

Deck: https://drive.google.com/file/d/10if0s6394YNZs0hSUMUaYkK7a0V2Z3eg/view?usp=share_link

Handout:

https://drive.google.com/file/d/10if0s6394YNZs0hSUMUaYkK7a0V2Z3eg/view?usp=share_link

Time	Medium	Content
Still Kicking - Confronting Ageism and Ableism Created by Old School in collaboration with Kelly Durden Posey		
00:00-00:03	Chat	<p>Welcome folks, today we will be talking about the intersection of ageism and ableism using a DIY workshop kit created by the Old School anti-ageism clearinghouse in collaboration with Kelly Durden Posey.</p> <p>We will be covering a lot today, please have your glossary with definitions of terms handy, I will put a link to it in the chat as well and note there is a resource sheet for places to dig deeper. This workshop is free to use and iterative, if there are words used that are not in the glossary and should be, or resources you think should be on the resource list, please let us know. Message me directly and I will pass them along to the OldSchool team for inclusion.</p> <p>handout: https://drive.google.com/file/d/10if0s6394YNZs0hSUMUaYkK7a0V2Z3eg/view</p> <p>(1/2 day skip this activity go to gray box) In chat (or turn to a person near you) "Please share your name and one thing you hope to learn today"</p>
Please share your name and one thing you hope to learn today		

00:01-00:25	Impromptu networking	<p>This next exercise is designed to help you connect more deeply than typical introductions of 'who are you and what do you do'. Try to stay away from general introductions in this time. We will be pairing you up in breakout room. Take turns answering the following question:</p> <p>Choose ONE question:</p> <p>Where do you most notice the overlap of ageism and ableism?</p> <p>When did you first become aware of ageism and ableism overlapping?</p> <p>Where do you see ageism and ableism coming up?</p> <p>You will have about 3 mins per person and we will do this three times.</p> <p>If you know everyone's video and audio are working do pairs, if you have a large group to 3 per room to account for some folks not being able to participate</p> <p>Do 3 rounds - 7 min each with only a very short break to remake rooms with new pairs in between.</p> <p>At the end of the three rounds decode Impromptu Networking, you can ask questions like:</p> <p>What do you know now that you didn't before this exercise?</p> <p>How was this for you?</p> <p>How did your answer change after hearing others?</p> <p>Full instructions:</p> <p>http://www.liberatingstructures.com/2-impromptu-networking/</p>
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ageism: discrimination and prejudice on the basis of age

ableism: discrimination and prejudice against people with disabilities

00:03-00:05	Lecture	<p>The dictionary defines ageism as discrimination and prejudice on the basis of age and ableism as discrimination and prejudice against people with disabilities. Both are based on assumptions about how brains and bodies work, and how this affects what people are capable of. [pause]</p> <p>These assumptions are usually negative, and can also be called stigmas. Stigma can lead to discrimination and isolation– we will talk more about that later. Because older people and disabled people face so much stigma in our society, two laws have been passed to protect these groups.</p> <p>First, the Age Discrimination in Employment Act (ADEA) passed in 1967. Then, the Americans with Disabilities Act (ADA) passed in 1990 to give civil rights protections to disabled people.</p> <p>While the ADEA only applies to employees 40 years of age and older, the broader category of age bias affects how we are heard, how we are hired, and the level of respect we receive at every age. The term ageism is broader– it refers to <i>any</i> judgment on the basis of age and it is important to point out that distinction. Keeping that in mind,when we say ageism in this workshop we will usually be referring to ageism against older people.</p>
00:05-00:15	Activity	<p>Everyone brings their own experiences and biases to the language they use. We will be sharing some definitions throughout the presentation and you can always refer to your glossary if you are unsure what we mean by a certain word.</p> <p>Let's explore the different ways we see certain words. I will say a word and ask you to type the first word or short phrase that comes to mind in the chat box. There are no right or wrong responses with this free association exercise, we want to capture what comes up first for each of us. To be</p>

		<p>clear we are not word policing, just finding common ground and language.</p> <p>Facilitator note: suggested words include disability, elder, young, aging, disabled, elderly, youthful</p> <p>(1/2 day skip to gray box)</p> <p>Afterwards:</p> <p>Look at the results chat and consider: (pause after each question for reflection)</p> <ul style="list-style-type: none"> • When did you first hear these words? • How old were you when you realized what they meant? • What experiences have shaped your relationship to these terms? • Which of these labels would you want? Which would you prefer to avoid?
00:32-00:42		<p>5-10 min Breakout rooms to discuss the following</p> <p>Look at the chat and consider: (pause after each question for reflection)</p> <ul style="list-style-type: none"> • When did you first hear these words? • How old were you when you realized what they meant? • What experiences have shaped your relationship to these terms? • Which of these labels would you want? Which would you prefer to avoid?
Ageism and Ableism are different, but they are intertwined.		
00:15-00:16	Lecture	<p>Much of what we fear about aging is how our minds and bodies might change as we move through life. This is ableism, not ageism. It's not about age: plenty of youngers live with disability and plenty of olders do not. Ableism is the belief that being non-disabled is "normal" and that leading meaningful, desirable lives means staying youthful, able-bodied and able-minded.</p>

They're different, but they are intertwined.

Transit signs

00:16-
00:16

Lecture

Why is it important to distinguish between ageism and ableism? Because we need to understand what we're up against.

00:16-
00:17

Poll

[Do this rapid game show style!]

Let's see if we can identify where ageism and ableism come into play in some all too common scenarios: [be fun during the waiting, do not need to read a,b,c,d ageist ableist both neither]

1. When people in retirement communities don't want walkers cluttering up the dining room, they're being...
(a) ageist? **(b) ableist?** (c) both (d) neither

00:44-
00:46

Use chat or poll to gather answers and have 1 minute discussion

00:17-
00:18

[Not wanting walkers around plays into the myth 'if we are not disabled we are aging successfully']

2. If someone offers a person older than them a seat on the bus, it's...
(a) ageism (b) ableism (c) both **(d) neither**

00:47-
00:49

Use chat or poll to gather answers and have 1 minute discussion

00:18-
00:19

[It is often meant out of respect, and also many disabilities are invisible. The easiest—and best— way to find out if someone needs an assist is to ask.]

		3. Saying an ill-conceived idea is “lame” or “retarded” is... (a) ageist (b) ableist (c) both (d) neither
00:51- 00:53		Use chat or poll to gather answers and have 1 minute discussion
00:19- 00:20		[this is using terms for differences in physical or cognitive ability in a negative way]
		4. When we blame a sore knee on being 65 its (a) ageism (b) ableism (c) both (d) neither
00:54- 00:56		Use chat or poll to gather answers and have 1 minute discussion
00:20- 00:21		[Does your other knee hurt? It is also 65. Changes in our bodies are complex and while correlated with age, they are more dependent on behavior over time]
		5. Referring to forgetfulness as a “senior moment” (a) ageist (b) ableist (c) both (d) neither
00:57- 00:59		Use chat or poll to gather answers and have 1 minute discussion
00:21- 00:22		[Even if someone is living with cognitive change this label is ableist because it is meant to be an insult referencing a difference in cognitive ability, ageist because it assumes as people get older their memory worsens.]
Everyone is ageist and everyone is ableist. No judgment.		
00:22- 00:27	Lecture	Everyone is ageist and everyone is ableist. So is the title of this talk—“Still Kicking”— on purpose. Using “still” to modify an ordinary activity (like working or driving) is an ageist habit, because why would people stop doing those things? The

“kicking” part of the title is ableist, because why sort people according to whether or not they can kick?

[See your resources for more on the word ‘still’ from thought leader Dr. Bill Thomas.](#)

Bias involves how we think, feel, and act: attitudes, beliefs, and stereotypes. It is a fancy word for favoring one thing more than another.

When bias is conscious, we’re aware of it. For example, I have a **conscious bias** for _____ flavored ice cream over _____. I know I prefer _____ to _____ ice cream.

By contrast, **unconscious bias** is when we are unaware of the bias we hold. It influences our judgment, decision-making, and behavior in ways that we’re *not* aware of. This means we can’t control it.

One way to think about this is that unconscious bias is our brain’s way of using what we already know to make decisions about new things. Our brains take in countless pieces of information from our senses—sounds, smells, sights—every moment. Figuring out what each one means individually would be extremely time-consuming. Thankfully, our brains filter this flood of information and handle the countless tiny decisions shaping our behavior without us having to think about them. In general, those decisions help keep us safe and don’t have much effect on those around us.

For example, if you are walking outside and see a snake, your brain is likely to see it as a threat. Your brain may immediately send signals to your legs to run, or to your arm to throw a rock at it! To keep you safe, your brain triggers a fight-or flight response. If, however, you move past the initial

fear and look closely enough to realize it's a harmless garden snake, you may choose to bypass that unconscious decision-making process, ignore the snake, and keep on walking.

We're being **ageist** anytime we judge someone on the basis of how old we think they are, and **ableist** when we judge them on the basis of how we assume their minds or bodies work. We're being ageist *and* ableist when we equate capacity—or incapacity—to someone's age. Remember the game show question about 'senior moment'?

If you want to dig deeper into how bias impacts your own identity and how you view and treat others, check out the [course Identity and Intersectionality: More Than the Sum of Our Parts](#) linked in your resource list.

The critical starting point is acknowledging our own prejudices. And recognizing that sometimes they even apply to ourselves.

00:27-
00:29

Lecture

Nobody's born biased, but attitudes towards age and ability start to form in early childhood. From childhood on, we're bombarded by messages about what is good, what is bad, what is funny, what is serious, what to believe, and what to doubt. These messages form our values and belief systems, for better or worse. Many of these messages are about the value of youth and beauty, leaving us to infer how awful it is to grow old, and how tragic it is to be disabled. It's easy for these messages to become part of our identity, often unconsciously, and for them to warp our sense of self and our place in the world. That creates **internalized bias**.

When we apply biases to ourselves, consciously or unconsciously, that is Internalized bias. This is the reason so many of us take "you look great for your age" as a compliment, or attempt to conceal a disability, or are offended by the polite offer of a seat on the bus. All these

		behaviors are ageist, or ableist, or both. We all do them. No judgement. But these behaviors aren't good for us because they give a pass to the discrimination that makes them useful, and because they're rooted in shame about things that shouldn't be shameful. And we can't challenge bias unless we're aware of it.
00:29-00:31	Lecture	Confronting unconscious bias is uncomfortable, and it doesn't come naturally. It's easier to learn than to unlearn, especially when it comes to values. The first, most important, most uncomfortable step is to examine our own prejudices: our attitudes towards age and ability. One way to do this is to evaluate the phrases and terms you use that indicate ageist and/or ableist viewpoints. Have you ever thought "I'm too old for that?" Do you really mean too frail? Or just too out-of-shape, or maybe too experienced and know better? What lengths do people go to to prove they are not elderly—and why? Or have you ever said "I'm too young for that?" That's ageism. Or have you ever called yourself crazy? What do you mean? Probably not that you have a mental health diagnosis. Are you really saying you are silly, funny, maybe unrealistic or outlandish. That's ableism.
<p>Disability pride: "I am who I am <i>because</i> of my disability, not <i>despite</i> it."</p> <p>Age Pride: "Everything I have been through makes me who I am."</p>		
00:31-00:31	Lecture	<p>The antidote to internalized ageism and ableism?</p> <p>Acknowledge "I am who I am <i>because</i> of my disability, not <i>despite</i> it." Disability pride!</p> <p>Acknowledge "Everything I have been through makes me who I am." Age Pride!</p>
<p>What is the intent?</p> <p>What is the impact?</p>		

What is ableist and/or ageist about this?

How can we reimagine the scenario so that it's no longer ableist or ageist?

00:31-
00:35

Lecture

We can also come up against other people's internalized biases as we go throughout our lives. This can be surprising and uncomfortable, but once we have a better understanding of these situations the more likely we are able to respond appropriately. We can do so by asking ourselves some simple questions.

Let's practice together:

For instance, let's say you are a 60-year-old scheduling an appointment with your family physician to tell him about your hearing loss. When you tell the doctor "It is getting harder to keep up in normal conversations and I'm worried about how it is impacting my relationships." the doctor simply says "What do you expect at your age?" Unfortunately, this response is more popular than you'd expect. But why? The intent of the doctor is to perhaps ease any worry you might have by going along with the false stereotype that hearing loss is an expected part of aging. The impact you might experience is feeling unworthy of treatment because of your age, and a sense of helplessness. Another impact is that it reinforces healthcare system's emphasis on "efficiency", enabling generalizations across demographics which allows for unique health needs and issues to fall through the cracks until it's too late to treat. The doctor's response is ageist because it makes a direct link between aging and hearing loss when in reality the two are not always related. It is ableist because the doctor is deciding how the patient should relate to their hearing loss instead of enabling the patient to make a choice about how they want to handle this change in ability.

The doctor is suggesting there is nothing that needs to be done for the hearing loss because it is inevitable.

		<p>How can we reimagine the scenario so that it's no longer ableist or ageist? The doctor would have responded without mentioning your age at all and would have instead begun an assessment of the symptoms.</p>
<p>This story is an example of (a) ageism (b) ableism (c) both (d) neither</p>		
00:35-00:36	Lecture	<p>Listen to the following story and notice where there may be examples of ageism or ableism. We will analyze it together after you have heard it.</p> <p>A woman was visiting her 86-year-old aunt, who lives in a high-rise in Queens. When the niece suggested a walk, her aunt reached for one of those stand-up shopping carts that substitute for a car in New York.</p> <p>"Are we going shopping?" the niece asked. The aunt replied, "Nope," with a vigorous shake of her head. The aunt plopped her purse in the cart, and as they headed down the street, the niece realized her aunt was using the cart as a walker—that didn't look like a walker.</p> <p>On the way back, a leg cramp struck the aunt, who hobbled over to lean against a bus stop till the pain eased. "This way people will think we're waiting for the bus," she whispered.</p>
00:36-00:37	Poll	<p>[Poll: This story is an example of (a) ageism (b) ableism (c) both (d) neither]</p> <p><i>(1/2 day skip to gray, using this during debrief after)</i></p> <p>The aunt was avoiding looking old or disabled by not using a recognizable mobility aid. Instead of leaning against something right when she got the cramp, the aunt chose to go to a bus stop where she could disguise her need to rest and recover.</p>

01:15-01:20	Activity	5 min Breakout room to look for what is ageist and ableist in the story, when groups return have them share out.
00:37-00:38	Lecture	<p>This is a wonderful story about adaptability—and a sad story about stigma. Yet in the story there was no mention of the aunt’s actual abilities or disabilities- only her age, revealing the dual stigma of age and disability.</p> <p>Would the aunt have acted differently if she were younger? more fit? Not a woman? What parts of her identity might have made it easier or harder for her to come to terms with her changing abilities?</p> <p>The ways in which these different stigmas interact with and reinforce each other is called intersectionality. The way one person experiences stigma is different from another person’s experience of stigma, depending on countless individual factors: where they live, how much money they have, their culture, family structure and much more.</p> <p>The aunt’s approach is why so many elders refuse to use wheelchairs or walkers—even when it means never leaving home. Cognitive impairment is even more stigmatized.</p>
00:38-00:39	Lecture	<p>When we ignore the overlap between ageism and ableism, we allow the stigma to work in both directions. That’s what’s going on when people choose crutches instead of a cane or a wheelchair—because crutches signal “temporarily injured,” not “permanently disabled” or “old.” When we see groups as “other” from us, we’re less likely to work together to challenge stereotypes and reduce stigma. That’s how prejudice works: we see the other group—or what we think of as the other group, that is—as alien, and lesser than ourselves.</p>
01:22-01:35	Activity	Make a 10 minute breakout room with 3 people in each room

Take one minute and think of a time when you have avoided looking old or acting disabled?
or
A time when you decided to potentially expose yourself to ageism or ableism?
What did you lose or gain by exposing/hiding this part of your identity?

Put prompt in the chat

Facilitator give a personal example

We are now going to go to breakout rooms where you can share your story and listen to two others. Going in alphabetical order give each other enough time to speak, take about one minute to answer the question, make sure every shares, then open up the group for discussion- making sure no one dominates the group. In your rooms use active listening skills while others are speaking. I'll give everyone 1 minute to reflect and choose their story before opening breakout rooms so you aren't thinking while others are sharing

What are some other ways ageism and ableism affect us? They:

- segregate us

00:39-
00:40

Lecture

What are some other ways ageism and ableism affect us? They segregate us. Ageist policies, procedures, and practices place us into similar age groups all the way from Kindergarten to 55+ communities and beyond. Consider who's making these rules. Segregation all too often leads to isolation for some elders and those who live with a chronic illness or disability. Ageism and ableism are the reasons we don't do more to integrate people with disabilities and older people into our communities.

- : • pit us against each other

00:40-00:41	Lecture	<p>All prejudice operates to pit us against each other. This us-or-them logic always pops up around health-care rationing—listen for it. Why should we spend money on older people when we could spend it on kids, or on people with disabilities when we could spend it on healthy people (even though lots of disabled people are in good health)? Weighing the needs of the young against the old or the disabled against non-disabled people is equally unacceptable. Period.</p> <p>It also pops up around infrastructure- the idea that homes and buildings can be accessible or beautiful—but not both. Inclusive design, although it takes more thought up front, is beautiful AND accessible - it works for everyone..</p>
• create barriers to employment		
00:41-00:42	Lecture	<p>Ageism and ableism create barriers to employment. Olders and disabled people are much less likely to be employed than their younger and non-disabled peers because employers assume—without evidence—that they won't be able to work as hard or as well. When we demand accessibility and flexibility, <i>all</i> workers benefit—including students, caregivers, and anyone trying to make a living in the gig economy of the future.</p>
• harm our quality of health		
00:42-00:42	Lecture	<p>Ageism and ableism harm our health. Persistent discrimination in medicine mean less treatment, worse treatment, and often no treatment at all. For example incontinence is often curable yet goes untreated because ageism leads women to think it is a 'normal' part of aging.</p>
• shorten the length of our lives		
00:43-00:44	Lecture	<p>They shorten our lives. An ageist and ableist society underestimates the quality of life of older people and disabled people—and its value. According to Becca Levy's research negative perceptions of aging leads to shorter, less</p>

		healthy lives. That's bias, not biology. Likewise, when disabled people receive substandard healthcare, like discriminatory triage practices, it can actually cause their death.
Age and disability are not the problem. The problem is discrimination.		
00:44-00:46	Lecture	Ageism and ableism harm us all, individually and collectively, in countless ways we're just waking up to. When there's no access ramp or we can't hear the person speaking, or we can't open a jar, we think "I should have been better prepared or "I should have known better," or "I should have been stronger" " We blame ourselves instead of blaming the ageism and ableism that make these situations shameful, and the discrimination that makes these barriers acceptable. It's not the wheelchair that makes life so much harder for wheelchair users—it's the stairs between them and where they want to go. And it's not the passage of time that makes growing older so much harder than it has to be—it's ageism. Discrimination is the problem, not what we look like or how our bodies work.
"Somewhere on the edge of consciousness there is what I call a mythical norm which each one of us within our hearts knows 'that is not me,'" wrote poet and activist Audre Lorde.		
00:46-00:49	Lecture	Poet & activist Audre Lorde said: "Somewhere on the edge of consciousness there is what I call a mythical norm which each one of us within our hearts knows 'that is not me,'" "Mythical norm" as in an imaginary 'normal'. The world around us whispers that it is 'normal' to be white, thin, male, young, cisgender, straight, literate, and able to access the world with a narrowly tailored model of physical and cognitive abilities... Part of the myth involves convincing us that "normal" indicates the desirable standard. That standard

		<p>contains the highest concentration of power or social influence. Those who fall within that standard generally find it is easier for them to be seen, heard, valued and appreciated.</p> <p>In turn, the further away one identifies from the standard, the less power, autonomy, or privilege they hold in society. People who do not conform to social “norms” around ability and age have historically been denied access to economic and social opportunity, like jobs or marriage. They’ve been hidden away in homes or in institutions, and even locked up.</p> <p>This imaginary 'normal' is reinforced by the media and popular culture. We feel bad about the parts of us that don't fit in and seek ways to align with a more standard existence. We may even treat others poorly, whether on purpose or not, when <i>they</i> do not fit the “norm” and create a culture of “us” versus “them.”</p> <p>The truth? There IS NO “norm”. It is time to expose this myth and change how we view and treat ourselves, as well as those around us.</p> <p>To dig into this more check out Age, Race, Class and Sex: Women Redefining Difference by Audre Lorde</p> <p>Why should aging, or functioning differently from the majority, cause shame?</p>
01:44-01:45	Lecture	<p>The myth is the reason why we take 50 selfies of ourselves to choose the best one for social media. The thing that prevents us from showing the “before” without the “after”.</p>

		<p>Which version of myself is the most like everyone else? We tend to see ourselves as worse than everyone else and we are constantly striving for the place where the majority is where we haven't gotten to yet. We imagine 90% of the world is a certain way when really it is more like 1%. It is easy to look up, but we very rarely look around or down.</p> <p>We notice the things about ourselves that make us feel different.</p> <p>We know it is a myth because once we critically think about it we realize it is untrue.</p>
00:49-00:52	Activity	<p>Shame keeps us from learning and growing. Together we are going to do an exercise to support each other in rejecting shame.</p> <p>Think of a number representing something you refuse to be ashamed of any more—age, weight, number of cats they own, how many lovers you've had, credit card debt, times your resume has been rejected, years you've struggled with addiction/depression...— on the count of three hold it up on a piece of paper</p> <p><i>Type it into the chat.</i></p> <p>Look at each other's numbers and remember these numbers only have power over us if we give them that power. Exercises like this help us undo the internalized discrimination we all absorb from our culture.</p>
Prejudice isn't about how our bodies work or what they look like. It's about what people in power want those things to mean.		
00:52-00:54	Lecture	Prejudice isn't about how our bodies work or what they look like. It's about power and what people in power want those

		<p>things to mean. In our capitalist system, our abilities and appearance determine how “useful” or “valuable” we are - socially and economically. Which elders are the most “useful”? The “successful agers”—people who continue to stay active and employed. This requires luck. It also requires being able to spend time and money trying to look and move like younger versions of themselves. Which disabled folks are the most “useful”? Inspirational “supercrips” who defy assumptions about what disabled people are capable of—amputees who are extraordinary athletes, for example. This narrative suggests that values lie only in achieving something heroic, rather than going about daily life. Stories of triumph and accomplishment can be inspiring regardless of disability. In other words, disability is not something to overcome. It is a way of life, - whether people are born with their disability, or acquire it later in life, or age into it.</p>
00:54-00:55	Activity	<p>POLL: Claiming there is a better or best way to age is (a) ageist (b) ableist (c) both (d) neither</p>
<p>“There is no ethical barometer for the quality of life of disabled people under ableism. There can’t be, because the fundamental disregard for disabled lives is threaded through our media, our society, and our rhetoric.” - <u>Elsa R. Sjunneson</u></p>		
00:55-00:56	Lecture	<p>The answer is C, both, because it is usually related to physical and cognitive ability. What never dawns on most of us is that the experience of reaching old age, or living with or adapting to disability— can be better or worse depending on the bias ingrained in the culture in which it takes place.</p> <p>“There is no ethical barometer for the quality of life of disabled people under ableism. There can’t be, because the fundamental disregard for disabled lives is threaded through our media, our society, and our rhetoric.” For more on this check out Elsa’s full article linked in your resource guide.</p>

Disability is difference, not deficiency. If you wake up in the morning, you're aging successfully.

00:56-
00:58

Lecture

Many 'successful aging' strategies are available only to the well-off, which makes the idea **classist**, too. We are being ableist when we think aging well means avoiding changes in physical or cognitive function. The term disability signifies a difference, not a deficiency. Much is not under our control, and the playing field is not level— in any sense.

In a culture obsessed with youth and speed, it's not surprising that so many of us underestimate the quality of life of older and disabled people—two overlapping circles as we move through life. But from the inside the experience is different. People adjust. Life remains very much worth living.

If you want to dive deeper into how the experience of aging and disability are different in experience vs imagination check out the passage from This Chair Rocks in your resources.

We can shed light on that dark place by speaking with people of different ages, abilities, and backgrounds...Broaden your personal and professional circles to be inclusive of differences.

Medical and Social Models of Disability

00:58-
00:59

Lecture

There are two models for thinking about disability: a medical one and a social one.

The medical model of disability suggests that someone is disabled because something about their brains or bodies doesn't work right, and needs to be fixed or cured. Notice the overlap with the "successful aging" model: people "fail" if their brains or bodies don't work the way they did when those people were younger.

		The social model of disability suggests that the environment is in fact disabling. In other words, the environment is the problem, not the individual. The solution is to redesign environments (and society), NOT to cure disabilities or accept barriers to inclusion.
Has your body changed in a way you once worried about? How does living with this change differ from what you were worried about?		
00:59-01:04	Activity	<p>It can be hard to imagine what it might be like to be older or have a disability. For example, someone who'd experienced hot flashes in their 20s because they had a hormonal imbalance might be less apprehensive about encountering them during menopause. Or an avid reader whose vision became impaired might be comforted by learning to listen to audiobooks.</p> <p>Has your body changed in a way that you once worried about?</p> <p>How does living with this change differ from what you were worried about?</p>
02:00-02:10	Activity	<p>We will put you in breakout rooms to discuss a change you once worried about and how the experience of it differed. For example, declining eyesight, hearing loss, widening midsection, digestion issues, aches and pains, stiff joints, thinner skin, compromised immune system, more labored breathing, incontinence.</p> <p>Use these questions to get the conversation started.</p> <p>Did you associate this change with age or did you attribute it to acquiring a disability?</p> <p>Why did you frame it this way?</p>

If you called it a disability, did you associate it with age?

If you attributed it to aging, did you associate it with a disability?

Why did you use one term over the other?

Did others recognize this change and were you treated differently as a result?

Ask a few participants to share about their experience, highlight that conversations like these help reduce stigma around age and ability related changes as well as our own anxiety about them.

There are no binaries: old/young, im/mobile, dis/abled, in/dependent. From birth to death, we are interdependent.

01:04-
01:06

Lecture

The good news? Culture changes. Culture change is slow because it involves many people, challenging because it means breaking bad habits and learning new ones, possible—and liberating.

It's high time to ditch the old/young binary too, as well as: mobile/immobile, abled/disabled, More and more as a culture we understand nature is never binary, there is always a spectrum with an inclusive, complicated, and beautiful middle. What is in the middle? Let's take diabetes as an example. Some people think of themselves as having a diagnosis or chronically ill, not as disabled, while others claim the label. We need to make room for that. The way our body works changes over time. It's not a binary.

Neither is dependent/independent. No one is completely independent, ever, even if the 'mythical norm' portrays otherwise. From birth to death, we are interdependent.

01:06-01:12	Guided Reflection	<p>We are going to do a guided reflection to uncover our interdependence. I invite you to close your eyes or soften your gaze looking down.</p> <p>I want you to imagine you are in the center of a wide open field, all alone, sky and land stretch out as far as the eye can see. Now, I welcome you to feel your clothing on your skin, notice how it is covering you. Imagine the time and effort that went into constructing the clothing that now envelops you. Picture the person who sewed it. Picture the people who worked to design it. Who made the fabric? Who grew and harvested the natural fibers or created the material it is made from? Who was involved in getting this clothing to you? A store clerk, a delivery driver, a warehouse worker.</p> <p>As you are standing in this expansive field imagine all of the people you just thought about being there with you Now imagine all the people who were involved in growing and supplying your last meal, your meals for the last week even, joining you in the field. The field is filling up with all the people who support clothing and nourishing you. Now anyone who depends on you personally or professionally comes walking into the field. Next comes everyone you depend on. Maybe it is your family, your spouse or kids. Your siblings, your parents, your grandchildren. Your best friends, your colleagues, your employer, your landlord. Invite the people who've cried on your shoulder, those who you go to when you need a shoulder of your own. Those who you are a caregiver for, and those who have given you care. Imagine the people in your life who have moved mountains for you, and those who you've gone above and beyond for. The people who work to make sure your life is peaceful and sustainable, and those who you do the same for, even in the smallest of ways.</p>
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Now think back to the unknown people who took a part in creating clothing for you to wear, and the sustenance to keep you going. Imagine how each person in the vast mysterious supply chain depends on one another to get you what you need. From one person to the next, to the next. Now imagine all of their loved ones whom they are interdependent with show up. Imagine how many people would show up if we did this exercise with every object in your home. It wouldn't take long before the whole world was in the field with you.

Look around the field now and as far as you can see it is people, loved ones and strangers who all are interconnected in a web of interdependence. You couldn't be here today without them and they couldn't be where they are without you.

Interdependence isn't something that just happens between care partners or in close relationships- it is a beautiful fact of life. It is impossible to not be interdependent, even with strangers or people we are yet to meet.

Now I invite you to flutter open your eyes and come back to the space.

An accessible and inclusive world benefits everyone. If we want a more equitable world, we have to support every struggle for equal rights.

01:12-
01:17

Lecture &
activity

We can't undo ageism without undoing ableism—and racism and sexism and homophobia, and all the rest—because all these systems of oppression intersect and inform each other. In the words of Maya Angelou, "none of us is free until all of us are free." If we want a more equitable world, we have to support **every** struggle for equal rights.

Stopping ageism and ableism means changing the culture. That requires a mass movement, like the 20th century movement that advanced voice and visibility for women

around the world. We have a lot to learn from the disability rights activists who in the 1970s and '80s reframed the way we view disabled people. Before that movement, disabled people were seen as disposable and undesirable, until activists switched the medical model for the social model and demanded integration, access, and equal rights. Disabled people were no longer blamed for the social problem, instead the blame was placed on those nondisabled people who were choosing to create a disabling environment.

Think of curb cuts, mandated by the Americans With Disabilities Act for wheelchair users. They're not just wheelchair- and walker-friendly, they're stroller- and suitcase- and delivery-cart friendly. An accessible and inclusive world benefits everyone. That's the curb cut effect. And as products and policies become mainstream, they lose their stigma.

For decades people with disabilities have been asking employers for accommodations that would enable them to work from home. When COVID hit and put the health of the general public at risk, these accommodations magically became possible! Reflect and put in the chat "what other inclusive changes could benefit us all?"

i.e. motion sensor lights that dim on when entering a room, closed captioning and call transcription, inclusively designed bathrooms are easier for everyone to use and clean, talk to text, e-reader

Let's find ways to make temporary accommodations into consistent methods of inclusion

Working from home is not the best option for everyone- ask each individual what is right for them right now - there might

be another way that is most appropriate that you haven't even thought of.

"There's no such thing as a single-issue struggle because we don't lead single-issue lives." – Audre Lorde

01:17-01:20

Lecture

Quoting Audre Lorde again, "There's no such thing as a single-issue struggle because we don't lead single-issue lives." Just as different forms of activism inform and reinforce each other, so do different forms of activism. When we confront any prejudice, we chip away at the fear and ignorance that underlie them all. A better world in which to grow old is also a better place to be non-rich, non-straight, non-male, non-white.

If we are lucky enough to grow old—a privilege denied to many Black, brown and disabled people—we will age into impairment of some kind. People age well not by avoiding chronic illness and disability but by adapting to them. These are powerful, generative processes that unite us all, and inform what it means to be human.

Every person's experience is unique. Epilepsy is not like autism is not like dementia is not like Down Syndrome. And the longer we live, the more different from one another we become.

We tend to think of difference as something to overcome or overlook. When people make generalizing, broad statements like, "I treat everyone the same," "I don't see you as disabled," "You're ageless!" or "I don't see color," they are suggesting they overlook differences in favor of focusing on perceived commonalities in order to connect. Our differences shouldn't be keeping us from connecting. Instead, let's acknowledge, learn from, and value our differences. Let's *hear* more so we can *learn* more. Let's connect over what we have in common,

but let's be intentional in learning from our differences. To make change we have to stand together.

Fifteen percent of the world's population has a disability. We are all aging. Imagine the movement-building potential!

01:20-
01:21

Lecture

There are billions of us. At least fifteen percent of the world's population has a disability. Four, even five, living generations are becoming commonplace. Medical advances mean that more disabled people are reaching adulthood and beyond. All over the world people are living longer. Population aging is a permanent, global, demographic trend.

We won't make the most of those longer lives without confronting ageism and ableism in the world around us.

Ready to MOVE? (with text)

01:21-
01:25

lecture

MOVE towards a more inclusive way of thinking about age and disability

Mindfully think it through. Notice your thoughts. You could also try using some kind of physical reminder, like a string around your wrist, a post-it on your computer saying 'equity', an image on your phone background. Anything to help remind you to keep intersectionality top of mind.

Open yourself to feedback. Feedback about our own stereotyping, prejudices, and discrimination is a gift, even when it stings. Try telling yourself these phrases to help yourself stay open if you feel yourself closing off to feedback: "This is hard, but it's also important. It's my responsibility to resist complacency," or, "undoing bias and oppression are more important than my ego in this moment." You can also take care of yourself after receiving challenging feedback by practicing loving kindness.

For more on that, check out [James Baraz's Metta For the Difficult](#) in your resource guide

Voice your intent when asking personal questions, or questions related to the parts of someone's identity. When we know each other's intent, it is easier to give the benefit of the doubt. For example, rather than just saying "Where do you work?" you could say, "I am curious about how you spend your days, where do you work?"

Educate yourself. It is our responsibility to continue to educate ourselves to achieve equity. It is not the role of a member of a marginalized group, such as a woman, person of color, someone who lives with dementia, or a trans person to educate on that part of their identity. It is also good to remember our identity doesn't make us experts on the experiences of everyone who shares that part of our identity with us. For example: (facilitator use your own identity and experience)

i.e. as a queer person it is not my responsibility to educate heterosexual people about the LGBTQ community, nor am I an expert on everyone who is queer. As a white person, however, it is my responsibility to educate myself on the experiences of BIPOC and to learn how to be anti-racist.

Photo of old+young

01:25-
01:26

Lecture

When we come together across differences, we dismantle prejudice in the process and we create new ways of seeing and behaving.
We have to accept—and embrace—our various abilities and how our bodies change over time. We do *not* have to accept being discriminated against.
Let's join forces.
Thank you.

<p>01:26-01:30 (02:36)</p>	<p>Added content</p>	<p>If time remaining re view expectations from beginning highlighting ones that were covered and addressing those that were not.</p> <p><i>Thank you for being with us today. This workshop was presented using a DIY kit which you can use to offer this very workshop. You can also subscribe to Old School's mailing list for monthly-ish updates on new resources to reduce ageism as well as what we are up to.</i></p> <p>https://oldschool.info/</p> <p><i>In addition Old School hosts weekly office hours which is a free open zoom where you can drop in and pose a question you have about ageism or just listen. Topics have ranged from supporting the creation of an age bias employee resource group to an anti-agesit yard sign campaign to discussing the nuances of the concept and reality of retirement.</i></p> <p>https://us02web.zoom.us/meeting/register/tZAvC0ivqzkgG9CtqpP6cnaL64TnxKaY_fAg</p>
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