Statement on Ageism

Student National Medical Association

Health Policy and Legislative Affairs Committee
Statement on Ageism

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Ageism

Founded in 1964 by medical students from Howard University School of Medicine and Meharry Medical College, the Student National Medical Association (SNMA) is the nation's oldest and largest independent student-governed organization focused on the needs and concerns of medical students of color. The SNMA is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent, and socially conscious physicians.

Introduction

The SNMA was founded in 1964 to support medical students of color, ameliorate the health of underserved communities, and generate culturally and socially competent physicians.

As the elderly population continues to grow, so do related psychosocial and health concerns. Of these concerns, ageism is at the forefront. Ageism is when individuals experience discrimination due to their age. Studies have shown that physicians are more likely to allow younger patients to lead encounters than older patients, and empathize more with younger patients' psychosocial issues. In contrast, with older patients, the emphasis is placed on medical matters. Research has shown that African American patients 65 and older, report worse health outcomes than their white counterparts. These outcomes include but are not limited to more extensive psychological symptoms, more severe sensory challenges, and further limitations in daily movement due to various disabilities. In addition, older African American patients have a poorer outlook and quality of life than their white counterparts. There is currently a lack of attention to geriatric education in medicine, and it's not a required core rotation in most medical schools. The lack of importance given to geriatrics can cause medical students and residents to adopt subconscious ageist ideology. This can be detrimental to African American patients who not only deal with racial bias in medicine but are now increasingly concerned with ageist discrimination, which impacts their quality of life.

Addressing ageism is vital because the SNMA strives to generate culturally and socially conscious physicians. This statement aims to shed light on this crucial issue and how detrimental it can be to the African American senior population and provide potential solutions to eradicate it.

Background

Aging Population & the Impact

The Administration of Aging projects that the percentage of the US population over 65 years old is expected to rise to 21.6% of the total population by 2040, an increase from 16% in 2019. Moreover, the projected proportional increase in the non-white population over 65 years is closer to 115% as compared to a 29% increase within the white population. In nine states, this change in demographics has resulted in 51% or more of the states’ population being older than 65 years old. This population
also is heavily affected by poverty, with 1 in 10 living below the poverty line, another 4.4% living between poverty level and 125% above, as of 2019. Ethnic stratification shows that in 2019, 18% of African Americans, 17.1% of Hispanic Americans, and 9.3% of Asian Americans older than 65 fell into the poverty category as compared to 6.8% of white, non-Hispanic Americans. This change in population proportions further reinforces the significance that ageism plays within medicine and establishes it as a major professional concern that requires intervention.

With regard to healthcare specifically, in 2019 22.3% of the population between 65 and 74 years old, and 29.3% of those 75 and older reported that their health is “fair or poor”4. It is estimated that 85% of individuals 65 and older live with one or more chronic diseases5. Out-of-pocket healthcare costs for this population have also been increasing for more than 20 years, with a 41% increase just between 2009 and 20196. Patients older than 65 had an average out-of-pocket healthcare cost of approximately $6833 in 2019, and almost 94% of persons over 65 were covered by Medicare. Of these, approximately half are also covered by other sources, including private insurance (52%), military based insurance (6%), and Medicaid (6%).

**Scope of the Problem**

Ageism can have a detrimental impact on a patient's health on a structural and individual level7. On the structural level, ageism is linked to worse health outcomes in all 11 health domains7. The 11 health domains are: exclusion from health research, devalued lives of older persons, lack of work opportunities, denied access to healthcare and treatments, reduced longevity, poor quality of life and wellbeing, risky health behavior, poor social relationships, physical illness, mental illness, and cognitive impairment.7

Of the structural ageism domains, “denied access to health services and treatment” is the most researched aspect of structural ageism, with 149 ageism studies and 545 ageism associations7. Age determined who received specific treatment or procedures in 84.6% of studies and 63.0% of associations7. Furthermore, it has been shown in a study of 9,105 hospitalized patients that clinicians are more likely to withhold lifesaving treatments from older patients instead of younger patients7.

In the “exclusion from health research” domain, 100% of the ageism studies and 94.4% of the ageism associations demonstrated ageism. In these studies, elderly patients were not considered for clinical trials in cardiology, internal medicine, nephrology, neurology, preventative medicine, psychiatry, rheumatology, oncology, and urology7. Even for Parkinson's Disease, elderly patients were excluded from 49.0% of clinical trials, even though the pathology impacts their population substantially7.

In the “devalued lives of older persons” domain, 80% of four associations demonstrated ageism. Furthermore, in the “lack of work opportunities” domain, workplace ageism was a predictor of worse health, such as increased depressive symptoms and long-term illness7. Also, employers have
been shown to hire younger applicants over older applicants and provide less access to training to more senior employees than younger employees. Older employees are more likely to retire early if they experience workplace ageism.

On an individual level, ageism has been associated with a shorter lifespan, riskier health behavior such as medication noncompliance, excessive drinking, smoking, and an unhealthy diet. Furthermore, ageism has been linked to onset and lifetime depression, but when older adults resist those negative ageism stereotypes, they have lower levels of suicidal ideation, PTSD, and anxiety. Also, regarding cognitive impairment, ageism predicts worse memory 38 years later. Lastly, regarding physical illness, older adults with positive age stereotypes are more likely to recover from a physical disability than those with negative stereotypes.

Statement of Position & Recommendations

The SNMA strives to generate physicians that are culturally and socially conscious. Addressing this issue is imperative due to rise of the elderly African American population. Therefore, the SNMA thus supports the following:

1. Advocating that medical school and residency programs incorporate ageism into their educational curriculum, thus shifting the perspective and the treatment of older patients.
2. Contacting legislators to push legislation that requires hospitals to mandate continuing education on ageism for their employees, especially those in direct patient contact.
3. Advocate to medical boards to require all physicians to do continuing education on geriatric care with ageism as a component of the curriculum.
4. Elderly patients, if alert and oriented, should be allowed to speak for themselves, decide for themselves, and have their concerns respected.
5. Requiring medical students to do a core rotation in Geriatrics so that they understand the senior population better and respect their place in our society.
6. Educating the senior population on embracing the aging process, finding a new zest for life after retirement, and advocating for themselves because their voices matter.
7. Support organizations that invest in ageism research and solutions.
8. Support organizations that invest in research that highlights the impact of ageism on the African American Community.
References


