

Aging and the Workforce

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Learning Objectives

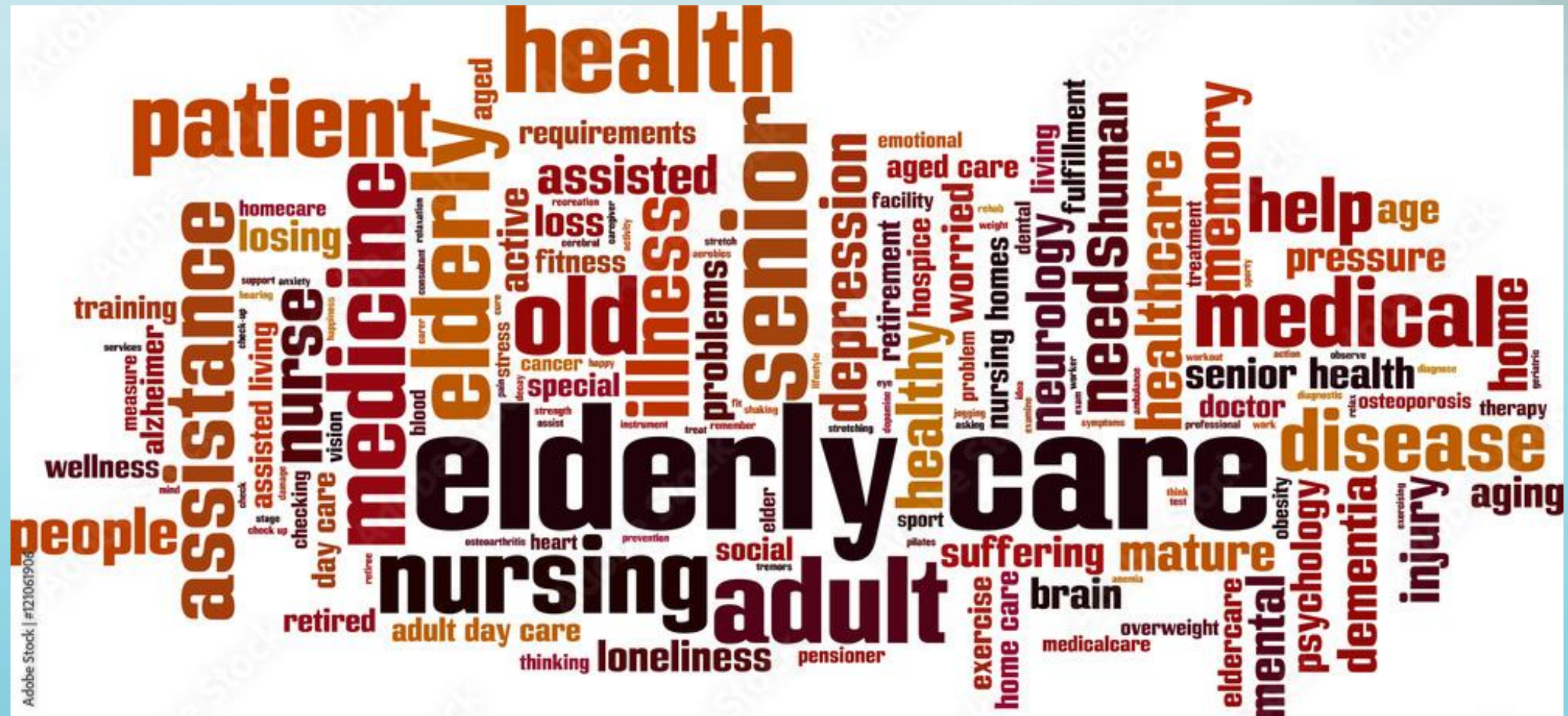
- Describe how ageism can impact health and well-being.
- Identify opportunities within the workplace to address ageism.
- Discuss initiatives to educate the health care workforce about a more proactive approach to aging.

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 **



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*Allen, J.O. & Sikora, N. (2023). Aging stigma and the health of US adults over 65: What do we know?, *Clinical Interventions in Aging* (18): 2093-2116.

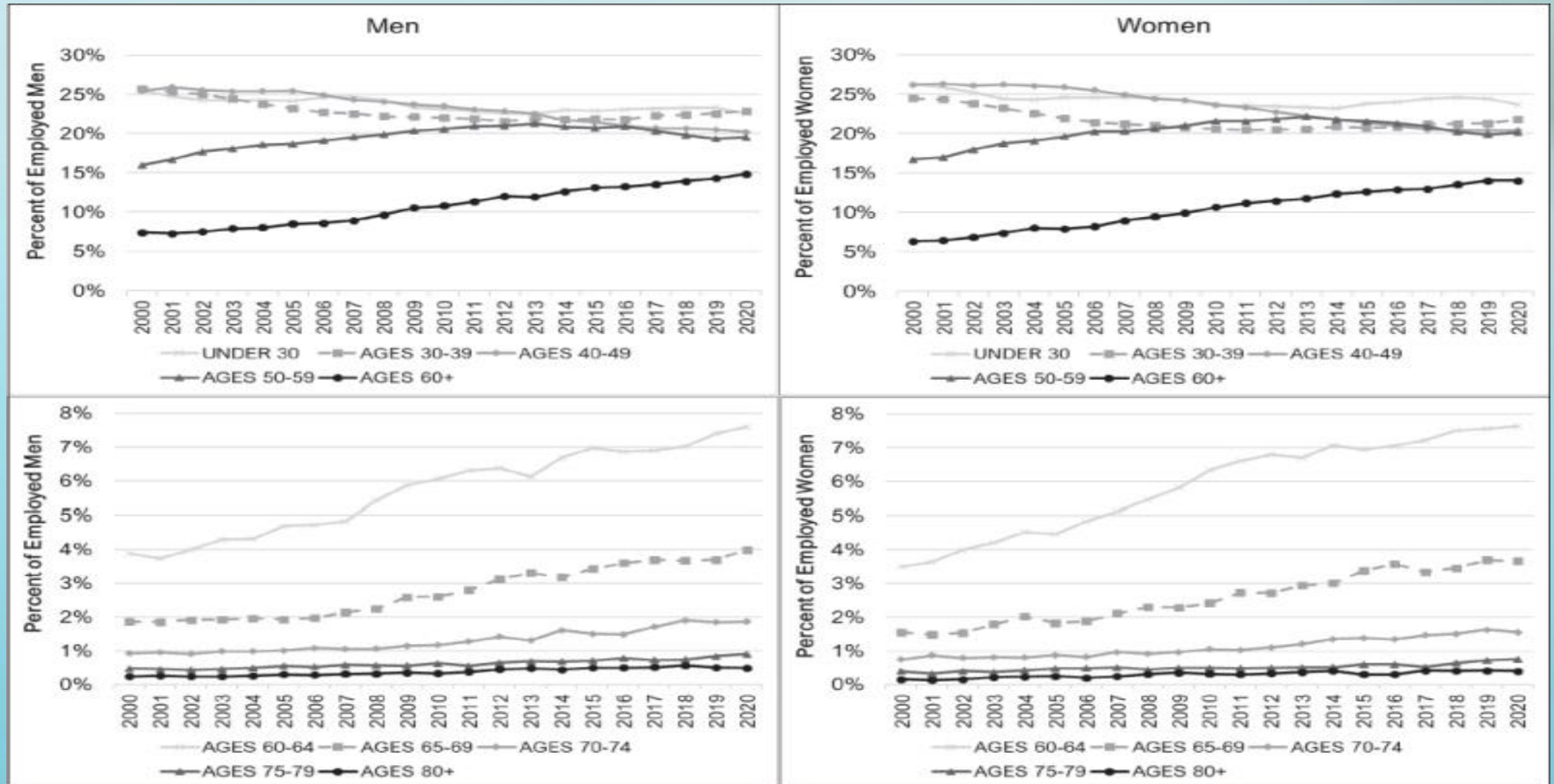
**Levy BR, Chung PH, Bedford T, Navrazhina K. (2014) Facebook as a site for negative age stereotypes. *Gerontologist* (54):172-176. doi:10.1093/geront/gns194



In a JUST society, everyone can participate

Age distribution of employed adults in the U.S. by gender, 2000–2020

SOURCE: Data from 2000–2020 March Current Population Survey Annual Social and Economic Supplement data files calculated by U.S. Census Bureau online data table tool (Beta version).



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

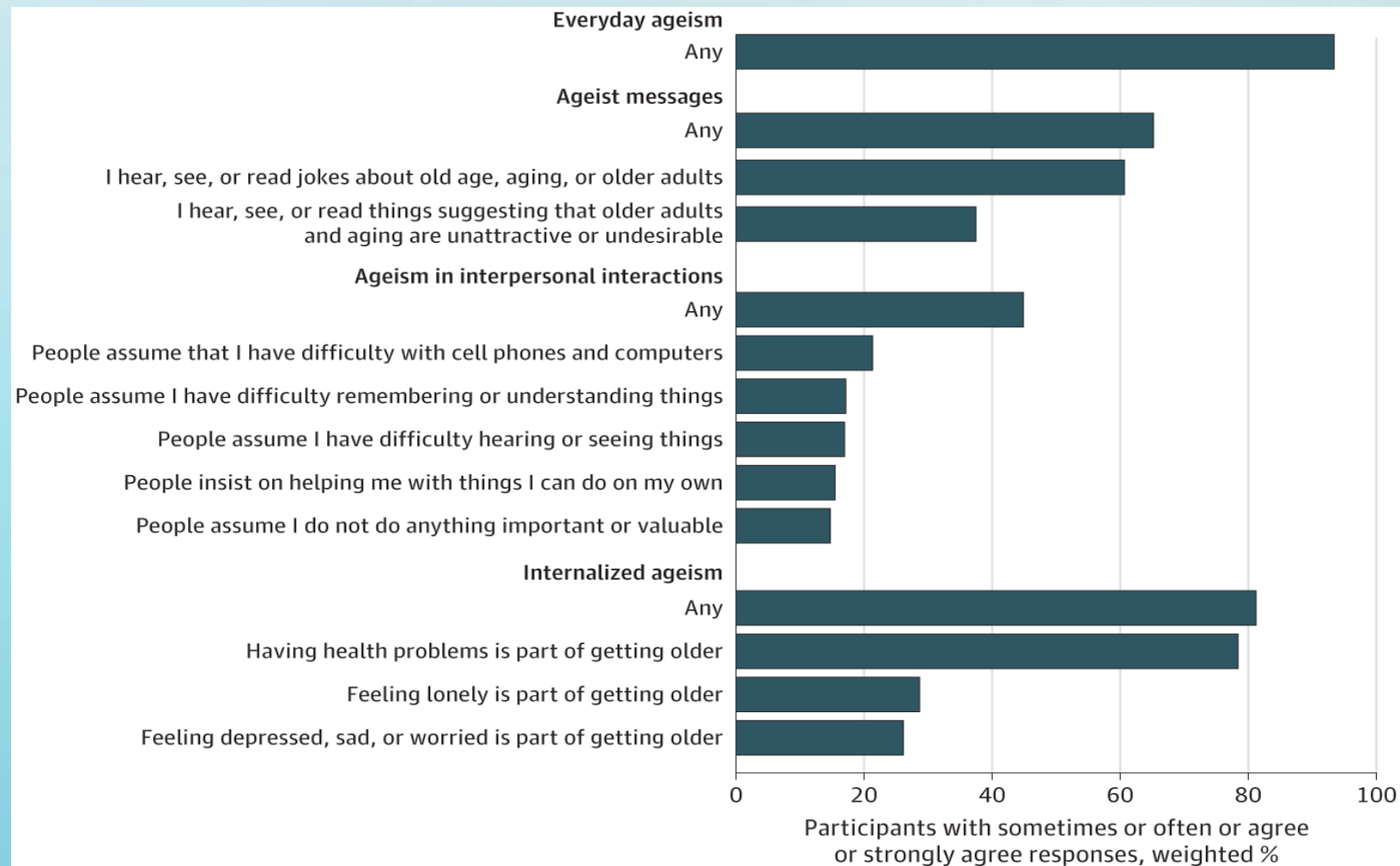
- Cognition- short-term memory
- Psychological well-being- anxiety and depressive symptoms
- Physical health- functional health, chronic pain, chronic health conditions
- Hospitalizations

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, Kanno S, Wang SY. Ageism amplifies cost and prevalence of health conditions. *Gerontologist*. 2020;60:174–181. doi:10.1093/geront/gny131)



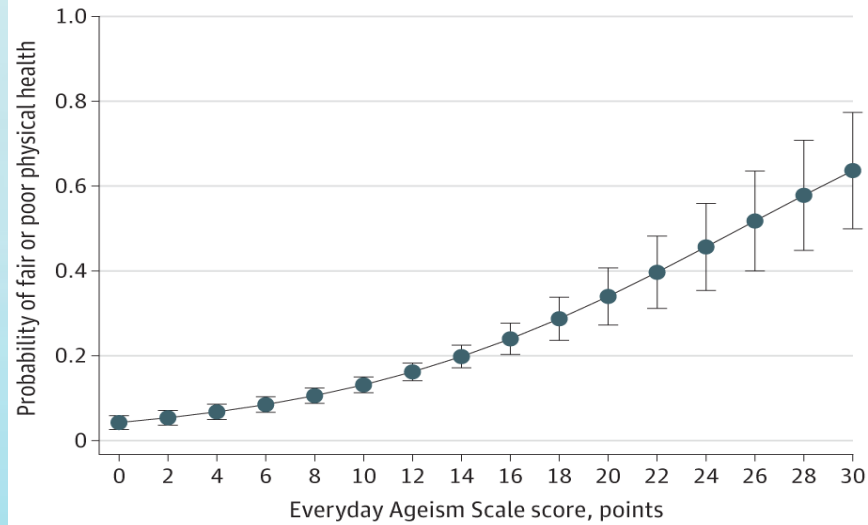
Experiences of Everyday Ageism and the Health of Older US Adults

JAMA Netw Open. 2022;5(6):e2217240. doi:10.1001/jamanetworkopen.2022.17240

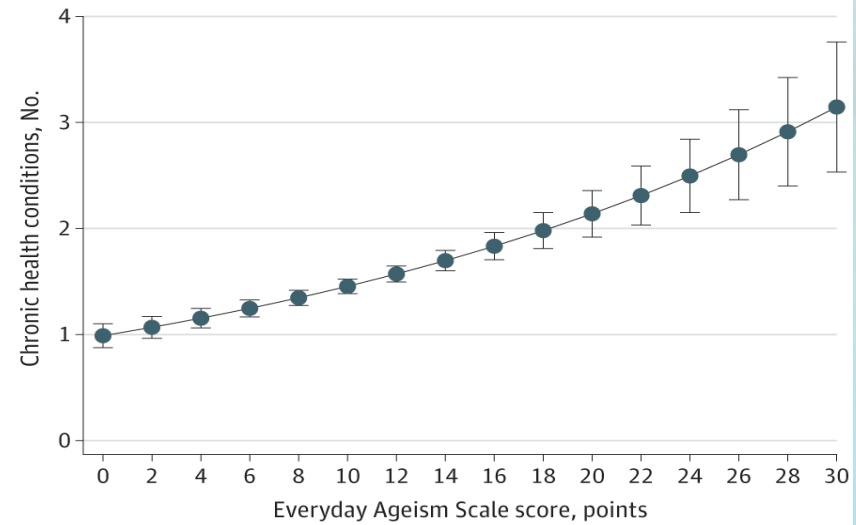


Associations Between Everyday Ageism and Health Outcomes

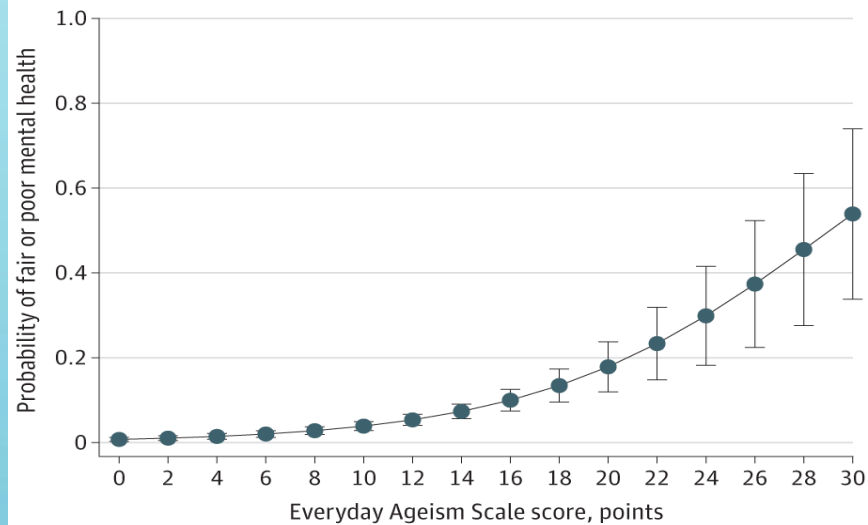
A Fair or poor physical health



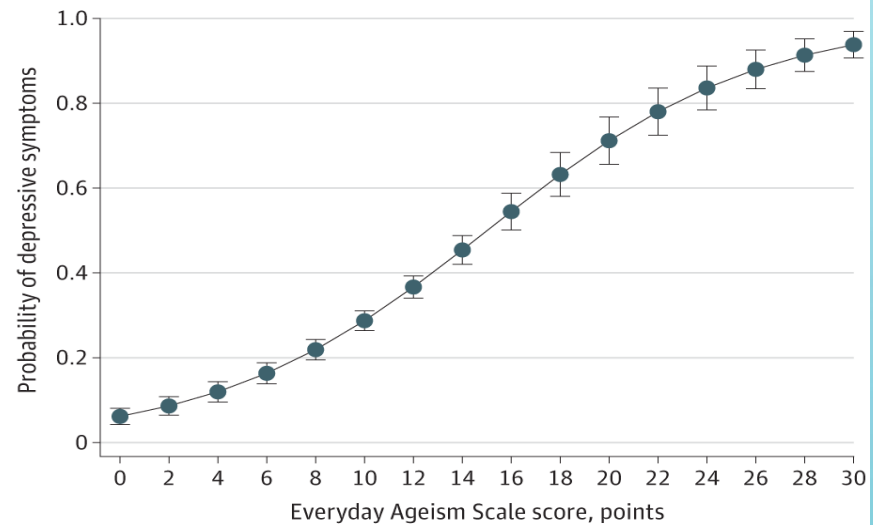
B Chronic health conditions



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.

* Barakovic Husic, J., Melero, F. J., Barakovic, S., Lameski, P., Zdravevski, E., Maresova, P., Krejcar, O., Chorbev, I., Garcia, N. M., & Trajkovic, V. (2020). Aging at Work: A Review of Recent Trends and Future Directions. *International Journal of Environmental Research and Public Health*, 17(20), 7659. <https://doi.org/10.3390/ijerph17207659>

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.*

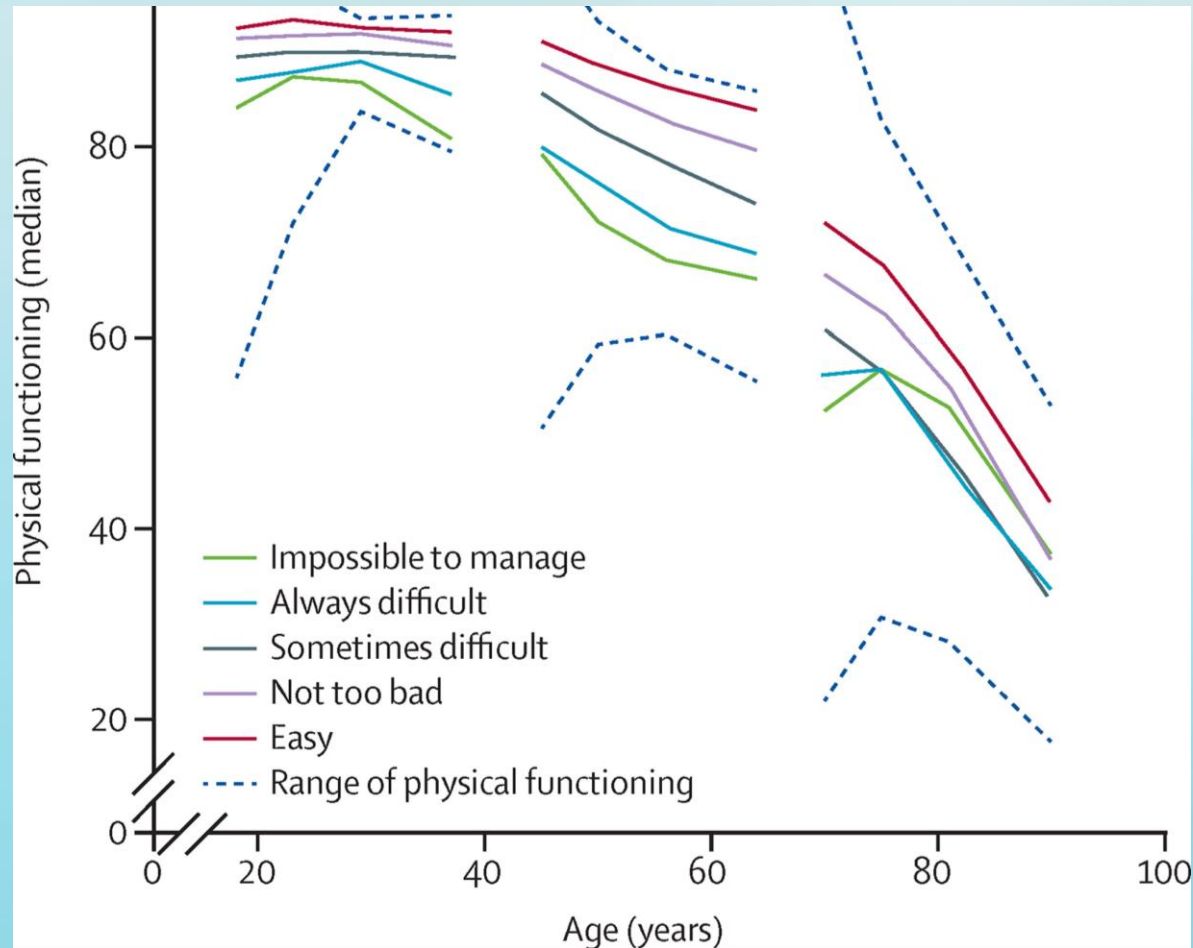
- Comprise a **workforce that includes younger and older workers and gradual retirement.***

* Barakovic Husic, J., Melero, F. J., Barakovic, S., Lameski, P., Zdravevski, E., Maresova, P., Krejcar, O., Chorbev, I., Garcia, N. M., & Trajkovic, V. (2020). Aging at Work: A Review of Recent Trends and Future Directions. *International Journal of Environmental Research and Public Health*, 17(20), 7659. <https://doi.org/10.3390/ijerph17207659>

Bridging the Gap: The Need for Interventions



What does AGING really look like?





WHAT IS FRAILTY?
DETERMINING OUTCOMES
FOLLOWING AN INJURY

ENERGY ENGINES
HOW TO INCREASE ENERGY THROUGH
PHYSICAL ACTIVITY AND MOVEMENT

**8 AREAS
OF PLANNING**

Booklet- Aging: Important Things to Know

Cathy A. Maxwell PhD, RN, FAAN,
FNAP

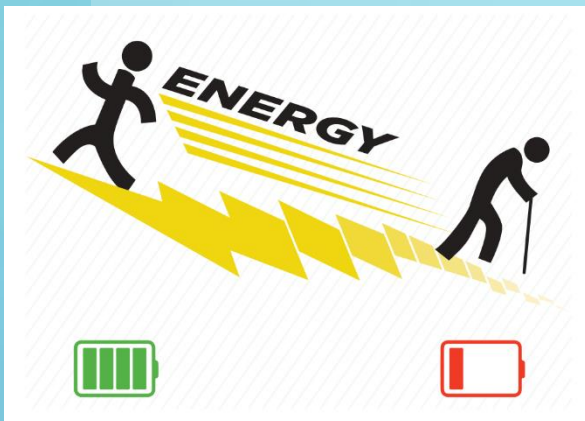
Booklet Elements

What is frailty?

Energy and Frailty: Influence on outcomes

Pathways of aging that lead to end of life





Proactive planning for aging



AGING: IMPORTANT THINGS TO KNOW 15

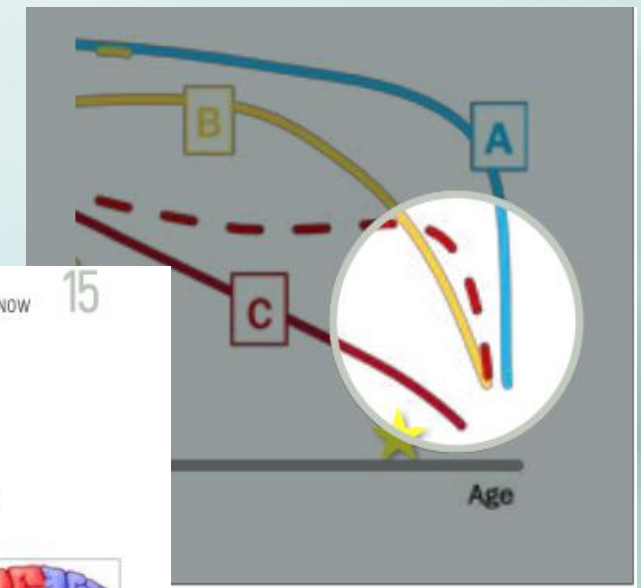
Physical Activity: Muscles and Brain

Did you know that some of our energy is stored in our muscles and brain?

			
Psoas Muscles	Leg Muscles	Heart	Balance and Posture
The psoas muscles connect our lower spine with our hip joints. They are needed for balance and posture.	The muscles of the legs are needed for walking, standing up and kneeling.	People often do not realize that our hearts are actually muscles that pump blood to different parts of our bodies. Replenishing the energy engines in the heart is just as important as with other muscles.	The back part of the brain, the cerebellum, is responsible for movement and balance. This means that we need to have a large amount of energy delivered to this area of the brain to maintain balance.

Illustrations: Science Photo Library

Using energy creates a need for new energy.



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

Making a Plan for Aging

How satisfied are you in each area?

1 = Low 10 = Very High

Area 1: Safety

1 2 3 4 5 6 7 8 9 10

Area 2: Food and Nutrition

1 2 3 4 5 6 7 8 9 10

Area 3: Physical Activity

1 2 3 4 5 6 7 8 9 10

Area 4: Relationships and Community

1 2 3 4 5 6 7 8 9 10

Area 5: Sleep and Rest

1 2 3 4 5 6 7 8 9 10

Area 6: Health Care Decisions

1 2 3 4 5 6 7

Area 7: Finances and Aging

1 2 3 4 5 6 7

Area 8: Mind/Body

1 2 3 4 5 6 7

Making a Plan and Anticipatory Care

Knowing that frailty happens when we lose the ability to make energy AND knowing that it can eventually happen to anyone, what are some areas that we need to think about as we age?

Thinking about these areas **NOW**, instead of later, helps us to make better decisions.

This section discusses eight areas that older adults need to think about. Each area briefly describes two phases to think about:



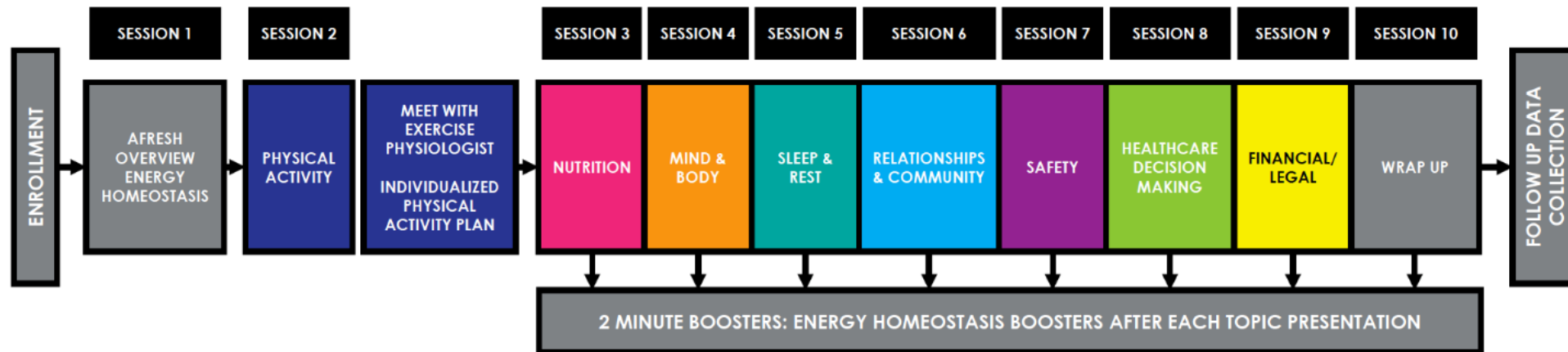
- 1 Early planning
- 2 Late planning, when we begin to lose physical abilities. AC

Photo: Getty Images

AFRESH Health & Wellness Program


THE **AFRESH** INTERVENTION

Aging & Frailty: Resilience and Energy in the Second Half of Life



Publications


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Developing and pilot testing a frailty-focused education and communication training workshop

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ARTICLE INFO

ABSTRACT

Keywords:
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Frailty
Communication skills
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Objective: To describe development and pilot testing of a multi-modal frailty-focused education and communication training workshop for health care clinicians.
Methods: Pilot testing was conducted via two workshops (#1: face-to-face [2019], #2: virtual [2020]). **Participants:** convenience sample of clinicians and students who volunteered. Workshop #1 included registered nurses working in an acute care and one medical student ($N=14$); #2: nursing students enrolled in an APRN program. **Design:** Pre/post observational study. **Data analysis:** descriptive statistics, paired t -tests and Wilcoxon rank test.
Results: Statistically significant increases in frailty knowledge (#1: $p=0.02$, $d=0.44$; #2: $p=0.006$, $d=0.55$) and self-reported competency with older adult interactions (#1: $p<0.001$, $d=0.62$; #2: $p=0.001$, $d=0.63$) were reported for both workshops. Post course evaluations of the workshop were positive, with scores ranging from 3.5–3.9 (range: 0–4) for increased understanding of the concept of frailty, communication to support health-related behavior, and best practice empathic communication skills.
Conclusion: The FCOM workshop was successful. Participants gained knowledge and skills for use in working with older adults across the aging continuum from non-frail to frail.
Innovation: Our FCOM training workshop expands prior communication training on shared decision-making with frail individuals to a broader population of all older adults.


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Feature Article

Development and testing of a frailty-focused communication (FCOM) aid for older adults

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ABSTRACT

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Keywords:
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Communication

The concept of frailty as it pertains 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 layperson understanding of frailty and promote behavior change to prevent and/or delay frailty. We subsequently tested the education tool among adults who attended education sessions at 16 community sites. Specific aims were to: 1) determine acceptability (likeability, understandability) of content, and 2) assess the likelihood of behavior change after exposure to education tool content. Results: Over 90% of participants “liked” or “loved” the content and found it understandable. Eighty-five percent of participants indicated that the content triggered a desire to “probably” or “definitely” change behavior. The desire to change was particularly motivated by information about aging, frailty and energy production. Eight focus areas for proactive planning were rated as important or extremely important by over 90% of participants.

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

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ARTICLE INFO

ABSTRACT

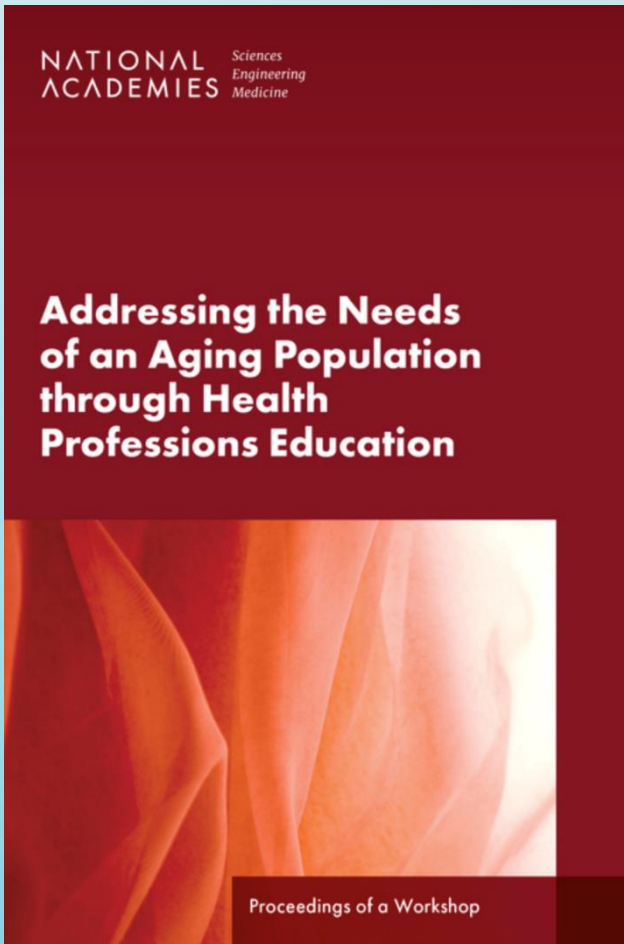
Keywords:
Aging
Frailty
Health and wellness
Bioenergetics
Physical activity

Introduction: Older adults are unaware of the biological mechanisms that contribute to the development of disabilities, chronic conditions, and frailty, yet, when made aware, desire to employ lifestyle changes to mitigate these conditions. We developed the AFRESH health and wellness program and report on pilot testing undertaken in a local older adults apartment community.
Materials and methods: After program development, pilot testing was conducted. **Participants:** Older adults ($N=20$; age 62+) residing in an apartment community. **Procedures:** Collection of baseline objective and self-report measures with a focus on physical activity; administration of the 10-week AFRESH program via weekly sessions; collection of follow-up data 12 and 36 weeks after baseline data collection. **Data analysis:** Descriptive statistics, growth curve analyses.
Results: Significant increases were observed for grip strength (lbs) (T1:56.2; T2:65.0 [$d=0.77$]; T3:69.4 [$d=0.62$], $p=.001$), the 6-min walk test (meters) (T1:327m; T2:388.7 m [$d=0.99$]; T3:363.3 m [$d=0.60$], $p=.001$), the Rapid Assessment of Physical Activity (RAPA) strength and flexibility score, and the Pittsburgh Sleep Quality Index (PSQI) global score. These effects showed some attenuation by the final time point.
Conclusion: By combining novel educational content (bioenergetics), facilitation of physical activity, and habit formation, AFRESH is a multicomponent intervention that shows promise for future research.

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?

