Aging and the Workforce

Cathy Maxwell, PhD, RN, FAAN
Professor
Vanderbilt University School of Nursing

Deborah Lee, PhD, RN, NBC-HWC
NHC Chair of Excellence in Nursing
Middle Tennessee State University School of Nursing

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Learning Objectives

• Describe how ageism can impact health and well-being.
• Identify opportunities within the workplace to address ageism.
• Discuss initiatives to educate the health care workforce about a more proactive approach to aging.
What do we all have in common universally?
We are aging every day.
What words come to mind when you think of older adults?
What is Aging Stigma (or Ageism)?

**Stigma** - “Negative beliefs and stereotypes linked to socially constructed categories that serve as the basis for prejudice, discrimination, and the social marginalization of individuals and groups labeled with those categories. (p. 2093).*

**Aging stigma (ageism)** - societal beliefs and attitudes of aging are dominated by, “narrow, overwhelmingly negative stereotypes of how older adults should behave, what they should look like, and what are reasonable and appropriate expectations of aging (p. 2093).”** and **


In a JUST society, everyone can participate
Age distribution of employed adults in the U.S. by gender, 2000–2020

Ageism in the Workplace

“Ageism can affect people’s ability to get a job or keep a job. Nearly three in five older workers say they have seen or experienced age discrimination. Since the COVID-19 pandemic started, this situation has amplified, and the unemployment toll for older workers is the worst it has been in half a century” (p. 3). Reframing Aging Initiative (2022).
Ageism is often implicit and seen as socially acceptable.
How does Ageism Impact Health and Well-being?

Poor short- and long-term health outcomes

- Cognition- short-term memory
- Psychological well-being- anxiety and depressive symptoms
- Physical health- functional health, chronic pain, chronic health conditions
- Hospitalizations

Aging stigma was estimated to account for 17 million excess health conditions and $63 billion in excess healthcare costs annually in the US. “The findings suggest that a reduction of ageism would not only have a monetary benefit for society, but also have a health benefit for older persons” (p. 174). (Levy BR, Slade MD, Chang ES, Kannoth S, Wang SY. Ageism amplifies cost and prevalence of health conditions. Gerontologist. 2020;60:174–181. doi:10.1093/geront/gny131)
Experiences of Everyday Ageism and the Health of Older US Adults
Associations Between Everyday Ageism and Health Outcomes

**A** Fair or poor physical health

**B** Chronic health conditions

**C** Fair or poor mental health

**D** Depressive symptoms
What can be done in the Workplace to Address Ageism?

Appreciate and verbalize a sense of purpose and meaning for the work contribution.

Engage in activities to decrease sense of being an outsider. We often make assumptions about age and what people can/cannot do ("They won’t want to do that because of their age."). This also helps decrease a sense of loneliness and isolation. Staying connected is important to all of us.

Be mindful of words- review policies and company documents for words that may be used for older adults (e.g., elderly, seniors, the aged) and change to age-friendly language (e.g., older adults, older people, persons over X age).

- When speaking about the increase in number of older adults, avoid fatalistic phrases that suggest it’s a disaster to be avoided (e.g., instead of “silver tsunami” say “increase in number of older adults”).
- Changing the way we talk and write about aging will change attitudes.

What can be done in the Workplace to Address Ageism?

Extend the length of work ability - invest in decreasing of both work stress and social inequalities in health care. However, extending the length of work ability does not just pose issues, but provides social and economic opportunities.*

Older workers with high job satisfaction without age-based discrimination remained longer in the labor market.*

Improve the well-being of older workers. Difficulties that older people experience at work indicates a need for health care strategies to adjust the work conditions so that they are suitable for older workforce with decreased physical ability. Promote workplace health promotion activities.*

Promote lifelong learning. The growth of the aging labor force and emerging technologies change the work environment, generating a need to train older workers to improve their skills. Older workers gain benefits when well-designed training approaches are used.*

- Comprise a workforce that includes younger and older workers and gradual retirement.*

Bridging the Gap: The Need for Interventions
What does AGING really look like?
Booklet- Aging: Important Things to Know

Cathy A. Maxwell PhD, RN, FAAN, FNAP

WHAT IS FRAILTY?
DETERMINING OUTCOMES FOLLOWING AN INJURY

ENERGY ENGINES
HOW TO INCREASE ENERGY THROUGH PHYSICAL ACTIVITY AND MOVEMENT

8 AREAS OF PLANNING
What is frailty?
Energy and Frailty: Influence on outcomes
Pathways of aging that lead to end of life
Proactive planning for aging
Booklet Elements

- Areas for Proactive Planning
  - Physical activity
  - Nutrition
  - Mind/Body Health
  - Sleep and Rest
  - Safety
  - Relationships and Social Connections
  - Financial/Legal Planning
  - Health Care Decision-making
AFRESH Health & Wellness Program

THE AFRESH INTERVENTION

AFRESH Overview Energy Homeostasis
Physical Activity
Meet with Exercise Physiologist Individualized Physical Activity Plan
Nutrition Mind & Body Sleep & Rest Relationships & Community Safety Healthcare Decision Making Financial/Legal Wrap Up

2 Minute Boosters: Energy Homeostasis Boosters after each topic presentation

Follow up data collection
Developing and testing a frailty-focused communication (FOM) aid for older adults

Cathy A. Maxwell, PhD, RN, FAAN1, Russell Rothman, MD2, Ruth Velez, PhD3, Sandra Simmens, PhD3, Mary S. Dietrich, PhD4, Richard Miller, MD5, Mayur Patel, MD5, Mohana K. Rarilar, MD3, Sheila Rifkin, PhD, RN, FAAN6

1University of Maryland School of Nursing, Baltimore, MD 21201, USA; 2Downstate Medical Center, Brooklyn, NY 11203, USA; 3School of Nursing, University of Minnesota, Minneapolis, MN 55455, USA; 4University of California, San Francisco, San Francisco, CA 94143, USA; 5University of Maryland School of Medicine, Baltimore, MD 21201, USA; 6Downstate Medical Center, Brooklyn, NY 11201, USA

ABSTRACT

The concept of frailty as a precursor to aging, health, and well-being is poorly understood by older adults and the public at large. We developed an aging and frailty education tool designed to improve laypeople's understanding of frailty and prevent behavior change to present and improve health. We subsequently tested the education tool among adults who attended education sessions at 18 community sites. Specific aims were to: 1) determine acceptability (desirability, understandability) of the content, and 2) assess the knowledge of behavior change after exposure to education tool content. Over 90% of participants ‘liked’ or ‘loved’ the content and found it understandable. Eighty-five percent of participants indicated that the content triggered a change in attitudes and 59% indicated a change in behavior. There was significant improvement in knowledge about aging, frailty, and healthy eating. Future focus for proactive planning were rated as important or extremely important by over 90% of participants.

Keywords: Aging; Frailty; Health and wellness; Communication

Feature Article

Health and wellness for disadvantaged older adults: The APRESH pilot study

Cathy A. Maxwell1, Catley Roberts2, Kelsey Ommann3, Sylvia Mulhimpunda4, Roberto R. Arthur5, Maiall R. Patel5, Maggy F. Muluhumba6, James Mutchin, Jeffrey Bunn, Mariana LaBouze

1University of Maryland School of Nursing, Baltimore, MD 21201, USA; 2Office of Community Health, SLO Health, San Luis Obispo, CA 93401, USA; 3Inland Regional Medical Center, 1521 E Seventh Ave, Arcata, Redwood, CA 95521, USA; 4Inland Community Nursing Services, the CRP, Klamath Falls, OR 97601, USA; 5Inland Valley District Hospital, 4155 E Arrow Hwy, Arcadia, CA 91006, USA

ABSTRACT

Introduction: Older adults are amongst the most vulnerable of the population due to the development of disabilities, chronic conditions, and frailty, which make them more prone to cognitive, physical, and mental challenges. We developed the APRESH health and wellness program as part of a larger initiative to support older adults in the community. Methods: After program development, pilot testing was conducted. Participants: Older adults (N = 30) aged 65+ living in a homogenous community. Procedures: Evaluation of health-related objective and subjective measures (physical activity, diet, sleep, stress, social interaction) were conducted at baseline, mid follow-up (12 weeks), and post-follow-up. Results: Participants experienced positive changes in several health-related outcomes (physical activity, sleep quality, stress levels). Conclusions: The APRESH health and wellness program appears to be effective for older adults in improving health-related outcomes.
MitoFit: How to Slow Down Aging Through Mitochondrial Fitness
Key Take-aways from the National Academies of Science, Medicine & Engineering

- Health professions education programs do not require classes in geriatrics.
- Providing opportunities for older adults to be engaged in the community is an essential part of healthy aging.
- The “elephant in the room” is the need for a paradigm shift in how individuals are taught to think about older adults and the ideas that shape our attitudes.
- At the learner level, it is important to move learners into the community and engage with older adults directly.
QUESTIONS OR COMMENTS?