

## Ageism as a Health Care Crisis by Jackie Schloemp, SPT

Ageism, or the discrimination based solely on age, is a widespread issue that continues to be under-addressed in our society. Some researchers say that components of this discrimination can be engrained in us as early as age four,<sup>1</sup> and that these attitudes and beliefs are then perpetuated by the media, society, and in every work industry creating a culture of age-based prejudice. The assumptions all stem from the idea that aging is synonymous with inevitable physical and cognitive decline, which then promotes the stereotype that all elderly individuals are less than other members of society. This social perspective shapes the way we view and value the aging population, but also seem to affect the way we see ourselves as we age. The World Health Organization states that these negative views surrounding the aging process can actually promote negative health outcomes in the older population due to the power of negative self perception.<sup>2</sup> These health beliefs become self-actualized health outcomes, translating into increased cardiovascular stress and decreased cognition, as well as decreased productivity and increased loneliness.<sup>2</sup> This fact is especially problematic because it perpetuates the stereotype of poor health in the aging population even further. In addition, bias against older patients by health care providers themselves is also a major contributing factor to poor health outcomes as it influences the ways providers communicate health information and manage the treatment of these individuals.<sup>3</sup> For example, the American Psychological Association reports that “older patients are often viewed by health professionals as set in their ways and unable to change their behavior,” and are thus not given the chance to do so.<sup>1</sup> Similarly, there is the assumption that being old is synonymous with disability, even though this is not justified in the research.<sup>4</sup> This can translate across many health care disciplines, but is especially prevalent in physical therapy. Older patients are assumed to be weak and unhealthy, and are often under-prescribed exercise because of this view. Overall, we seem to convince ourselves that we will be less than when we are old, because of perpetual social stigmas and reinforcement from healthcare providers, which is in turn promoting a health care crisis that must be confronted.

It is clear that two of the major problems that contribute to the current practice of ageism include the social stigmas, which promote negative self perception, and bias among healthcare

providers, which translates in the way we communicate with and treat these individuals. To counter these forces working against the health of the elderly, it is essential to address the way we learn about and discuss aging. First, aging should be taught as a natural process that does not necessarily equate to physical and mental decline, but is rather shaped by the social determinants of health just like any other age population. Researchers have shown that “successful aging” is largely dependent upon “lifestyle choices and health behavior,” and should be taught as such to the general public.<sup>5</sup> Along these same lines, “positive self perceptions of aging has been proven to increase life expectancy,” which highlights the preventative power of education around the true nature of aging.<sup>1</sup> Health care providers should manage the aging population with a strong emphasis on the social determinants of health, and educate their patients about these modifiable factors from a young age. In conjunction, health care providers must translate this perspective into their own treatment of elderly patients, by removing assumptions about their capabilities and working within a patient-first frame of medicine. For example, it is now understood that the aging population benefits from well rounded and challenging physical activity prescription just like any other age bracket.<sup>6</sup> Each patient, regardless of their age, deserves individualized medical care that fits their own biopsychosocial needs. If we address the root of this prejudice, both by changing the social stigmas as well as our own biases through education and practice, we can attempt to combat ageism and prevent the resulting health care crisis.

## References:

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