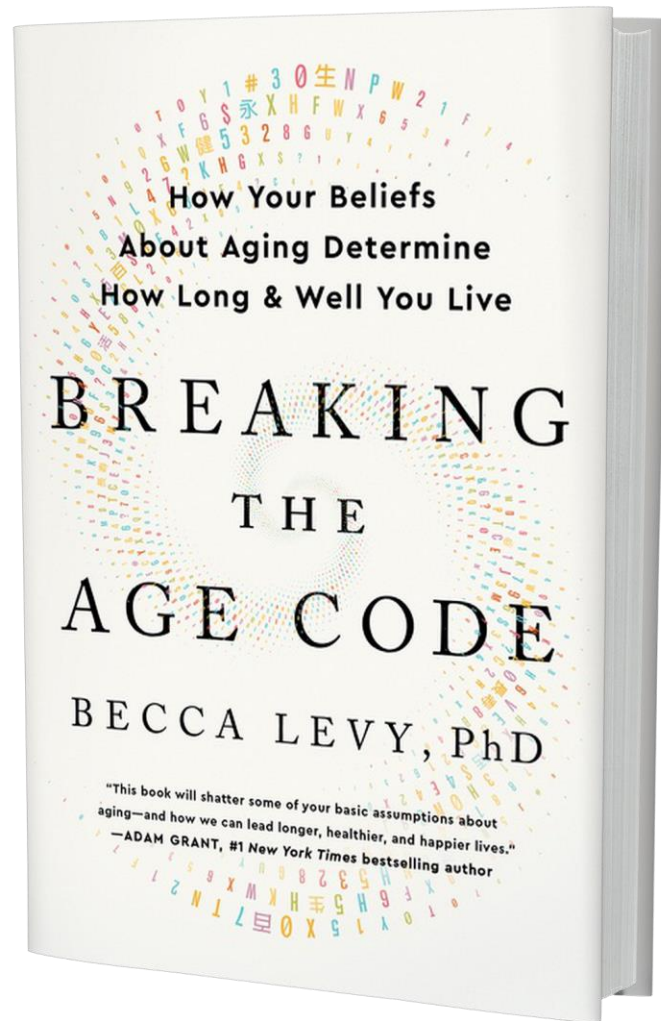


Psychologists Against Ageism: Promoting Productive Narratives and Inclusivity about Aging

Becca R. Levy, PhD

Yale School of Public Health

May 4, 2022



Becca.Levy-com

Breaking the Age Code: How Your Age Beliefs Determine How Long and Well You Live

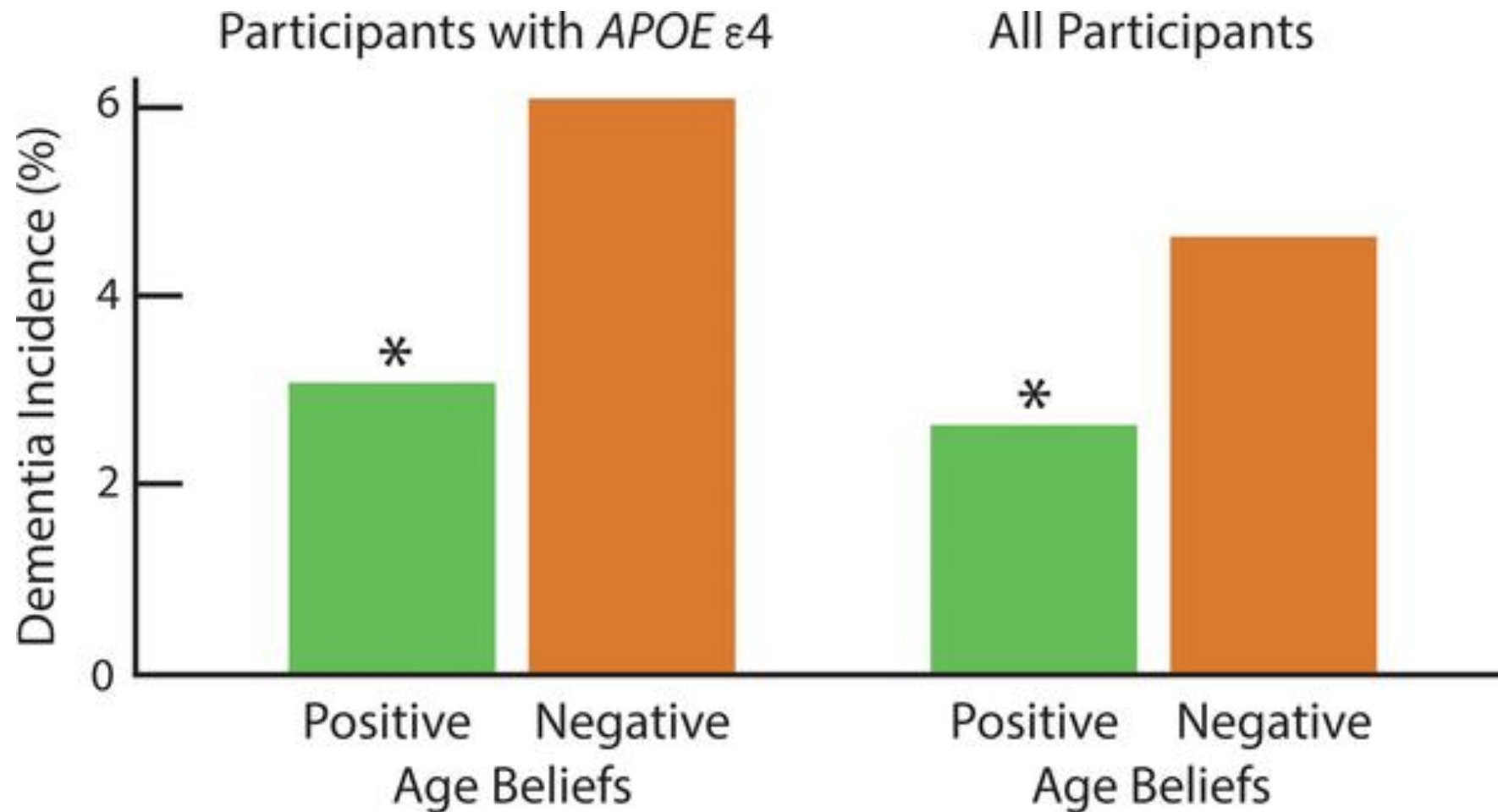
- Scientific highlights of age belief research showing impact on aging health
- Solutions to combat ageism and promote age liberation

Stereotype Embodiment Theory Framework

Age stereotypes embodied when internalized from culture, leads to self-definitions that influence older person's health

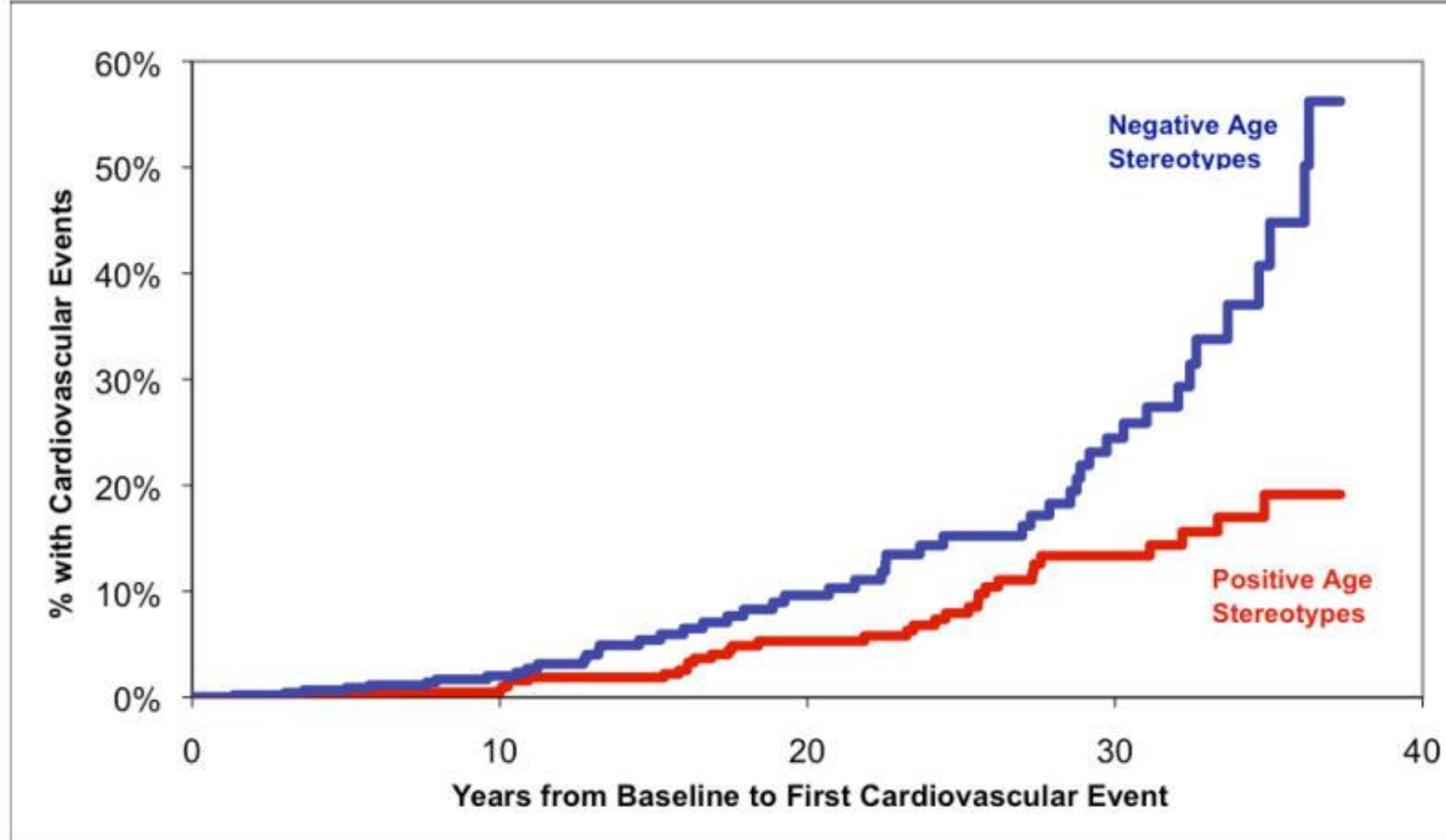
Levy, B. (2009). Stereotype Embodiment: A Psychosocial Approach to Aging. *Current Directions in Psychological Science*, 18, 332-336.

Positive Age Beliefs associated with Resisting Dementia among Participants with APOE $\epsilon 4$ and All Participants



Levy BR, Slade MD, Pietrzak RH, Ferrucci L (2018) Positive age beliefs protect against dementia even among elders with high-risk gene. PLOS ONE 13(2): e0191004. <https://doi.org/10.1371/journal.pone.0191004>

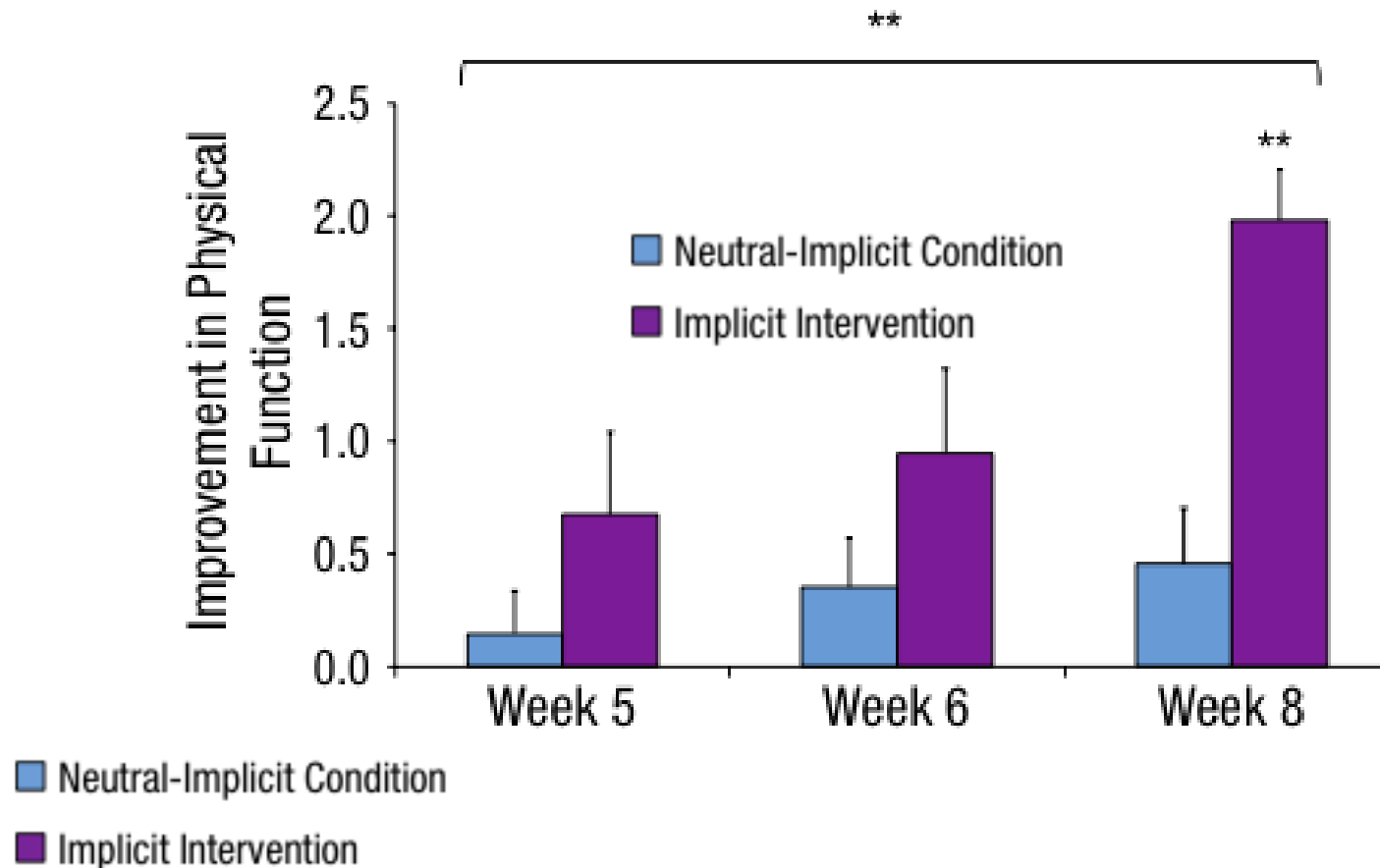
Age stereotypes Held Earlier in Life Predict Cardiovascular Events in Later Life



Levy, B.R., Zonderman, A., Slade, M. & Ferrucci, L. (2009). *Psychological Science*, 20, 296-298.

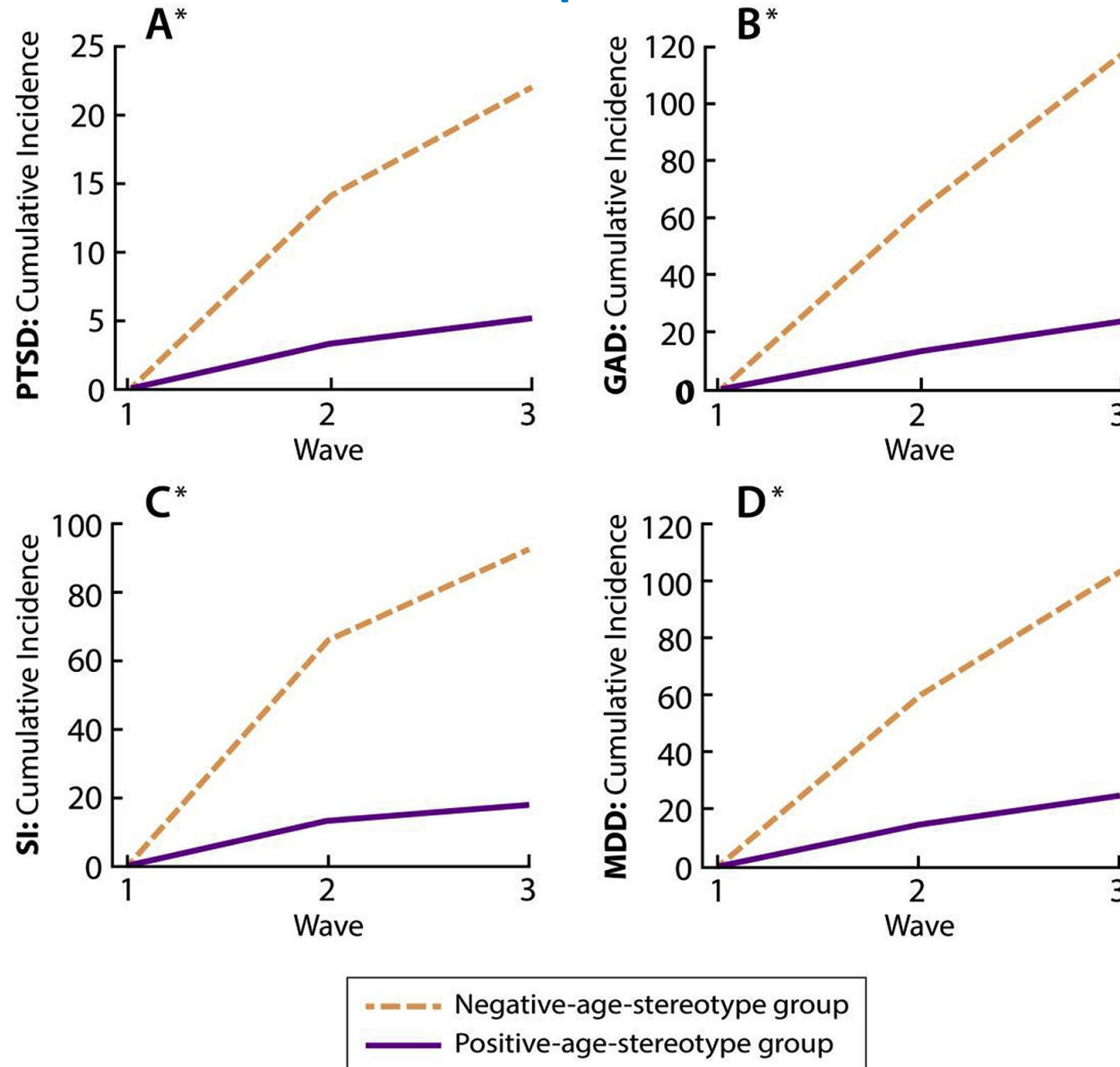
Positive Age-stereotype Intervention Leads to Improved Physical Function

C



Levy, Pilver, Chung, & Slade (2014). *Psychological Science*.

Association of Older Persons' Negative Age beliefs with Incidence of PTSD, Anxiety , Suicidal Ideation and Depression



ABC Method of Strengthening Positive Age Beliefs

Exercising your “ABC’s,” the Health-Promoting Age-Belief Tools:

A	Awareness: identifying where negative age beliefs are found in society (these negative age beliefs can affect us without even knowing it)
B	Blame: understanding that health and memory problems can be the result (at least in part) of negative age beliefs from our society
C	Challenge: taking action against negative age beliefs so that they are less harmful to us and other older persons

Levy, B. (2022). *Breaking the Age Code: How Your Age Beliefs Impact How Long and Well You Live*



World Health Organization's Global Campaign to Combat Ageism

- Launched a campaign to combat ageism
- Included our research as evidence base
- Goal to combat ageism
- 194 countries have endorsed

Age Stereotypes Impact Older Persons' Health – Presentation References

Cognitive

1. Levy, B. (1996). Improving memory in old age through implicit self-stereotyping. *Journal of Personality and Social Psychology*, 71, 1092-1107.
2. Levy, B. R., Zonderman, A. B., Slade, M. D., & Ferrucci, L. (2012). Memory shaped by age stereotypes over time. *Journal of Gerontology: Psychological Sciences and Social Sciences*, 67, 432-436.
3. Levy, B. R., Slade, M. D., Pietrzak, R. H., & Ferrucci, L. (2018). Positive age beliefs protect against dementia even among elders with high-risk gene. *PLoS ONE*, 13, e191004.

Physical

4. Levy, B. R., Ferrucci, L., Zonderman, A. B., Slade, M. D., Troncoso, J., & Resnick, S. M. (2016). A culture–brain link: Negative age stereotypes predict Alzheimer's disease biomarkers. *Psychology and Aging*, 31, 82-88.
5. Levy, B. R., Pilver, C., Chung, P. H., & Slade, M. D. (2014). Subliminal strengthening: Improving older individuals' physical function over time with an implicit-age-stereotype intervention. *Psychological Science*, 25, 2127-2135.
6. Levy, B. R., Zonderman, A. B., Slade, M. D., & Ferrucci, L. (2009). Age stereotypes held earlier in life predict cardiovascular events in later life. *Psychological Science*, 20, 296-8.
7. Levy, B. R., Slade, M. D., Murphy, T. E., & Gill, T. M. (2012). Association between positive age stereotypes and recovery from disability in older persons. *JAMA*, 308, 1972-1973.

Mental Health

8. Levy, B. R., Moffat, S., Resnick, S. M., Slade, M. D., & Ferrucci, L. (2016). Buffer against cumulative stress: Positive age self-stereotypes predict lower cortisol across 30 Years. *GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry*, 29, 141-146.
9. Bellintier, J. A., & Neupert, S. D. (2016). Negative Aging Attitudes Predict Greater Reactivity to Daily Stressors in Older Adults. *The Journals of Gerontology: Series B*, 73(7), 1155-1159. doi:10.1093/geronb/gbw086
10. Levy, B. R., Chung, P. H., Slade, M. D., Van Ness, P. H., & Pietrzak, R. H. (2019). Active coping shields against negative aging self-stereotypes contributing to psychiatric conditions. *Social Science & Medicine*, 228, 25-29
11. Levy, B. R., Pilver, C. E., & Pietrzak, R. H. (2014). Lower prevalence of psychiatric conditions when negative age stereotypes are resisted. *Social Science and Medicine*, 119, 170-174.

Health Behaviors

12. Levy, B. R., & Myers, L. M. (2004). Preventive health behaviors influenced by self-perceptions of aging. *Preventive Medicine*, 39, 625-629.
13. Levy, B. R., & Slade, M. D. (2019). Positive views of aging reduce risk of developing later-life obesity. *Preventive Medicine Report*, 13, 196-198.

Longevity

14. Levy, B. R., & Bavishi, A. (2018). Survival-advantage mechanism: Inflammation as a mediator of positive self-perceptions of aging on longevity. *Journal of Gerontology: Psychological Sciences*, 73, 409-412.
15. Levy, B. R., Slade, M. D., Kunkel, S. R., & Kasl, S. V. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology*, 83, 261-270.

Acknowledgements

- National Institute on Aging
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- Ellen Langer, PhD
- E-Shien Chang, MA
- Shi-Yi Wang, MD, PhD
- Donaghue Medical Foundation
- Robert Pietrzak, PhD
- Corey Pilver, PhD
- Pil Chung, PhD
- Alan Zonderman, PhD
- Juan Troncoso, MD
- Susan Resnick, PhD
- Health and Retirement Study
- Baltimore Longitudinal Study of Aging

Changing the Face of Aging Facts, Fiction, & Heterogeneity





Fears of Old Age

Dementia and Cognitive
declines
Physical decline
Financial security
Loneliness

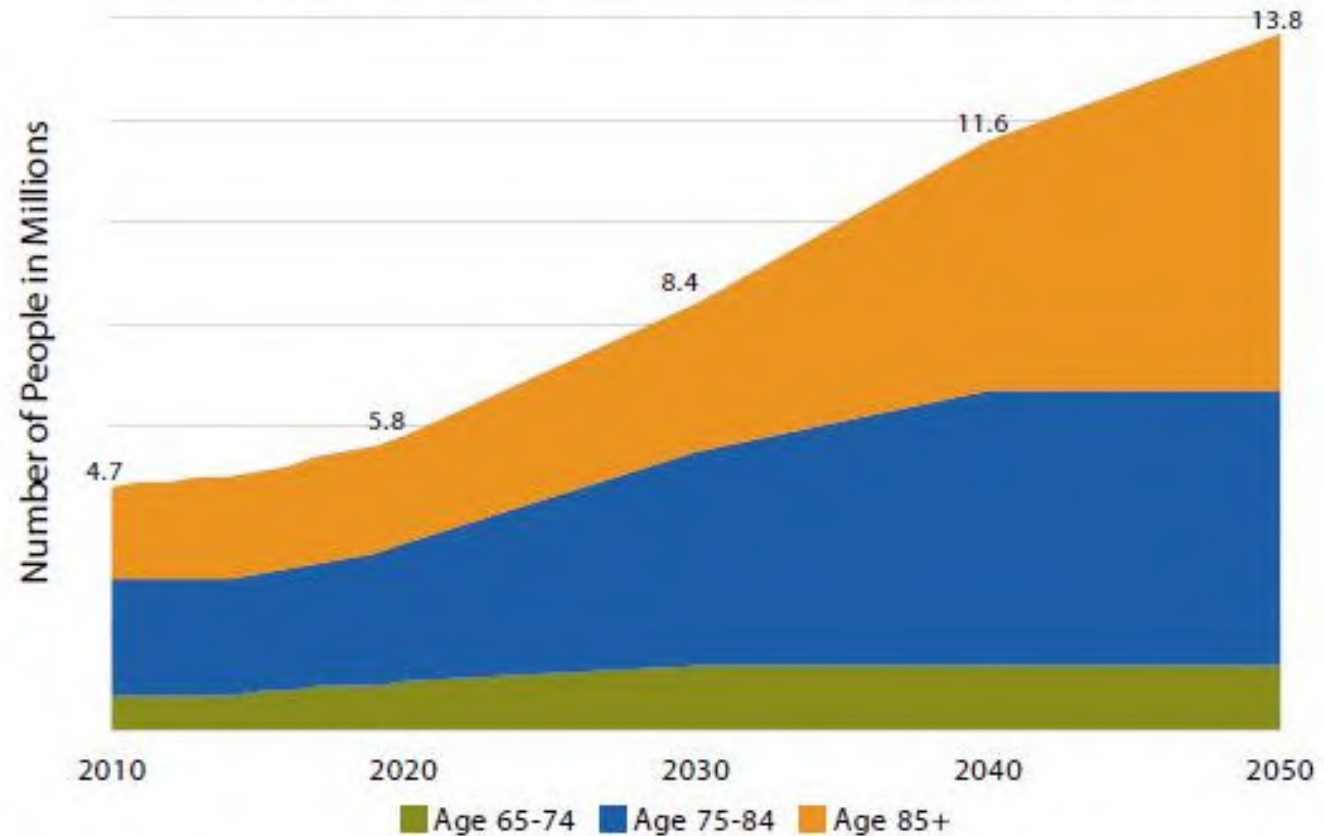


DEMENTIA



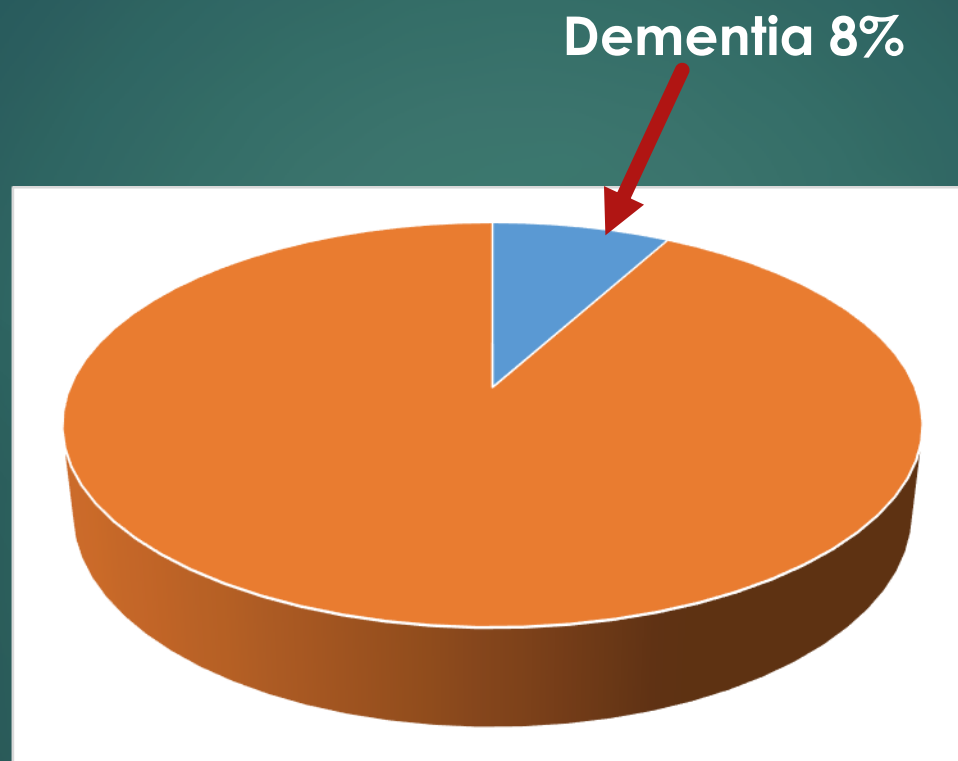
Increase in # of older adults with dementia

Projected Number of People Aged 65 or Older With Alzheimer's Disease, by Age Group, United States, 2010–2050

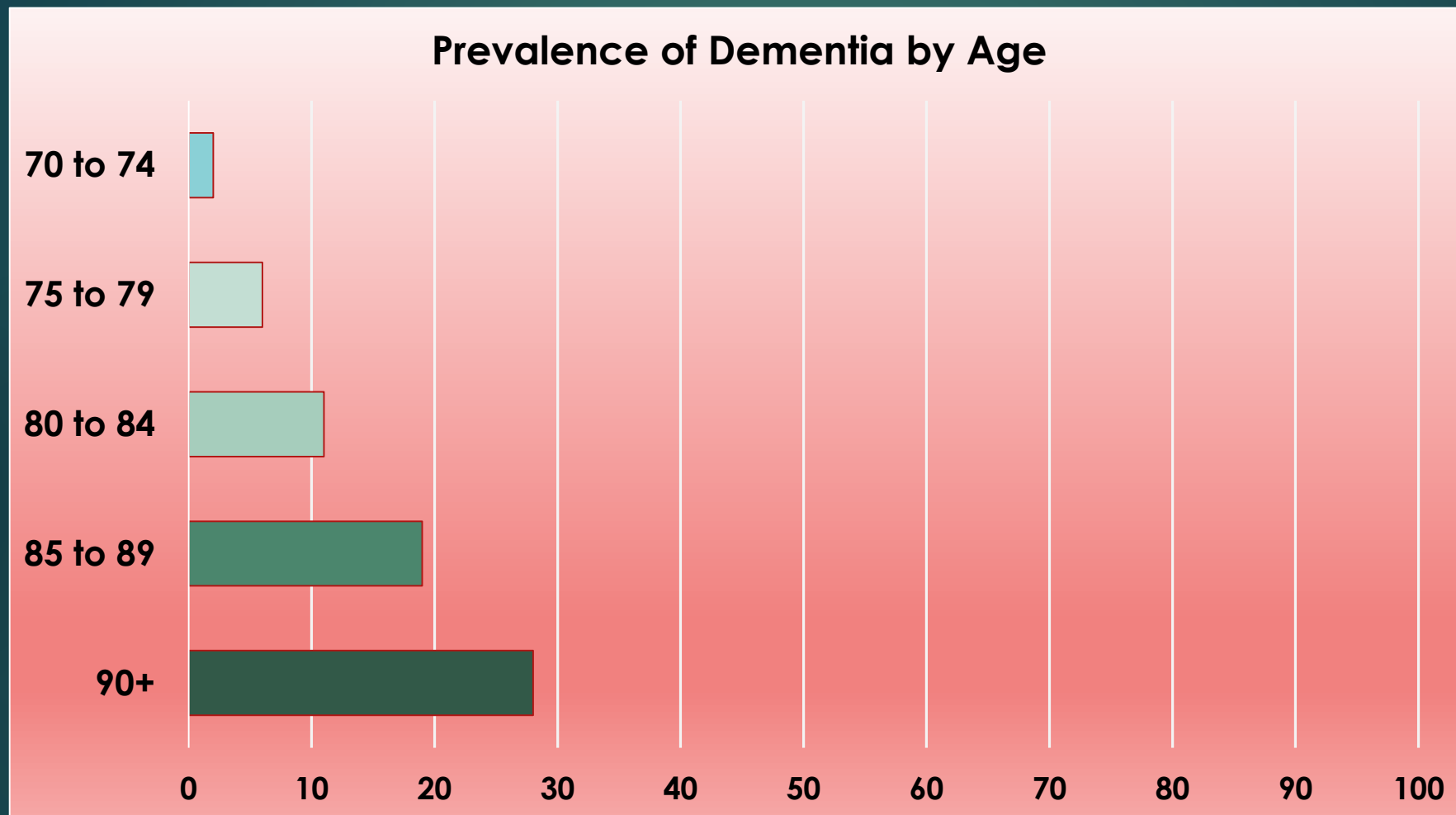


Source: Created from data in Hebert LE, Weuve J, Scherr PA, Evans DA. Alzheimer disease in the United States (2010–2050) estimated using the 2010 Census. *Neurology*. 2013;80(19):1778–1783.

Proportion adults aged 70+ with dementia...



% of adults with dementia by age

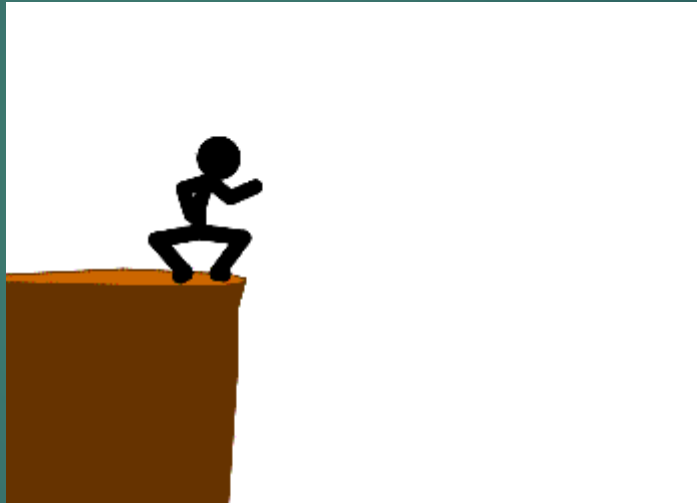


Freedman et al. 2021 National Health & Aging Trends Study NHATS

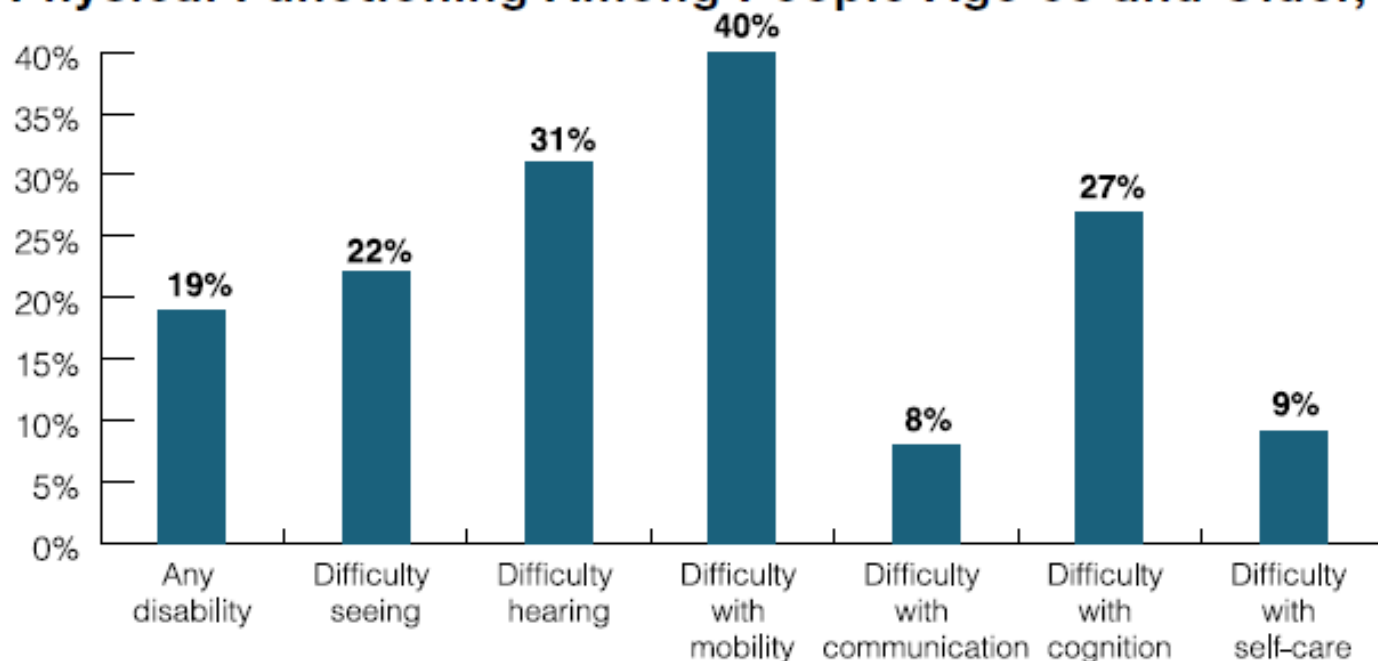
Physical Well-being



Healthy to the end...



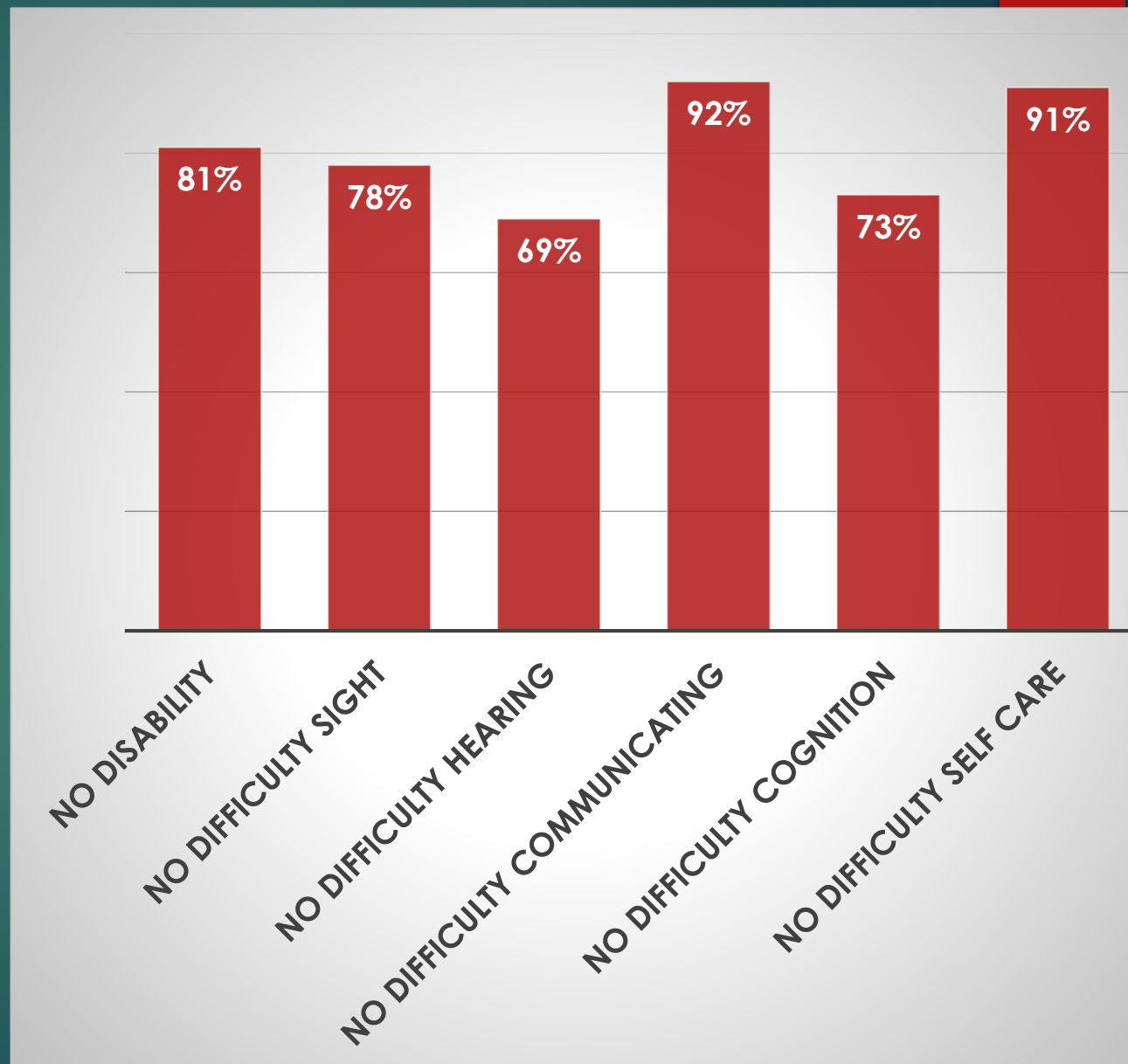
Physical Functioning Among People Age 65 and Older, 2019



Note: "Any disability" includes those reported who "a lot of difficulty" or "cannot do it at all" in any functioning domain.

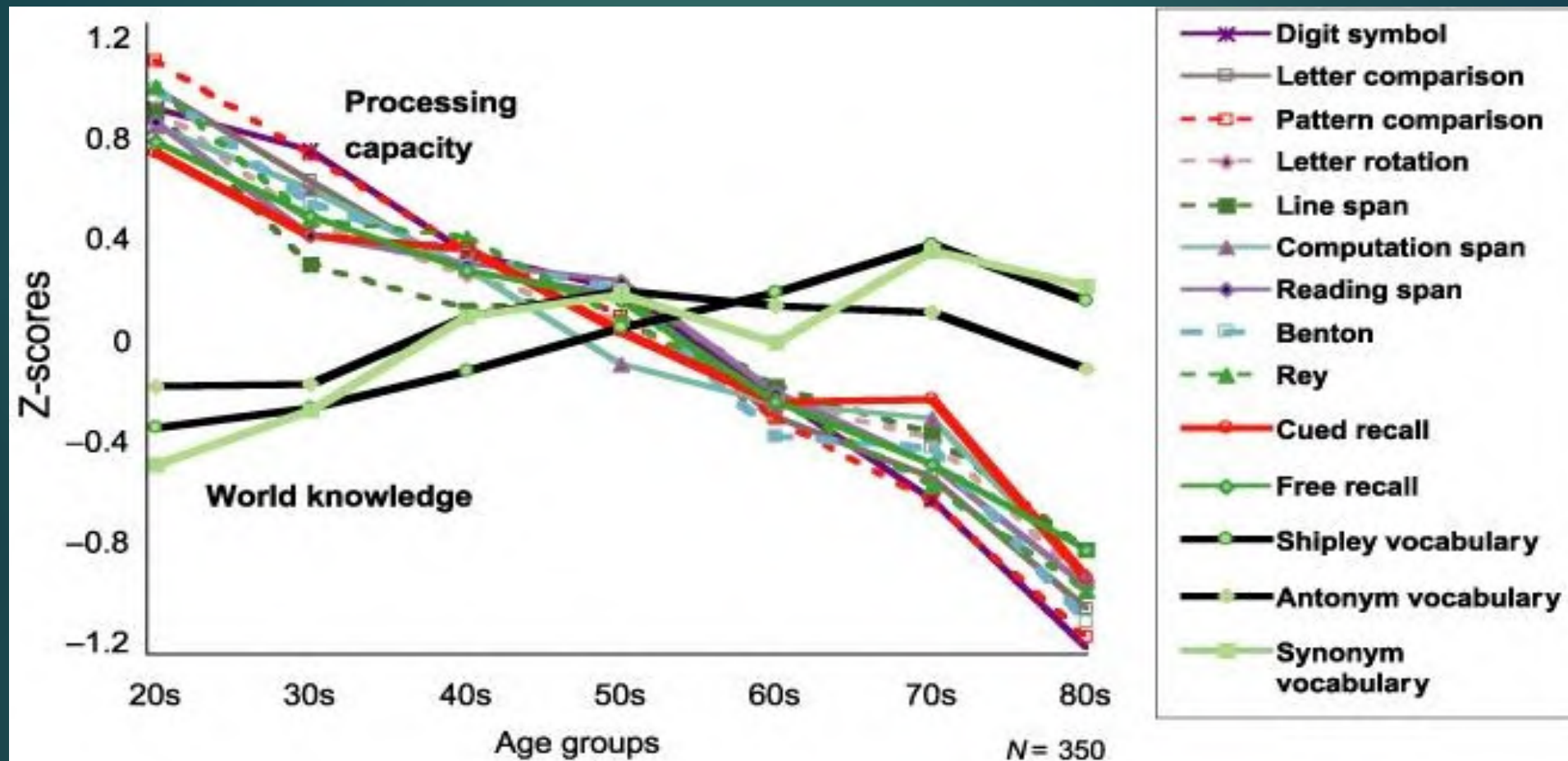
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey

% of people over aged 65
with no disability....





How do different areas of cognition change with age?



Park et al. (1996)

Implications for Late Life Work



Experience matters....

2009 57-year-old
Chelsey "Sully" Sullenberger
Landed on the Hudson River
All 155 passengers lived



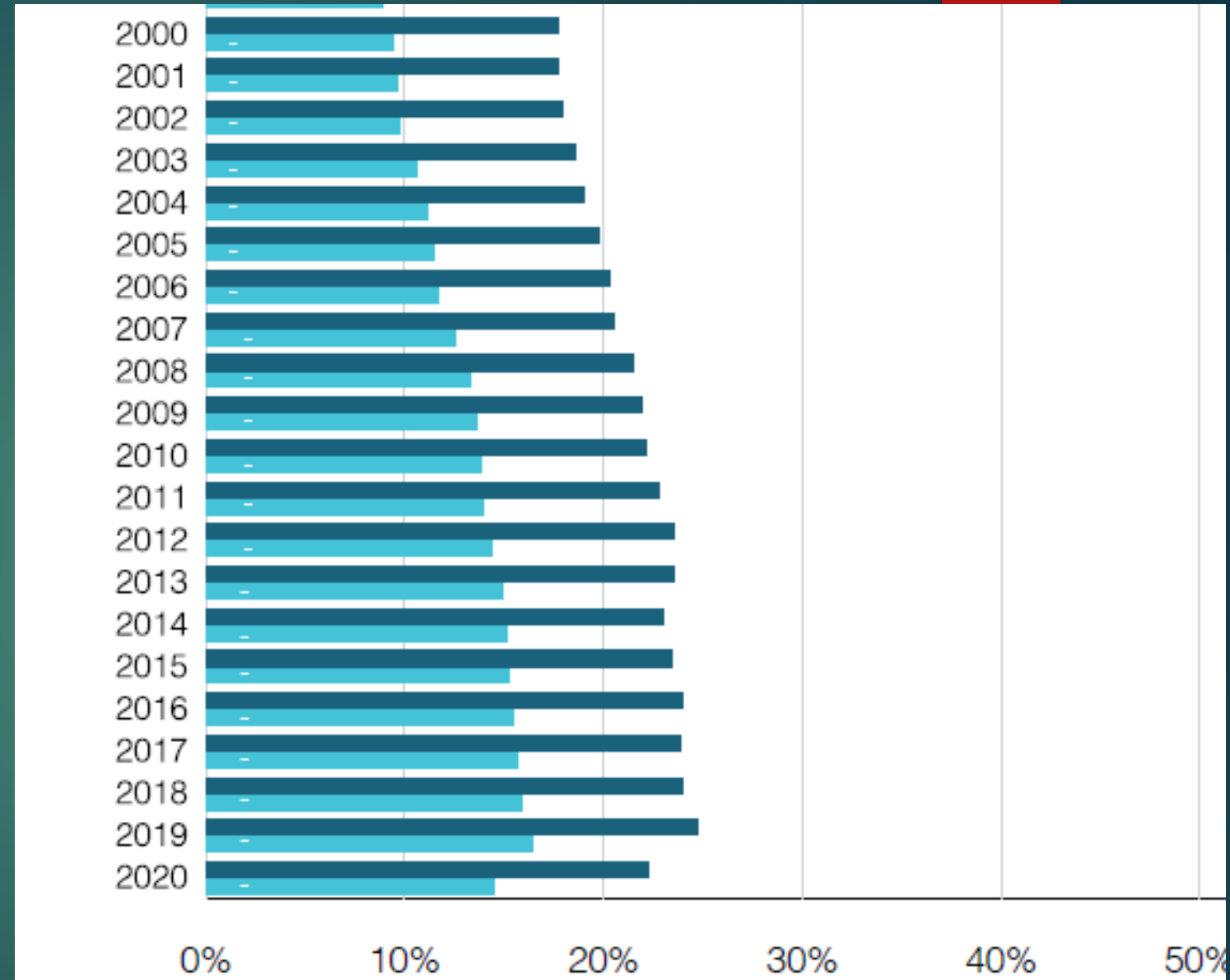
Retirement Life Stage



Retirement savings...



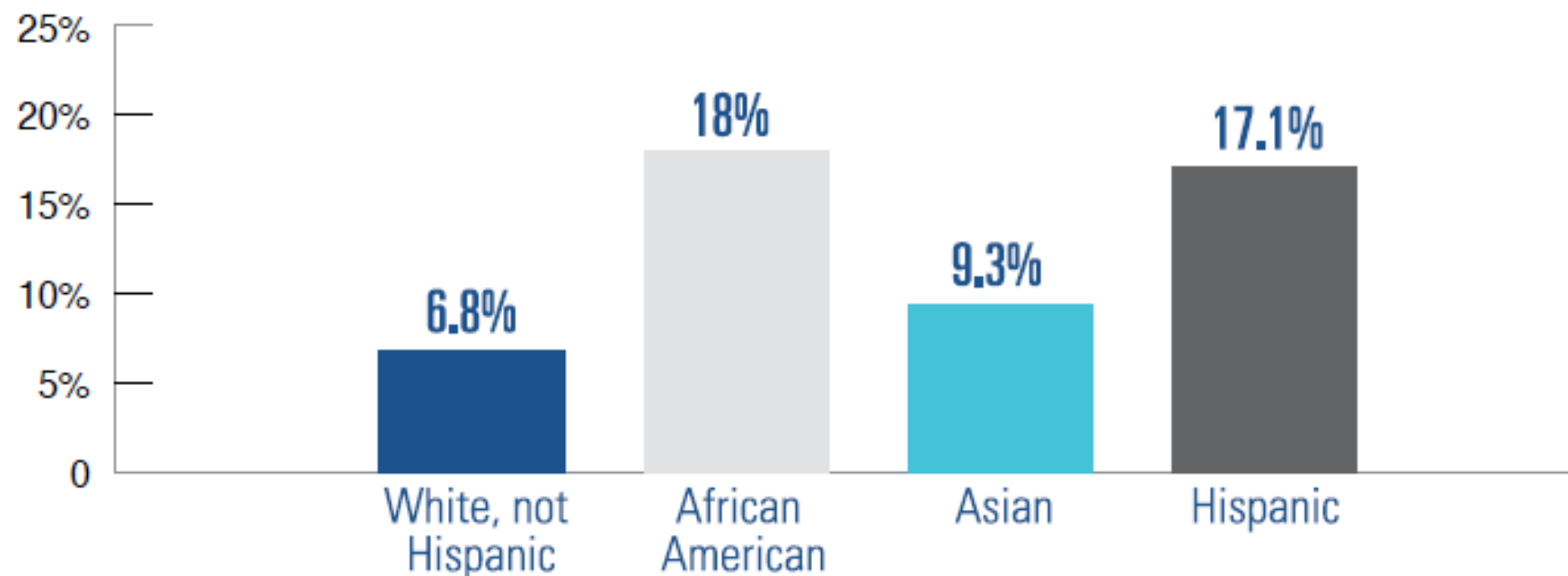
% of adults
aged 65+
employed for pay



STEREOTYPE: GREEDY GEEZERS



Persons Age 65 and Older Living Below the Poverty Level by Race and Hispanic Origin, 2019



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement

FAMILY AFFAIR



Loneliness and Psychological Well-being....



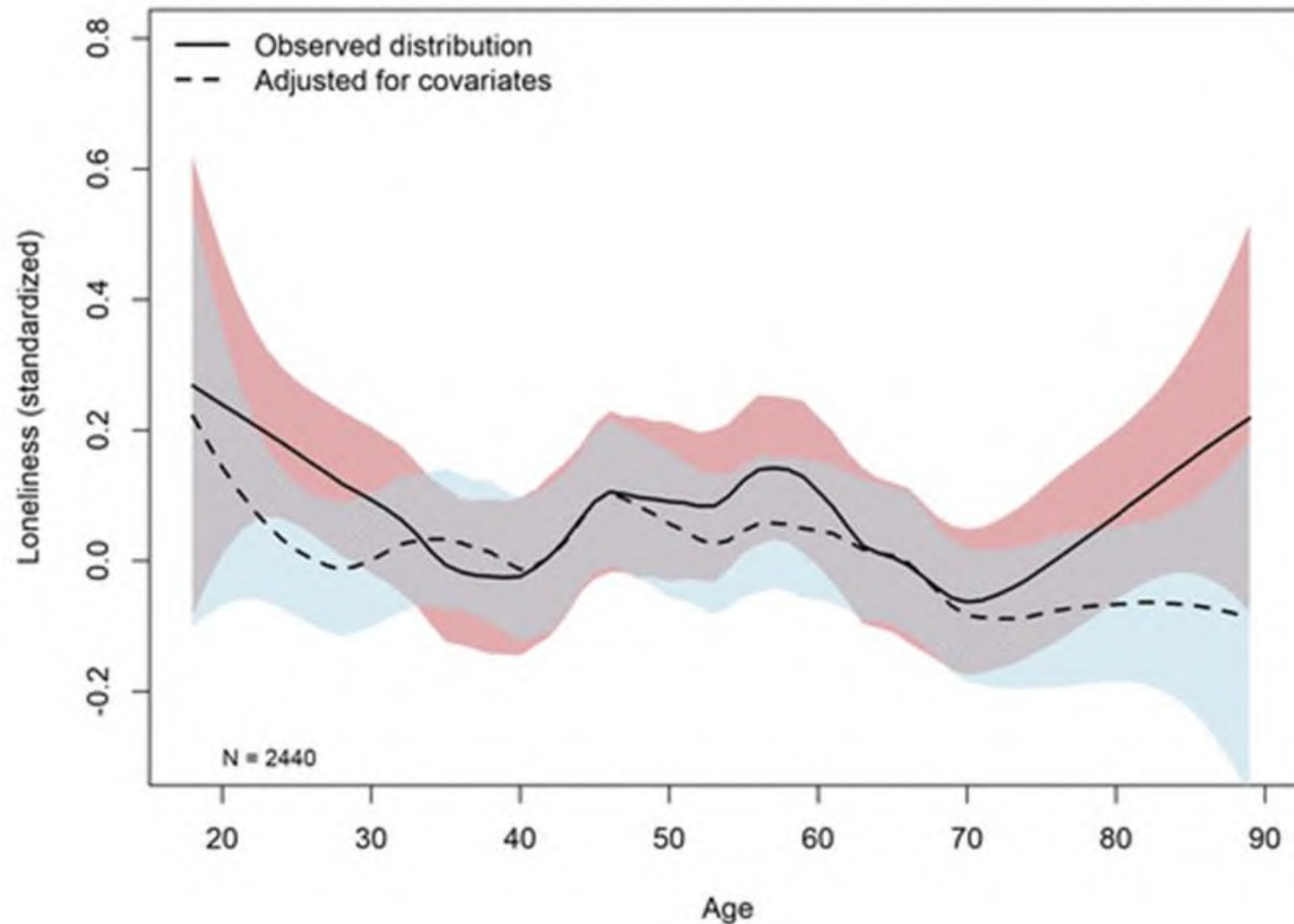


1 in 4 adults over the age of 65 is
lonely or socially isolated

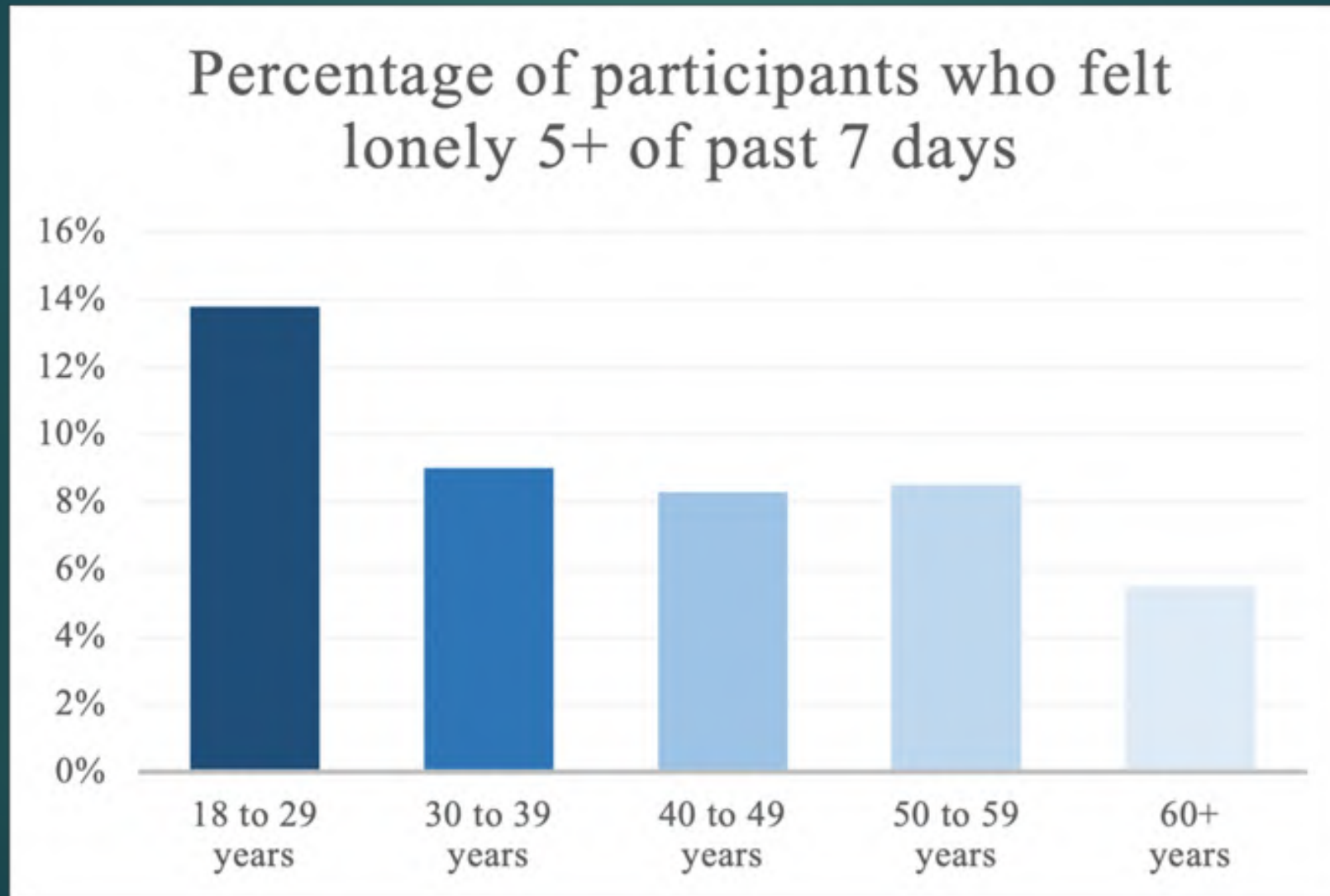
National Academy of Sciences, Engineering &
Medicine 2020



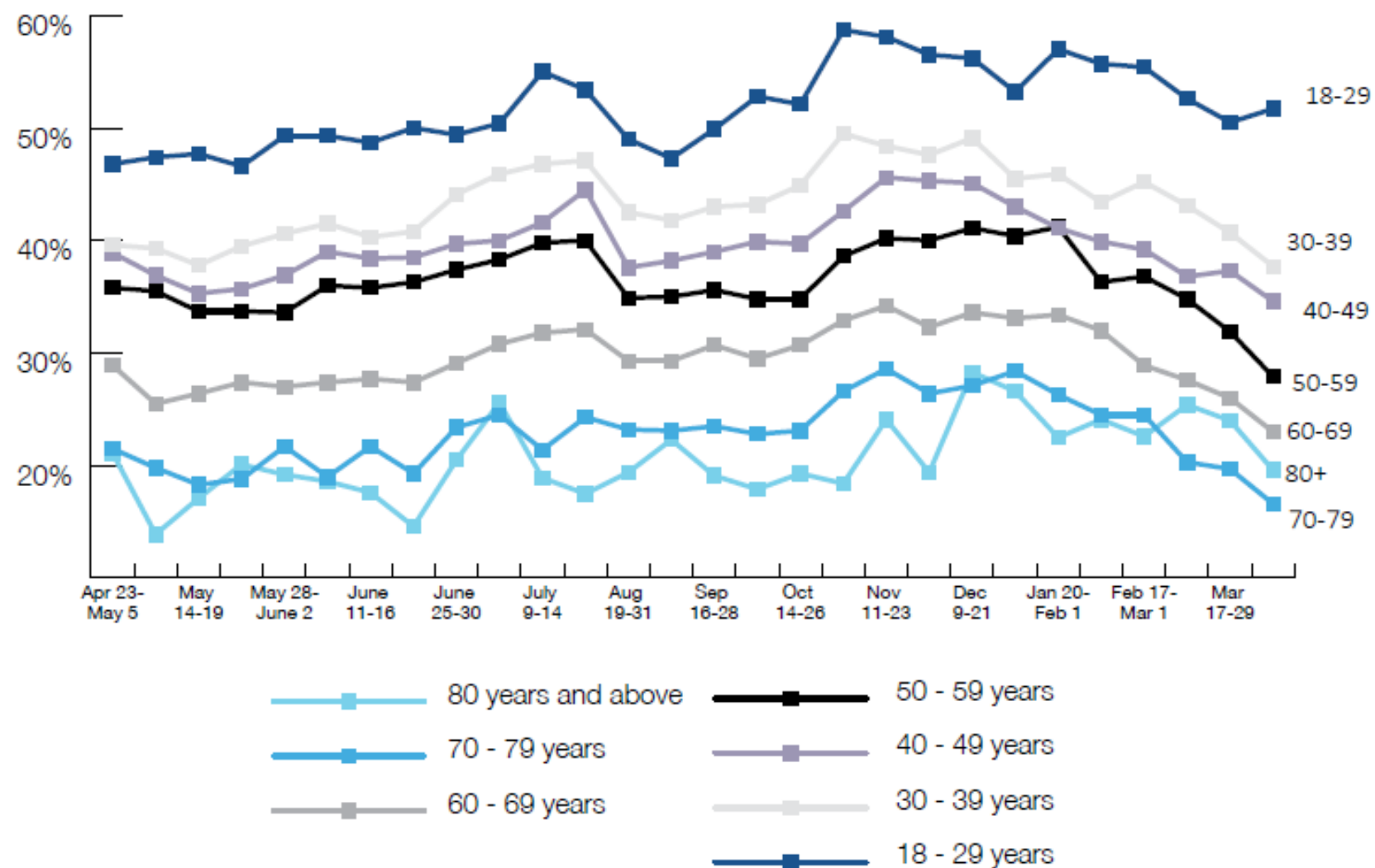
Loneliness by Age



Very Lonely during COVID



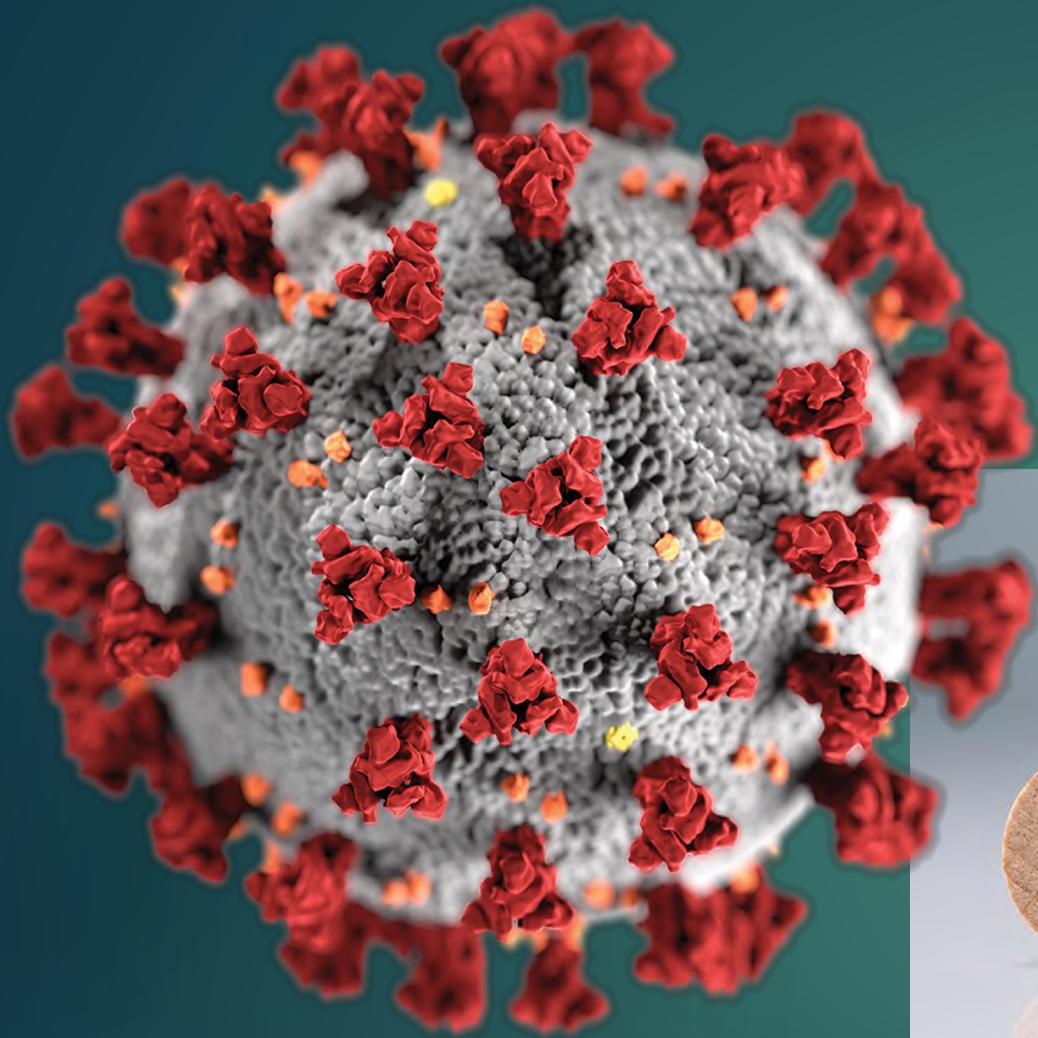
Percentage of People Reporting Symptoms of Anxiety or Depression During Last 7 Days by Age Group, 2020-2021



Source: U.S. Census Bureau, Household Pulse Survey

Some things get better with age...

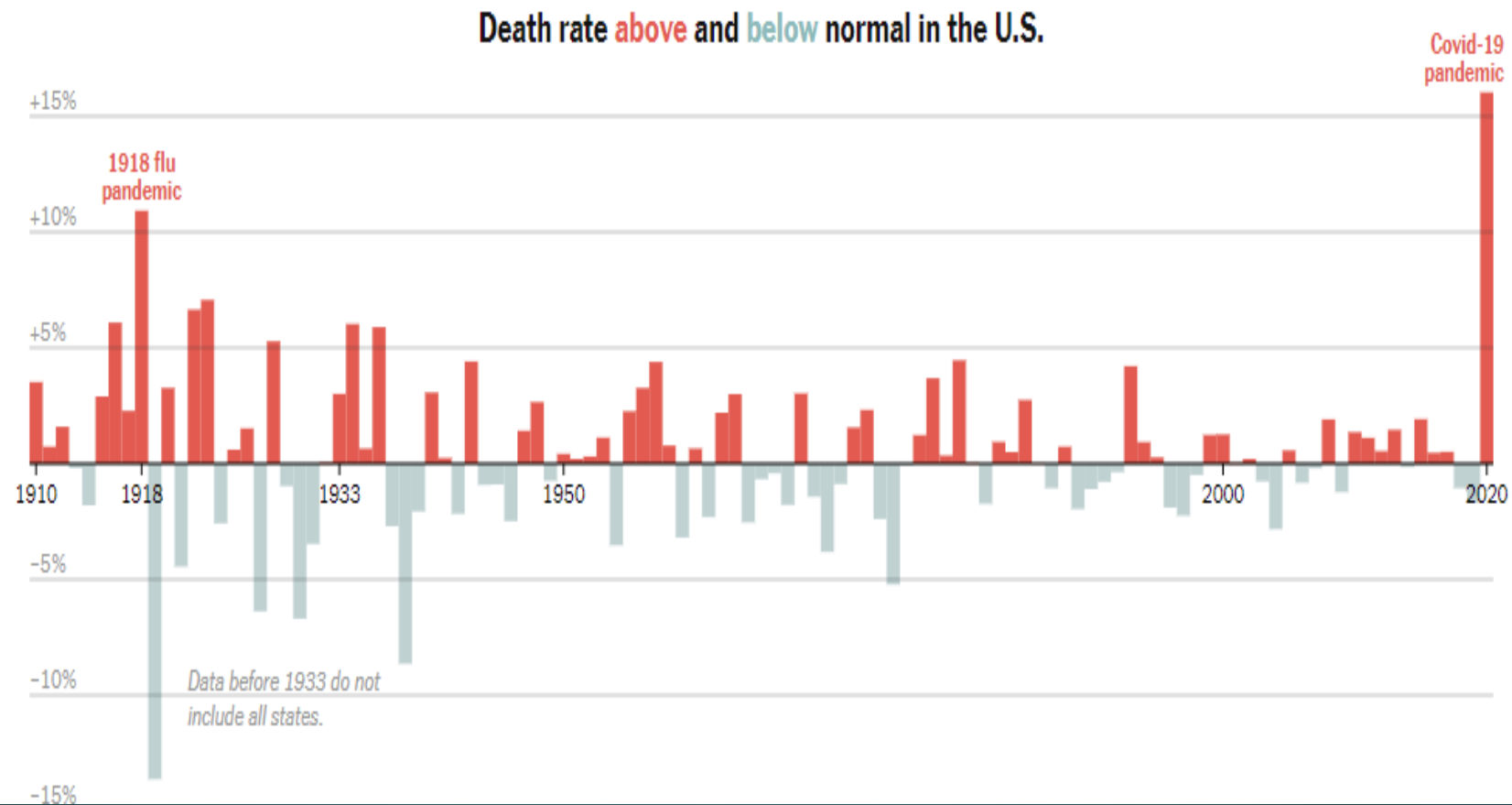




A G E I S M

A G E I S M

COVID Death Rates



2021

2019

2020

2021

The number of deaths in 2021 was 21% higher than in 2019.

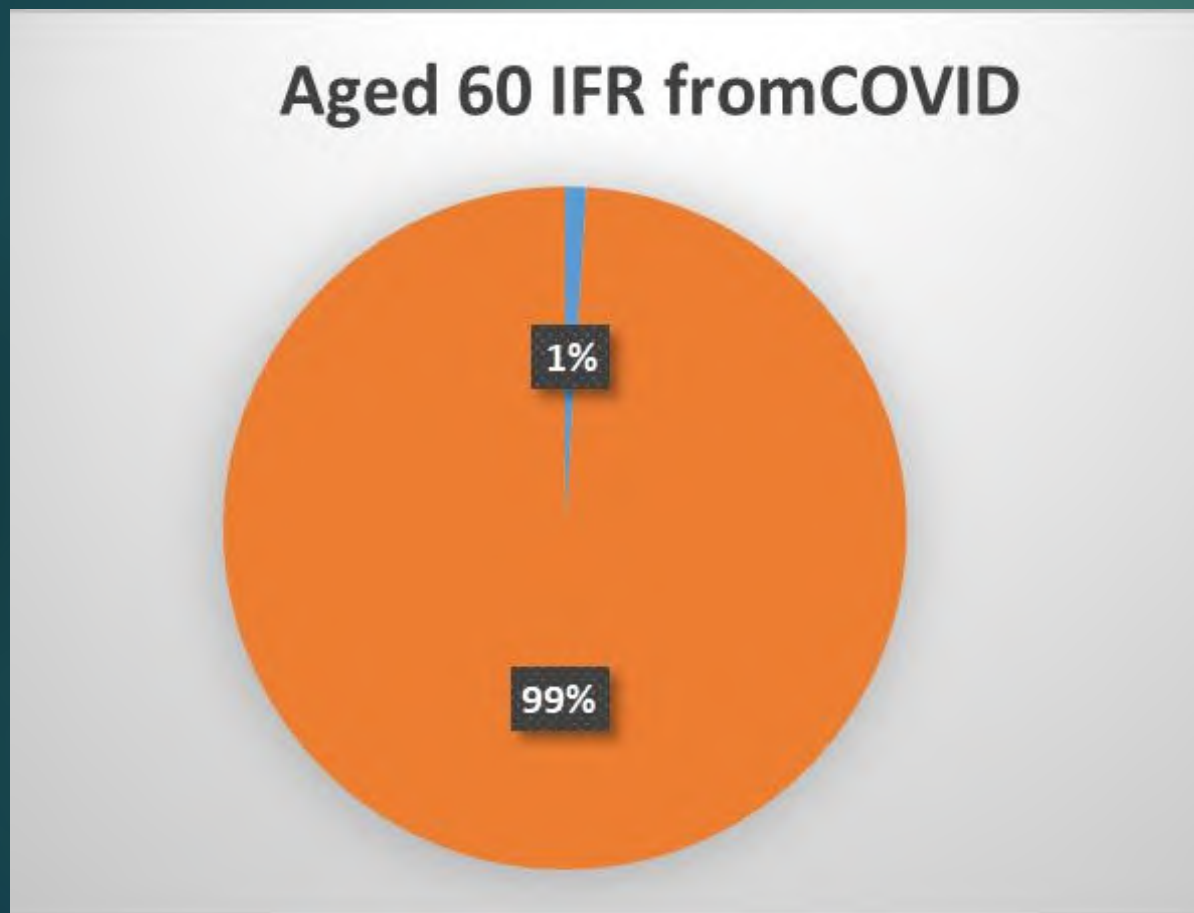
Excess deaths since 2017

Expected deaths Observed deaths



Source: Centers for Disease Control and Prevention. [🔗](#)

Infection Fatality Rate (IFR) aged 60 to 70 Prevaccine January 2021



The Lancet 2021

British Medical Journal

June 10 2020

One way to prioritise saving lives and life-years is to set an absolute age limit to gain access to intensive care. This was in fact proposed both in Italy and Spain during the peak of the pandemic,^{1 14} and depending on where the age-threshold is setting this approach may reduce the number of patients dramatically. As documented above, some may judge such triage as fair,

British Medical Journal

Feb 2021

Features

Pandemic ICU triage challenge and medical ethics

 Sabine Netters¹, Nick Dekker¹, Koos van de Wetering², Annie Hasker³, Dian Paasmans⁴

[Open Access](#)

The second principle is the fair innings principle, that every individual must have the same opportunity to experience all stages of life: childhood, young adulthood, middle age and old age. Young people are put first because they have had the least opportunity thus far. Empirical evidence also suggests that the majority of people believe that younger patients should receive priority when resources are scarce.²¹

AGE AS A TRIAGE CRITERIA –

Bioethics March 2021

bioethics

COVID-19 |  Free Access

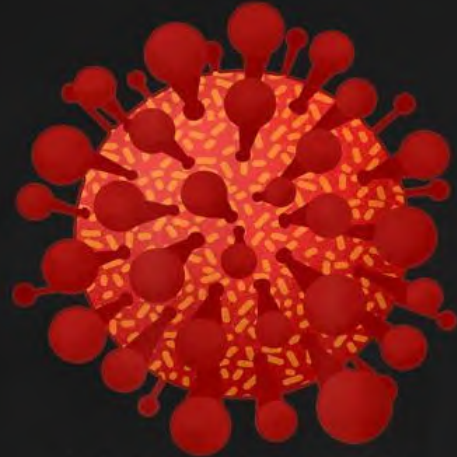
A consequentialist
approach to triage
decisions during
the COVID-19 pandemic

Matthew C. Altman 



Abstract

Most ethics guidelines for distributing scarce medical resources during the coronavirus pandemic seek to save the most lives and the most life-years. A patient's prognosis is determined using a SOFA or MSOFA score to measure likelihood of survival to discharge, as well as a consideration of relevant comorbidities and their effects on likelihood of survival up to one or five years. Although some guidelines use age as a tiebreaker when two patients' prognoses are identical, others refuse to consider age for fear of discriminating against the elderly. In this paper, I argue that age is directly relevant for maximizing health benefits, so current ethics guidelines are wrongly excluding or deemphasizing life-stage in their triage algorithms. Research on COVID-19 has shown



**BOOMER
REMOVER**

Participation in the workforce

- ▶ 37% of the essential workforce is aged 50 +
 - ▶ Medical
 - ▶ Transit
 - ▶ Critical retail
 - ▶ Postal services
 - ▶ Agriculture
- ▶ 33% of US adults are aged 50+



How can we embrace and adapt to changes with age....



Font size...

YOUR RESTAURANT NAME

est.
1994

FOOD
MENU

VOTED THE BEST RESTAURANT IN THE CITY

OPEN
HOURS:
11AM-5PM
DAILY

STARTERS

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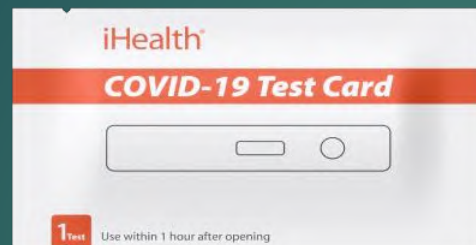
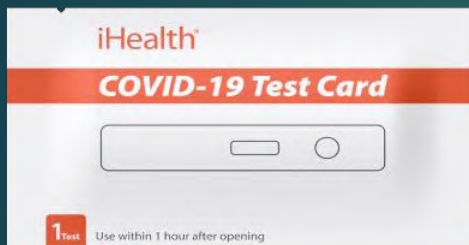
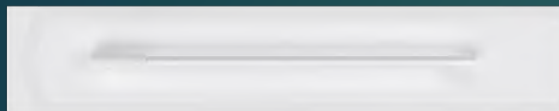
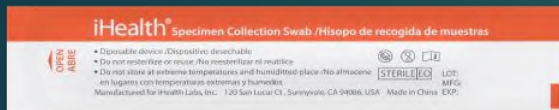
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DELIVERY & CATERING
NOW AVAILABLE!



Flowflex™ COVID-19 Antigen Home Test

Package Insert
REF: L031-118DS English

A rapid test for the detection of SARS-CoV-2 antigens in anterior nasal specimens. For self-testing use. For use under an Emergency Use Authorization (EUA) only. Carefully read the instructions before performing the test. Failure to follow the instructions may result in inaccurate test results.

KIT CONTENTS

- Test Cassette
- Extraction Buffer Tube
- Disposable Nasal Swab
- Tube Holder
- Package Insert
- Timer (Not included)

PREPARATION

- Wash or sanitize your hands. Make sure they are dry before starting the test.
- Read the instructions.
- Check your kit contents and make sure you have everything. Check the expiration date printed on the cassette foil pouch. Do not use if the pouch is damaged or open.
- Open the pouch and locate the Result window and Specimen well on the cassette.

SPECIMEN COLLECTION

SELF COLLECTION

COLLECTION BY AN ADULT

A nasal swab sample can be self-collected by an individual aged 14 years and older. Children aged 2 to 13 years should be tested by an adult.

TEST PROCEDURE

- Unscrew the dropper cap from the extraction buffer tube. Place the tube in the tube holder.
- Open the swab packaging at the stick end, not the swab end. Do not touch the swab head.
- Gently insert the entire absorbent tip of the swab head into 1 nostril (½ to ¾ of an inch). With children, the maximum depth of insertion into the nostril may be less than ¼ of an inch and you may need to have a second person to hold the child's head while swabbing. **Note: A false negative result may occur if the nasal swab specimen is not properly collected.**
- Firmly rub the swab in a circular motion around the inside wall of the nostril 5 times. Take approximately 15 seconds to collect the specimen. Be sure to collect any nasal drainage that may be present onto the swab. Repeat this in the other nostril.
- Remove the swab from the nostril and immediately place into the extraction buffer tube. **Note: Test samples immediately after collection, and no more than one hour after the swab is added to the reagent solution, if stored at room temperature.**
- Immediately place the swab into the tube and swirl for 30 seconds. **Note: A false negative result may occur if the swab is not swirled at least 30 seconds.**
- Rotate the swab 5 times while squeezing the tube. **Note: A false negative result may occur if the swab is not rotated five times.**
- Remove the swab while squeezing the tube. Dispose the swab in the trash.
- Screw the dropper cap firmly onto the tube. Mix thoroughly by swirling or flicking the bottom of the tube. Remove the small cap from the dropper tip.
- Gently squeeze the tube and dispense 4 drops of solution into the Sample Well. Dispose the tube in the trash. **Note: A false negative or invalid result may occur if less than 4 drops of fluid are added to the Sample Well.**
- Set the timer for 15 minutes. Result should be read at 15 minutes. Do not read after 30 minutes. Dispose the test cassette in the trash. **Note: A false negative or false positive result may occur if the test result is read before 15 minutes or after 30 minutes.**

RESULT INTERPRETATION

Only the control line (C) and no test line (T) appears. This means that no SARS-CoV-2 antigen was detected. A negative test result indicates no antigens for COVID-19 were detected. It is possible for this test to give a negative result that is incorrect (false negative) in some people with COVID-19 and negative results are presumptive and may need to be confirmed with a molecular test. This means that you could possibly still have COVID-19 even though the test is negative. If you test negative and continue to experience symptoms or symptoms become more severe, please consult your healthcare provider. It is important that you work with your healthcare provider to help you understand the next steps you should take.

Both the control line (C) and test line (T) appears. This means that SARS-CoV-2 antigen was detected. **NOTE: Any faint line in the test line region (T) should be considered positive.** A positive test result means that antigens from COVID-19 were detected and it is very likely you currently have COVID-19 disease. Self-isolate to avoid spreading the virus to other people and consult your healthcare provider as soon as possible. Your healthcare provider will work with you to determine how best to care for you.

Control line (C) fails to appear. Not enough specimen volume or incorrect operation are the likely reasons for an invalid result. Review the instructions again and repeat the test with a new cassette. If the problem persists, call (800) 838-9502 for assistance.

Closed captions...



Driving...

Hyundai tech converts sound to visuals, vibration for hearing-impaired drivers

The automaker showed off its tech in a video featuring a hearing-impaired taxi driver.

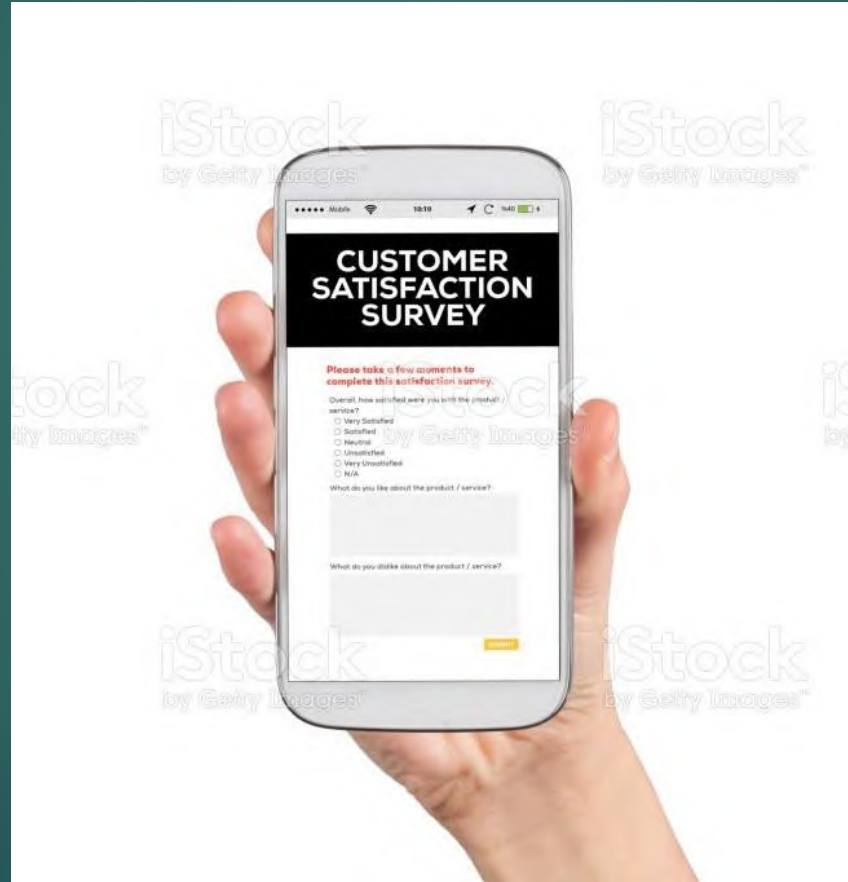


Andrew Krok

Jan. 10, 2019 1:21 p.m. PT



Low dexterity friendly devices



Generationally friendly cities



Age Friendly Universities...



[Join](#) | [Career Center](#) | [Online Store](#) | [COVID-19](#)

AAA

Search Site



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[PROGRAMS & SERVICES](#)

[MEETINGS & EVENTS](#)

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[Home](#) > [Programs & Services](#) > [Education Center](#) > [Age-Friendly University \(AFU\) Global Network](#)

[COVID-19 Updates](#)

[Reframing Aging Initiative](#)

[Policy Center](#)

[Alliances and Multi-Stakeholder
Collaborations](#)

[Mentor Program](#)

[Webinars](#)

[Momentum Discussions](#)

[Career Conversations](#)

Age-Friendly University (AFU) Global Network

The Age-Friendly University (AFU) network consists of institutions of higher education around the globe who have endorsed the 10 AFU principles and committed themselves to becoming more age-friendly in their programs and policies. The Academy for Gerontology in Higher Education (AGHE) endorses the AFU principles and invites its members and affiliates to call upon their institutions become part of this pioneering initiative.



Joining the AFU AGHE network of global partners offers institutions the opportunity to learn about emerging age-friendly efforts and to contribute to an educational movement of social, personal, and economic benefit to students of all ages and institutions of higher education alike.

The AFU principles reflect the work of an international, interdisciplinary team convened by Professor Brian MacCraith, then President, Dublin City University (DCU) to identify the distinctive contributions institutions of higher education can make in responding to the interests and needs of an aging population. Launched by the Irish Prime Minister, (An Taoiseach) Enda Kenny in 2012 the 10 AFU principles have been adopted by institutions in Ireland, the U.K., the U.S., Canada, and beyond.

A new conversation about aging



Reframing Aging

A Social Change Endeavor
designed to improve the
public's understanding of aging

 @ReframingAging

*Original research conducted by the
FrameWorks Institute and sponsored by the
Leaders of Aging Organizations*





Why Framing Matters

Framing Is about Choices

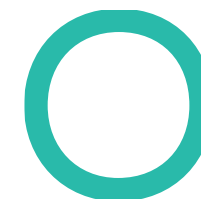
Frames are sets of choices about how information is presented.



What to emphasize



How to explain it



What to leave
unsaid

FrameWorks Research



Quantitative and Qualitative Methods N=12,185	
Expert interviews	21
Cultural models interviews	40
Media content/field frame analyses	592
On-the-street interviews	146
Persistence trials	60
Usability trials	26
Survey experiments	11,300

Why Reframe?

Changes in Communication lead to



Changes in Discourse lead to



Changes in Thinking lead to

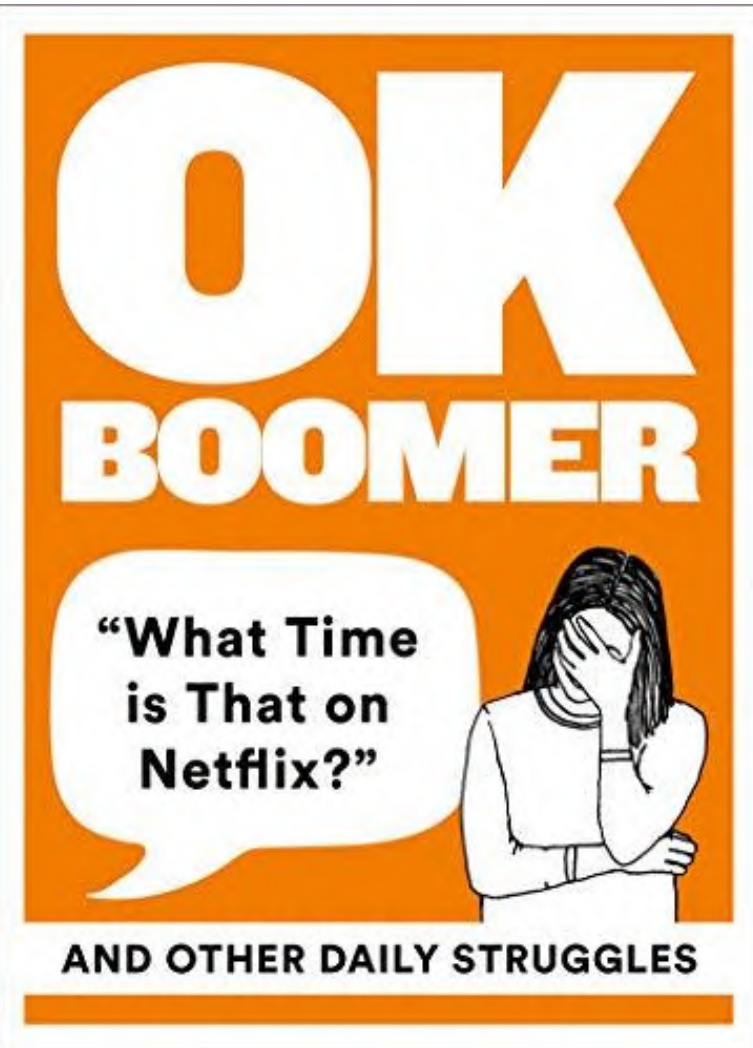


Changes in Behavior lead to



Changes in Policy and Practice

Everyday Ageism





Building Momentum in Practice



Before

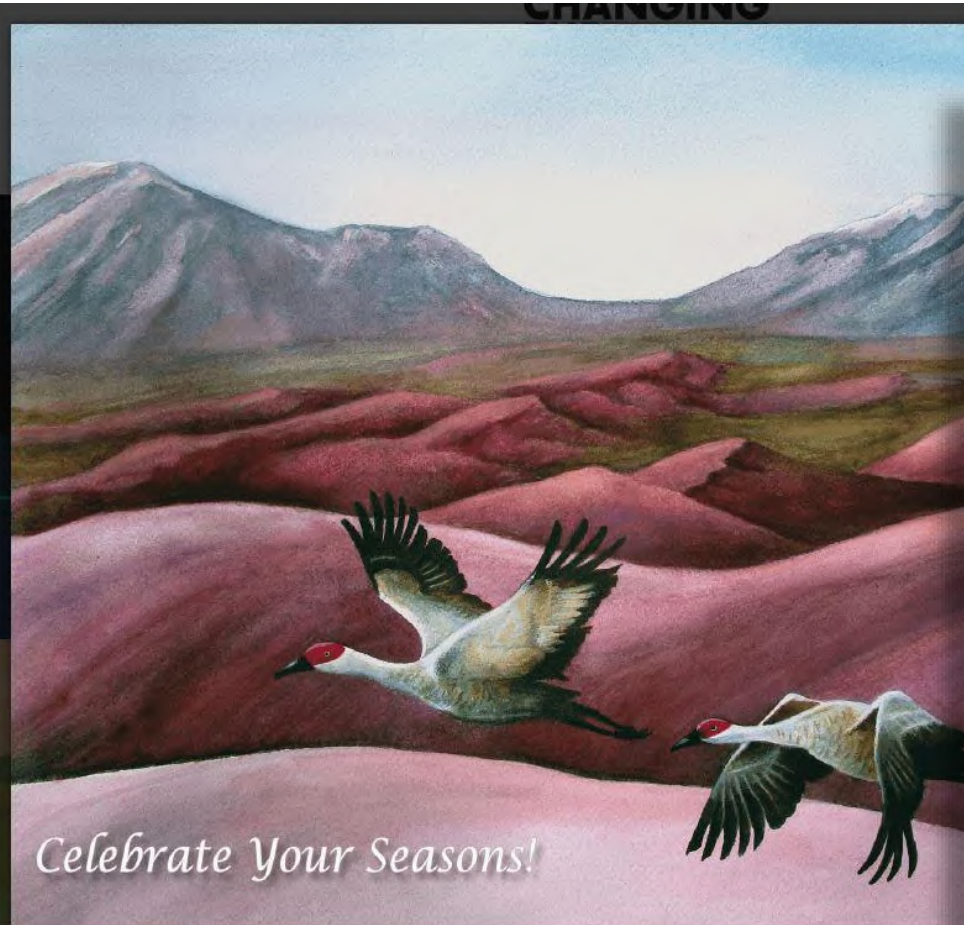


After

Age Strong Shuttle Redesign



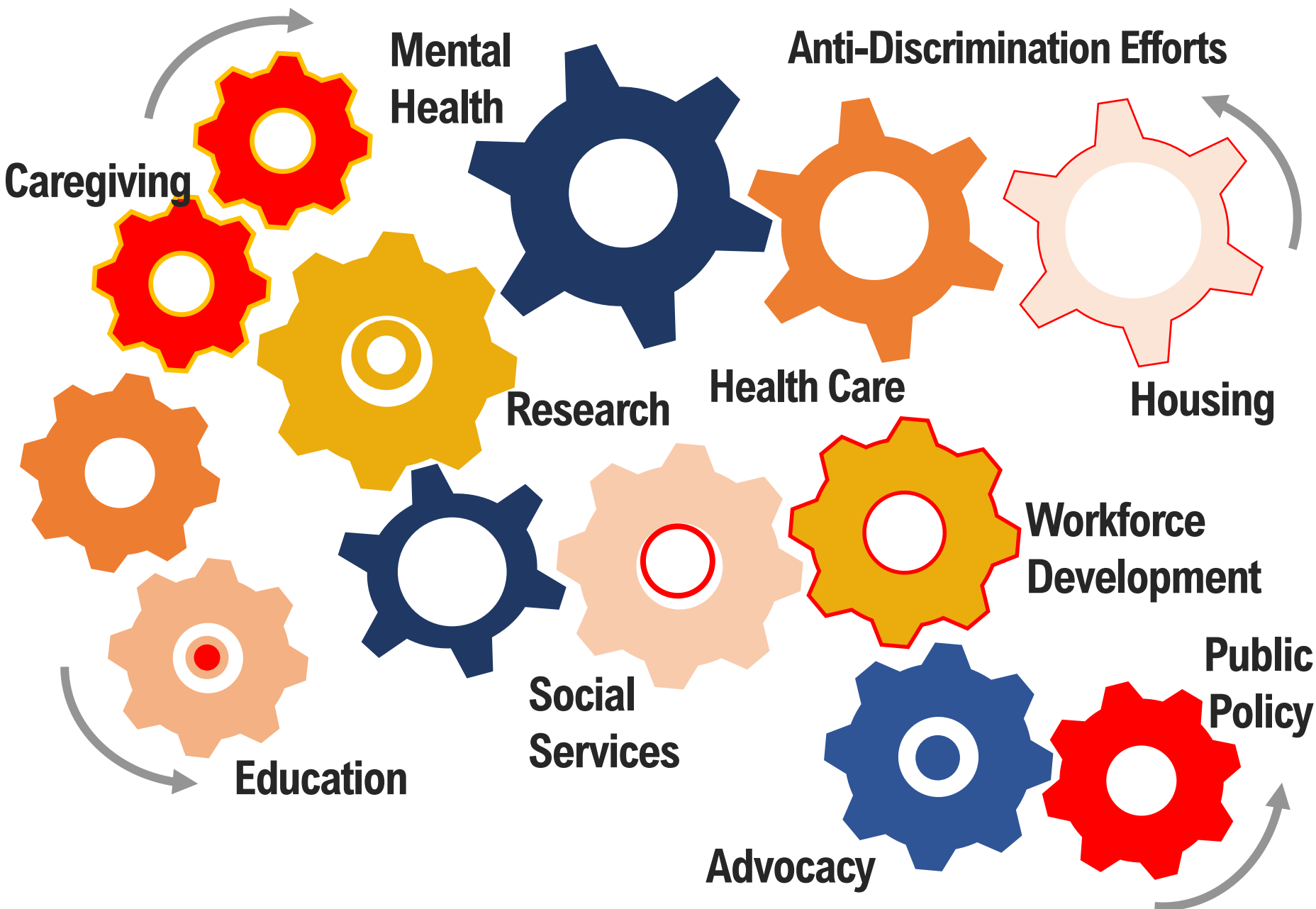
Building Momentum in Practice



Nicolette Toussaint-front

*Happy birthday to majestic,
wise, and venerable you!*

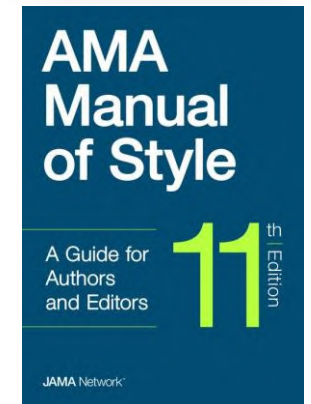
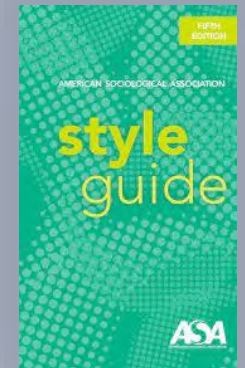
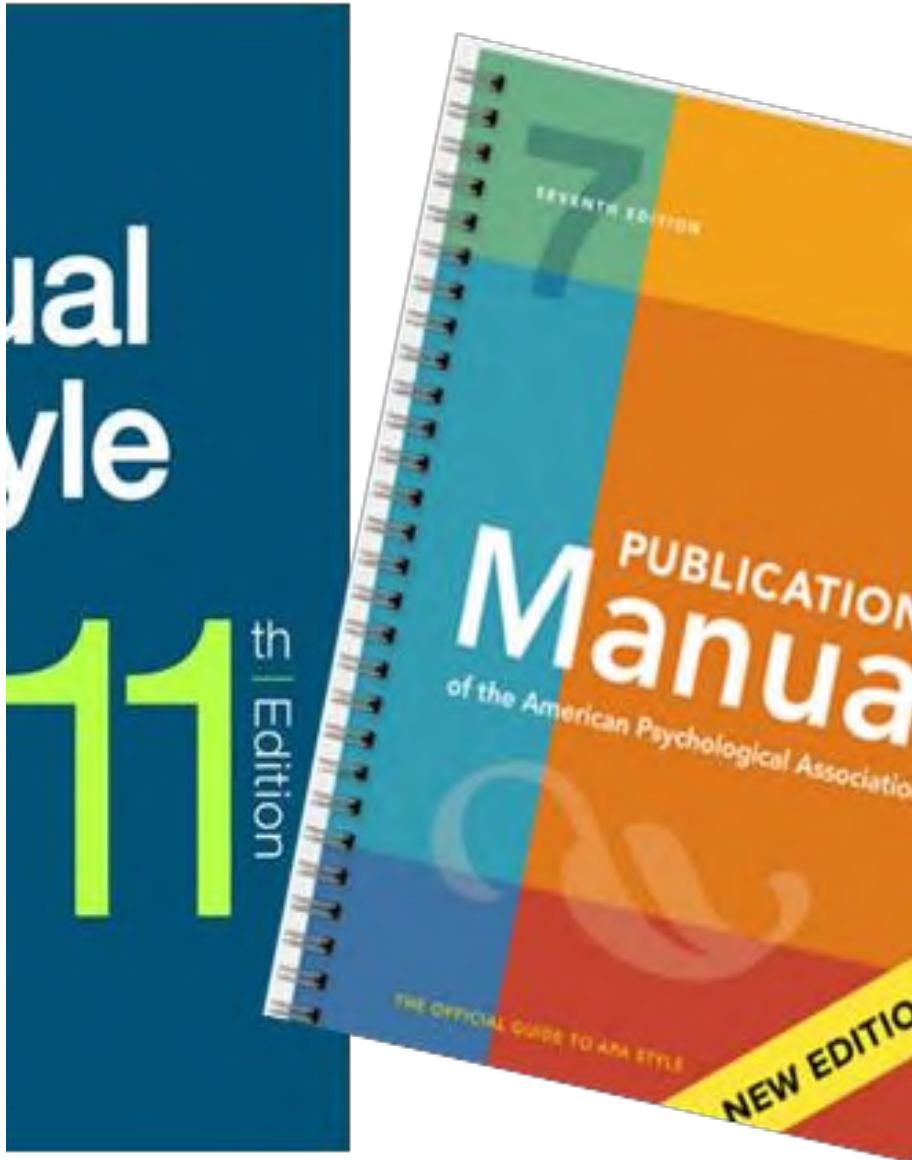
Nicolette Toussaint-inside

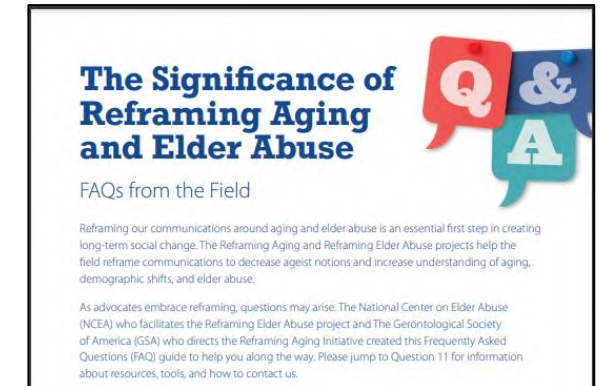
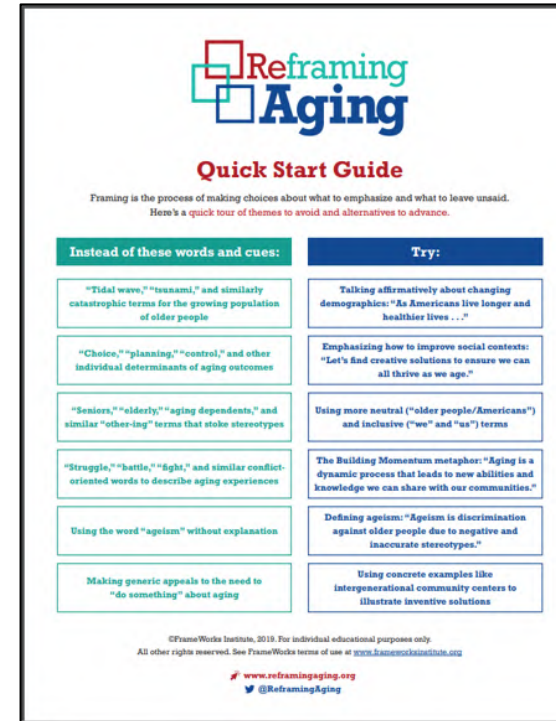
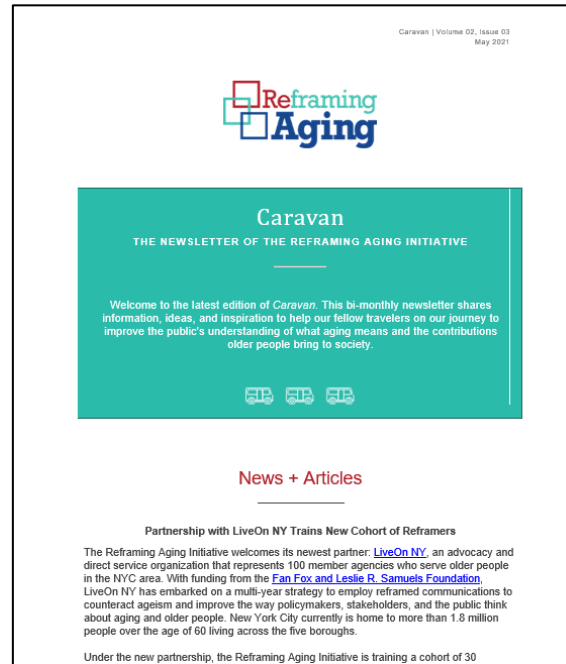


Situate yourself in the field of aging and aging-related services.

How does your work help to turn the gears of older people's wellbeing or of aging-related outcomes?

Leveraging Style Guide Changes to Reframe Aging





Tools to Support Good Framing

reframingaging.org



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reframingaging.org



Leaders of Aging Organizations (LAO)



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The
John A. Hartford
Foundation





Nonprofit think tank with the mission to advance the nonprofit sector's capacity to reframe social issues

Conducts original, scholarly research on the communications aspects of social and scientific issues

Recognized in 2015 with the MacArthur Award for Creative and Effective Institutions

Concepts presented today w/ permission, courtesy of the Reframing Aging Initiative and the FrameWorks Institute

Changing American Culture

Changing American culture is challenging and changing attitudes and behaviors around the universal experience of aging especially so.

- A generational change
- Ongoing impact
- Positive perceptions of aging: Priceless

APA 2022 Meeting

Reframing Aging: A Way Forward to Challenge Ageism and Improve Attitudes About Aging

Joanne Montepare and Trish D'Antonio



#ButtonUpAgeism
@AgeFriendlyOH