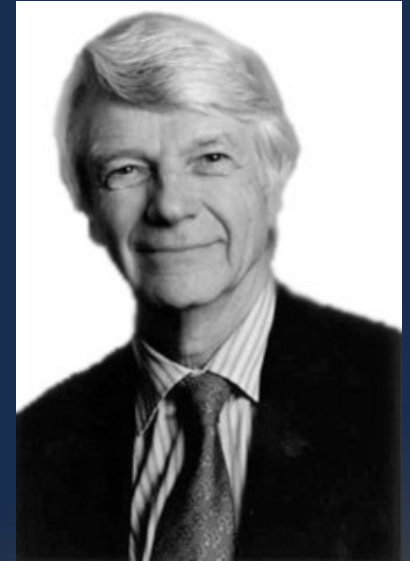
# A Brief History of Ageism

## 20th Century – Rise of Ageism as a Term

- In 1969, Dr. Robert Butler coined the term "ageism" to describe prejudice against older adults.
- Butler helped to frame ageism as a social problem with significant implications for how society treats its older members.

## Highlighted how ageism could lead to:

- Exclusion from jobs, often justified by inaccurate stereotypes.
- Neglect or poor treatment of older patients in healthcare, where assumptions about aging might lead to less aggressive or lower-quality care.
- Social invisibility and marginalization, where older adults are often underrepresented or stereotyped in media and social narratives.



Butler in 2004

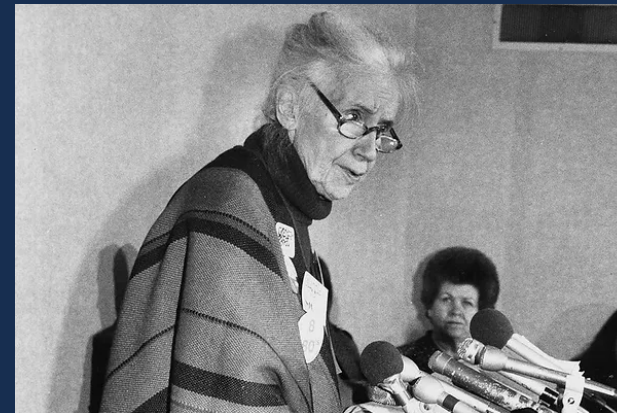
# The Ageism Movement is Born!

## Maggie Kuhn

Forced to retire from the Presbyterian Church at the age of 65 in 1970 due to a mandatory retirement policy, which was common in the U.S. at the time.

*“Old age is not a disease—it is strength and survivorship, triumph over all kinds of vicissitudes and disappointments, trials, and illnesses.”*

- Maggie Kuhn



# The Ageism Movement is Born!

## The Gray Panthers Movement (1970s - Present)

**Impact:** The Gray Panthers continue to raise awareness about issues facing older adults, including age discrimination, access to healthcare, and economic inequality.

They successfully fought to end mandatory retirement at age 65, influencing the 1986 passage of legislation that prohibited age discrimination in the workforce for individuals over 70.



Maggie Kuhn appeared on The Tonight Show starring Johnny Carson in 1977 and 1975.



# We continue to advocate!



# Forms of Advocacy:

**Policy Advocacy:** Efforts to influence public policies or legislation that align with the organization's mission.

**Community Advocacy:** Empowering and mobilizing community members to advocate for their rights or issues that directly affect them.

**Media Advocacy:** Using the media (press releases, interviews, opinion pieces) to amplify a message and influence public opinion.

**Grassroots Advocacy:** Mobilizing individuals or groups from the general public to take action, often through campaigns, petitions, or public demonstrations.

# We Advocate!

- Keep it **issue based**, not policy based
- Bring in **personal relevance**
- Remind shared values of **fairness & justice**
- **Emotional** connection & values
- **Keep it simple!**

# Crafting Your Message

## Understand your audience & customize your message:

- Politician: how does this impact my constituents
- News Outlets: human interest stories, timeliness, visual & emotional appeal
- Business Leaders: emphasize economic impact on business/employee well-being
- Funders & Donors: measurable impact, ROI, alignment with their mission



# Advocating in a divided world:

- Focus on shared values & find common ground
- Be respectful & inclusive
- Use evidence-based information
- Frame the issue locally
- Acknowledge concerns
- Use storytelling to build empathy
- Offer solutions



# AGEISM

## AWARENESS DAY







Members of the Senate requested the examination of ageism's impact on **care quality, equity, patient safety** and **health outcomes**



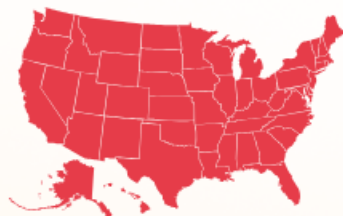
**Cities & universities** across the country got involved



1,000+ activations in **blog posts, webinars, newsletters, & on the ground campaigns** by individuals and organizations



Ageism Awareness Day was **featured in national and local news**



State and local **Ageism Awareness Day Proclamations** were signed



100+ partners and advocates took action with the **Ageism Awareness Day Toolkit**



Thousands of posts, engagement and tags on **social media**



# Pics of activations

## Governor of Nebraska signs Ageism Awareness Day Proclamation



Sonoma State University kinesiology department holds Ageism Awareness Day event on campus

October 9, 2024

The Honorable Robert Otto Valdez, Ph.D., M.H.S.A.  
Director  
Agency for Healthcare Research and Quality  
5600 Fishers Lane  
Rockville, MD 20857

Dear Dr. Valdez:

We write to express our concern about the complexity and pervasive nature of ageism in health care and request that the Agency for Healthcare Research and Quality (AHRQ) examine the impact of ageism on quality and equity of care, patient safety, and health outcomes.

Ageism refers to stereotypes, prejudice, and discrimination directed towards people on the basis of their age. While ageism is often subtle, it is woven into our workforce, our health care system, and our everyday interactions. Ageism undermines older adults and their contributions to our communities. Research shows that 81 percent of adults aged 50-80 report experiencing internal ageism, 65 percent are exposed to ageist messages, and 45 percent face ageism in interpersonal interactions. These staggering statistics demonstrate how ingrained ageism is in our society.

Ageism within health care leads to poorer health outcomes, avoidable morbidity, and costly preventable adverse events. Ageism costs the health care system \$63 billion annually. In health care, ageism is expressed in our policies, the practices of health care providers, and negative assumptions held by older adults themselves. At the macro level, ageism is complex and reflected in health care access issues which result in older adults being less likely to receive care consistent with medical guidelines, payment policies that do not adequately reimburse for complex care needed for older adults, and exclusion or underrepresentation of older adults in clinical trials and other research.

At the micro level, practices such as the use of ageist language and elder speak, exclusion of older patients from plan of care conversations, and variations in treatment practices due to a patient's age all affect patients' quality of care. Self-directed ageism can also lead to adverse outcomes for a patient if their beliefs on aging lead them to believe that the symptoms they are experiencing should be considered a "normal" part of aging. For example, while some cognitive decline is expected as we age, memory loss, confusion, changes in behavior, and inability to complete activities of daily living are all signs of changes in cognitive ability that need to be evaluated by a medical professional. Moreover, people who internalize societal messages tend to have poorer physical, cognitive, and mental health. The reverse is also true—individuals who internalize positive aging messages are likely to exhibit benefits in physical, cognitive, and mental health—highlighting the need to promote age inclusivity.

We respectfully request that AHRQ examine this issue and provide a synthesis of existing evidence on ageism in health care to inform efforts to reduce ageism within the health care system. Specifically, we request your assistance to answer the following questions:


1. What is the full scope of ageism within health care?
2. What is the impact of ageism and intersectionality on both the micro and macro levels of health care related to health equity and outcomes?
3. What is the evidence for interventions to address ageism and promote age inclusivity in health care?


With AHRQ's mission to improve the quality, safety, and equity of health care, we believe your organization is well suited to support Congress' effort to address ageism in health care. Results of the requested review will help inform practice, quality improvement efforts, education of health professionals, and policy.

Sincerely,

  
Tim Kaine  
United States Senator

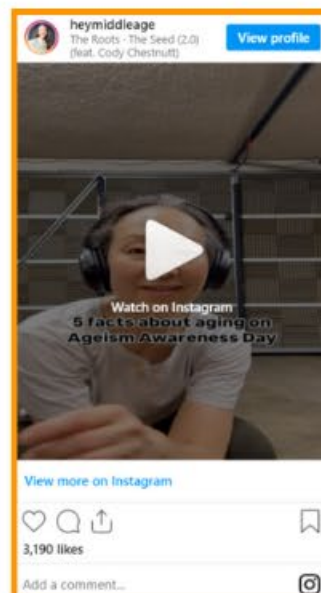
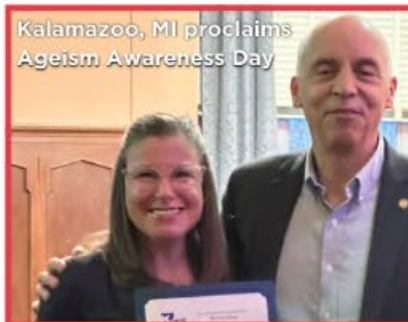
  
Bernard Sanders  
United States Senator

  
Angus S. King, Jr.  
United States Senator

  
Robert P. Casey, Jr.  
United States Senator

Senators Tim Kaine (D-VA), Bob Casey (D-PA), Angus King (I-ME) and Bernie Sanders (I-VT) wrote a letter to the Agency for Healthcare Research and Quality (AHRQ) requesting that the agency examine the impact of ageism on quality and equity of care, patient safety, and health outcomes

## Kalamazoo, MI proclaims Ageism Awareness Day





# Campaign Social Stats

From Aug. 16–Oct. 16 2024

*Hundreds of posts  
Thousands engaged*



**102,000+**  
Impressions



**5,500+**  
Engagements



**1,900+**  
Increase in  
Followers



**7,000+**  
Toolkit  
Traffic



**Each individual who posted about  
#AgeismAwarenessDay expanded  
the campaign exponentially.**



# Continuing the Conversation



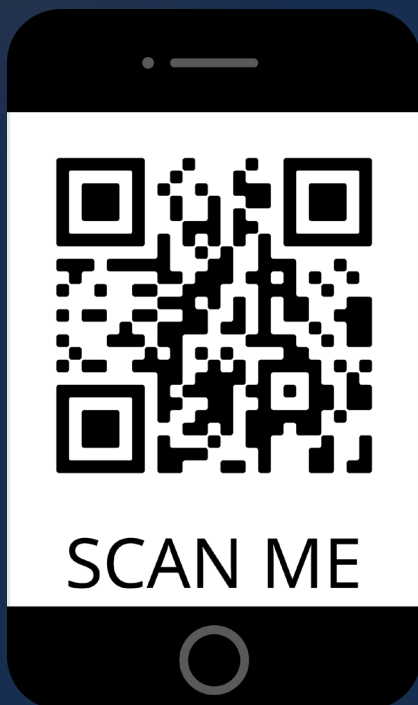
Thursday, Dec. 5  
1-3:15 PM Eastern | 10 AM-12:15 PM Pacific

# Stay In Touch with ASA



## On Aging Institute

Stay Informed on ASA's Educational  
Events & Learning Resources on Aging



[www.asaging.org](http://www.asaging.org)



[jburrowes@asaging.org](mailto:jburrowes@asaging.org)  
[pdickerson@asaging.org](mailto:pdickerson@asaging.org)

## Follow ASA on Socials



SCAN ME