

April 9, 2026

OLOC Session: An Overview on Ageism with gypsy Tucker and Patti Kardia

Pair and Share Activity - breakout rooms then shared information: Questions considered

- What was the last thing you said or thought you were too old for?
- What was the last thing you said or thought you were too young for?
- What is the biggest misconception people have about you based on age?

Medical Establishment

Ageism in the medical establishment is a pervasive, often unconscious, bias that treats older patients differently based on age-based stereotypes. It causes significant harm, including missed diagnoses, lower-quality care, and reduced life expectancy. This systemic issue often presents as "elderspeak," undertreatment, or attributing treatable conditions to just "old age".

Key Manifestations and Impacts

1. **Undertreatment and Denied Care:** Older adults are often denied life-saving treatments, preventative screenings (like mammograms), or procedures based on age, even if they would benefit.
2. **"Elderspeak" and Communication Barriers:** Healthcare professionals may use patronizing language, such as "honey" or "dear," speak slowly or loudly, and skip detailed explanations.
3. **Diagnostic Overshadowing:** Providers may falsely attribute new, treatable symptoms to "old age," leading to missed or delayed diagnoses.
4. **Clinical Trial Exclusion:** Over a third of clinical trials for cardiovascular disease and diabetes, and a fifth of cancer trials, often exclude older individuals, thus restricting access to modern treatments.
5. **Economic Impact:** Ageism can increase healthcare costs by over \$63 billion annually due to preventable complications.

Why It Persists

1. **Lack of Training:** Medical professionals often receive minimal training in geriatrics, leaving them unprepared for the complexities of aging patients.
2. **Implicit Bias:** Many clinicians may not realize they hold negative age-based stereotypes. PA
3. **Resource Allocation:** In crisis scenarios, such as COVID-19, some protocols explicitly prioritize younger patients over older ones.

Consequences for Patients

1. Negative perceptions about aging can shorten lifespans by up to 7.5 years.
2. Patients who experience this form of discrimination report lower trust in doctors, increased depression, and a reduced quality of life.
3. Substandard care can directly lead to accelerated functional decline. In addition, due to our lifetime of discrimination, harassment, and violence, we are more likely to become ill at an earlier age.

Mental Health

In the mental health field, most psychotherapists don't receive adequate education in gero-psychology, and age bias and stereotypes can influence their attitudes and practices, with a preference against working with older patients, assuming a less favorable prognosis for older patients, and believing that depression is a natural consequence of older age.

Key Manifestations and Impacts

Decades of research demonstrate the profound influence of negative attitudes about aging on mental health. Here are just a few startling statistics: 1. Age discrimination affects financial strain, which increases women's depressive symptoms 2. Experiencing discrimination because of one's age can lead to chronic stress and anxiety. This stress can have a cumulative effect on mental health over time, contributing to conditions like anxiety disorders 3. Internalized ageism is a risk factor for suicidal ideation. 4. The World Health Organization (WHO) estimates that 6.3 million cases of depression worldwide can be attributed to the effects of ageism

Employment

Ageism in employment involves unfair treatment of workers 40 or older, affecting hiring, promotion, and termination, often fueled by stereotypes that older employees are costly or tech-averse. Over 60% of workers over 50 have experienced or witnessed this bias.

Key Aspects

1. Hiring Discrimination: Using "invisible filters" like graduation years or demanding "digital natives" to avoid hiring older candidates.
2. Workplace Marginalization: Being excluded from meetings, passed over for promotions, or denied training opportunities.
3. Forced Retirement/Layoffs: Pressuring older workers to retire or targeting them for layoffs, often under the guise of "cultural fit".
4. Stereotypes: Misguided beliefs that older workers cannot learn new technologies or are overqualified.

Impact

Ageism leads to lower job satisfaction, reduced self-esteem, higher stress, and diminished financial security for experienced workers. This difference in lifetime earnings means that ⅓ of LGBT elders live at or below 200% of the federal poverty level. Organizations also suffer, as ageism limits diversity and reduces innovation. Our inability to marry has meant reduced retirement and death benefits from employment and Social Security.

Housing

Ageism in housing involves unfair treatment, discrimination, or exclusion based on age, disproportionately affecting older adults (40+) and sometimes younger renters. It includes illegal denials of housing, steering to specific units, or restrictive lease terms. The federal Fair Housing Act does not explicitly list age as a protected class, but age discrimination is prohibited in many states/localities and often intersects with illegal disability or familial status discrimination.

Common Forms

1. Refusal to Rent: Denying applications based on stereotypes about age or perceived inability to pay, even with stable income.
2. Steering: Directing older tenants toward lower floors or specific, less desirable units under the guise of safety.
3. Discriminatory Terms: Imposing higher security deposits, shorter leases, or mandatory, unauthorized proof of independent living for older adults. Older LGBT couples often experience discrimination (48% when seeking senior housing).

4. Exclusionary Advertising: Using language such as "ideal for young professionals" or "dynamic community for young adults".
5. Inaccessibility: Lack of accessible housing, such as elevators or ground-floor units, which forces older adults out of their communities (aging in place).

Impact

1. Safety and Mobility: Lack of accessible housing (no-step entries, walk-in showers) forces people into unsafe living environments. 2. Financial Strain: Over 10 million households headed by someone 65+ are cost-burdened, leading to difficult choices between housing and medical care. 3. Isolation: Discrimination or unsuitable housing environments contribute to forced isolation and loneliness. LGBT twice as likely to be single and living alone.

Caregiving

“There’s no question that ageism affects care across a spectrum” of care, including physicians, nurses, social workers and others,” said Professor Pillemer, professor of human development at Cornell University and professor of gerontology in medicine at Weill Cornell Medical College. “In many cases, it results in an inclination to provide less care and attention.” For example, older patients may not receive certain procedures because they are perceived as a lower priority. Ageism also manifests in other ways that affect medical matters. Older people may be excluded from research studies, which skew results, or shunted off to physicians or other health professionals with limited knowledge of gerontology or less experience in treating older patients.

Caregiving is meaningful, but it is also hard. It is difficult enough to deal with your own obligations and challenges, and having to help someone else deal with theirs can feel like it’s too much at times. Being a caregiver also exposes you to events and stress that can be traumatic. The constant worry of reliving these experiences can put you on edge and have real effects on your mind and body over time. Being a caregiver is another aspect of caregiving, and in their Caregiving in the US 2025 Report and Data Hub, the National Alliance for Caregiving have found insights such as: and nearly 1 in 4 Americans is a family caregiver—a staggering 45% increase from 2015 and most care recipients are older adults; nearly half are 75+ and most face multiple chronic health conditions.

Caregivers spend an average of 27 hours per week providing care, and 24% provide 40 or more hours a week. Half of all working caregivers experience impacts on their employment. Nearly half of caregivers report at least one negative financial impact from their caregiving responsibilities, including taking on debt, not saving money, and using up short-term savings. Caregiving takes a toll on the physical and emotional health of caregivers; one in five rate their health as fair or poor.

There are companies that will assist with the patient within their homes. One such company is SocialRX, that is interested in addressing social determinants of health and behavioral health needs. Another company in Texas, named AssuraSource, provides pill dispensing machines, an inspector that recommends handrails to prevent falling, as well as other observations within the home, and a home care aid to help with chores. The fees range from \$79 to \$4,000 per month depending upon the client’s wherewithal. AND THAT IS THE POINT!! Companies such as these two are difficult to find and pay for!!!

Social Isolation

Lifelong experiences of discrimination can result in strained family relationships and reduced social networks. Many LGBTQ+ older adults may be estranged from their families, including their children,

due to their sexual orientation or gender identity. Higher rates of being single, divorced, or widowed among LGBTQ+ older adults often mean they lack the close companionship that can mitigate loneliness. The sub-segment of LGBTQ+ older adults may have less access to supportive community resources, especially if they live in areas without robust LGBTQ- friendly services.

LGBT community spaces tend to be youth-focused environments (example: nightclubs) where older members of the LGBT community may feel unwelcome, unattractive, or undesirable. This perceived stigma may contribute to the loneliness and isolation of aging LGBT adults. Pg 6 In sum, older members of the...LGBT community are subject to discrimination both within and outside of the LGBT community. Moreover, internalized ageism and heterosexism may increase feelings of marginalization among LGBT older adults, which may contribute to greater isolation and lower quality of life.

Language

The language of ageism is complex and can range from a communicated belief that is intended as explicitly positive to a verbal indignity, whether intentional or unintentional that communicates hostility or insults. The person responsible for communicating the bias may be unaware that they are engaging in a negative form of communication. Also, the person receiving the message may also be unaware of the bias being communicated. Most troubling, however, is that these language-based discriminatory patterns are normalized and potentially internalized. According to the stereotype content model (SCM; Fiske, Cuddy, Glick, & Xu, 2002) stereotypes include two dimensions: warmth and competence. The stereotype of older adults has been categorized as an ambivalent stereotype consisting of older people, as warm but incompetent.

Internalized ageism is a form of ingroup discrimination in which older adults marginalize and discriminate against other older people. Internalized Ageism can manifest in a number of ways including denying commonality with others within your own group (i.e. an older adult who does not want to be associated with 'all of those old people', an older adult who isolates for fear of being 'othered', an older adult going to extreme measures to look younger.

Solutions to ageist language can start with eliminating language which references age.

Examples

- Kid or kids these days (when referring to an adult of any age)
- Over the hill
- Past your prime
- Elderly
- Granny/grandpa unless that is the family term for older relatives
- Senior moments
- You look good for your age
- Anti-aging, aging well
- The word old as an adjective like old woman or old man or the word youthful as an adjective, youthful lifestyle
- Young lady when referring to any adult female Human experience encompasses a very wide range of skill and ability unrelated to someone's age. A person is neither too young for this or too old for that. Instead, be more open-minded as to what the human being in front of you can accomplish rather than dismissing whatever is being discussed.

Biological age should not be a determining factor as to what is appropriate for individual human beings. Rather, “appropriate” consists of many nuanced elements particular to that person and especially the person’s right to self-determination if possible.

Intersectionality

OLOC was formed in 1989 to recognize ageism and how the aged are treated in American culture. Celebrating the “OLD” is a part of our mission. Over the past decades, affiliates have become aware of how ageism is a product of white culture in America. While it is important to fight ageism as it impacts our health and mobility, for instance, it is also important to honor the recognition of Elders in the many other cultures that make up our world.

Intersectionality within the context of ageism highlights that older women don't experience ageism in a vacuum, but rather through the lens of their identities, leading to varied and often compounded forms of inequality. Intersectionality recognizes that women hold multiple social identities simultaneously, such as being a Black woman, a disabled older woman, or a low-income LGBTQ+ woman. Inequities are even greater for older women of color, specifically Black, Hispanic and Indigenous women, who are more likely than the general population to experience economic disparities resulting from wage gaps, “occupational segregation ... and unpaid caregiving duties.

Another example is the experience of LGBTQ+ older adults in healthcare settings who may feel isolation, neglect, or discrimination from their providers not only due to their age, but also based on their gender identity, sexual orientation, or HIV status. The cumulation of inequities in marginalized populations, combined with the unique experiences associated with age and ageism, can lead to disparate health and damaging financial outcomes for older adults from marginalized communities.

Why is intersectionality important? Accurate understanding can lead to targeted interventions; equity, and wonders of **wonders inclusion!!!**

Brainstorm and Discuss Strategies

- OLOC host monthly get togethers if you are feeling bad being old – now your body rules, stuff you can’t do, you feel guilty – where we can talk about how wonderful we are, how amazing we are.
- Self-care: develop an altar in your place with items that mean something to you, pray or meditate by it; write about things that make you angry and/or happy
- Be your own advocate and stand up to people who elderspeak and talk down to you.
- Respond with niceness, humor – laughter; for yourself listen to music, gardening. We have resources for adapting.
- Humor; nurturing relationships (such as tutoring young people) that may become a support group
- Accept ourselves as old women with loving kindness, don’t buy into the beauty industrial complex; we are role models
- We can offer young people lots!
- Don’t stereotype

OLOC Resources on Ageism on the OLOC Website – visit: <https://oloc.org/what-is-ageism/>