

Combating ageism is a matter of human rights and civil liberty. Ageism is the discrimination, abuse, stereotyping, contempt for, and avoidance of older people. Each year one million to three million Americans sixty-five and older are injured, exploited, or mistreated by someone on whom they depend for protection or care. Nine out of ten nursing homes are inadequately staffed. Cancer patients over sixty-five years old receive less aggressive treatment than younger patients. Sixty percent of all identified victims of Hurricane Katrina were sixty-one years old or older. The United States Equal Employment Opportunity Commission has ruled that employers who deny health benefits to retirees aged sixty-five and older do not violate age discrimination laws. While more than twelve percent of the population is over sixty-five, less than two percent of primetime television characters are in that age group. Five million older Americans are victims of financial abuse each year. Underfunding of government and corporate pension plans is in the hundreds of billions of dollars. Exposure to negative ageing stereotypes is proven to adversely affect the physical and mental health of older persons. Only one out of fourteen incidents of elder abuse come to the attention of authorities. Although older persons use prescription drugs more than any other age group, forty percent of clinical trials exclude those seventy-five years old and older from participating. Older people who were abandoned during 9/11 waited up to seven days for ad hoc medical teams to rescue them. Ten percent of age discrimination claims filed with the EEOC are related to hiring. Seventy-nine percent of states do not maintain an elder abuse

Ageism in America

The Anti-Ageism Taskforce at
The International Longevity Center

AGEISM
IN AMERICA

sponsored by
Open Society Institute

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INTRODUCTION

Combating Ageism: A Matter of Human and Civil Rights

Robert N. Butler, M.D.

The world is experiencing an unprecedented increase in average life expectancy and population aging, described as a revolution in longevity. In the twentieth century, the industrialized world gained some 30 additional years of life, greater than had been attained during the preceding 5,000 years of human history and transforming what was once the experience of the few to the destiny of many.

In primitive societies, old age was frequently valued.¹ Older persons often provided knowledge, experience, and institutional memory that was of adaptive—even survival—value to their societies. Although nomadic groups in various parts of the world abandoned the old and disabled when safety and security were at stake, overall older people were venerated. However, as the number and percentage of older persons, especially the frail and demented, increased, the perception grew that they were burdens to their families and society. It became widespread as societies shifted from agrarian economies, where older men had traditionally owned the land, to industrialized economies, when work was no longer centered in the home and older persons lost authority.

However, it must be noted that the status of older persons and our attitudes toward them are not only rooted in historic and economic circumstances. They also derive from deeply held human concerns and fears about the vulnerability inherent in the later years of life. Such feelings can translate into contempt and neglect.

What Raskolnikov overheard

In Dostoevsky's *Crime and Punishment*,² we read a blunt example of ageism and the clash of the generations overheard by Raskolnikov, who becomes a philosophical murderer. Raskolnikov hears:

“I could kill that damn old woman and make off with her money, I assure you, without the faintest conscience-prick,” the student added with warmth. “I was joking of course, but look here; on one side we have a stupid, senseless, worthless, spiteful, ailing, horrid old woman, not simply useless but doing actual mischief, who has not an idea what she is living for herself, and who will die in a day or two in any case.

“On the other side, fresh young lives thrown away for want of help and by thousands, on every side! A hundred thousand good deeds could be done and helped, on that old woman's money which will be buried in a monastery!”

Nearly 150 years later, in twenty-first-century America, older people are still being rendered invisible. Instances of this invisibility occurred in the horrific aftermath of Hurricane Katrina when a person's class (impoverished) and race (black) were dominating factors in survival. Older persons in their own homes and in nursing homes were often abandoned.

Older women, in particular, experience the impact of ageism. Living longer and alone and making up some 80 percent of the residents of nursing homes, they are more vulnerable than men to abuse and poverty. But there are other ramifications. Through a series of experiments, psychologist Becca Levy demonstrated the adverse physiological effects of ageism, showing that older individuals who are presented with negative stereotypes of aging over time experience detrimental changes, such as a decline in memory performance and a heightened cardiovascular response to stress.

Perpetuating ageism

Ageism thrives in cultures and societies:

1. In the absence of comprehensive national health insurance and pension systems, employers confront high costs that increase as workers grow older, discouraging employers from hiring and retaining older workers.
2. In the absence of adequate lifelong continuing education that encourages and supports enhancement of job skills and development of new skills that keep pace with the job market, it is difficult for older workers to acquire the skills employers seek.
3. In the absence of an effective national health promotion and disease prevention program, and a modest investment in biomedical and behavioral research, conditions such as frailty and dementia among older people result in avoidance and uneasiness about old age, reinforcing stereotypes.

However, ageism can be seen not only in these specific areas but also in making scapegoats of older men and women and in stereotyping them. It is seen in the deferral or denial of the realities of aging. Our language is replete with negative references, such as “dirty old man” and “greedy geezer,” that would never be acceptable if applied to any other group. (See “Ageist Terms” for a list of adverse terms that reflect ageism in America). Graphic pictorial images that denigrate old age often appear in our media.

The cost of ageism

This country learned that prejudice against women (sexism) and against race (racism) was costly to society. Productivity suffered. Cultural sensibility was offended. Likewise, the impact of ageism is considerable, for older people can and do play a major role in social and economic development. Yet we fail to maximize the potential of older persons on either a paid or voluntary basis and deny

them the opportunity to play a significant role in our cultural life. Recognizing that age discrimination exists both advertently and inadvertently in personal and institutional form, and that economic and psychological factors play a major part in ageism as well, the International Longevity Center has set out to examine the problem of age prejudice, also known as ageism.³

A transformative generation

Baby boomers, the largest generation in U.S. history, have now reached the age of 60. They will probably be a transforming generation in part because of their numbers, with one out of five Americans projected to be over 65 in 2025, and in part because of their unique position in society. Baby boomers are more educated than the generations that preceded them and have a history of social activism and a sense of entitlement. Hopefully, they will utilize their numerical and educational advantages to promote an *agenda for action*, characterized by decisive efforts to transform the culture and experience of aging in America, to enrich the everyday lives of all who would grow old, and strengthen the social context in which people grow old. To achieve this requires immediate attention to various forms of discrimination. This is a matter of human and civil rights. We believe that for humanitarian reasons it is also vital that we build upon the foundations of Social Security, Medicare, and age discrimination laws to protect old persons affected by dementia and frailty.

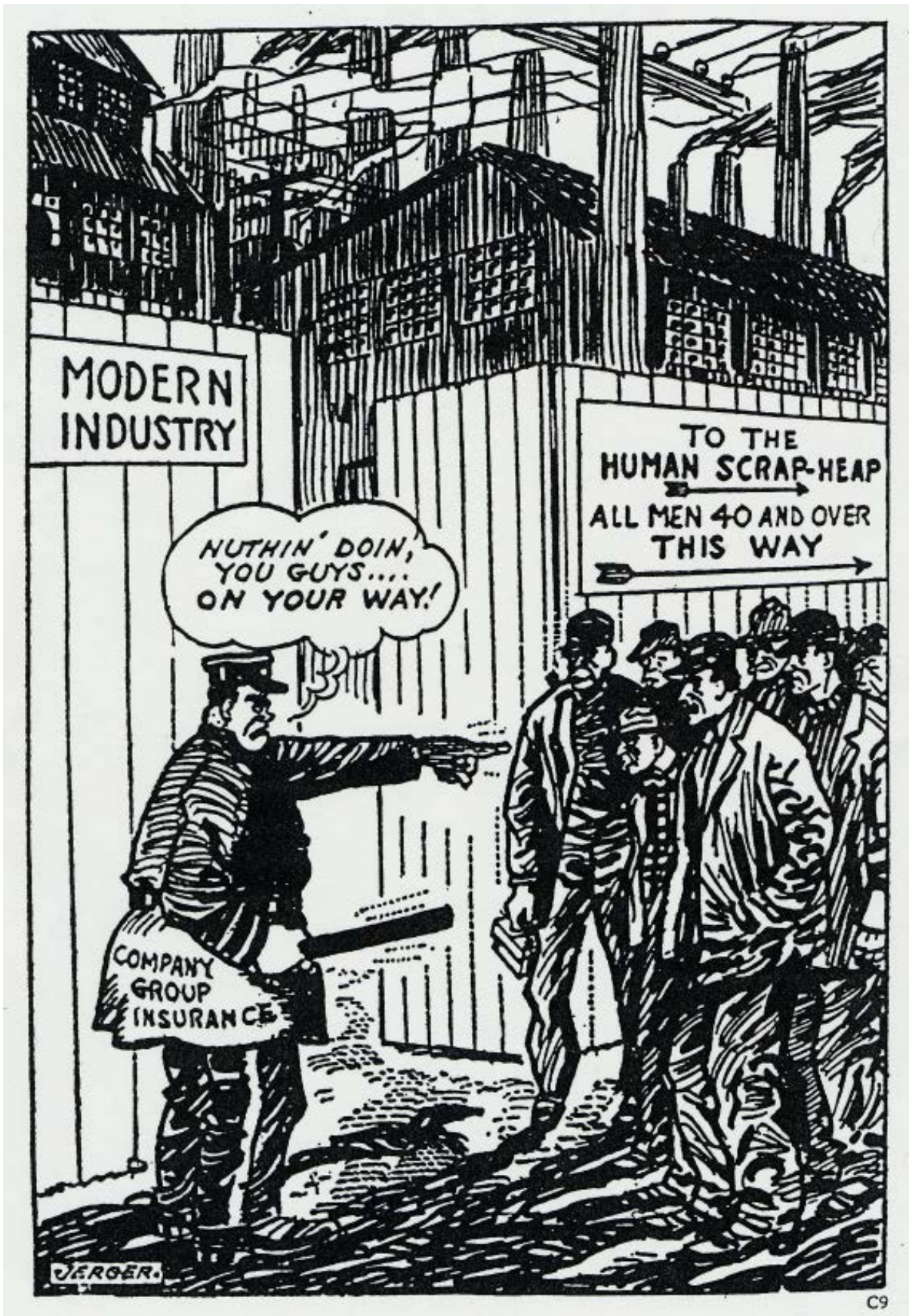
We begin this document with report cards of seven major categories in which age discrimination is strikingly evident in the United States. In the chapters that follow, we provide an overview of the many aspects of age discrimination, including the cultural and familial context in which ageism occurs, discrimination in the workplace, and the negative impact of the media and the marketplace, by looking at existing research, current findings, policies and services that address this underreported issue.

Ageism is inherent in the human condition and transcends national boundaries, but the ILC believes it is important to document the extent to which it exists in America and to examine the status of legislation and case law at work to overcome this prejudice. We regard our effort to transform the

culture and the experience of aging in America as quintessential and urgent. *Ultimately, such initiatives will benefit all who would grow old.*

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FROM "INDEPENDENT OPINIONS" *INDEPENDENT*, AUGUST 28, 1913

STATUS REPORTS OF AGEISM IN AMERICA

Elder Abuse

- 1 million to 3 million Americans aged 65+ have been injured, exploited, or otherwise mistreated by someone on whom they depend for care or protection.¹
- Estimates of the frequency of elder abuse range from 2 percent to 10 percent.²
- Only one out of six incidents of elder abuse, neglect, exploitation, and self-neglect is brought to the attention of authorities.³
- Only 21 states report that they maintain an elder abuse registry/database on perpetrators in substantiated cases, and less than half of states maintain a central abuse registry.⁴
- It is estimated that each year 5 million older Americans are victims of financial exploitation, but only 4 percent of cases are reported. Many of these cases involve the unauthorized use of an older person's assets and the transferring power of attorney to an older person's assets without written consent.⁵
- Of the total \$1 billion National Institute on Aging budget, only \$1.7 million goes to NIA Elder Abuse and Neglect Research Funding.⁶
- An early look at President Bush's FY 2006 budget shows a freeze in funding levels for some of the major existing programs that provide funding for elder abuse prevention and adult protective services.⁷

Health Care Discrimination

- 35 percent of doctors erroneously consider an increase in blood pressure to be a normal process of aging.⁸
- 60 percent of adults over 65 do not receive recommended preventive services, and 40 percent do not receive vaccines for flu and pneumonia. They receive even less preventive care for high blood pressure and cholesterol.⁹
- Only 10 percent of people aged 65 and over receive appropriate screening tests for bone density, colorectal and prostate cancer, and glaucoma. This despite the fact that the average age of colorectal cancer patients is 70, more than 70 percent of prostate cancer is diagnosed in men over 65, and people over 60 are six times more likely to suffer from glaucoma.¹⁰
- Chemotherapy is underused in the treatment of breast cancer patients over 65, even though for many of these patients it may improve survival.¹¹
- Older Americans are the biggest users of prescription drugs, yet 40 percent of clinical trials between 1991 and 2000 excluded people over 75 from participating.¹²
- Older patients are significantly underrepresented in clinical treatment trials for all types of cancer, and most notably in trials for treatment of breast cancer.¹³
- 20 percent of Americans 65+ are emotionally disturbed, but mental health care focuses mainly on young people.¹⁴
- In 2005, the U.S. Congress completely eliminated funding for geriatrics education and training in the 2006 Labor-Health and Human Services appropriations bill. The programs had been funded at \$31.5 million 2005.¹⁵

Discrimination in Nursing Homes

- 1.5 million women and men are housed in 17,000 nursing homes nationwide.¹⁶
- Nine out of ten nursing homes are inadequately staffed.¹⁷
- 54 percent of nursing homes fail to meet minimum standards,¹⁸ yet only 0.5 percent of nursing homes nationwide are cited and penalized for patterns of widespread problems that cause harm to residents.¹⁹
- \$7.6 billion a year, an 8 percent increase over current spending, is needed to reach adequate staffing levels.²⁰
- Nursing homes need 77,000 to 137,000 registered nurses, 22,000 to 27,000 licensed practical nurses, and 181,000 to 310,000 nurse's aides to reach recommended staffing levels.²¹

Discrimination in Emergency Services

- 60 percent of victims identified from Hurricane Katrina were age 61 or older.²²
- Within 24 hours following the 9/11 terrorist attacks, animal advocates were on the scene rescuing pets, yet older and disabled people were abandoned in their apartments for up to seven days before ad hoc medical teams arrived to rescue them.²³
- Heat wave–related hyperthermia kills about 400 people each year in the United States. About 80 percent are over age 50.²⁴ Of the 465 heat-related deaths in Chicago’s 1995 heat wave, 51 percent were 75 or older. The median age was 75 years; the mean age, 72 years. The median age of the 197 heat-related deaths during Milwaukee’s 1995 heat wave was 76.²⁵ The socially isolated, homebound, mentally or physically ill are also at higher risk of weather-related hyperthermia. Emergency preparedness measures need to be in place in the event of unusual weather conditions that present a life-threatening condition.

Workplace Discrimination

- The national General Social Survey reports that perceived discrimination due to age increased from 6.0 percent to 8.4 percent for workers overall, and from 11.6 percent to 16.9 percent for workers 65 and older from 1977 to 2002.²⁶
- In 2004, the U.S. Equal Employment Opportunity Commission (EEOC) ruled that employers can deny health benefits to retirees at age 65 without violating age discrimination laws.²⁷
- The Economic Policy Institute reports that during economic downturns, a disproportionately large percentage of long-term unemployed workers (25.6 percent) are over the age of 45 because they must overcome age discrimination in the labor market.²⁸
- To improve job prospects, 63 percent of applicants say they would leave dates off their resume to hide their age, and 18 percent say they would undergo cosmetic surgery.²⁹
- About 10 percent of the 17,837 age-discrimination claims filed in 2004 with the EEOC were related to hiring.³⁰
- As a result of the 2001 Supreme Court Case *Kimel v. Florida Board of Regents*, state government employees cannot sue employers for monetary damages that violate the Age Discrimination Employment Act.
- The amount of underfunding in corporate pension plans currently totals \$450 billion, and the amount of underfunding in government pension plans is \$300 billion.³¹ Pending federal legislation to shore up underfunded pension plans proposes eliminating core retirement protections, such as giving employers the power to reduce worker's pensions and take away certain pension benefits that older employees have already earned. This would establish a dangerous precedent.³²

Discrimination in the Media

- Less than 2 percent of prime-time television characters are age 65 or older, although this group comprises 12.7 percent of the population.³³
- Middle-aged and older white male writers have joined women and minorities on the sidelines, as white men under 40 get most of the jobs writing for Hollywood’s television and film industry.³⁴ In both feature film and television, employment and earning prospects for older writers have declined relative to the opportunities available to younger writers.³⁵
- Ageist Gender Inequality
 - o 11 percent of male characters on television between 50 and 64 are categorized as “old” versus 22 percent of female characters.³⁶
 - o 75 percent of male characters on television 65 and older are characterized as “old” versus 83 percent of female characters 65 and older.³⁷
 - o Only one-third of older characters on prime-time television are women.³⁸
- According to one study, approximately 70 percent of older men and more than 80 percent of older women seen on television are portrayed disrespectfully, treated with little if any courtesy, and often looked at as “bad.”³⁹
- Although Americans who are 40 and over comprise 42 percent of the American population, more than twice as many roles are cast with actors who are under the age of 40 as actors who are 40 or older.⁴⁰

Discrimination in Marketing

- Marketing/advertising, even when directed at them, is not sensitive to older persons' vision and hearing limitations (small fonts, many colors, little color contrast; on the phone, speaking too quickly, etc.).⁴¹
- The “antiaging” industry perpetuates a culture that views aging and the aging process as negative and undesirable. The U.S. market for antiaging products and services in 2004 grew to \$45.5+ billion. Growing at an annual rate of 9.5 percent, this market will reach nearly \$72 billion by 2009.⁴²
- Americans spend an estimated \$27 billion on dietary supplements. 60 percent of consumers are aged 65 and older.⁴³
 - o The dietary supplement industry is largely self-regulated; no laws require supplements to undergo premarket approval for safety and efficacy. Manufacturers of supplements are not required to register with a government agency.⁴⁴
 - o Dietary supplements that are marketed as antiaging therapies have the potential to be harmful to consumers in that specific substances may be contraindicated for use by people with underlying diseases or health conditions. These substances are often contraindicated for ingestion with other medications.⁴⁵
 - o In an investigation into 20 companies marketing dietary supplements, the Federal Trade Commission (FTC) estimated that each company grossed \$1.8 million in sales of unproven or poorly manufactured products.
 - o The FDA has not initiated administrative rulemaking activities to remove from the market substances that its analysis suggests pose health risks.
- In the “appearance category” of the antiaging industry, target groups start at individuals over 35 years old.⁴⁶
- Scams involving Internet auctions, identity theft, lotteries, prizes, and sweepstakes top the list of fraud complaints by older Americans, who lost \$152 million to con artists in 2004, according to U.S. officials at a Senate panel hearing.⁴⁷
- The FTC reports that Internet-based scams account for about 41 percent of fraud complaints among people over 50. Other popular scams involve criminals requesting bank account information in order to obtain Social Security numbers and steal Medicare benefits.⁴⁸

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How Gephardtnomics Would Wreck The Country
CORRACIEY AND HIS ENEMIES · I. F. STONE AMONG GREEKS · PAJ ROBERTSON'S OEDIPUS COMPLEX

AUSTRIA,
MOTHER
OF
WAR CRIMINALS

THE NEW REPUBLIC GREEDY GEEZERS



Henry Fairlie on My Generation

FROM THE NEW REPUBLIC, MARCH 28, 1988

WHAT IS AGEISM?

A Brief History and Overview of Ageism in America

Ageism existed long before it was given its name. Fear of and distaste for growing old are inherent in the human experience. They are not fully accounted for by fear of death. With aging comes the prospect of a decline in functions such as memory, sexuality, and mobility, as well as the occurrence of age-related diseases. The fear of deterioration, dementia, and dependency is powerful.

William Graham Sumner concluded that in earlier and primitive societies older people were valued for their experience and knowledge, which helped communities thrive or, under adverse circumstances, survive.¹ Nonetheless, nomadic groups would abandon the old as well as the disabled if circumstances threatened the group's existence.

Older persons of means in agrarian societies held positions of authority. Seniority rights, power, money, and land were protected. Moreover, even older persons within the family life of the peasantry held some measure of authority.

As in the case of threats to nomadic tribes, historic occasions of economic destabilization such as the end of feudalism, the beginning of industrialization, and the transition from agrarian to urban societies resulted in the loss of authority of many old persons (and in their invisibility, especially the poor). Older widows, especially if childless, were dependent on the generosity of the community in which they lived.

The Great Depression

During the Great Depression in the 1930s, Americans underwent great economic and personal hardship, with some 20 percent of the workforce unemployed. Older people especially suffered. For example, in 1933, a retired physician from South Dakota, Dr. Francis E. Townsend, reported seeing “three haggard very old women stooped with great age, bending over the barrels, clawing into the contents to get something to eat.”² Huey Long, the charismatic and brilliant populist senator from Louisiana, and Father Charles E. Coughlin, the provocative radio priest in Michigan,³ and Dr. Townsend became major players in providing the pressure that expedited passage of Social Security. Dr. Townsend initiated what became known as the Townsend movement. Reaching its height in 1934 and 1935 with local chapters all over the country, it promoted government payments of \$200 a month for all persons over 60, requiring only that they spend their stipend within that month.

In *The Age of Roosevelt: The Politics of Upheaval*, historian Arthur Schlesinger, Jr. wrote, “For old folks who have lived too long in the shadows, the promise of \$200 a month offered deliverance and dignity. . . .” “Townsend and his followers were calling attention in a definitive way to a cruel problem which the American people had too long shoved under the rug. Now the nation could never ignore its old again. . . . Dr. Townsend had indeed shouted until the whole country heard.”⁴

The first Social Security payment was made in 1940. Nonetheless, a great swell of poverty continued.

Measuring poverty

During President Lyndon B. Johnson’s Great Society from 1963 to 1964, economist Mollie Orshansky of the Social Security Administration was commissioned to define and measure the U.S. poverty level by devising a “poverty line.” She based her calculation upon the cost of an Economy Food Plan developed by the Department of Agriculture, which she adjusted for family size. It reflects the cost

of a minimum diet. The department's plan has several shortcomings, one of which is the presumption that older people need to spend less on food than younger people. Under this plan, in order to be considered poor by the government's measure older persons are required to be 8 to 10 percent poorer than those under 65 years of age.

Giving a name to a prejudice

The term "ageism" was introduced by Dr. Robert Butler in 1968 to take advantage of the effectiveness of the terms racism and sexism in identifying and promoting changes in attitudes. It was quickly adopted by the media and found its way into the *Oxford English Dictionary*. Ageism is a more broadly populist term and less obscure than *gerontophobia*, which is a specific pathological fear (or phobia) of aging.⁵ In his original formulation of ageism Dr. Butler noted that, with respect to age, prejudice could move in other directions, for example, prejudice of the old toward the young. On the one hand, age as a social construct conveys power and authority, and on the other hand, it often means powerlessness and loss of authority.

Most older persons report that they have experienced ageism,⁶ and although polls do not reveal the frank personal expressions of prejudice by the population at large,⁷ ageism remains embedded within the nation's institutions with de facto discrimination in the workplace, health care, language, and in the media. Examples include the failure to hire or promote older persons, the absence of appropriate care of older persons in long-term care institutions, abusive language such as "crock," "gaffer," "old biddy," and "crone," and imagery revealed in ugly, distorted, angry, and negative cartoons and drawings. In addition, ageism is apparent in direct personal responses toward older persons—insensitivity and impatience are not uncommon. Especially painful is the extent of various forms of abuse—physical, emotional, financial, even sexual.

Persons age 65 and over make up a minority (about 13 percent) of the population, 5 percent of whom are in institutions; another 5 to 10 percent are more or less restricted to their homes, where they are often rendered invisible.

Both in the family and society, abuse and prejudice are unacceptable modes of behavior—be it child, spousal, or elder abuse. Documenting the extent of prejudice toward older persons can lay the groundwork for a change in social attitudes and expectations, and contribute to legislation and enforcement to achieve a cultural and personal transformation. Victories over dementia and frailty, which are high on the list of age-related diseases that engender great dread and fear, would greatly facilitate this transformation.

The Age Discrimination in Employment Act (ADEA)

Legislation to end age discrimination in the workplace began with the Age Discrimination in Employment Act (ADEA) of 1967, and subsequent amendments through 1986 brought mandatory retirement virtually to an end. Enforcement is another matter and U.S. Supreme Court decisions have limited application. For example, state employees may not seek monetary damages under the federal ADEA. And while the 2005 U.S. Supreme Court decision made clear that the “disparate impact” theory is available to age discrimination victims, the court also noted that “reasonable factors other than age” could be taken into account. It is not clear the extent to which this may weaken the law’s application.

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3. However, we cannot ignore Father Coughlin’s rabid bigotry, which he later displayed on his radio talk shows.
4. Schlesinger, 41.
5. R.N. Butler, *Why Survive? Being Old in America* (New York: Harper & Row, 1975).
6. E.B. Palmore, “The ageism survey: first findings/response,” *The Gerontologist* 42 (2001), 572–5.
7. People are not likely to express racist and sexist views publicly or in response to pollsters either.

Definitions Guide of Different Types of Ageism

Personal Ageism - Ideas, attitudes, beliefs, and practices on the part of individuals that are biased against persons or groups based on their older age.

Examples:

- Exclusion or ignoring older persons based on stereotypic assumptions
- Physical abuse
- Stereotypes about older persons and old age

Institutional Ageism - Missions, rules, and practices that discriminate against individuals and or groups because of their older age.

Examples:

- Mandatory retirement
- Absence of older persons in clinical trials
- Devaluing of older persons in cost-benefit analysis

Intentional Ageism - Ideas, attitudes, rules, or practices that are carried out with the knowledge that they are biased against persons or groups based on their older age. “Intentional ageism” includes carrying out practices that take advantage of the vulnerabilities of older persons.

Examples:

- Marketing and media that use stereotypes of older workers
- Targeting older workers in financial scams
- Denial of job training based upon age

Unintentional Ageism - Ideas, attitudes, rules, or practices that are carried out without the perpetrator’s awareness that they are biased against persons or groups based on their older age. Also known as “inadvertent ageism.”

Examples:

- Absence of procedures to assist old and vulnerable persons living on their own in emergency situations (e.g., flood, heat wave)
- Lack of built-environment considerations (ramps, elevators, handrails)
- Language used in the media

Ageist Terms

In the public sector

Ancient	Goose
Biddy	Geezer
Blubbering idiot	Gone senile
Codger	Gophers
Coot	Greedy geezer
Crone	Hag
Dirt ball	Little old lady
Crotchety old man	Miserly old man
Dirty old man	Old fart
Fogy	Old goat
Fossil	One foot in the grave
Gaffer	Over the hill
Geek	Sweet old lady

In the medical profession

Bed blocker
 Crock
 Fossil
 Gerry
 Gogy
 GOMER (Get Out of My Emergency Room)
 GORK (God Only Really Knows)
 SPOS (Semi-human [or subhuman] Piece of Shit)

Ageist Stereotypes and Language

“Only the newest model is desirable. The old are condemned to obsolescence; left to rot like wrinkled babies in glorified playpens — forced to succumb to a trivial, purposeless waste of their years and their time.”

— *Maggie Kuhn, founder, Gray Panthers*

Eighty percent of older Americans are subjected to ageist stereotypes, according to a national survey conducted in 2001.¹ Stereotypes can be found in media, health care, education, the workplace, and in everyday conversations.² Among the most common, but certainly not the only stereotypes are *the crotchety old man* and *sweet old granny*, *the senile fool*, *the whiner*, *the conniver*, *the miser*, and *the vegetable*. The names and characterizations may vary but the message is the same: Older men and women are incompetent and lack self-sufficiency; they are worthy only of our contempt and our pity.³

The medical community has its own epithets for older patients, including but not limited to *GOMER* (get out of my emergency room), *SPOS* (semi-human piece of shit), and *bed blocker* (which refers to extremely disabled, hospitalized patients with long-term-care needs who await transfer to nursing homes).⁴

In *Ageism: Negative and Positive*, Erdman Palmore⁵ observes that, like all stereotypes, the stereotype of a typical older person exaggerates the importance of a few characteristics and the society assumes these characteristics to be true for all older people.

Prejudice influences language and vice versa.⁶ Younger adults often employ patronizing speech when interacting with older adults by exaggerating pitch, speaking at a slow rate, in a demeaning emotional tone, or using a lower quality of speech.⁷ Research conducted by Jake Hardwood and Angie Williams has found that the patronizing language and changes in speech pattern on the part of younger adults toward older persons occurred when the speakers received physical cues that the people to whom they were speaking were old, despite signs that the older persons were mentally

and socially alert.⁸ The older person on the receiving end of this demeaning communication often ends up with a reduced sense of self, lower self-esteem, and perceptions of low self-competence, which enforces existing stereotypes.⁹

Prejudice against older persons can be seen as arising from complex attitudes and fear of mortality.¹⁰ Ironically, most people consider living a long life to be an achievement and they strive to live as long as they can. So at the same time as long life in and of itself is considered a victory, as a group older women and men are considered physiological failures. This blanket assessment of the physical condition of all older people does more than perpetuate age discrimination. As psychologist Becca Levy's studies have shown, it can also alter blood chemistry and negatively affect health.¹¹ Additional studies conducted by Levy, and later by Thomas Hess and his colleagues have similarly found that the projection of negative ageing stereotypes on an older person can decrease memory performance.¹²

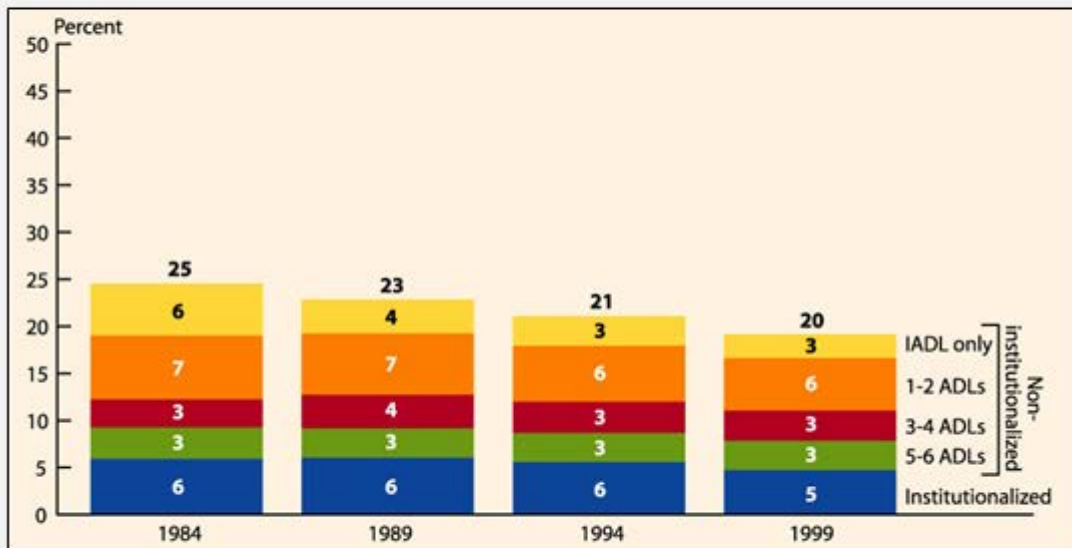
Notwithstanding the psychological and philosophical source of stereotypes, the caricatures they engender often develop a life of their own and perpetuate the distortions. When society accepts that individuals in a particular age group possess specific characteristics, it is assumed that everyone in that group possesses those characteristics.¹³

This essay looks at research that has been done on America's pervasive distortions of older women and men and the impact of those distortions on their lives, as well as the contradictions between the myths and reality.

Stereotyping physical health: over the hill, past your prime

Older people are generally perceived as sick, frail, and physically dependent on others.¹⁴ According to Linda S. Whitton, professor of Law at Valparaiso University School of Law and a specialist in elder law, public aversion to old age and aging originated in the "decline and failure" model of older persons that was prevalent during the early twentieth century,¹⁵ before medical and public health

Age-adjusted Percentage of Medicare Enrollees Age 65 and Over Who are Chronically Disabled, by Level and Category of Disability, 1984, 1989, 1994, and 1999

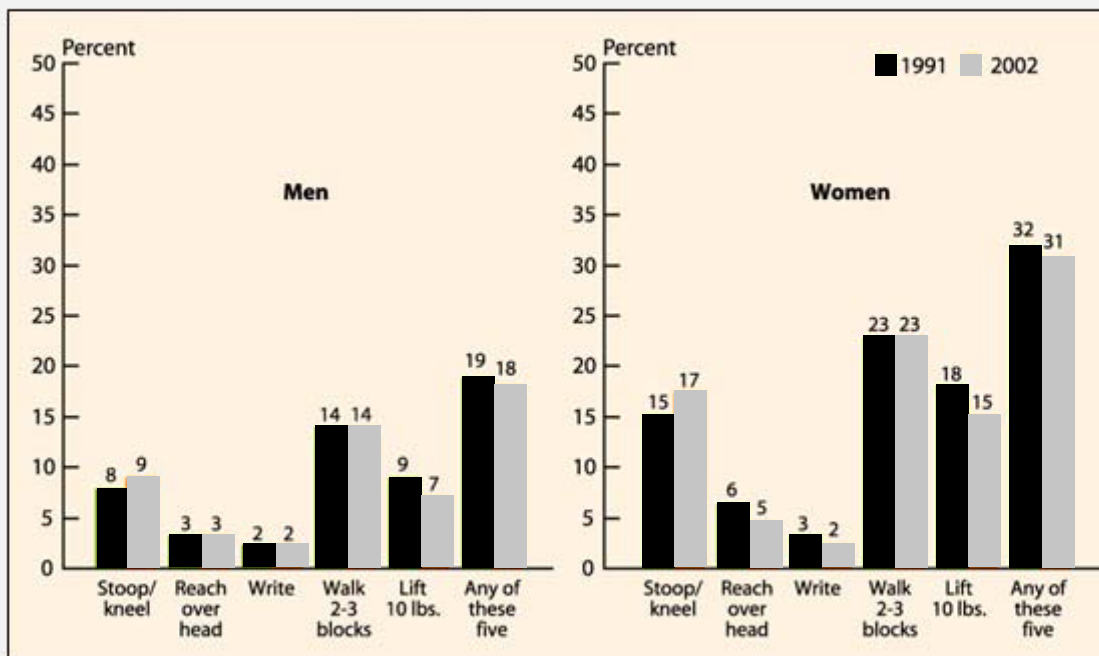


Source: Federal Interagency Forum on Aging-Related Statistics, *Older Americans 2004: Key Indicators of Well-Being*, November 2004.

advances significantly improved population health and when the average life expectancy at birth was 47.3 years.¹⁶ But today, thanks to improvements in sanitation, nutrition, health care, new technologies, and a focus on healthy living, average U.S. life expectancy has risen to 77.6 years. So although it is true that the human body loses some degree of resiliency with age, the extent to which physical changes occur varies widely from person to person, and the stigma associated with these changes is often unwarranted. Eighty percent of older Americans are healthy enough to engage in normal activities,¹⁷ 64 percent of adults 65+ report no limitation in major activities,¹⁸ and only 20 percent report that they need assistance with basic daily activities.¹⁹ Rates of disability continue to decline for persons 65 and older.²⁰

Attributing physical decline to age is not only detrimental to older persons but to the population as a whole. It erroneously assumes that age itself is the cause of decline when in fact illness is often the cause. And it fails to recognize that some diseases that manifest themselves later in life are caused by behavior and environmental exposure early in life. As Sally Greengross, Executive Director of the

Age-Percentage of Medicare Enrollees Age 65 and Over Who are Unable to Perform Certain Physical Functions by Sex, 1991 and 2002



Source: Federal Interagency Forum on Aging-Related Statistics, *Older Americans 2004: Key Indicators of Well-Being*, November 2004.

International Longevity Center-UK explains: “Some known risk factors, such as smoking, are on the decrease, yet obesity, poor nutrition, stress, and environmental pollutants may be having a negative impact on our prospects for healthy ageing.”²¹

The stereotype that older persons are naturally in ill health results in misinformation and a climate of complacency on the part of policymakers, as when they failed to include older persons in the *National Institutes of Health’s (NIH) Revitalization Act of 1993*, which mandates the inclusion of women and minorities in federally funded clinical trials. It is manifest when health care workers do not offer the same quality of care to older patients as they do to younger patients. Some older persons themselves are careless about seeking medical attention or keeping themselves physically fit, believing the myth that poor health is an inevitable part of the aging process.

Assumptions that certain diseases are “old-age diseases” have ramifications for all Americans, resulting in limited funding for research on illnesses that affect people at all ages, such as Parkinson’s disease and arthritis. Although old age is blamed, the real culprits of many illnesses include poor nutrition, environmental pollutants, stress, and genetic predisposition.

The stereotype of inevitable age-related disease and disability is apparent in the U.S. health care system, with only 10 percent of American medical schools requiring course work or rotations in geriatric medicine; with less than 3 percent of medical school graduates even taking elective courses in geriatrics;²² and with approximately just 7,600 geriatric physicians available²³ for a 35+ million population that is projected to double to 70+ million by 2030.²⁴ Negative ageist stereotypes may also explain why older patients receive less medical information from physicians than do younger patients,²⁵ and the increasing unwillingness of general internists and family physicians to provide primary care services to the older population.²⁶

Current research shows that the majority of older Americans defy health-related ageist stereotypes, but if their legitimate health complaints are minimized or ridiculed—“What do you expect at your age?”—the stereotype of “sick, frail, and old” may well become a self-fulfilling prophesy. This can already be seen in the substantial number of self-neglect cases among older men and women, many of whom have internalized the stereotype of the aging body as naturally sickly. Inadvertently, they perpetuate the myth by “acting old”, decreasing activity levels, maintaining a poor diet, and not seeking adequate medical treatment.²⁷ On the opposite end of the spectrum, but no less serious, are the millions of dollars spent annually by older Americans to avoid what they have been told are age-related disabilities. Many over-the-counter nostrums promise cures for cancer and rejuvenation but are neither FDA-regulated nor monitored by health professionals.

Stereotyping beauty and attractiveness: cute, fading fast, old witch, old hag

Businesses that promote “anti-aging” cures and miracles reinforce the idea that beauty is synonymous with youth.²⁸ Americans spend billions of dollars on anti-aging products each year. These

include over-the-counter drugs, hormone and steroid supplements, plastic surgery, diet fads, and videos and books that offer advice on ways to keep from growing old.

A National Consumer's League survey revealed that approximately 90 million Americans each year purchase products or undergo procedures to hide physical signs of aging.²⁹ In 2004 alone, the anti-aging industry reported more than \$45.5 billion gross in products and services. It is estimated that at an annual growth rate of 9.5 percent, this market will reach nearly \$72 billion by 2009.³⁰ As Levy notes: "It is possible to overcome stereotypes, but they often operate without people's awareness. Look at all the talk about plastic surgery, Botox—the message is, 'Don't get old.'"³¹

Working in industries where women are often considered "old" at 30 and men at 50, actors, actresses, models, and media personalities are all too familiar with the pressure to preserve "youthful beauty." However, age discrimination is not restricted to the media. Stories of older people who "hide their age" and attempt to pass as younger than they are, particularly when seeking employment, echo the stories of light-skinned blacks and Latino Americans who attempted to "pass" as white before the Civil Rights Movement. In one *USA Today* survey, 63 percent of the 2,000 respondents stated that to become more marketable they would leave dates off their resume to hide their age, and 18 percent said they would undergo reconstructive surgery.³²

Stereotyping sexuality: old farts, dirty old men, act your age

Commercial drugs like Viagra have made it more socially acceptable to view older persons as sexually active. At the same time, Americans still believe that the majority of people 65 and older are neither interested in sex nor engage in sexual activity. It is assumed that 1) older people do not have sexual desires; 2) they could not make love even if they wanted to; 3) they are too fragile physically and the activity might injure them; 4) they are physically unattractive and therefore sexually undesirable; and 5) the whole notion of sex among older people is shameful, abnormal, and decidedly perverse.³³

In truth, many older people have an interest in sex and continue to engage in sexual activity, which plays an important role in their lives,³⁴ and in fact, may be more satisfying after age 60 than when they were younger.³⁵ Nevertheless, nursing homes and institutions for the aged often segregate residents according to gender and deny them the right to privacy. Stereotypic assumptions of older persons as sexless also contribute to inadequate health care. Even physicians, who should know better, often assume that sexuality is unimportant in late life.³⁶ A significant number of doctors put the health of older persons at risk by not asking their older patients questions related to sexual health or checking for sexually transmitted diseases.³⁷

Older men and women with HIV or AIDS are usually invisible, isolated, and ignored. Tragically, since HIV symptoms of fatigue, weight loss, dementia, skin rashes, and swollen lymph nodes are also associated with aging, the virus is frequently misdiagnosed or ignored.³⁸

Older homosexual men and women face additional odds in gaining visibility as members of the community. Essayist Tina Gianoulis writes, “If straight seniors must struggle against becoming invisible as they age, gay elders have been almost nonexistent in society’s mirror.”³⁹

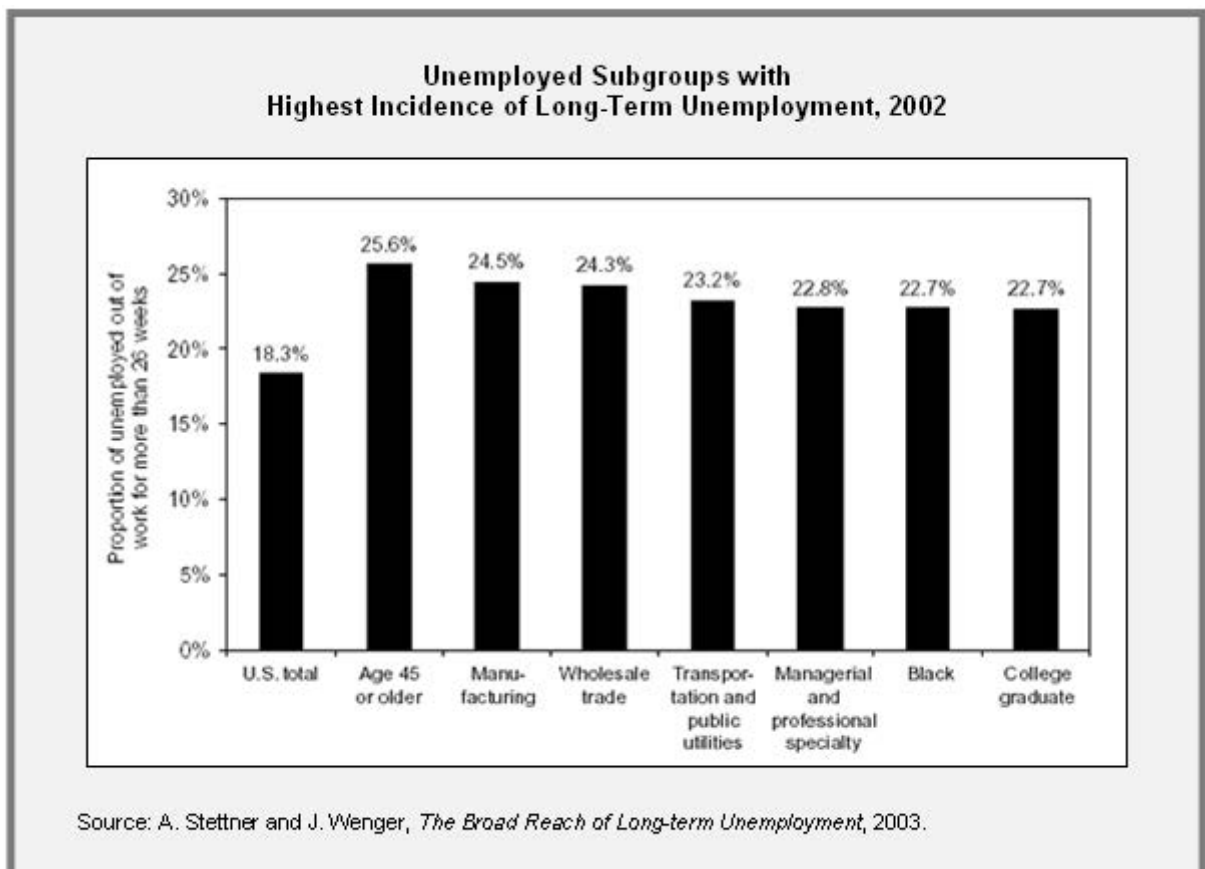
Stereotyping a person’s ability: ready for the scrap heap, on the shelf, sweet old lady

In the English language, a “senior moment” is defined as “a temporary memory lapse, an incident of forgetfulness blamed on aging.”⁴⁰ From a very young age Americans are exposed to the image of the senile old man with a long beard and ear horn and the timid and unthreatening “granny” sitting in the corner with her knitting. Both represent the popular belief that, with age, people naturally become more docile and lose their memory. This was corroborated by the International Longevity Center-Harris Poll survey conducted in December 2004.⁴¹

However, research dating back to the landmark 1963 study *Human Aging*, conducted by James E. Birren and his colleagues, consistently disproves the myth that aging and cognitive decline are one and the same.⁴² John W. Rowe and Robert L. Kahn similarly concluded in the 1998 MacArthur

Foundation study *Successful Aging* that “the view that old age is inevitably accompanied by substantial reductions in mental function is clearly wrong.”⁴³ Studies find that memory loss and dementia are not natural byproducts of aging, and that it is necessary to encompass a broader understanding of brain functioning.⁴⁴ Evidence shows that as the brain ages, its processes also evolve and change, with adaptive and compensatory capabilities.⁴⁵ A number of studies also show that people who continue to learn and regularly exercise maintain cognitive abilities.⁴⁶

Prevailing myths that older people inevitably deteriorate mentally have translated to varying degrees of age discrimination in all facets of life. At the same time as they are told to “act their age,” older adults are often expected to act more like children and to relinquish a degree of responsibility and control over their own lives.⁴⁷ For example, people who equate a hearing impairment with lack of comprehension may resort to “baby speak” or exclude the older person from conventional social discourse and activities. It is also common for younger persons to assume that all older people are hard of hearing and automatically shout at them.



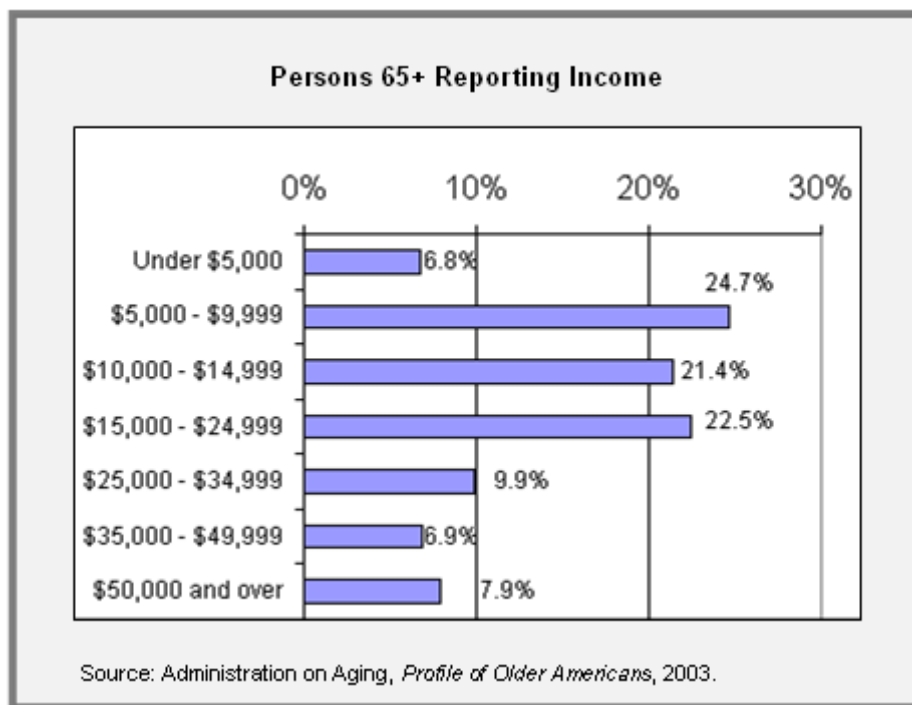
The stereotype of the cognitively impaired old person contributes to institutional ageism, and often occurs in the form of patronizing speech when an older person attempts to access social, legal or financial services, or appropriate health care.⁴⁸

It also occurs at all levels in the workplace. The Economic Policy Institute reports that during economic downturns, a disproportionately large percentage (25.6 percent) of long-term unemployed workers are over the age of 45 because they must overcome age discrimination in the labor market.⁴⁹ Employees over 40 are not offered the same training, promotion opportunities, or pay as younger workers because they are considered “old,”⁵⁰ although there are no significant differences in the job performance of older and younger workers,⁵¹ and older workers have been highly rated on attendance, punctuality, judgment, experience, commitment to quality, reliability, dependability, conscientiousness, loyalty, and stability.⁵²

Stereotyping financial mindset: greedy geezer, old miser

Our society has two diametrically opposed myths of the financial situation of older persons: Old people are very rich and very poor.⁵³ These contradictory stereotypes are due to a number of factors, including the significant wealth inequality within the older population, and how researchers define “wealth”.

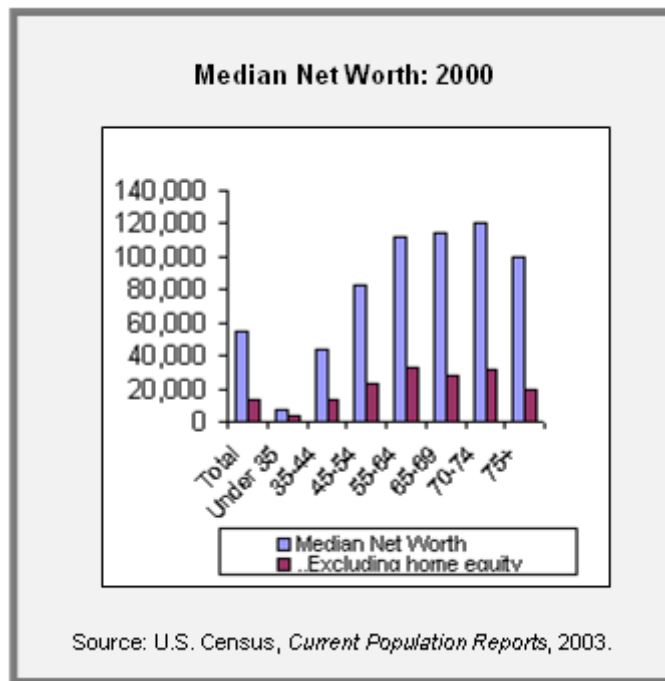
It is true that Americans over the age of 50 control 70 percent of the nation’s disposable income; however, like the rest of the country, where the top 1 percent control one third of the nation’s wealth and the richest 5 percent hold more than half of total wealth,⁵⁴ the percentage of wealthy older Americans is small. In 2002, of the 33.3 million individuals over 65 who reported employment income, only 7.9 percent earned more than \$50,000, and 24.7 percent earned more than \$25,000; 31.5 percent of this group reported earning less than \$10,000. The median income for Americans 65 and older was \$14,251 in 2002.⁵⁵



In portraying the financial realities of older persons, it is misleading to cite the median net worth of households. In 2000, the U.S. Census reported that the median net worth of households with a householder aged 65 or older was \$109,885 versus \$55,000 for the total population—a significant difference that is primarily the result of higher home ownership among older persons than in the rest of the population (78 percent versus 66 percent).⁵⁶ Home ownership is the largest asset type for households with a householder over the age of 65, accounting for \$85,516 or 78.5 percent of their median net worth.⁵⁷ However, these numbers do not reflect the lower median money income of \$23,486 for older households, compared to \$50,010 for households whose primary householder is under the age of 65.

The poverty rate of persons 65 and older is 10 percent. While this is lower than the overall poverty rate of the country (12.6 percent), the poverty threshold of older persons is lower than that of younger Americans in households with one or two persons.⁵⁸ Of the country's most financially disadvantaged, many Americans age 65 and over are of the "poorest poor."

In reality, the financial state of older persons varies according to the individual.



Whether viewed as rich or poor, older Americans are generally perceived as being tightfisted and an overly demanding financial strain on society. In the late 1980s and early 1990s, the backlash against growing political and economic power of some older Americans⁵⁹ resulted their being labeled “greedy geezers.” Articles like “Consuming Our Children?”⁶⁰ depicted social services funds earmarked for older persons as money taken from social services for children. The growing older population has also been largely blamed for rising costs of healthcare in the United States.⁶¹

On both the federal and state levels, the view that older persons drain budgets rather than contribute to them has led budget cuts to geriatric medical training, proposed budget cuts to Social Security, inadequate funding of long-term health care, inadequate service for victims of elder abuse, and lack of emergency response systems for older persons. On an individual level, this distortion of older persons provides a rationale for financial and material elder abuse, including misuse of an older person’s money.

And yet, in a 2005 study, Levy and Schlesinger found that older participants were significantly more likely than younger participants to oppose increased funding of three federal programs that benefit older persons (Social Security, Meals on Wheels, and Medicare), disproving the stereotype

Poverty Thresholds for 2004
by Size of Family and Number of Related Children Under 18 Years

SIZE OF FAMILY UNIT	RELATED CHILDREN UNDER 18 YEARS								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or More
One person (unrelated individual)									
Under 65 years	9,827								
65 years and over	9,060								
Two persons									
Householder under 65 years	12,649	13,020							
Householder 65 years and over	11,418	12,971							
Three persons	14,776	15,205	15,219						
Four persons	19,484	19,803	19,157	19,223					
Five persons	23,497	23,838	23,108	22,543	22,199				
Six persons	27,025	27,133	26,573	26,037	25,241	24,768			
Seven persons	31,096	31,290	30,621	30,154	29,285	28,271	27,159		
Eight persons	34,778	35,086	34,454	33,901	33,115	32,119	31,082	30,818	
Nine persons or more	41,836	42,039	41,480	41,010	40,240	39,179	38,220	37,983	36,520

Source: U.S. Census Bureau, 2005.

of greedy geezers.⁶² Research also shows that retirees with large amount of disposable income help the economy and that for every retiree couple the equivalent of an estimated three+ manufacturing jobs are created.⁶³

The belief that the increases in health care costs in the United States is primarily a result of the growing older population has also been found to be false.⁶⁴ As Dr Gene Cohen, a prominent geriatrician notes, “[A]ge alone is not a reliable predictor of medical care outcomes or expenditures, nor is health at advanced ages usually characterized by recourse to futile and expensive technologies. Clearly some common assumptions about health care costs and the elderly should be labeled ‘myths’ and removed from consideration.”⁶⁵

Stereotyping mental health: crazy old birds, grumpy old men

Older people are generally viewed as depressed, lonely, and unhappy. In reality, levels of depression tend to be lower in older adults than younger adults; only 5.7 percent of Americans over the age of 65 have a depressive disorder, versus 9.5 percent of the total U.S. adult population (age 18 and older).⁶⁶ In the 2004 National Survey on Drug Use and Health, a lower percentage of respondents over age 65 reported having experienced at least one major depressive episode (MDE) during the previous year than of all respondents aged 18 years and older.⁶⁷ A survey conducted by the National Council on the Aging and the International Longevity Center, in which 49 percent of more than 3000 respondents declared that their 65+ years have been “the best years of my life,”⁶⁸ also contradicts the myth that older persons are generally depressed and unhappy.

The prevailing assumption that old age is synonymous with dementia and depression is not only inaccurate but has real life consequences. Drug interactions and diseases associated with a variety of other factors having nothing to do with aging per se can cause dementia and delirium. Nonetheless, older women and men continue to be overmedicated because they have been stereotyped as being “set in their ways and unable to change their behavior,” and cognitive impairment caused by drug interactions often goes untreated.⁶⁹

In the same way as the discrepancy in the level of medical care results from ageist perceptions of older persons’ physical capabilities, their relatively poor quality of psychiatric care can be attributed to ageist stereotypes of their mental health⁷⁰ and to the alarmingly high rate of suicides amongst depressive older adults (18 percent of all suicide deaths in 2000)⁷¹.

This in turn is linked to the stereotypic view of older persons as not being mentally fit to make important decisions, which often leads to misuse of their personal assets. Those who ignore an older person’s requests and/or modify them without prior consent may, with the best of intentions, believe they “know what is best,” although the person for whom they are making the decisions may well be mentally fit. The claim that older adults have “dementia” or “senility” is used in legal settings

to coerce them into signing over power of attorney concerning their businesses, estates, and/or property to younger family members.⁷²

The resulting stereotype: older persons as burdens to society

Despite significant research, to say nothing of daily interactions that provide anecdotal evidence to the contrary, stereotypes of older persons as physically, mentally, and emotionally unfit, miserly, and incapable of providing aesthetic beauty to the world, reinforce the belief that they lack the ability to be active or involved in the community. The myth that older persons add little or no value to the community has led some to the misguided conclusion that they deserve minimal services, for if they contribute nothing they are deserving of nothing.

As with all struggles for human rights, part of the fight for the fair treatment of older persons entails bringing the prejudices to light and making the public aware that they do not represent reality. However, this is just the first step. Policies to treat all older citizens with respect, including those in institutional settings, must be set in place and enforced.

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CREATING AND PERPETUATING A CULTURE OF AGEISM

Social and Cultural Ageism

“Ageism is as odious as racism and sexism.”

— Claude Pepper, former Florida senator

Social forces play a large role in shaping attitudes toward aging that vary among ethnic and racial groups, genders, family structures, and sexual orientation.

Ageism across generations

Attitudes and views toward aging are introduced during preschool years.¹ According to psychologist Becca Levy, who studies the effects of ageism on older persons, “Age stereotypes are often internalized at a young age—long before they are even relevant to people,” and early attitudes tend to be reinforced over their lifetimes.²

Increasingly, America separates people of different ages: youth community centers and senior centers are often separate. Little effort is made to encourage intergenerational interaction.

Children who lack contact with older persons can develop ageist attitudes. In today’s mobile society, with families moving away from older relatives, children may not have an opportunity to experience “grandparenting” and never have had the opportunity to relate to an older person. Parents may perpetuate this virtual and actual distance between grandchildren and grandparents by not making an effort to visit and communicate regularly in a meaningful way.³ Fear of aging and its accompanying illness can also engender ageism in a family. Caring for an aging parent can be a

frightening and daunting experience. For example, an adult woman who cares for her aging mother may see her own future and become anxious.

Ageism across race and ethnicity

The range of views and attitudes regarding age and social responsibility toward older persons in America reflects the nation's ethnic and racial diversity. Zandi, Mirle, and Jarvis reported that attitudes of Anglo-American children often focused on the dispositions and personalities of older adults, while Native American children's attitudes more often stressed their behavior.⁴ In a cross-national study of three generations of women in Japan and in the United States, "attitudes toward aging and older people seem to be more negative [in Japan] than in the United States, regardless of generation."⁵

Bonnie Brandl and Loree Cook-Daniels's comparison of studies on cross-cultural attitudes toward older persons, *Domestic Abuse in Later Life*, also supports the belief that views about aging are strongly influenced by culture.⁶ In a 1997 study comparing Americans of Chinese, Japanese, and Korean descent, researchers found that Korean Americans are the "most pious" in supporting older family members.⁷ However, in a separate study, Moon and Benton also learned that older Korean Americans who were victims of elder abuse were more likely to blame themselves and less likely to report the abuse. Only one-third of those interviewed were aware of an agency to which they could go for help.⁸ Parenthetically, a majority of Caucasians were aware of such a resource.

Within the last decade, researchers have begun to focus on the relationship between race/ethnicity and the extent of ageism. For example, Butler, Lewis, and Sunderland observed that older African Americans and Hispanics face a "double jeopardy," due to the combined effects of age and race in society.⁹

Ageism and gender

Ageism and women

The financial, political, and social toll that women bear due to inequality throughout their lives, coupled with the fact that women outlive men (in the United States, the average life expectancy of females is 5.3 years more than that of males), results in a significant number of older women who are isolated, vulnerable, and poor.

Because women generally earn less than men and because they spend years in unpaid work as caregivers to children and older family members for which they do not receive Social Security credits,¹⁰ older women on average receive 23.2 percent less in Social Security benefits than men, with an average monthly Social Security retirement benefit of \$798, compared to \$1,039 paid to men.¹¹

Corporate studies show that older women employees have a low rate of turnover and absenteeism, and productivity equal to that of younger women.¹² The U.S. General Accounting Office reports that older women workers are cost competitive with younger women workers.¹³ Yet older women who have worked for most of their lives find that, despite years of work experience, employers are reluctant to hire them. “Because of stereotyped attitudes that they are not adaptable to today’s jobs and technology, older women are seen as cantankerous, unattractive, overly emotional, and unreliable because of health problems.”¹⁴

Negative attitudes toward older women also result in compromised health care, as they are included in clinical tests and trials for cancer at lower rates than younger women and are not given gynecological screenings as regularly as their younger counterparts.

Ageism and men

The myth that American males are physically strong and emotionally reticent, and that they require less medical care than women because they have fewer health issues that need constant monitoring puts the health of older men at risk.¹⁵

Clinical drug tests rarely include men over 65, although older men are more likely than other subsets of the population to suffer from a variety of diseases that include cardiovascular problems, cancer, lung diseases, liver disease, cirrhosis, and diabetes. Men often have trouble talking about their health concerns until it is too late.¹⁶ These health problems are more severe among men who feel stigmatized because of their sexuality, ethnicity, age, or social status,¹⁷ and contribute to a gap in health care utilization between men and women that continues well past 65. Up to one-third of older men fail to visit doctors annually versus less than 10 percent of older women.¹⁸

Some experts believe that the inadequate health care and attention older men receive, as well as self-neglect on issues of health, contribute to their generally lower life expectancy.¹⁹ As Patricia Rieker and Chloe Bird observed in their report on “Sociological Explanations of Gender Differences in Mental and Physical Health,” the highest-income men have mortality rates equal to those of the poorest women.²⁰

Ageism and sexual orientation

Between 1.75 million and 3.5 million homosexual older persons live in the United States, and more than 10 percent of same-sex couples consist of one partner age 65 years or older. According to the 2000 U.S. census, older persons in a same-sex partnership live in more than 99 percent of U.S. counties.²¹ Yet, because of the prejudices in the country against homosexuals of all ages and backgrounds, and the prevailing stereotype that older persons are “sexless,” older members of the gay, lesbian, bisexual, and transgender (GLBT) community have an exceptionally difficult time being accepted in society.

Federal law does not recognize the legality of same-sex marriages, and when one member of a same-sex relationship passes away the surviving partner loses significant financial ground. Partners in a same-sex marriage are denied Social Security benefits that married couples receive when one partner dies. By contrast with heterosexual married couples, they face heavy taxes on retirement plans and are subject to an estate tax if they inherit a home, even if it was jointly owned. As a result, same-

sex partners also risk losing their home when one partner enters a nursing home. While federal Medicaid law permits a married spouse to remain in the couple's home, this does not hold true for aged same-sex partners.²²

Ageism and family dynamics: the challenge of change over time

Families can be a source of safety and support or one of conflict for an older person.²³ On the one hand, a supportive family can encourage older persons to remain active and involved socially, mentally, and physically and can help other members transition into new family roles. Several studies reported that older persons who maintain regular contact with family members experience less depression and report fewer health problems.²⁴ On the other hand, the family structure can engender ageism and manifest itself in ways that are as subtle as ignoring his or her basic needs or as extreme as physical abuse. Dealing with an ailing older relative can instill a sense of one's own vulnerability and mortality.²⁵

An adult who feels that she was not treated fairly by her parents while growing up may feel angry about having to provide care for that parent. The individual may withhold care entirely, not provide adequate care, or even resort to physical abuse. An adult who feels that she was not the favorite child but is the one responsible for an older parent may treat the parent with disrespect and provide second-rate treatment in retaliation for perceived (or actual) past injustices. An adult who is caring for young children and now finds she must also care for an ailing parent may not have the time and energy to provide adequate care. She may either passively neglect the parent or provide only part-time care, which may not be enough. Available financial resources, obviously, also influence the level of care that an adult can provide for a parent.

As families evolve and interpersonal dynamics change, so do the mindsets and behaviors of family members. Depending on familial cultural norms and values, these behavioral shifts can be positive or negative, but most families fall somewhere in between.

A 1992 study comparing how African American, Anglo-American and Anglo-Canadian children view old people and extended families found that children from cultural backgrounds who stress the importance of intergenerational support and resources, with positive views of the aged in the family's culture, are likely to have positive attitudes toward older adults.²⁶ Older relatives may make important decisions in the family, and family members seek out older relatives' advice regarding marriage, career, and living location.

Alison Norman of the Centre for Policy on Ageing in London has noted that unconscious ageism may be practiced in families whose culture does not necessarily revere older people and who view an older person as a burden. Ageism can be expressed in negative language or subtle use of words and tone. Speaking crossly or impatiently to an older relative not only sends a message to the person being denigrated, but also teaches younger children that this is an acceptable way to treat older people. Thus, she noted, ageist attitudes are perpetuated.²⁷

In *Perspectives on Medicaid and Medicare Management*, A.J. Levenson observed that excluding the aging family member from decision-making is another form of ageism. He noted that adult children may feel the older man or woman cannot be trusted to have proper judgment and may take away his authority, further compromising that person's sense of worth and autonomy.²⁸

While studies have explored the relationship between the nuclear family structure and ageism, very little is known about the relationship between older people and family members who live together in reconstituted or "blended families," involving individuals from more than one marriage.²⁹ Similarly, we have little understanding of how multigeneration family units versus single-generation family units work (e.g., in what situations grandparents serve as caretakers of grandchildren, or in what situations the caretaking responsibilities of an older relation are outsourced).

It is imperative that these complicated family dynamics be addressed so that the government, service providers, and employers know which services to provide older constituents and their families and how best to distribute these services. Further study of the generational family structure is also vital in understanding and preventing elder abuse within the family.

Conclusion

It is clear from available research that views toward the aged and age discrimination affect subsets of the older population differently. However, studies conducted up until now do not offer the scope and depth that policymakers need to fully understand how socioeconomic differences impact the lives of older persons. For example, due to limited funding, psychological studies of elder abuse across ethnic and racial lines can only observe subject groups of 70 to a few hundred individuals. In order to determine what steps should be taken to effectively address the needs of older persons as they relate to varying socioeconomic issues, further and more extensive research, such as longitudinal studies of intergenerational family dynamics and surveys of attitudes toward older persons and their quality of life, by race and ethnicity, needs to be funded.

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Marketing and Media

“It is clear that the media’s obsession with youth often comes at the expense of older Americans. In the quest to target youth, media and marketing have ignored the purchasing power and preferences of millions of baby boomers and seniors across the country.”

— Senator John Breaux, chairman, 2002 Special Senate Committee Hearing on Aging

Marketing and the mass media it relies on to disseminate its messages have reciprocal relationships with society. These industries both inform and reflect how people live, think about themselves, and perceive others. The influence of marketing and media on contemporary culture and on the way people view themselves cannot be overstated.¹

The opinions younger people have of older people and the relationships they share, as well as the views older people have of themselves,² are directly affected by how older people are depicted on television, in the news media, in film, and in advertising. Each plays a role in perpetuating ageism, with Madison Avenue venerating youth and denying aging as a natural part of the life process, and media managements increasingly seeking to satisfy the tastes of young people, whom they consider to be the most important part of the public.³

Older adults are rapidly becoming the largest market segment in society and will possess the most purchasing power of any demographic in human history, but in contrast to other industries, such as travel and insurance, advertising has been slow to respond to the new demographic realities brought upon by population aging.

Demographics

The increasing population of older Americans has become one of the standard assumptions in the internal strategic planning and communications of many of the Fortune 500 corporations,⁴ and distinguished business author Peter Drucker places population shrinkage in younger age groups and the explosive growth of older age groups at the top of his list of the five biggest challenges compa-

nies now face.⁵ Still, many companies continue to ignore the older market or alienate them through ageist messages.⁶

Advertising involves analysis of complex patterns. Individual motivations and tastes come into play, making categorization difficult, but the complexity of consumer habits and viewing choices is often simplified to encompass a few consumer attributes with great importance given to youth. There are several reasons why the advertising industry has been slow to respond to the growing older market.

First, the writers and art directors who create the majority of advertisements tend to be relatively young. Workplace ageism is a dominant trend in youth-oriented industries such as advertising, where workers over 40 are considered “old.” According to a 1995 survey by *American Demographics*, the average corporate ad rep was 31, and the average ad agency account executive was 28.⁷ (Ten years later, Leo Bogart corroborated that this is still true [see endnote 1]). Anyone older would have been promoted to a higher position beyond the day-to-day marketing activities or suffered the consequences of corporate restructuring.⁸

Given this disparity between agency demographics and those of the marketplace, there is an inevitable disconnect between what people in advertising think older people want and the reality. In *Ageless Marketing*, David B. Wolfe argues that “it is more than just coincidence that as the median age of adults has risen without a corresponding increase in the average age of product message creators, marketing productivity has fallen. Yes, other factors, such as the Internet, have impacted advertising, but I still think much of the problem arises from generational perception gaps.”⁹

Second, there is a long-held belief in the advertising industry that brand loyalty must begin at an early age, that consumers over 30 are too set in their ways to switch brands and preferences and are less susceptible to advertisements. However, several recent studies disprove that theory: a 1996 study by Information Resources discovered that women aged 35 to 53 were more likely than younger women to abandon a favorite brand, and a 1997 ACNielsen study found that baby boomers tried as many different brands of soda, beer, and candy bars as younger people did.¹⁰

The average person is not as brand loyal than in the past because 20 or 30 years ago consumers were

less sophisticated, less exposed to multiple media sources, and had fewer brand choices. Today, a consumer has a seemingly endless choice of products to draw from a seemingly endless supply of media channels, and older consumers are taking advantage. According to a recent AARP survey with Roper ASW, the relationship between brand loyalty and age is largely overstated. The survey found that an individual's consumer experience, not her age, dictates brand choice. Overall, people over 65 were found to be *less* tied to specific products than those ages 19 to 44.¹¹

Finally, advertising research director Charles Overholser points out that the world is changing too rapidly to assume brand loyalty because some years ago many of the products did not even exist. He says: "Consider the following list: laptop computers; credit cards; brokerage services; cruise vacations; luxury SUVs; Internet service providers; prescription drugs. These are leading advertising categories today that barely existed during the decades when the conventional wisdom was created. All of them are more likely to be initially purchased by somewhat older consumers than the famous 18–29 or –34 youth group, many by middle-aged, some by elderly. Even if initial purchase experience leads to loyalty over a long time period (that's a very big if), these categories should nevertheless be targeted to older consumers. The notion that you can profitably build brand preference among people who are not yet in the market for the category is wishful thinking. The world changes too fast."¹²

Film and television

In 1988, P.W. Dail observed that older people suffer from negative stereotyping more than any other social group, and the value of a human being decreases the older a person becomes.¹³ This still holds true in 2006. Notwithstanding the falloff of young television viewers because of the ascendancy of video games, the Internet and cable stations, and the fact that the 50-plus age group is the fastest-growing segment of the U.S. population, television programming in the United States continues to focus heavily on people between the ages of 18 and 49. An advertising agency CEO interviewed on television explained that since older adults watch more in total they can be reached by programs aimed at younger persons, while younger persons would be turned off by programs that are aimed at older audiences.¹⁴

Distorted depiction of older persons

Television and films tend to portray older women and men as one-dimensional. In his study *Aging with Television: Images on Television Drama and Conceptions of Social Reality*, George Gerbner notes that “we did not find watching television to be associated with any positive images of older people. Heavy viewers believe that the elderly are unhealthy, in worse shape financially, not active sexually, closed-minded, not good at getting things done, and so on.”¹⁵ Written in 1980, this observation still has relevance today. For example, few soap operas have characters representing grandparents, aunts, older doctors, lawyers, or neighbors, for the world of soap operas is composed of young adults. At best older persons are portrayed as being sweet, childlike, peaceful, comical, absent-minded, or befuddled. At worst they are repulsive, feeble, irrational, or out of touch with reality.

Older professionals in film and TV

In 1993 when the population of men and women over 64 was estimated to equal 12 percent of the total population, a study entitled *Learning Productive Aging as a Social Role: The Lessons of Television* estimated that older actors appeared in less than 3 percent of all roles on television. In 2005, the population of people age 65 and older had risen to 12.7 percent of the population. This cohort is represented in less than 2 percent of programs on primetime television.¹⁶ In contrast to the distribution of age groups in the American population, the curve of people seen on television bulges in the middle years and underrepresents both young and old people. In 2003, the Screen Actors Guild reported that only 27 percent of all women’s roles on prime-time television went to women over age 40, and they were typically cast as victims: betrayed, abandoned, and abused. SAG also reported that more than twice as many roles are available for actors under the age of 40 than for actors older than 40.¹⁷

As for writers, middle-aged and senior white male writers have joined women and minorities on the sidelines, as white men under 40 get most of the jobs writing for Hollywood’s television and film industry.¹⁸ In both feature film and television, older writers have seen their employment and earnings prospects decline relative to the opportunities available to younger writers.

AARP is currently participating as co-counsel in 23 class actions filed in California state court that

charge the television industry—networks, studios, talent agencies, and production companies—with refusing to hire older writers.

Television advertising

The advertising industry began chasing the 18–49 age group in the 1950s and '60s, when the major television networks began to take a closer look at the demographic details of their viewers. They developed programs according to their audience makeup, and it was baby boomers, just then entering their twenties and starting families of their own, who made up the largest and most lucrative market.¹⁹ Today, though the boomers are now parents and grandparents, advertising still covets the 18–49-year-old demographic.

A brief perusal of several recent television commercials clearly illustrates the ageist bias that permeates advertising and mass media:

Sample of Television Commercials by Decade²⁴

Decade	Sample number of commercials	Number of commercials featuring people	Number of commercials with older people	Percentage of commercials with people containing older people
1950s	256	208	5	2.40
1960s	281	242	9	3.72
1970s	318	283	20	7.07
1980s	392	352	16	4.55
1990s	415	369	19	5.15
Total	1,662	1,454	69	4.75

- *A soft drink commercial features an older man and his grandson. The man's hand is shaking so much from the ravages of age that his grandson is able to exploit his condition and shake up a bottled beverage.*
- *An office supply company commercial features an older woman and her family. The confused woman errantly takes a photograph of her family with a stapler.*
- *An ad for bottled water features an older man in a nursing home. After drinking the vitamin-infused beverage, the man gains the strength to flirt with his nurse.*
- *A long-running series of popular ads for a theme park features a frail man. After dance music plays, the man awakens, begins a zany dance routine, and leads droves of children to the park.*
- *An ad that first ran during the Super Bowl features an older couple. Fighting over a bag of chips, they push each other to the floor and hit each other with their canes. The woman loses the battle and winds up holding her husband's dentures.*
- *A network baseball commercial features an older ex-ballplayer attempting to break back into the big leagues. A series of pathetic moments demonstrate just how incapable the man is when a fly ball hits him on the top of his head, he can barely throw the ball, and he is easily knocked over by a younger player.*
- *A candy bar ad features a young man and an older woman. The young man flirts with the older woman and a message flashes on screen pointing to his impaired judgment after eating the candy.*

A recent example of comparative advertising rates on the WB Network, known for exclusively catering to a young audience, versus CBS, once known for attracting the oldest viewers of the major networks, demonstrates how little advertisers value the older market.²⁰ Several years ago, the WB's hit show was *Dawson's Creek*, which appealed to teens and people in their twenties. Four million people watched the show, and the network charged about \$100,000 per 30-second ad. During the same time slot, CBS ran its popular program *60 Minutes* that brought in some 15 million viewers. However, CBS could charge only a few thousand dollars more than the WB for their ads despite

reaching nearly four times the viewers. Another example, *Murder She Wrote*, starred the legendary stage and film actress Angela Lansbury. Having run successfully for ten years, the show was canceled at the height of its popularity because the audience was deemed too old and therefore the time sold not sufficiently profitable.

Advertisers may argue that their focus on the youth market is quite necessary because younger consumers are more difficult to attract. Younger persons have more demands on their time and attention. Moreover, ads featuring younger persons may still attract older ones who choose to deny their own aging and associate with youth, beauty, and the mainstream. However, as CBS's executive vice president for research David Poltrak notes, almost all media plans are targeted to groups as diversely defined as 18–49, 25–54, and 18–34. In other words, there is no universally accepted description of “youth.” In any event, people in their twenties represent only 14 percent of the public.²¹

In the *Journal of Advertising History*, Miller, Leyell, and Mazacheck note that while negative representations of older persons continue to occur frequently in advertising, some advertisers have found a way to overcome mocking the aging demographic: They do not feature it at all. Past and current examinations of the portrayals of older persons in television commercials have found both underrepresentation of older persons²² and significant underrepresentation of older women in particular.²³

The impact of advertising on society

As a major component of the mass media that influence mainstream culture, advertising often mirrors contemporary life in both its best and worst aspects. The average American receives a torrent of advertisements each day, from the newspaper to the bus stop, featuring an unprecedented range of products from fast food to pharmaceuticals. Nielsen Media Research reported in the fall of 2005 that the average American watched 4 hours and 39 minutes of TV per day.²⁵ Each day, Americans are exposed to approximately 100 television advertisements and an additional 100 to 300 ads through other media.²⁶ Businesses respond by spending billions of dollars a year in advertising to

capture viewers' attention and change or reinforce their brand preference.

People over 50 make up the largest share of television audiences, spending 30 to 40 percent more time watching than the rest of the population.²⁷ That a fast-growing number of older persons will be exposed to ageism across a variety of media should be cause for concern in both a business sense and in a wider societal one.

Portraying customers in a demeaning way may backfire, in that diminishing the self-esteem of older people may eventually lead them to make fewer purchases.²⁸ Some marketing researchers concur that when older people see nothing directed at them, they gradually lose their sense of themselves as consumers, which dampens their consumer spending.²⁹

Representing older persons as feeble, absent-minded, stubborn, or helpless, or not representing them at all, may also directly contribute to adverse physical conditions in older persons. Research by Becca Levy and her colleagues at the Yale School of Public Health show that repeated exposure by older persons to negative images or subtext leads to an overall devaluation of themselves and directly affects their longevity. Levy concluded that many Americans start developing stereotypes about older people during childhood, reinforce them throughout adulthood, and enter old age with attitudes toward their own age group as unfavorable as younger people's attitudes. Such internalization and self-stereotyping of aging leads to a number of detrimental changes, including a decline in memory performance, self-efficacy, will to live, and a heightened cardiovascular response to stress. Conversely, older individuals' positive stereotypes of aging can have a beneficial effect on these outcomes. Older people with positive perceptions of aging lived an average of 7.5 years longer than did those with negative images of growing older.³⁰

Conclusion

The tide is turning. There are currently 76 million aging baby boomers who are likely to transform the culture and experience of aging in America as they have changed other facets of life, and experts

are developing new insights into how to reach the mature market. Products targeting baby boomers are set to become the next big ad category in the coming years.³¹ Workshops, websites, and how-to books abound on reaching the mature market. In the new marketing environment, successful marketers will need to understand older consumers' needs and aspirations and include more realistic images of older persons across all media. The sheer numbers and wealth of the next generation of older persons demand no less.

As veteran marketing and advertising expert John Zweig notes, the new marketing environment offers the opportunity to support "values of meaning and contribution that are appropriate for older people to embrace as their material lives wind down. This should not be a fact that we ignore or deny, as it is one of the real opportunities of aging that we can become less concerned with the superficial and more focused on core values."³²

Endnotes

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PERSONAL AND INSTITUTIONAL AGEISM

Elder Abuse

“The federal government’s support of the elder abuse field has been negligible compared to its commitment to child abuse and domestic violence.”

—ABA Commission on Legal Problems of the Elderly

An article in *The Lancet* in 2004 reported that an estimated one million to three million older Americans are victims of abuse.¹ The authors noted that this wide range in estimates was due to the fact that elder abuse is often unreported. In 2005 the American Psychological Association reported that for every case of elder abuse, there may be as many as five cases that are not reported to the authorities.² As the nation’s older population grows, the American Bar Association predicts that the number of reported cases of elder abuse will grow.³

According to Joanne Otto, executive director of the National Adult Protection Services Association, “There’s a reluctance to acknowledge the enormity of the problem of elder abuse... it’s like where domestic violence was 20 years ago.”⁴ While elder abuse has been reported as a problem in nursing homes, the majority of elder abuse occurs in the home, and perpetrators are usually family members or caretakers. Elder abuse ranges from passive abuse to financial as well as physical abuse. All forms of elder abuse are extremely serious.

Victims of elder abuse

Victims of elder abuse come from both genders as well as all social, racial, ethnic and economic classes.⁵ In a survey taken of 111,350 older persons conducted by the State Adult Protective Services in 2000, it was shown that 56 percent of women in the survey were victims of elder abuse

Types of Elder Abuse

Passive and Active Neglect	Caregiver fails to meet the physical, social, and emotional needs of the older person. The difference between passive and active neglect lies in the intent of the caregiver. Active neglect is intentional while passive neglect is not, and often occurs when caregivers are overloaded or lack information concerning appropriate caregiving strategies.
Physical Abuse	Infliction of physical harm of an older person. Ranges from slapping to beatings to excessive forms of restraint.
Material/Financial Abuse	The misuse, misappropriation, and/or exploitation of an older adult's material (e.g., possessions, property) and/or monetary assets.
Emotional/Psychological Abuse	Infliction of mental harm and/or psychological distress upon the older adult. Ranges from insults and verbal assaults to threats of physical harm or isolation.
Sexual Abuse	Sexual activity to which the older person does not consent or is incapable of giving consent. Ranges from exhibitionism to fondling to oral, anal, or vaginal intercourse.
Self-Neglect	An older person's failure to meet his/her own physical, psychological, and/or social needs.
Abandonment	An older person is deserted at a hospital, nursing facility, shopping center, or public location without any notification or ability to return to residence.
Violations of Basic Rights	Often concomitant with psychological abuse and consists of depriving the older person of the basic rights that are protected under state and federal law, ranging from the right of privacy to freedom of religion.

Source: L.M. Woolf, *Elder Abuse and Neglect*. 1996.

and 39 percent men. The same study also showed that while the majority of reported victims of elder abuse are Caucasian, when compared to population breakdowns, a disproportionate number of African Americans, Hispanics, and Asian/Pacific Islanders are victims of elder abuse. However, in both instances of gender and race/ethnicity, it is possible that the ratios may be due to the reluctance of men and members of other ethnic and racial backgrounds to seek official help.

Signs and Symptoms of Elder Abuse

Passive and Active Neglect	<ul style="list-style-type: none"> ▪ Dehydration, malnutrition, untreated bedsores, and poor personal hygiene ▪ Unattended or untreated health problems ▪ Hazardous or unsafe living conditions (e.g., improper wiring, no heat) ▪ Unsanitary or unclean living conditions (e.g., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing) ▪ An older person's report of being neglected
Physical Abuse	<ul style="list-style-type: none"> ▪ Bruises, black eyes, welts, lacerations, and rope marks ▪ Bone fractures, broken bones, and skull fractures ▪ Open wounds, punctures, untreated injuries, and injuries in various stages of healing ▪ Stains, dislocations, and internal injuries/bleeding ▪ Physical signs of being subjected to punishment, and signs of being restrained ▪ Laboratory findings of medication overdose or underutilization of prescribed drugs ▪ An older person's report of being hit, slapped, kicked, or mistreated ▪ An older person's sudden change in behavior ▪ A caregiver's refusal to allow visitors to see an older person alone
Material/Financial Abuse	<ul style="list-style-type: none"> ▪ Sudden changes in a bank account or banking practice, including an unexplained withdrawal of a large sum of money by a person accompanying the older person ▪ The inclusion of additional names on an older person's bank signature card ▪ Unauthorized withdrawal of funds using an older person's ATM card ▪ Abrupt changes in a will or in other financial documents ▪ Unexplained disappearance of funds or valuable possessions ▪ Bills unpaid despite the availability of adequate financial resources ▪ The provision of unnecessary services ▪ Provisions of substandard care ▪ Forgery of an older person's signature for financial transactions or illegal property transfers ▪ Sudden appearance of previously uninvolved relatives claiming rights to an older person's affairs and possessions ▪ Unexplained transfer of assets to a family member or someone outside the family ▪ An older person's report of financial exploitation
Emotional/Psychological Abuse	<ul style="list-style-type: none"> ▪ Emotional upset or agitation ▪ Extreme withdrawal and lack of communication or responsiveness ▪ An older person's report of being verbally or emotionally mistreated
Sexual Abuse	<ul style="list-style-type: none"> ▪ Bruises around the breasts or genital area ▪ Unexplained venereal disease, genital infections, or vaginal or anal bleeding ▪ Torn, stained, or bloody underclothing ▪ An older person's report of being sexually assaulted or raped
Self-Neglect	<ul style="list-style-type: none"> ▪ Dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene ▪ Hazardous or unsafe living conditions (e.g., improper wiring, no indoor plumbing) ▪ Unsanitary or unclean living quarters (e.g., animal/insect infestation, no functioning toilet, fecal/urine smell) ▪ Inappropriate and/or inadequate clothing, lack of necessary medical aids ▪ Grossly inadequate housing or homelessness
Abandonment	<ul style="list-style-type: none"> ▪ Desertion of an older person at a hospital, nursing facility, or other similar institution ▪ The desertion of an older person at a shopping center or other public location ▪ An older person's own report of being abandoned

Source: The National Center on Elder Abuse, *The National Elder Abuse Incidence Study*, 1998.

Perpetrators of elder abuse

80 to 90 percent of elder abusers, or one to two million, are family members or someone on whom the older person depends on for care or protection.

Elder abuse can be intentional or inadvertent. While types of elder abuse, such as sexual abuse and embezzlement, are obvious violations, it is important to note that 13.2 percent of reported cases are result of unintentional neglect of an older person.⁶ Unintentional neglect, such as the failure to provide food or health-related services, is usually the result of a lack of knowledge, infirmity, inadequate skills, or understanding on the part of the caregiver of the necessity of prescribed or essential skills needed to provide care for the older person.⁷

Elder abuse in the home

For a variety of complex reasons, most perpetrators of elder abuse are family members and caretakers and most occurrences are in private homes.

In her report for the National Center on Elder Abuse, Lisa Nerenberg notes that elder abuse incidents are often the result of stress within the caregiving environment, and that caregiver stress can come from poor communication skills, conflict, previous points of conflict, pre-established violence patterns, poor coping skills, and lack of training in proper caregiving, especially in dealing with a neurological disease such as Alzheimer's or Parkinson's disease. Problems of alcoholism, substance abuse, cognitive impairment, emotional disorders (e.g. personality disorder), or psychiatric illness on the part of the caregiver many trigger or exacerbate the problem.⁸ In their report *Elder Mistreatment*, Daniel Swagerty, professor and associate director of the Landon Center on Aging at the University of Kansas Medical Center, and his colleagues note that some perpetrators of elder abuse may have learned violent behavior through witnessing abuse or suffering abuse themselves.⁹

Elder abuse in institutional settings

In institutional settings, low staffing levels and inadequate staff training have been cited as the most significant causes of abuse and neglect.¹⁰ While a comprehensive assessment of elder abuse in nurs-

ing homes is not available, the limited surveys and investigations on the topic consistently find that an overwhelming number of staff have witnessed another staff member abusing a nursing home resident. For example, in a 1987 survey of 577 residents from 31 facilities, more than one-third of staff reported having witnessed at least one incident of physical abuse during the preceding 12 months; 10 percent of the staff reported having committed abusive acts themselves; 81 percent reported having observed verbal or psychological abuse; and 40 percent reported having committed verbal or psychological abuse.¹¹

Minimal recourse for elder abuse victims

Very few avenues of recourse or safety exist for victims who wish to report elder abuse and two-thirds of shelters that provide refuge for victims of domestic violence do not serve older persons who need more than minimal assistance.¹² Some measures have been taken on the federal, state, and community levels to combat elder abuse, but they are not as comprehensive as existing programs that address issues of child abuse and domestic violence.¹³

Addressing elder abuse at the federal level

In 1981, the U.S. Congress addressed for the first time the issue of elder abuse when the House of Representatives Select Committee on Aging held a hearing, *Elder Abuse: An Examination of a Hidden Problem*. In 1992, the *Older Americans Act*, which was originally signed into law by President Lyndon B. Johnson and established the Administration on Aging, was amended to include a new *Title VII, Chapter 3-Programs for Prevention of Elder Abuse, Neglect, and Exploitation (93.041)* to address the growing violence against older persons, and included provisions for long term care ombudsman programs and state legal assistance development.

Yet Federal protection continues to be minimal. In February 2003, Senators John Breaux (D-LA) and Orrin Hatch (R-Utah) introduced the *Elder Justice Act of 2003 (S.333)* in the Senate, but it has yet to be passed. Meanwhile, of the \$1 billion National Institute on Aging (NIA) budget, only \$1.7 million goes toward Elder Abuse and Neglect Research funding and it includes no stipulation that

funds be devoted to adult protective services or shelters.¹⁴ \$4.7 million is devoted to elder abuse education, training, and awareness through the Older Americans Act, but is divided among the fifty states, the District of Columbia, and Puerto Rico.¹⁵

Although the U.S. has comprehensive federal laws on child abuse and domestic violence, there are none in place to address elder abuse. Likewise, while federal offices exist to address child abuse and domestic violence, currently not one federal employee is assigned to work full-time on the issues of elder abuse.¹⁶

The importance of creating a federal office devoted to elder abuse issues becomes clear when one compares federal programs that combat child abuse and those made to combat elder abuse. The National Center on Elder Abuse (NCEA) comes closest to meeting this need.¹⁷ Just as the United States' Children's Bureau (CB) is a national resource for children's rights, law enforcement and legal professionals, public policy leaders, researchers, and the public, the NCEA is a national resource that applies to older person's rights.

However, unlike the CB, which is administered as one of six bureaus under the auspices of the Administration on Children, Youth, and Families, Administration for Children and Families, of the Department of Health and Human Services, the NCEA is only a grant project funded by the U.S. Administration on Aging, of the Department of Health and Human Services.¹⁸ As a permanent office within the federal infrastructure, the CB receives an annual budget of \$7 million; as a four-year grant project, the NCEA receives \$250,000 from the U.S. Administration on Aging each year.

With its relatively large budget, the CB has worked with state and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent placements for those who cannot safely return to their homes. In contrast, with its limited budget the NCEA cannot provide similar federal coordination for state and local agencies; it can support policy, but it cannot effectively implement it.

This comparison in no one way is meant to suggest that cuts should be made in funding programs

for child abuse; rather it illustrates the critical need to establish a federal bureau similar to the CB for older persons.

Addressing elder abuse at the state level

Each of the fifty states has legislation for reporting elder abuse and neglect, and most states have laws that address criminal penalties for various types of elder abuse. In the last few years, State Attorneys General offices and, in some states, law enforcement agencies, have stepped up efforts to prosecute elder abuse crimes and created “multidisciplinary teams” comprised of social workers, health care professionals, lawyers, etc., to create better interventions.¹⁹ Despite these measures, there is no consistency in elder abuse laws or availability of training programs on elder abuse for social services, law enforcement, or legal personnel from state to state.²⁰ Response on a state level is sporadic and largely unregulated, offering victims who wish to report incidents little in terms of support or knowledge of steps they should take.

Mandatory reporting laws, including penalties for not reporting elder abuse, currently exist in most states; however the discrepancy between reported and estimated incidents of elder abuse attest to the difficulty of enforcing these laws.²¹ There are no state-supported elder abuse centers for victims, and emergency personnel are rarely provided training in how to respond to an elder abuse report.

The state-to-state variations of protective services with regard to victims of elder abuse can in part be blamed on the lack of federal coordination and leadership.²² Limited funding and annual budget cuts also make it difficult for states to adequately address elder abuse issues. Since 1996 Social Service Block Grant (SSBG) funding for adult protective services in more than thirty states has been cut by more than \$1 billion.²³

Elder abuse in the courts

In 1995, the American Bar Association (ABA) Commission on Law and Aging published its *Recommended Guidelines for State Courts Handling Cases Involving Elder Abuse*, in which its members provided

29 recommendations “intended to assist the courts in providing appropriate judicial solutions that respect the values and wishes of elder abuse victims while protecting their welfare, easing access of appropriate cases to the court system, and enhancing coordination among the court system, state and local agencies, and the aging network.”²⁴ In the following year, together with the National Association of Women Judges (NAWJ) the Commission developed three model interdisciplinary curricula on elder abuse for judges and court staff. Commission staff also have conducted educational presentations on elder abuse issues to audiences of many different disciplines at national, regional, state, and local conferences.

Yet, despite these and similar efforts of the ABA’s Commission on Law and Aging and the other agency members of the National Center on Elder Abuse, there are still many problems in the judicial system in addressing elder abuse. A lack of case law on elder abuse continues to pose a problem for individuals seeking legal recourse for crimes against older persons. According to Lori A. Stiegel, associate staff director of the ABA Commission on Law and Aging and noted author of the *Recommended Guidelines for State Courts Handling Cases Involving Elder Abuse*, the dearth of elder abuse case law is largely due to the following factors: 1) decisions rendered by state judges often go unreported; 2) decisions rendered by the courts are not categorized as elder abuse decisions by the judicial system itself or by the companies that publish court; 3) even if a victim of elder abuse pursues and wins a case against a perpetrator, the perpetrator may not have the resources to satisfy the judgment; and 4) many victims continue to encounter a lack of sensitivity or sophistication from legal personnel as elder abuse is still viewed by many as less a crime and more a “social problem.”²⁵ Although most professionals in the field feel that public information and education are essential to promote awareness of what constitutes elder abuse, how and where to report it, and what programs and services are available to combat it, very few elder abuse laws provide for public information or education.²⁶

Gaps in research and recordkeeping

All fifty states have laws that require the recordkeeping of incidences of elder abuse. However, limited funding and staffing for adult protective services, coupled with a lack of awareness of elder abuse have made adherence to these laws difficult; reports show that only 21 states regularly main-

tain registries on perpetrators in substantiated cases, and less than half maintain a central abuse registry.²⁷

The absence of organized and comprehensive reports of elder abuse is not limited to state offices. No current reliable data exists on the prevalence of abuse or neglect in nursing homes or residential long-term care facilities.²⁸

The dearth of comprehensive research on the incidence or prevalence of elder abuse has made it difficult for policymakers and service providers to modify or offer new services to victims. It has also resulted in the development of practices and programs lacking evaluation of their effectiveness.

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Ageism and Health Care

“Ageism is a deep and often-unconscious prejudice against the old, an attitude that permeates American culture. It is a particularly apparent and especially damaging frame of mind that surfaces all too often in healthcare settings where older patients predominate. Like other patterns of bias - such as racism and sexism - these attitudes diminish us all, but they can be downright deadly to older people in receiving healthcare.”

— Daniel Perry, executive director, Alliance for Aging Research

The attitudes of physicians and other health providers, as well as health care institutions, offer instances of frank ageism or discrimination based upon age. Politicians, policymakers, economists, and pundits concerned with health care also reveal this.

First, the idea that old age is associated with high cost is in itself implicit ageism. The association of age with disease and health costs represents a shift forward in time. (The exception is the initial and lifelong costs of premature infants salvaged in neonatology units.) Illnesses and deaths are not as frequent among children today, or among women at young ages, as in the past. Disease and death have been deferred so that 80 percent of deaths now occur after age 60. Thus health costs have shifted forward as well.

Health costs in old age largely reflect new technology, drugs, and surgeries. They are not yet due primarily to population aging per se, although clearly technologies such as hip replacements and coronary bypass operations are applied predominantly to older persons. Inflation alone has had a major impact on costs of health care in old age since 1980; when this is taken into account, the real costs are much lower than commonly assumed.¹

There are other important considerations affecting costs. More services are usually provided per episode of care as standards of care have risen. Furthermore, because more women are in the work force and care has become increasingly technical and professional, there are more paid substitutions for unpaid care usually provided by women to family members.

We would not want to return to the days of high mortality and morbidity earlier in life. Clearly, we must not scapegoat the old for problems arising from trends in technology and in society as a whole.

Moreover, older people, benefiting from Medicare, live longer and in better health.² Consequently, they can contribute financially to society later in life through paid work and create substantial real value through voluntary activities, if conditions allow.

Second are the myths of the high cost of dying and the tendency to associate these with old age *per se* when, in fact, costs associated with the end of life under Medicare, for example, are less than 1 percent. End-of-life care in neonatology and trauma units is also high, and understandably so.³

Third, the structural character of delivery of health care in the United States also accounts for many of the costs and the unfortunate disparate impact upon older people. Earlier recommendations, for example by the Commission on Chronic Illness sponsored by the Commonwealth Fund, recommended unity between acute and long-term care.⁴ To a large degree this has not happened. We have seen the growth of the huge nursing home industry and the failure to develop affordable long-term care insurance programs. Furthermore, Medicare, remarkably valuable in reducing financial anxiety about acute illness and in dealing with acute illness, was not initially structured nor has it been fully refined to include health promotion and disease prevention, chronic disease management, long-term care, and end-of-life care (despite hospice reimbursement). Further, physicians and other health care providers, including nurses and social workers, are not adequately trained to understand the specific conditions of old age, so that high-quality affordable care has not been available by well-trained health care providers in the field of geriatrics. On any given day there are more people over 65 years of age in nursing homes, 1.6 million, than there are in hospitals. Yet nursing home standards are inadequate. Nursing homes do not meet standards, which, in turn, are not well enforced.⁵

Finally is the impact of medical school education and practice upon students and physicians themselves. In medical school, in general, inadequate attention is spent in dealing with issues of powerful emotional impact such as aging, disease, and death. How should medical students and physicians

deal with grief and discomfort over loss of patients, the dissection of the human body, etc.? Moreover, the rigors of training, the long hours in internships and residency, and their demands prove exhausting and can transform idealism into cynicism or at least callous “gallows” humor to defend oneself. Thus, the cruel medical lexicon develops: *Gomer* (get out of my emergency room), *Gork* (God only really knows), *vegetable*, *spos* (semi-human piece of shit), *crock*, and the like.⁶

In the 1970s and 1980s, older patients with kidney disease were not offered dialysis. This has changed somewhat. Studies have shown that patients over 65 often do not get proper treatment for cancer, heart disease, and depression. The FDA does not require representation of older persons in clinical trials.

There is an inadequate system of postmarketing drug surveillance, which disparately affects older persons, who consume about 40 percent of all prescription and over-the-counter drugs.

Stereotypes convey the notions that older people lack sexual desire and the capacity for satisfaction. With the advent of Viagra and related drugs, there is constant pressure to deny Medicare coverage since these are “lifestyle drugs”. This is a curious distinction since anti-arthritis drugs make it possible for people to play the piano or golf and hence could also qualify as lifestyle drugs.

Although the health care system necessarily focuses on the older population, there is neglect, insensitivity, and even abuse, much of it institutional and in a sense unintentional or inadvertent. The lives of older patients are seen as less valuable than younger patients. Chronic illness among older persons inspires less therapeutic enthusiasm, and once patients are institutionalized there is often inadequate to poor care. There is direct abuse as well as neglect in many nursing homes. As our status report revealed, nine out of every ten nursing homes do not even meet federal standards regarding health personnel. Other important quality of life measures are even less honored. And most recently, the U.S. Congress completely eliminated funding for geriatrics education and training in the 2006 Labor-Health and Human Services appropriations bill.

Endnotes

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Ageism in the Workplace

“Despite the fact that the United States’ Age Discrimination in Employment Act (ADEA) has been in place for over 35 years, age discrimination in employment remains a pervasive force.”

— Laurie McCann, senior attorney, AARP Litigation Foundation

Improvements in worker skill levels explain a significant portion of the growth in labor productivity in the United States and other developed countries over the past several decades. Besides increasing education levels, the increasing experience of the workforce has been behind this growth in the quality of human capital. Baby boomers are a big part of this experienced resource, and many fear that if they all retire, then the looming labor shortage will be exacerbated, and labor productivity and economic growth will suffer.

Without question, ageism among employers restricts the job opportunities of older workers, with significant consequences for the national economy. While many employers may have legitimate concerns about the costs related to the earnings, health insurance, and pensions of older workers, many also have misconceptions about the productive potential and receptiveness to training of older workers.¹ Without supportive evidence, many employers have unfavorable assumptions about the skills and abilities of older workers and think that older workers are less productive, costlier to train, less adaptable, or likelier than younger workers to leave after a short tenure.

Retirement rates are higher than they might otherwise be; older unemployed people have greater difficulty finding work; the skills of older workers are underutilized; older workers are passed over for promotion or omitted from training programs—all, in great part, because of the existence of ageism among employers. It is also to be understood that economic and other factors affect employer attitudes toward older employees in some companies.

Besides strengthening the protections provided by the Age Discrimination in Employment Act (ADEA), the main public policy implications stemming from the existence of ageism in the work-

place are the need to increase awareness among employers of the value of older workers and to encourage changes in employer practices. Even policies and programs designed to assist older workers can reflect a subtle, ingrained ageist mentality. For example, the Senior Community Service Employment Program (SCSEP), for which only low-income adults are eligible, is the only federal training and job-search program designed specifically for older adults. While older workers with relatively low skills may be in a position to benefit from the SCSEP, those who are more highly skilled certainly will not—a sense of diminished expectations about the skills and job performance capabilities of older workers is *built into* the program.

Every year, thousands of age discrimination charges are received by the Equal Employment Opportunity Commission (EEOC), an independent federal agency that enforces the ADEA and other laws prohibiting job discrimination. While tens of millions of monetary awards are made to plaintiffs each year who have filed civil suits under the ADEA, these awards reflect only a small success rate among the few law suits that are actually undertaken.

The ADEA is discussed next, followed first by a review of the “best practices” of employers who value older workers, then by a section on age discrimination and pension policies.

The Age Discrimination in Employment Act

The United States is one of only three countries in the world—Australia and New Zealand are the others—with a national law prohibiting age discrimination in the workplace. Although each member state of the European Union (EU) is required to implement, by 2006, the November 2000 Framework Directive on Equal Treatment adopted by the EU Council, there is considerable doubt as to the law’s ultimate impact, even if it is fully implemented by the member states. The Framework Directive establishes minimum requirements and provides “a general framework for combating discrimination on the grounds of religion or belief, disability, age, or sexual orientation as regards employment.” Nevertheless, “meaningful reform” is not likely anytime soon, due, among many reasons, to a lack of political will and “the entrenched nature of the European social welfare state

model.”² Indeed, the Framework Directive does not even call for the elimination of mandatory retirement practices.

At one time, many companies in the United States maintained mandatory retirement policies that forced workers to leave their employment at specified ages. The ADEA of 1967 prohibited discrimination against workers age 40 and over but younger than 65—employers could still legally continue to force workers out at age 65 or older. The ADEA prohibits age discrimination by employers in all terms of employment, including the hiring, terminating, promoting, and compensating of workers.³ The upper-bound age was increased to 70 in a 1978 amendment to the ADEA. In 1986, the law was again amended to prevent discrimination against all workers age 40 and over. As a result, mandatory retirement is now illegal for the vast majority of workers in the United States.⁴

Under the ADEA, it is unlawful to retaliate against an individual for opposing employment practices that discriminate based on age or for filing an age discrimination charge, testifying, or participating in an investigation, proceeding, or litigation under the ADEA. The ADEA applies only to employers with 20 or more employees. Employment agencies and labor organizations with 25 or more members are also subject to ADEA law.⁵

Despite overwhelming evidence that age discrimination exists and affects the quality of life of older people, many Americans perceive age discrimination as less serious than other forms of discrimination, such as race or gender.⁶ This is partly due to the fact that age is not a protected category under Title VII of the Civil Rights Act of 1964, which prohibits employment discrimination based on race, gender, national origin, and religion.

When the Civil Rights Act was passed, Congress directed the U.S. Labor Department to study whether separate age bias laws were needed. The Labor Department subsequently documented a pervasive and debilitating problem of age discrimination in employment.⁷ Nearly 40 years after passage of the ADEA, “age discrimination in employment remains a pervasive force,” regrettable proof that “a good law is not a panacea” for eliminating ageism in the workplace.⁸

Exceptions to the ADEA permit employers to establish age limits for some jobs. Age limits are allowed under the ADEA if an employer can demonstrate that its age limits are necessary because either:

1. There is a substantial basis for believing that all or nearly all people who are excluded by the age limit cannot perform the job; or
2. It is impossible or highly impractical for the employers to individually test employees to determine if each has the necessary qualifications.⁹

Not all employees are protected by the prohibition against mandatory retirement. The unprotected groups include highly paid, tenured executives or high policymaking employees, certain state and local firefighters and law enforcement officers, federal firefighters and law enforcement officers, foreign service personnel, air traffic controllers, and commercial airline pilots. With the exception of highly paid executives, the most common justification for establishing mandatory retirement ages for these jobs is that there is a significant public safety concern. However, this concern is not

Table 1. Charges Brought Under the Age Discrimination in Employment Act, 1998-2004

	1998	1999	2000	2001	2002	2003	2004
RECEIPTS*	15,191	14,141	16,008	17,405	19,921	19,124	17,837
RESOLUTIONS*	15,995	15,448	14,672	15,155	18,673	17,352	15,792
Merit resolutions:	1,957	2,675	2,923	2,804	2,694	2,552	2,679
Negotiated settlements	755	816	1,156	1,006	1,222	1,285	1,377
Withdrawals with benefits	580	578	560	551	671	710	787
Reasonable cause:	622	1,281	1,207	1,247	801	557	515
Successful conciliations	119	184	241	409	208	166	139
Unsuccessful conciliations	503	1,097	966	838	593	391	376
NO REASONABLE CAUSE	9,863	9,172	8,517	8,388	9,725	11,976	9,563
ADMINISTRATIVE CLOSURES	4,175	3,601	3,232	3,963	6,254	2,824	3,550
MONETARY BENEFITS (MILLIONS)**	\$34.7	\$38.6	\$45.2	\$53.7	\$55.7	\$48.9	\$69.0

* A case is not always resolved in the same fiscal year in which a charge is filed (received), so the number of receipts will not equal the number of resolutions in any given year.

** Monetary benefits obtained through litigation not included

Source: U.S. Equal Employment Commission (EEOC), www.eeoc.gov/stats.

supported by statistical data linking job performance to age. Ironically, unions often support the mandatory retirement rules for these jobs, largely to protect generous pension schemes and other fringe benefits provided to their members.

Monetary remedies available under the ADEA consist primarily of back pay, lost benefits, attorneys' fees, reinstatement, and front pay. Plaintiffs can also recover additional damages if it is found that the employer's violation was "willful."¹⁰

Unlike sex and race discrimination suits, and other types, brought under the Civil Rights Act, the ADEA does not provide for compensatory damages for physical and emotional harm or for punitive damages.

Each state has its own laws prohibiting age discrimination in the workplace, many of which allow for compensatory and punitive damages, and most of which cover employees regardless of firm size (as noted, the federal law applies to firms with 20 or more employees). In addition, whereas the federal law protects those age 40 and over, many state laws cover all employees, regardless of age.

Lack of effective enforcement by the federal government "plagues the ADEA."¹¹ In Fiscal Year 2004, the EEOC received 17,837 charges of age discrimination (Table 1). Of the 15,792 cases resolved administratively by the EEOC,¹² more than 60 percent were found to have no reasonable cause; that is, the EEOC found no reason to believe that discrimination occurred. While it is probably true that some individuals falsely claim discrimination, others may believe in good faith that discrimination occurred but fail to bring satisfactory evidence to support formal charges. The high proportion of charges classified as "no reasonable cause" by the EEOC can serve only as a deterrent to others who believe they have been discriminated against.

Excluding the fraction of all age discrimination charges that reach litigation, in a typical year only 10 to 15 percent of all ADEA charges result in the charging party receiving any kind of benefit (Table 1). Over one-fifth of all charges are typically closed administratively after the charging party cannot be located, fails to respond to an EEOC communication, and so on.

It is very likely that the number of charges filed each year with the EEOC greatly understates the prevalence of age discrimination in the workplace. Many who have been passed over for promotion because of age discrimination, excluded from training programs, demoted, or humiliated may be too embarrassed to file charges, or too disheartened. Many do not know how to file charges or find the process too burdensome, and others believe the process would be futile.¹³

Age discrimination in hiring may be the most prevalent form of discrimination of older people in the workplace, and yet it is the most difficult to prove.¹⁴ How does one know he or she got passed over for a job to a less qualified younger person? One attempt to answer that question was made in a 2005 study by economist Joanna Lahey, who sent 4,000 resumes to employers containing the date of graduation from high school. She found that younger job applicants were 40 percent more likely than older applicants to be called back for interviews.¹⁵

More research is needed to understand both how age discrimination is manifested in the workplace and the effects it has on the productivity and quality of life of older workers. Most research has been conducted in a hypothetical context, with experimental subjects outside of actual business environments, and, as discussed in Chapter IV, little is known about the ultimate impact of discrimination, including job discrimination, on older people.¹⁶

Many firms value older workers

As a way of promoting an “age friendly” environment in the workplace, and in view of the fact that attracting and retaining experienced older workers will become increasingly important for employers “who seek to retain a competitive edge,”¹⁷ AARP instituted in 2001 an annual recognition program called “AARP Best Employers for Workers Over 50.”¹⁸ The program “acknowledges companies and organizations whose best practices and policies for addressing aging workforce issues are roadmaps for the workplaces of tomorrow.”¹⁹ Employers with 50 or more workers are eligible for the program. Employers are evaluated on a range of workforce practices and policies beneficial to older workers, including the following criteria:

- **Recruiting practices:** AARP reviews employer recruitment practices to determine the extent to which they seek out older workers.
- **Training, education, and career development:** The skill-enhancing programs, perks, and career counseling of employers are evaluated, with emphasis placed on reviewing how proactive employers are in encouraging older workers to participate.
- **Health benefits:** A detailed assessment of each employer's medical, prescription drug, vision, and dental insurance coverage is made. Premium costs, whether benefits are offered to part-time workers, and "extras" like long-term care insurance are evaluated.
- **Pension plans:** The availability of defined-benefit or defined-contribution plans is reviewed, as are other financial incentives such as stock options and profit-sharing. Availability of retiree benefits is also taken into consideration.
- **Alternative work options:** AARP determines the extent to which flexible scheduling, job sharing and telecommuting, and phased retirement plans are offered to employees.

(The list of 2005 honorees is provided in Table 2.)

Employers nominate themselves for this AARP recognition program. In other words, the employers want to be known as good places for older people to work. Employers who apply to Best Employers program, even those who are not honored, receive feedback about their application and workforce management materials.

Although using age 50 as a threshold may be somewhat too young for the program to be considered one directed to the needs of older workers alone, the Best Employers program definitely promotes workplace best practices that are beneficial both to older workers and their employers. The AARP program has had a major positive impact on job opportunities and the workplace environment for older workers.

Table 2. The AARP 2005 Best Employers for Workers Over 50

Aerospace Corporation	IIASD
Beaumont Hospitals	Oakwood Healthcare System Inc.
Bon Secours Richmond Health System	Ochsner Clinic Foundation
Brevard Public Schools	Pepco Holdings, Inc.
Busch Entertainment Corporation	Pinnacol Assurance
Cabell Huntington Hospital	Pitney Bowes, Inc.
Carondelet Health Network	Principal Financial Group
Centegra Health System	Saint Barnabas Health Care System
Cinergy Corporation	SAS
Cornell University	Scottsdale Healthcare
Deere & Company	Scripps Health
First Horizon National Corporation	Securian Financial Group
Girl Scouts, San Diego - Imperial Council, Inc.	SSM Health Care
Hartford Financial Services Group, Inc.	St. Mary's Medical Center
Henry Ford Health System	Stanley Consultants, Inc.
Hoffmann-La Roche Inc.	University of Colorado Hospital Authority
Inova Health System	University of Texas M. D. Anderson Cancer Center
Kelly Services, Inc.	University Physicians Healthcare
Lee Memorial Health System	Virginia Commonwealth University
Lincoln Financial Group	Volkswagen of America, Inc.
Loudoun Healthcare, Inc.	West Virginia University Hospitals
Massachusetts Institute of Technology	Whirlpool Corporation
Mercy Health System	Yale-New Haven Hospital
Michelin North America	YMCA of Greater Rochester
Mittek Systems	Zurich North America

The AARP Best Employers campaign has helped to raise awareness of the value of older workers. Many firms value older workers, and even actively recruit them. Retailers like Wal-Mart and Home Depot do this, and while the types of jobs they offer have value, they are probably different than the career jobs held by many older workers and may not make full use of their experience and skills.

Employers need to develop greater awareness not only of the value of older workers but of their preferred workplace environment. For example, a recent GAO study found that 71 percent of workers who come out of retirement originally left their jobs because of an absence of flexible work arrangements.²⁰ The same study found that the vast majority of employers surveyed said that flexible work arrangements could be a solution to an impending labor crunch. Nevertheless, flexible programs aimed at older workers are not widespread, *primarily because employers simply have not considered them.*²¹

Age discrimination and pension policies

Since the 1990s, more and more companies have been changing their retirement plans from traditional defined-benefit pension plans to cash-balance, hybrid, and 401(k) plans. The transition away from defined-benefit plans can have a disproportionately negative effect on older workers who have been in the employ of one company for several years. This is because defined-benefit plans are structured to reward loyal workers, with contribution increases at their highest during the last five to ten years of work prior to retirement.

While some companies such as Citigroup have grandfathered older workers in traditional pension plans during the transition so that they are not penalized, others have not. Current legislation prohibits employers from reducing pension benefits that have already been vested prior to any changes, but it does not protect against changes to benefits that have yet to be vested. This is equally true in the public sector as it is in the private sector.

Serious concern over changes to pension plans and the adverse impact on older workers is not new. In 2003, for instance, employees who filed an age discrimination lawsuit against IBM Corporation due to changes from their traditional pension plan to a “cash-balance” program won their case, in a settlement for \$300 million.²² But as already discussed, lawsuits are cost-prohibitive for many individuals who are not adequately protected from this loophole in retirement policies, and verdicts can be overturned, as in the same *Cooper v. IBM* case, where the original settlement was reduced to \$20 million in 2005.

“Grandfathered” pensioners, however, still face the reality that underfunding in corporate pension plans currently totals \$450 billion,²³ and the amount of underfunding in government pension plans is \$300 billion.²⁴ Compounding the problem is the \$22.8 billion deficit of the Pension Benefit Guaranty Corporation,²⁵ which is meant to protect the retirement benefits of 44.4 million workers and retirees without the use of tax dollars from the general fund. Without reforms to budget reporting and tax reform, the current state of pensions is turning into a major crisis.

Conclusion

Job opportunity for older workers has emerged as a significant public policy issue in the United States and other developed countries owing to increased life expectancy, the strain of costs of living and health care on public and private budgets, and the waste of human capital that occurs when able older adults cannot find jobs of decent quality.

Baby boomers are fast approaching typical retirement age in the United States. One might be tempted to conclude that older workers will become increasingly attractive to employers faced with this demographic reality. However, it should not be taken for granted that companies will always do what is best for them, and that they will automatically tap into any sort of existing pool of experienced and skilled older workers. Much less should we expect employers always to do what is best for older workers.

Muller and Knapp suggest that employers underutilize the skills and experience of older Americans.²⁶ Further research is required to assess the job skills of older workers and the additional skills that might lead to improved access to a wider range of jobs. Such research would contribute both to the development of general policies discussions regarding the specific features of effective job searches and training programs.

Negative impressions of older persons and their ability to remain productive can be altered by changes in public policy. As discussed in this chapter, mandatory retirement is now illegal for the vast majority of workers in the United States.²⁷ The ending of mandatory retirement is significant because it sends “a signal to employers and workers alike” that older persons could remain productive members of society.²⁸

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Emergency Services

“Within 24 hours following the 9/11 terrorist attacks, animal advocates were on the scene rescuing pets, yet abandoned older and disabled people waited up to seven days for an ad hoc medical team to rescue them.”

— Nora O’Brien, author of *Emergency Preparedness for Older People*

In recent years, manmade and natural disasters have exposed major problems in emergency services for older Americans. Throughout the country, the emergency safety measures in place are often severely flawed in providing safety for vulnerable populations.

9/11: little to no emergency services for vulnerable older populations

Following the attacks on the World Trade Center on September 11, 2001, older people and persons with disabilities living near the disaster area were trapped for up to seven days, without electricity, running water, telecommunications, information about what was happening and what they should do, before being rescued. They were also without essential services, such as Meals on Wheels, home health care, and prescription refills.¹

Without a system to identify vulnerable people who are not connected to a community service agency, emergency service workers from across all emergency organizations (e.g., FEMA, the Red Cross, New York City police and fire departments) believed that the buildings around Ground Zero had all been evacuated.² Home health aides who attempted to contact homebound patients were denied access because they lacked identification showing that they were service professionals, and were therefore unable to check on whether or not their patients had been rescued.

Hurricane Katrina: poor to no evacuation and safety plans

In 2005, news reports of abandoned older persons in the wake of Hurricane Katrina shocked the nation. Stories included those of St. Rita’s nursing home in St. Bernard Parish, Louisiana, which was

not evacuated despite calls for help on the part of residents and where, as a result, 32 of 60 residents drowned in the flooding caused by the hurricane.³ Reports also covered the over-commitment of transportation contractors, such as bus and ambulance companies, that produced shortages in emergency aid and resulted in many vulnerable individuals being left behind in danger zones, and the failure of emergency plans to include necessary considerations, such as food, water, medications, and oxygen tanks, for the safety of evacuees.⁴

With poor to non-existent emergency plans for older persons in place, 60 percent of victims identified from Hurricane Katrina were age 61 or older.⁵ At least 140 residents died in nursing homes or during the chaotic evacuations.⁶ A follow-up survey conducted in December 2005 by the *Houston Chronicle* of 45 Texas nursing homes, as well as a review of more than 80 evacuation plans and interviews with officials in Louisiana's 63 parishes revealed that "thousands of Gulf Coast nursing home residents faced preventable dangers because the safeguards meant to protect them were both ignored and inadequate."⁷

In the aftermath of the hurricane, the Louisiana Attorney General's Office began conducting investigations in the deaths that occurred at nursing homes and hospitals, to determine the extent to which the fatalities were a result of negligence and who was responsible.

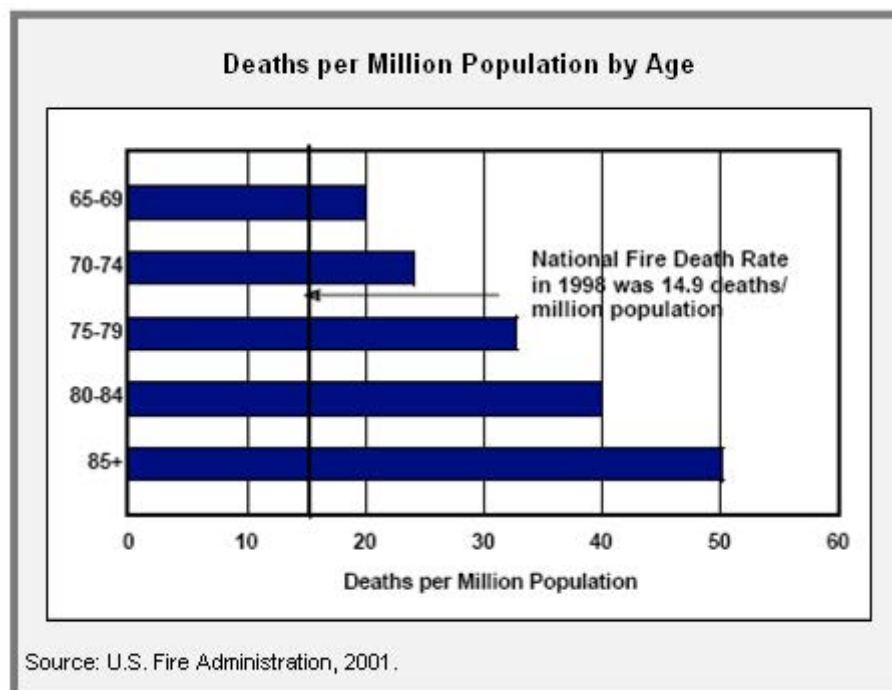
Everyday emergencies: clear need for regular emergency measures

The need for effective emergency planning is not limited to preparations for catastrophic events. The socially isolated, homebound, mentally or physically ill are also at higher risk. Each year older persons are disproportionately affected by extreme heat, extreme cold, and fires. Tragically, examples are plentiful: Heat wave related hyperthermia kills about 400 people each year in the U.S. About 80 percent are over age 50.⁸ Of the 465 heat-related deaths in Chicago's 1995 heat wave, 51 percent were 75 years old or older, the median age was 75 years, the mean age 72 years. The median age of the 197 heat-related deaths that occurred in Milwaukee, Wisconsin's 1995 heat wave was 76 years.⁹

Emergency preparedness measures, such as neighborhood contact networks and identification systems of older persons, public transportation to and from cooling stations during heat waves and heating stations during cold snaps, and public awareness campaigns of services available and what to do in very hot/cold weather and available services, would reduce the number of unnecessary deaths caused by extreme temperatures.

Older persons present a unique challenge for emergency services, with statistics illustrating the failure in adequately addressing the problem. The U.S. Fire Administration reports that fire death rates among persons 65 and older exceed the national average, and that for those older than 75 and 85 years of age, the rate is doubled and tripled, respectively.¹⁰

Nursing homes have relatively few fires, but their occurrence often results in multiple deaths. In 2003, the death of 31 residents in nursing home fires in Hartford, Connecticut and Nashville, Tennessee, prompted an investigation by the U.S. General Accounting Office (GAO) of nursing home safety. In their final report, *Nursing Home Fire Safety, Recent Fires Highlight Weakness in Federal Standards and Oversight*, investigators found that for cost saving purposes the Centers for Medicaid and Medicare Services (CMS) allows facilities to operate without sprinkler systems. The GAO con-



cluded that “CMS provides limited oversight of state survey activities to address these fire safety survey concerns. In general, CMS 1) lacks basic data to assess the appropriateness of uncorrected deficiencies, 2) infrequently reviews state trends in citing fire safety deficiencies, and 3) provides insufficient oversight of deficiencies that are waived or that homes do not correct because of asserted compensating fire safety features.”¹¹

Conclusion

In the aftermath of 9/11, emergency organizations had no formal plans to reach out to vulnerable populations, and it quickly became clear to representatives from the Federal Emergency Management Agency (FEMA), the American Red Cross, the Office of Emergency Management for the City of New York, the police and fire departments, and other citywide organizations that they lacked services necessary to assist older and disabled persons. These organizations identified the need for:

1. appropriate emergency management for older and disabled persons
2. area-wide coordinated community services
3. a system to identify and locate older and disabled people
4. pertinent public information before and after emergencies.¹²

While these measures were determined for emergency preparedness of older persons in New York City, the tragic fallout from Hurricane Katrina, as well as the disproportionate number of older persons who each year are affected by extreme temperatures, indicates that the need is great for emergency programs that serve older and vulnerable populations throughout the country. As the GAO report revealed, without adequate funding of services and facilities, effective emergency measures can not be realistically implemented or maintained.

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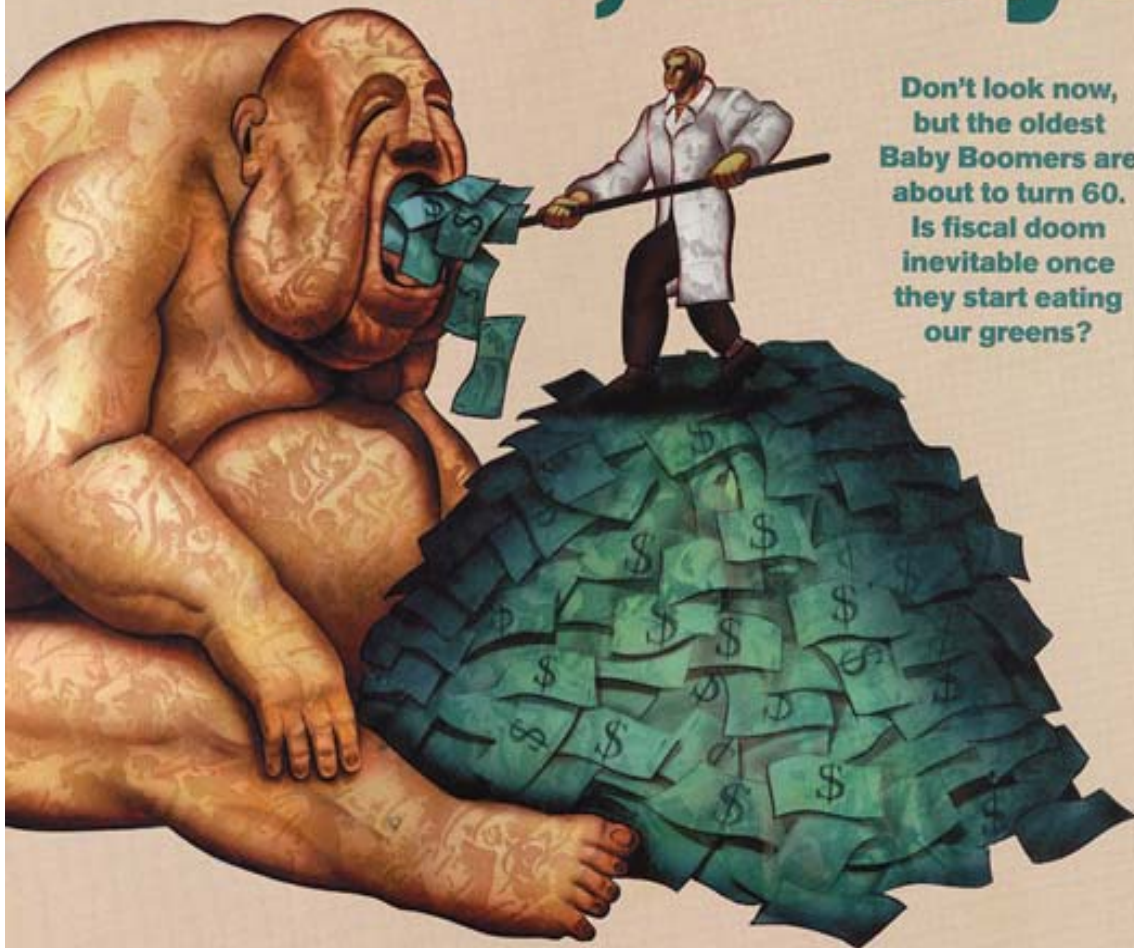
PRE-9/11 CLUES ■ Q&A WITH AMBASSADOR TO IRAQ ■ 2008 PRIMARY SCHEDULE

DECEMBER 3, 2005 NUMBER 49

National Journal

THE WEEKLY
ON POLITICS AND
GOVERNMENT

Oh, Baby!



Don't look now,
but the oldest
Baby Boomers are
about to turn 60.
Is fiscal doom
inevitable once
they start eating
our greens?

■ BY JULIE KOSTERLITZ AND MARILYN WERBER SERAFINI

FROM NATIONAL JOURNAL, DECEMBER 3, 2005

THE COSTS OF AGEISM

“Ageism makes it easier to ignore the frequently poor social and economic plight of older people. We can avoid dealing with the reality that our productivity-minded society has little use for nonproduces -- in this case those who have reached an arbitrarily defined retirement age. We can also avoid, for a time at least, reminders of the personal reality of our own aging and death.”

— Robert N. Butler, founder & president, International Longevity Center-USA

The most apparent costs of ageism in society are the monetary settlements awarded each year under the Age Discrimination and Employment Act (ADEA). They are intended largely to reimburse complainants for wages or pension and other benefits lost as a result of age discrimination in the workplace.

But lost wages and benefits are only part of the story. Nonmonetary costs to the employee should also be considered, as should costs to employers who often realize too late the value of older skilled workers. In addition, ageism outside the workplace exacts a cost on society, and this should be taken into consideration.

The monetary benefits awarded under formal ADEA charges and litigation proceedings are reviewed next as a starting point for a review of the costs of ageism. As made clear in a subsequent section, there are a number of reasons that total ADEA monetary benefits should be thought of as significantly lower than the total societal costs of ageism. A later section reviews the commonly held misperception that older people are a net burden to society.

Monetary benefits under the ADEA

In 2004, \$69 million was distributed in cases resolved administratively—that is, without litigation—to individuals who filed age discrimination charges with the Equal Employment Opportunity Commission (EEOC), and another \$5.4 million was distributed following ADEA litigation

Table 1. Monetary Benefits Paid Under ADEA Charges and Litigation, 1992-2004.*

Year	EEOC Administrative Resolutions (mil. dol.)	ADEA Litigation (mil. dol.)	Total (mil. dol.)
1992	\$57.3	\$55.5	\$112.8
1993	\$40.7	\$26.6	\$67.3
1994	\$42.3	\$0.2	\$42.5
1995	\$29.4	\$8.0	\$37.4
1996	\$31.5	\$10.5	\$42.0
1997	\$44.3	\$18.0	\$62.3
1998	\$34.7	\$42.5	\$81.1
1999	\$45.2	\$11.2	\$56.4
2000	\$53.7	\$3.1	\$56.8
2001	\$55.7	\$1.4	\$57.1
2002	\$48.9	\$57.8	\$106.7
2003	\$69.0	\$5.4	\$74.4
2004	\$55.7	\$48.9	\$69.0

* Years are fiscal years. Dollar amounts are those distributed to plaintiffs during the indicated year. In cases where total benefits were paid incrementally over several years, the increments are counted in the year in which they were distributed.

Source: U.S. Equal Employment Commission (EEOC), www.eeoc.gov/stats.

Table 2. Ten Largest EEOC Age Discrimination Settlements*

Amount (millions)	Company	Date
\$250	CalPERS	Jan. 2003
\$35	IDS Financial Services	Aug. 1992
\$29	Pennsylvania State Police	Aug. 1991
\$28	Johnson & Higgins, Inc.	July 1999
\$25	United Airlines	June 1986
\$20	McDonnell Douglas Corp.	Aug. 1993
\$20	Kentucky State Police	Dec. 1986
\$20	Pan American Airways	Feb. 1988
\$18	Monsanto Co. and Chevron	June 1996
\$14	Westinghouse Electric	Oct. 1997

* Dollar amounts (rounded) are the present value of settlement payments to be distributed to the plaintiffs. Since the benefit payments of any settlement may be distributed over a number of years, the amounts shown in this table are not directly comparable to those shown in Table 1.

Source: Wiscombe, 2003. This information in the note to this table was confirmed in a telephone conversation with the "attorney of the day" at the EEOC, who wishes to remain anonymous.

brought by the EEOC (Table 1).¹ It is likely that the monetary benefits awarded since the passage of the ADEA in 1967 amounts to billions of dollars. From 1992 through 2004 alone, the total monetary benefits distributed either after litigation or in accordance with EEOC administrative resolutions have totaled \$861 million.

To call these monetary settlements “benefits,” a term used by EEOC and others, is misleading since the so-called benefits are intended as a remedy for lost wages (or pension and other benefits).² Aggrieved parties are getting back only what they lost, not receiving some kind of benefit.

Unlike Title VII cases, those relating to discrimination by race, gender, national origin or religion, and unlike cases filed under the Americans With Disabilities Act of 1990 (ADA), the ADEA allows neither compensatory nor punitive damages. Compensatory damages are awarded when the defendant’s conduct is found to be intentional, willful, wanton, or malicious, and punitive damages are meant to punish defendants to discourage certain conduct.

The largest age discrimination settlement ever awarded was in the 2003 case involving the California Public Employees’ Retirement System (CalPERS), in which more than 1,700 retired state and local public safety officers were reimbursed for losses they suffered as a result of age-based reductions made to their disability pensions.³ The plaintiffs were awarded \$250 million (Table 2), nearly seven times as much as the second highest ADEA settlement, in the 1992 case involving IDS Financial Services.

The amounts in Table 2 are in present value terms. For example, in the CalPERS case, about \$50 million was distributed in 2003, and the remainder will be distributed to the plaintiffs over the remainder of their lives. (Thus, Tables 1 and 2 are not directly comparable.)⁴

Since the 2003 CalPERS case, there have been three EEOC age discrimination settlements of more than \$2 million each, those including Gulfstream Aerospace, Honeywell, and PJAX. Several others involving damages in excess of \$100,000 have been awarded in the past two years, including such companies as International Paper, Rockwell Automation, and Wells Fargo.⁵

ADEA benefits are a small part of the story

Monetary benefits awarded under the ADEA do not account for the entire societal costs of ageism. First, not everyone who is discriminated against files charges with the EEOC, since many people may not know how to file charges with the EEOC or may find the process too burdensome.⁶ In addition, some people who have been discriminated against may have suspicions but not adequate proof of discrimination, and others may be completely unaware that they have been discriminated against.⁷ Age discrimination in hiring is probably the most prevalent type of age discrimination but the most difficult to prove, so very little is known of the consequent costs to society.

Monetary settlements under the ADEA do not account for loss due to the employment of older workers in jobs that do not fully utilize their skills and experience. Ageism may prevent such workers from finding work that is better suited to their skills. The findings of preliminary research at the ILC-USA are consistent with this idea.⁸ Related to this is the availability of part-time and other flexible work. Many older workers prefer these types of arrangements to full-time employment, something employers have been slow to recognize. Similarly, most employers fail to appreciate how certain workplace modifications—such as installing door levers instead of knobs, using larger computer monitors, slightly restructuring training programs—can improve productivity not only of their older workers but of their younger workers as well. While failure to recognize the utility of such modifications does not amount to overt ageism, it is indicative of a lack of sensitivity and awareness of the needs of older workers.

Age discrimination is even allowed for certain classes of workers, such as commercial airline pilots and air traffic controllers, firefighters, law enforcement officers, and some highly paid executives. These workers may be forced into retirement after a certain age and cannot look to the ADEA or anywhere else to try to recover lost wages or benefits.

Age discrimination includes reductions in societal welfare, which has nonmonetary as well as monetary components. In the workplace, nonmonetary costs of ageism would include the loss to older individuals of a sense of purpose, of belonging, and of social connectedness. Volunteerism and other

unpaid activities among older people are quite high in the United States. Personal fulfillment rather than monetary gain is the primary motivation. The value of these unpaid activities has been estimated at more than \$160 billion per year.⁹ Because they are less likely to be socially connected, older people are slightly less likely to volunteer than the middle aged (the age group for which both social participation and volunteerism are highest).

One form of social connectedness is paid employment. Full-timers, although they may be socially connected, have relatively little time to volunteer, and rates of volunteerism are lower for this group than among retirees. Paid part-timers, though, are much likelier than retirees to volunteer, since part-timers are more socially connected than retirees yet do not have full-time obligations in paid employment. It is unknown how much ageism in the voluntary sector affects older people, but it is likely that ageism in the paid labor market, by adversely affecting the social connectedness of older people, indirectly affects their rates of volunteerism.¹⁰

Another reason the ADEA monetary figures should be viewed as a significant undervaluation of the costs of ageism is that employers, not just workers, experience detrimental consequences of ageism in the workplace. For example, corporations that implement programs that encourage early retirement discover that they lose some of their best workers. Besides the loss of income to the older worker, or would-be worker, there are losses to the company when the older worker retires or moves to other work, losses of institutional memory, accumulated skills, mentoring capacities, and experience. These losses may be very difficult to document or to itemize in terms of dollars and cents. Some companies, like IBM, have anticipated the impending retirement—or potential retirement—of the baby boom generation and have taken steps to retain and attract highly skilled older workers.¹¹ Unfortunately for both older workers and employers, IBM is one of the relatively few exceptions to the rule.

The costs to society of negative stereotypes of older people go beyond the workplace. Educational opportunities are more limited than they could be for older Americans because the educational system is youth-oriented. While many colleges offer continuing education programs, most employers do not incorporate a lifelong learning perspective into their management of human resources.

The value to individuals and society of continuing education and training throughout the life course is not widely recognized.

Ageist attitudes, or lack of awareness, influence the living environment in ways that negatively affect older Americans. For example, more creative thinking is needed about such things as home modifications that would improve access for older people and about transportation alternatives to the automobile. Many older people, especially women, live alone. Poor coordination of services and a lack of thoughtful design of infrastructure often exacerbate the social isolation of this vulnerable group.

In the marketplace, predatory lending, pyramid schemes, pension malfeasance, and other unfortunate practices have a major impact on the quality of life of older people. Such schemes may wipe out entire life savings of older people who are often specifically targeted because of their vulnerability. More often than not, the victims of these unfortunate practices are older women living alone.

Ageism among health care practitioners discourages self-efficacy of older patients, lowering expectations by older people of their future health status, which leads to unhealthy behavior and, as part of a vicious cycle, to poorer health status. Affordability of pharmaceutical products is a major issue for many older people, yet little has been done to address the problem.

Societal welfare could be defined as the sum total of the happiness of the individuals that compose that society. Society is worse off when there is a reduction in one individual's happiness without some increase in the happiness of another individual.¹² Societal welfare is both directly and indirectly affected by ageism. Direct effects include such behavior as employers not hiring older people. Indirect effects are reactions to or negative expectations formed as a result of ageism, such as when older people avoid educational opportunities or job training because of perceived discrimination.

The reduction in income and exposure to potentially high medical costs following retirement are sources of stress and financial insecurity. Although Social Security and other public policy programs

may alleviate such problems, those living alone, the very old, and members of minority groups are especially vulnerable.¹³

Labeling of older persons, economic deprivation, and the concept of work as the basis of self-esteem or social acceptance influence the roles of older persons and, hence, their decisions regarding productive activities.¹⁴ Labeling contributes to discrimination against older workers, who are often characterized as weak or incompetent. Labeling theory is “the view that social problems arise because certain groups or individuals, for their own profit, name or label other groups or individuals as demonstrating problems or deviant behavior.”¹⁵ While positive images of older persons exist, negative images dominate.¹⁶ Discrimination, fed by derogatory labeling, leads to a reduction of job opportunities and promotes retirement. It is not uncommon for an older worker to lose self-confidence as a result of labeling and to begin to conform to the adverse stereotype.

In addition to reflecting society’s perception of older persons, labeling also helps perpetuate those perceptions. Moreover, since the new roles for older persons approaching “retirement age” are poorly defined, there is a tendency on the part of older persons to rely on labels for self-definition.

In American and other cultures, work is an important part of personal value, both through society’s opinion of an individual and an individual’s opinion of himself (or herself). Retirement involves a diminution of that value. Besides losing social contacts and the status that a job title carries, persons who do not work may have feelings of uselessness. “Active engagement with life,” which includes maintaining “close personal relationships with family and friends, and continued involvement in productive activities,” is a key element in “successful aging.”¹⁷ Notwithstanding the unfairness of any stigma that society may attach to older persons who do not work, older individuals who remain productive are behaving in a way that improves the chances for continued personal happiness.¹⁸

Scapegoats: older people as burden

The increasing life expectancy of the U.S. population at age 65 has magnified a dilemma for older

persons. For example, they are perceived as a burden to society if they do not work, but if they do work, they are viewed as preventing younger workers from getting jobs. Either way, they are deemed a liability, not an asset.

An April 10, 2005, *New York Times* article cites gerontologist Ken Dychtwald's claim that federal spending is seven times higher on persons aged 65 and over than on children. Elsewhere in the article, economist Laurence Kotlikoff is quoted, "Ever bigger amounts are being taken from the young and given to the old." While further research is needed, these claims are in contrast to, for example, previous work by Merton Bernstein in which he put all governmental budgets on the table—municipal, state, federal—and found a rough balance of amounts spent on children and old people.¹⁹ A more recent study analyzes the tax burden on and transfers received by different generations, and finds that the intergenerational redistribution of income implied by Social Security, Medicare, and public education favors younger generations.²⁰ These findings are in direct opposition to Kotlikoff's assertion that older people are *taking* "ever bigger amounts from the young."

Another example of how older people are made scapegoats concerns health care expenditures. Older people supposedly are responsible for a disproportionate level of society's health care expenditures—Medicare is often pointed to as evidence. Proponents of this view tend to ignore the fact that the great strides made to reduce infant mortality, improve health outcomes of mothers during and after pregnancy, and the development of immunizations have shifted the focus to medical interventions later in life. In other words, previous medical research and expenditures have greatly improved the health outcomes for society's younger members. This fact is seldom acknowledged by those who complain about the costs of health care among older people and who assert that this places an unfair burden on the rest of society.

Further research in this area is extremely important. While studies such as those by Merton Bernstein and James Morgan have been valuable in reporting that contrary to public opinion, more funds within the average U.S. household are transferred from older members to younger members than the other way around, those by Kotlikoff and others have tended to receive more media attention and cloud the public policy debate. A rigorous analysis of intergenerational transfers and public

expenditures devoted to older versus younger citizens, together with an awareness campaign, could contribute a great deal toward eliminating the widely held misperception that older people are a financial burden to society.

Another commonly held misperception is the lump-of-labor fallacy. Those who believe in a lump of labor assume that there is a fixed amount of work to be done in the economy. The term originally applied to the argument that reducing the working hours of labor would reduce unemployment.²¹ When applied to older workers, the argument boils down to this: Older workers take jobs away from younger workers. That is, old people are in the way, preventing younger people from getting jobs. The overriding consensus among economists is that the lump-of-labor argument is, indeed, fallacious. The fundamental flaw underlying the argument is that the economy cannot create new jobs.²²

The dependency ratio is the number of persons aged under 18 or over 64 to the number aged 18 to 64. It supposedly provides an indication of whether or not there are enough working individuals to be able to support the nonworking members of society. Considerable anxiety is often expressed about the ability of society to thrive when the dependency ratio of older people to “working age” people is “high.”²³

But the dependency ratio does not really measure what it is supposed to: the burden of dependency. The reason is that not all people age 65 and over (or younger than 18) are dependent; they may be employed. Better measures of the burden of dependency are labor force participation and the percent of the population that is capable of work (and even these measures ignore productive activities such as volunteer work and caregiving). Public policy interventions that improve the job opportunities of older workers—including addressing age discrimination in the workplace—would be much more valuable than hand-wringing over an increasing dependency ratio.

Another way in which older people are treated as a burden to society is the assertion that exceptionally high medical costs often attend the last year of life for older people in America. One hears, for example, that 30 percent of Medicare costs are incurred in the last year of people’s lives. The

available data on medical costs at the end of life are often misused by the media, politicians, and social scientists.

A panel of experts recently identified “seven deadly myths” about the high cost of dying in America.²⁴ Among these myths are that the majority of older people die in hospitals, aggressive hospital care for older people is futile and a waste of money, and the primary factor driving the rise in health care expenditures in the United States over the past several decades has been the aging of the population. All of these claims are false.

Conclusion

It is likely that the total funds awarded since the passage of the ADEA amount to billions of dollars. From 1992 through 2004 alone, the monetary awards have totaled \$861 million.

This amount significantly undervalues the costs of ageism for many reasons. Not all cases of age discrimination lead to formal charges, and not all charges are made with adequate proof. Many discouraged job seekers choose retirement and exit the labor market completely. Many older workers are employed in jobs that do not fully utilize their skills and experience. Employers simply do not think about offering flexible work arrangements or making workplace modifications that would likely increase labor force participation of older workers and improve productivity of all workers.

There are nonmonetary costs of ageism, including a loss of a sense of purpose, of belonging, and of social connectedness. Volunteerism and unpaid work are adversely affected by ageism.

Employers also suffer the consequences of ageism in the workplace. Many lose some of their best workers and institutional memory when older workers are forced out or accept early retirement offers. Societal welfare suffers from ageism in domains outside the workplace too: education, the living environment, the marketplace, the health care industry, and so on. Not just older people but also employers and, moreover, society as a whole suffer negative consequences of ageism.

The total cost to society of ageism is unknown. Very little research has been conducted in this area. While some researchers have found evidence of ageism among employers, to date the ultimate impact of ageism on the hiring, retention, and promotion of older workers in the United States has not been established.²⁵ In 1998, the Employers Forum on Age, in conjunction with Age Concern, determined that ageism in the *workplace* costs the British economy about £26 billion annually.²⁶ While this figure seems plausible, the methodology and findings of the study were not subject to peer review.

There have been a few studies of the costs of race and sex discrimination in the United States. One study found that the wages of African Americans and women were significantly affected by discrimination, amounting to billions of dollars annually in lost national income.²⁷ There is a crucial need for similar updated research on the costs of age discrimination.

A good starting point for such research would be an estimate of the total wages lost due to age discrimination in the workplace. Such research would need to take into account, among other things, the difficulty of proving the existence and affects of discrimination in hiring, probably the most common but least understood form of workplace discrimination.

Future research into the costs of ageism outside the workplace is needed. In addition, research that helps clarify commonly held misperceptions that older people are a net burden to society would be extremely valuable. One such study would be to update the work of Merton Bernstein. Updated research is needed to provide effective opposition, for example, to Ken Dychtwald's claim that federal spending is seven times higher on persons aged 65 and over than on children.

Another important area for further research would include an analysis of jobs commonly held by older workers and the extent to which these jobs utilize skills and experience of older workers. As mentioned earlier, the findings of preliminary research at the ILC-USA are consistent with the idea that ageism prevents older workers from finding jobs that are suited to their skills.

Endnotes

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CONCLUSION

Combating Ageism Now

The effort to transform the culture and the experience of aging in America is quintessential and urgent. Legislative initiatives must be initiated at the local, state, and federal level to provide legal protection against age discrimination, incorporating age in Title VII of the Civil Rights Act which already protects Americans against sex and racial discrimination. *Ultimately, they will benefit all who would grow old.*

To reach our ultimate goal, we offer a *Call for Further Research* and an *Agenda for Action*, to elevate the issue of ageism to the level of human and civil rights.

A Call for Further Research

- To study job skills and job opportunities for older workers. We need a better understanding of the skills of older workers that may be transferable to related applications and job contexts. Research is needed to evaluate the value that older adults place on flexible work arrangements and their learning and performance capacities. The goal of such research is to reduce ageism in the workplace, to promote changes in employer hiring, retention, and training practices by increasing employer awareness of the abilities of older workers at all skill levels, and to heighten awareness of the largely untapped human capital resource they represent.
- To study age discrimination in hiring, which is believed to be the most common form of discrimination faced by older workers in the workplace and the most difficult to prove.
- To study the links between inadequate policies governing safety in the living environment and injuries due to falls. This research would clarify the responsibility of those who design and construct housing and living environments for creating safe environments for older persons.¹
- To study the costs of age discrimination. For example, a few studies have been undertaken concerning the costs of race and sex discrimination in the United States. One study found that the wages of African-Americans and women were significantly affected by discrimination, amount-

ing to billions of dollars annually in lost national income.² There is a crucial need for similar research on the costs of age discrimination. A good starting point for such research would be an estimation of the lost wages due to age discrimination in the workplace, taking into account the difficulty of proving the existence and effects of discrimination in hiring, which is probably the most common but least understood form of workplace discrimination.

- To analyze jobs commonly held by older workers, and the extent to which these jobs utilize the skills and experience of older workers. The findings of preliminary research at the ILC-USA are consistent with the theory that ageism may prevent older workers from finding jobs that are suited to their skills.
- To counteract the fallacious “lump-of-labor” argument that for every job held by an older worker, one less job is available for younger workers.
- To clarify commonly held misperceptions that older people are a net burden to society. One study should update the work of Merton Bernstein, who put all governmental budgets on the table – municipal, state, federal – and roughly determined the balance of amounts spent on children and old people. Updated research could provide data to refute, for example, Ken Dychtwald’s claim that federal spending is seven times higher on person’s aged 65+ than on children.
- To provide in depth analysis of intergenerational relationships with which to rethink many assumptions and stereotypes about interactions between younger and older persons.
- To conduct longitudinal studies on cultures of ageing according to ethnic and racial groups, especially as it applies to elder abuse in order to effectively provide services for older persons.

An Agenda for Action

Combating Ageist Language, Culture, and Media

- Quantify the heavy costs of ageism to society.
- A national campaign that draws attention to negative attitudes, language, and imagery regarding old age, with the aim of increasing awareness of age discrimination in American life. In this effort we will endeavor to work with the media, foundations, businesses, and government, with emphasis on developing sensitivity to cultural differences.
- Advocacy campaigns that promote the establishment of age equality as a civil rights issue.
- Further document the myriad domains in American life affected by ageism.
- Promote well-rounded roles for older persons in film and television that avoid stereotypical presentations and present realistic role models for society as a whole.

Combating Ageism in Marketing

- Educate marketers about the growing body of data available relating to the mature market, including new pathways to segmentation of older consumers and understanding their values, purchasing habits, and mores.
- Educate marketers to the advantages of mixing older persons – a bonafide “lead market” – into ads, with constructive images of older persons.
 - Active aging spokespersons.
 - Ads for mainstream products (i.e., rather than limiting them to appearances in ads for pharmaceuticals or medical services, or in “cute older person” situations).
 - Vital, independent functioning adults with interests that are shared by others.
 - Interacting in positive relationships with children.
 - Passing on family traditions and values.
- A national campaign that utilizes the communicative power of the advertising community to raise awareness of ageism in the U.S. For example, a successful campaign was launched in the United Kingdom in 2005 by Age Concern. Older former advertising executives were recruited to create a series of ads with the message that prejudice against older people still exists and, in fact, that it will worsen without proper intervention. Shown in major cities across the UK, the ads have garnered significant media coverage.
- Use community resources to educate older consumers about changes that occur as part of the natural aging process, with the goal of helping identify and combat ageist advertising that plays upon the fears of older persons. This includes the fallacies of most “anti-aging” products and services. Establish a central public nonprofit agency, or enhance one already in existence to fight fraud by unscrupulous marketers by educating older persons and serving as a repository for information about scams.

Combating Elder Abuse

- Update and conduct further research on national, state, and local levels to the prevalence and types of elder abuse in the U.S.
- Evaluate existing programs of adult protective services, and determine best practices to combat elder abuse.
- Promote enforcement of existing laws such as nursing home standards, database maintenance, evacuation plans, etc.
- Promote the creation of a federal office devoted to elder abuse protection.
- Focus national attention on abuse, with education, provision of shelters, hot lines, etc., for elder abuse victims.
- Support federal legislation that protects older people from physical and financial abuse.
- Support increased funding of NIA Elder Abuse and Neglect Research, the National Center on Elder Abuse (NCEA), and increased appropriations of monies from the Older Americans Act

and Social Services Block Grant (SSBG) for elder abuse services.

- Support the passage of the Elder Justice Act.
- Improve coordination among existing federal, state, and local adult protective service agencies with law enforcement, emergency services, and legal services agencies.
- Support uniform statutes on elder abuse throughout the fifty states.
- Promote education and training of all persons working in the health and social services professions and the legal profession to enable them to identify elder abuse and to direct victims to adult protective services and to legal recourse.

Combating Ageist Practices in the Healthcare Industry

- Reform healthcare policy toward older Americans.
- Make healthcare more inclusive, accessible, and helpful to the older poor.
- Encourage states to adopt laws that protect older persons.
- Support the creation of an Office of Health for Older Persons under the FDA.
- Strengthen the role of Surgeon General to focus on health issues to which older persons are particularly vulnerable.
- Integrate older persons in all clinical drug trials.
- Educate all medical professionals in geriatrics.
- Support the re-institution of the Title VII training funds for geriatrics teaching by the Health Resources and Services Administration.

Combating Ageism in the Workplace

- Expand the role of U.S. Commission on Civil Rights as it relates to workers' rights.
- Support budget increases and implement improved workflows of the Equal Employment Opportunity Commission (EEOC) to expedite cases of age discrimination.
- Put pressure on the EEOC to litigate more broadly based, policy-oriented age discrimination cases.
- Ensure adequate funding of the EEOC.
- Collaborate with pro bono lawyer groups and AARP to mount both individual and class action suits.
- Support pension reform to more adequately fund plans and provide the Pension Benefit Guaranty Corporation with additional resources. This includes enforcing more stringent budgetary practices to ensure that pension promises can be fulfilled.
- Conduct further research on the high proportions of ADEA changes classified as “no reasonable cause.”
- Educate workers to recognize age discrimination.
- Better monitoring and enforcement of the ADEA.

Combating Ageism in Emergency Preparedness

- Determine appropriate emergency management for older and disabled persons with the area-specific needs of vulnerable populations in mind.
- Enforce existing housing laws (e.g., observance of safety codes, access to heat and hot water) by working with pro bono lawyers to bring lawsuits against those who fail to comply.
- Improve oversight of nursing homes and long-term care facilities.
- Increase federal funding of nursing homes and long-term care facilities so that they can adhere to structural safety code standards.
- Reform fire safety codes to require all long-term care facilities to maintain working sprinkler systems.
- Address public transportation issues as they pertain to the needs of older persons.
- Educate older persons regarding public services that are available during emergencies such as heat waves and snowstorms.
- Implement area-wide coordinated community services.
- Implement a system to identify and locate older and disabled people.
- Develop strategy for the dissemination of pertinent public information before and after emergencies.

Combating Ageism in Nursing Homes

- Increase federal funding so that nursing homes can reach minimal staffing levels.
- Seek legislation and enforcement of better hiring practices that include checks of criminal records and work history at care facilities.
- Improve enforcement of emergency evacuation plans for nursing homes.
- Educate residents and staff on ways to more effectively communicate with one another.
- Educate residents and staff on elder abuse, including the different types of elder abuse, how to identify elder abuse, reporting mandates, and federal and state penalties.
- Improve oversight of nursing home management and facility maintenance.

Endnotes

1. “Prevention of Unintentional Injuries Among Seniors: Workshop on Healthy Aging”, November 28-30, 2001.
2. J. Cotton, “Discrimination and favoritism in the U.S. labor market: the cost to a wage earner of being female and black and the benefit of being male and white” (*American Journal of Economics and Sociology* 47, 1988). Estes offers useful notes on Cotton’s article (see R. Estes, “The cost of discrimination,” accessed October 2005 from the Stakeholder Alliance at www.stakeholderalliance.org/).

APPENDIX

Timetable of Efforts to Combat Ageism in America

1964

Civil Rights Act becomes law. Provisions include Title VII, which bans workplace discrimination based on race, color, sex, religion, and national origin, but not age. Instead, Congress directs the U.S. Labor Department to study whether separate age bias laws are needed.

The Act instructs Secretary of Labor W. Willard Wirtz to conduct a study and provide recommendations on “legislation to prevent arbitrary discrimination in employment because of age.”

1965

The Wirtz report recommends legislation to eradicate discrimination based on stereotypes, especially in the form of arbitrary age ceilings. The resultant legislation is the Age Discrimination Act.

On July 14, 1965, President Lyndon B. Johnson signs into law the Older Americans Act.

1967

Labor Department confirms the pervasiveness of age discrimination in the workplace. Congress passes the Age Discrimination in Employment Act (ADEA). Modeled on Title VII, the ADEA, to be enforced by the Labor Department, protects workers 40 to 65.

1974

U.S. Supreme Court finds the aforementioned provision unconstitutional with regard to state employees, noting that it is an infringement on states’ rights. Many states have their own age discrimination statutes for their employees.

1978

Congress extends ADEA protection through age 70, eliminating mandatory retirement before the age of 70. Rep. Claude Pepper is a key figure in this effort, which represents a compromise with those who want to eliminate mandatory retirement entirely.

President Carter transfers ADEA enforcement to the Equal Employment Opportunity Commission (EEOC).

1979

First Congressional Hearing on Elder Abuse.

“[T]his is the first time that any Committee has held hearings dealing ... with the abuse of the elderly.”—*Robert F. Drinan, chairman, House Select Committee on Aging*

1986

The ADEA amendments are passed, sponsored by Rep. Claude Pepper. The bill eliminates the upper age limit of 70, thereby extending ADEA coverage to all individuals over the age of 40 and eliminating mandatory retirement for almost all workers. This, says Laurie McCann, an AARP attorney, allows “the law to serve its true purpose of protecting any older person against workplace bias.”

1981

Report by the House Select Committee on Aging: *Elder Abuse: An Examination of a Hidden Problem*.

“Our committee report should be considered a blueprint for developing a national program to eliminate this national disgrace known as elder abuse.”

—*Mario Biaggi, chairman, Subcommittee on Aging*

“I predict ... the '80s will be the decade of the battered parent.”

—*Claude Pepper, chairman, House Select Committee on Aging*

1982

First World Assembly on Ageing is held at the Hapsburg Palace in Vienna, Austria.

1985

Report by the House Select Committee on Aging: *Elder Abuse: A National Disgrace*.

“[E]lder abuse has not diminished. In fact, its incidence is increasing, ... yet action to effectively address this problem remains elusive.”

—*Claude Pepper, chairman, Subcommittee on Health and Long-Term Care*

1990

Older Workers Benefit Protection Act becomes law. It amends the ADEA and bans employers from denying benefits to older employees because of age, unless cost of providing the benefits can be shown to increase with age. It also sets forth a process by which an employee can voluntarily waive his/her rights under ADEA upon termination, the interpretation of which has become a source of

lawsuits. Law is a response to a Supreme Court decision upholding a company's right to deny or trim benefits to older employees.

Report by the House Select Committee on Aging: *Elder Abuse: A Decade of Shame and Inaction*.

“A decade has passed since the Committee held its first hearing on elder abuse. . . . [T]his report concludes abuse is increasing. . . . States and Congress should act immediately to assist the states preventing, identifying, and assisting our nation's elder abuse victims.”

—Edward Roybal, chairman, House Select Committee on Aging

1991

Civil Rights Act of 1991 amends the nation's major civil rights laws, including ADEA, effectively overturning several Supreme Court decisions that made victory difficult for age bias plaintiffs.

A report by the House Select Committee on Aging: *Elder Abuse: What Can Be Done?*

A report by the House Select Committee on Aging: *Protecting America's Abused Elderly: The Need for Congressional Action*.

Senate Special Committee on Aging: *Elder Abuse and Neglect: Prevention and Intervention, Protecting America's Abused Elderly: The Need for Congressional Action*, and *Crimes Committed Against the Elderly*.

1992

The Older Americans Act is amended to include a Title VII, Chapter 3-Programs for Prevention of Elder Abuse, Neglect, and Exploitation (93.041).

1995

Senate Special Committee on Aging: *Society's Secret Shame: Elder Abuse and Family Violence*.

1996

In one of its few favorable age-bias decisions, the U.S. Supreme Court rules in *O'Connor v. Consolidated Coin Caterers Corp.* that a worker who has been fired is not required to demonstrate to ADEA that he or she was replaced by someone under 40 to prove age discrimination.

The State Justice Institute funds the Commission and the National Association of Women Judges (NAWJ) to develop three model interdisciplinary curricula on elder abuse for judges and for key court staff. The curricula were published as *Elder Abuse in the State Courts: Three Curricula for Judges and Court Staff* (ABA 1997).

1998

Senate Special Committee on Aging: *Equity Predators: Stripping, Flipping, and Packing Their Way to Profits; Betrayal: The Quality of Care in California Nursing Homes; and Crooks Caring for Seniors: The Case for Criminal Background Checks.*

1999

Senate Special Committee on Aging: *Residents at Risk: Weakness Persists in Nursing Home Complaint Investigation and Enforcement.*

2000

In *Kimel v. State of Florida Board of Regents*, high court rules that state government agencies are protected by the Constitution from being sued for money damages under the ADEA. Says McCann, “The decision leaves state employees as second-class citizens.”

2001

Largest class-action suit ever to charge age bias, filed on behalf of 6,400 Allstate insurance agents. They claim Allstate ended their employment contracts to strip them of pensions and other benefits and as a way of weeding out older agents. The still-pending lawsuit could have a ripple effect throughout corporate America.

Senate Special Committee on Aging: *Saving Our Seniors: Preventing Elder Abuse, Neglect, and Exploitation and Swindlers, Hucksters, and Snake Oil Salesman: The Hype and Hope of Marketing Anti-Aging Drugs to Seniors.*

2002

Without making a ruling, the Supreme Court tosses out *Adams v. Florida Power Corporation*, a key test of age-bias victims’ right to challenge employer practices and policies that hit older workers hardest (aka “disparate impact”). With federal appeals courts divided on whether this theory applies to age discrimination victims, the high court’s move leaves the question unresolved.

Age discrimination complaints filed with the EEOC hit a record 19,921. The slumping economy and the graying of the American workforce are prime factors.

Senate Special Committee on Aging: *Safeguarding Our Seniors: Protecting the Elderly from Physical and Sexual Abuse in Nursing Homes, and Schemers, Scammers, and Sweetheart Deals: Financial Predators and the Elderly.*

Second World Assembly on Ageing in Madrid, Spain.

2003

EEOC wins the biggest age discrimination settlement in U.S. history, recovering \$250 million in back pay for 1,700 public safety officers in California in EEOC and *Arnett et al. v. CalPERS*. As important as the financial win is to the plaintiffs, the case also focuses attention on the growing problem of age discrimination in the workplace and gives a boost to the EEOC.

Federal district court rules in favor of employees' IBM pension lawsuit. Final settlement in 2005 is only \$20 million from the original \$300 million ruling.

First "Anti-Aging World Conference" is held in Paris.

2005

Addressing the issue of disparate impact, the U.S. Supreme Court rules that plaintiffs in age discrimination cases need not prove that the discrimination was intentional (March).

Federal district court blocks a Bush administration rule that would have allowed employers to reduce or eliminate health benefits for retirees when they reach age 65.

In July, the California State Assembly voted 54–10 to pass legislation by Democratic Assemblywoman Lois Wolk and Sen. Joe Simitian to require banks and credit unions to report financial elder abuse.

The Hebrew Home for the Aged at Riverdale in Riverdale, N.Y., opens the nation's first elder abuse shelter on May 25.

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The International Longevity Center-USA (ILC–USA) is a not-for-profit, nonpartisan research, education, and policy organization whose mission is to help individuals and societies address longevity and population aging in positive and productive ways, and to highlight older people’s productivity and contributions to their families and society as a whole.

The organization is part of a multinational research and education consortium, which includes centers in the United States, Japan, Great Britain, France, the Dominican Republic, India, Sub-Saharan Africa, and Argentina. These centers work both autonomously and collaboratively to study how greater life expectancy and increased proportions of older people impact nations around the world.

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