



Age-friendly healthcare will build a better future for all

WHAT IS AGEISM?

Ageism, as defined by the World Health Organization, is stereotyping, prejudice and discrimination toward people on the basis of age. It is found everywhere—from our vocabulary to how we provide services. It negatively impacts people's wellbeing¹ in many ways, from health to economic security.

In the United States, older age is perceived as a period of decline and increasing irrelevance. Older adults are often lumped into a homogeneous group [separate from the rest of society](#).² Ageism is under-recognized as a problem.³ Some older adults even accept that the discrimination they face is just a normal part of growing older.⁴

Ageism is deeply rooted in U.S. society, both individually and systemically. We even do it to ourselves: [Internalized ageism](#) is when we believe negative stereotypes about our own aging process.⁵

A 2020 poll found that **82% of adults ages 50–80 experience ageism daily**. Those experiencing multiple forms of ageism are more likely to have chronic health conditions and depression.⁶ Over time, exposure to ageism is associated with higher cortisol levels, which can harm cognitive ability and increase inflammation, leading to overall poorer health.⁷ Ageism impacts physical and mental health, as well as how people are cared for by healthcare professionals.

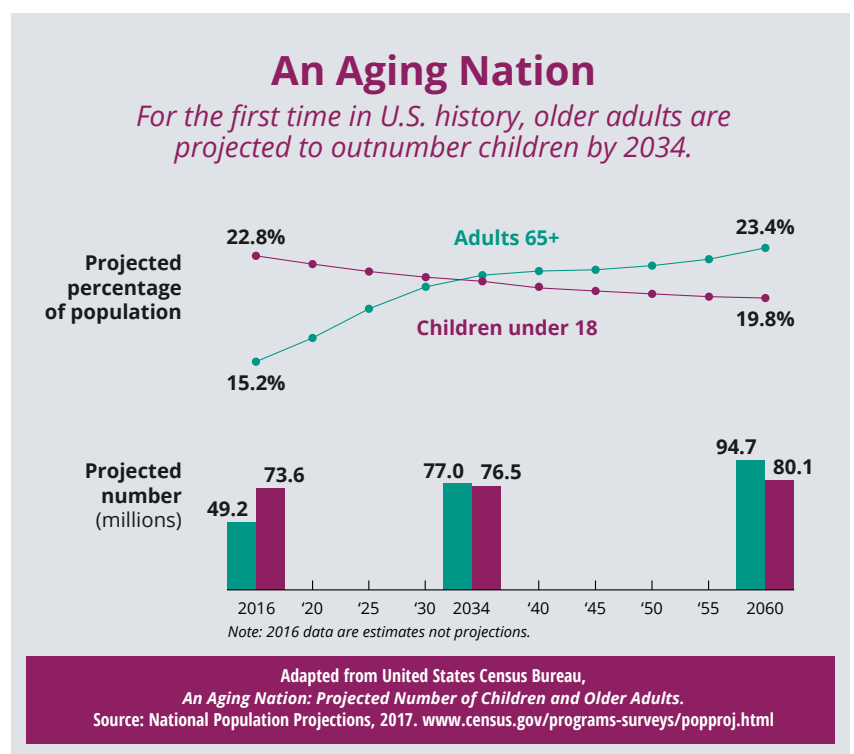
SOCIETY IS GETTING OLDER

As our society ages, ageism's impact will grow. By 2034, older adults are projected to outnumber children in the United States for the first time in history. Projections also indicate that half of U.S. children born in 2007 are likely to live to age 104.⁸ **Ageist beliefs and behaviors in the healthcare industry must change to ensure that wellbeing is achievable throughout the lifespan.**

AGEISM IN HEALTHCARE HURTS OUR HEALTH

Of 422 studies examined in a systematic review, 96% found evidence that ageism had adverse health effects on older persons. The review included over 7 million participants ages 50+ from 45 countries across five continents.⁹

And ageism is present in healthcare: "In 92% of the international studies of health care students and professionals, **there were indications of ageism in medical decisions.**"¹⁰

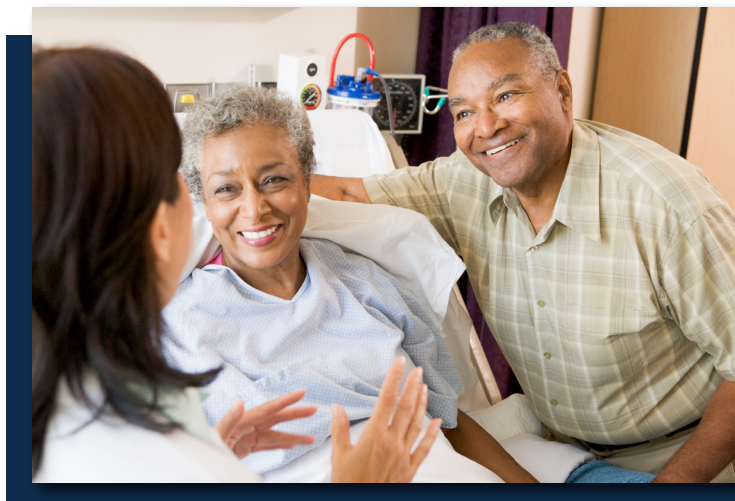


Evidence-based care models¹¹ that address the specialized needs of older adults exist in healthcare settings. However, in a 2008–2012 survey of adults over 50, **nearly one-third of respondents said they “frequently” experience age-related discrimination from doctors or hospitals.**¹²

Geriatricians Karin Ouchida and Mark Lam describe how institutionalized ageism is evident in healthcare, including **a lack of support for increasing the number of geriatricians, and a rise in doctors opting out of treating Medicare patients.** Another example is seen in clinical practice guidelines that are not applicable to older patients with multiple chronic conditions. Lacking appropriate guidelines, physicians mix treatments for various conditions, putting older patients at risk for adverse effects from drug combinations.⁴

Ageism also negatively impacts how older adults seek and receive care. Older adults who accept that depression, fatigue, chronic pain, low libido and dependency are normal parts of aging frequently do not seek medical attention.⁴ Research has also found that pain is consistently undertreated in older adults, while overtreatment is common in other areas, such as testing and procedures that lack evidence of benefit.¹³

Studies show that medical providers communicate differently with older adults.¹⁴ They may unknowingly patronize older adults via “elderspeak”—speaking slowly, with elevated pitch and volume, repetitions and simpler vocabulary.¹⁵



“I hear medical students in the clinic saying, ‘Oh, that sweet old lady.’ Or they’re saying, ‘aren’t they cute,’ sort of turning them into children to some degree. It shocks me, but it’s still very prevalent even in this time. Having studied gerontology when I was in my 20s, it’s hard to believe we’re still fighting the same battles so many years later.” — Martha Kalin, MPH, MSW | Lead, Care Management Project Development, University of Colorado (CU) Department of Family Medicine

Sometimes providers can also be less patient, less engaged and less open when communicating with their older patients. Physicians may pay less attention to issues raised by older patients, devoting more time to provider-raised topics.¹³

AGEISM IMPACTS HEALTH CRISIS RESPONSE



Ageism can affect responses to major public health crises such as the COVID-19 pandemic.⁶ At the onset of the pandemic, the disease was minimized as an “old person’s disease.” Some suggested that older adults should be willing to sacrifice themselves for the sake of the economy.¹⁶ Policy decisions increased isolation for older adults, without considering other impacts.¹⁷ Shortages of personal protective equipment (PPE) in congregate care settings created dire situations. The facilities most likely to report shortages were those serving a high proportion of Medicaid recipients, and those that score lower on a five-star quality rating system used by the Centers for Medicare & Medicaid Services (CMS).¹⁸ In Colorado, Critical Standards of Care protocols would push older adults to the back of the triage line.¹⁹

Another complicating issue is that, historically, older adults have not been included in clinical trials for new vaccines. Although older people are disproportionately affected by COVID-19, they were not included in some clinical trials for COVID-19 vaccines.²⁰ FDA guidance for clinical trials frequently sets age limits, often excluding those over 65.²⁰ Reasons for exclusion include safety concerns, expediency and the belief that older people lack technology expertise.¹⁸ “To have them be this gravely impacted and not include them is immoral,” says Dr. Louise Aronson.²⁰

AGEISM IN HEALTHCARE HURTS THE ECONOMY

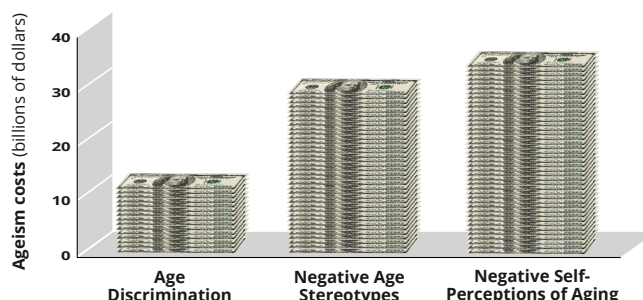
Discrimination against older people comes with a hefty price tag. A recent study found that the **one-year cost associated with ageism in healthcare in the United States was \$63 billion.**²¹

The research calculated that 17.04 million cases of the eight most expensive health conditions among Americans ages 60 and over could be attributed to ageism.²¹

This suggests that even a 10% reduction in the prevalence of ageism could lead to 1.7 million fewer cases of these health conditions (which include cardiovascular diseases, chronic respiratory diseases, diabetes, mental health disorders and smoking).²¹

Costs of Aging

Healthcare costs of age discrimination, negative age stereotypes, and negative self-perceptions of aging in one year



Adapted from Scientific Figure on ResearchGate,
Ageism Amplifies Cost and Prevalence of Health Conditions.
Source: https://www.researchgate.net/figure/Health-care-costs-of-age-discrimination-negative-age-stereotypes-and-negative_fig1_328940070

WHAT CAN WE DO TO ADDRESS AGEISM IN HEALTHCARE?

We can all start with ourselves and embrace aging as a normal process that comes with pros, as well as cons. We must challenge our own biases, as well as recognize the vast diversity among older adults. Older adults are individuals. Aging impacts each person in different ways, at different times.

There are specific things we can start doing within our healthcare system to end ageism. Hands-on experience is key, **starting with healthcare students.** "Medical students who interact with older adults earlier in their education maintain better attitudes about aging and are less likely to have negative stereotypes."²² Healthcare professionals providing any level of care to older adults will benefit from thorough **education in geriatric issues.** **Specialized geriatric teams**, similar to stroke teams, should exist in every hospital and major medical facility.²² When it comes to established providers, there are additional opportunities for fundamental changes in the way healthcare is provided to older adults, including how we communicate.²²

"There are a lot of programs that have been trying to introduce medical students to older adults, so that they pair early on in medical school. We now have 160 students from the School of Pharmacy, and many from dentistry, who have joined." — Dr. Robert Schwartz, geriatrician, CU Anschutz

"My practitioner started out by just being very friendly and wanted to check in with me about who I was and how I was doing. I felt like she was really attentive. She also listened very carefully and didn't talk a lot. She listened, and that was really important to me because I wanted to find ways to be healthy, and just not be sick." — Cec Ortiz, healthcare patient

Suggestions for healthcare providers:

1. Become educated about ageism and **topics like "elderspeak."**
2. Work on eliminating **your own ageist beliefs** about yourself and others.
3. Become educated about the **impacts of ageism on health and wellbeing.**
4. **Avoid age-based assumptions** about a person's unique functional ability.
5. Communicate respectfully. When treating older adults, acknowledge the caregiver, but **talk directly to the older person.**
6. Examine the culture of your healthcare practice, hospital or living facility through the **lens of anti-ageism.**
7. If you are in research, work to **include older adults in clinical trials.**
8. Support training and early career experiences with **older adults** for healthcare professionals.

Ending ageism promotes better health outcomes and reduces healthcare costs.

It fulfills our mission to provide the best possible care. To accomplish this, we must reframe our negative views about aging and treat older adults as unique and valued individuals. In a society that is becoming older, this is more urgent than ever.

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