NHPCO Project ECHO Equity Where It Matters

Key Takeaways: Disrupting Ageism November 2, 2023

Key points:

- Ageism refers to **discrimination** (how people act), prejudice (how people feel) & **stereotyping** (how people think) based on age.
- Types of ageism include explicit, implicit, external, internalized, compassionate and institutional/structural.
- Ageism can occur in Healthcare Setting:
 - Age can be used as a treatment guideline with higher rates of decisions to withhold treatment, surgeries.
 - Lack of knowledge in disease presentation in older adults and lack of interest in geriatrics
- Impacts of Ageism
 - o Impairs Health.
 - Leads to poor physical health.
 - Associated with worse health behaviors.
 - Delays recovery from disability
 - Negatively affects mental health.
 - o Reduces overall quality of life.
 - o Reduced income and retirement security.
 - Inhibits research and training on components of aging and ageism itself.
- "There can be little doubt that many of the difficulties and barriers faced by older people at
 the end of their lives are a consequence of inherent age discrimination, which affects the way
 in which support services at the end of life are often designed without reference to older
 people's needs."

Actionable Steps:

- Center the individual and their lived experiences
- Recognize the impact external and internal ageism may have on health, well-being and decision making.
- Continue to explore the cultural intersections of aging and end of life care.
- Consider the cultural needs family caregivers may need to support their loved ones right to self-determination at the end of life.
- Consider the help of a Nurse Patient Advocate to help navigate the situation.

Conversation Starters:



- 1. How can your care team best support an older patient's right to self-determination?
- 2. What barriers might be preventing an older patient from receiving their desired care?
- 3. What support should your organizations have in place for older patients with families who may not agree with their end-of-life wishes?

Participant Perspectives:

- "We absolutely need to encourage more community engagement, such as earlier conversations on what matters to our loved ones so that we do not have to wait until there is a medical crisis to make these decisions."
- "Family meetings can be so empowering and can be used as an educational and awareness tool."
- "Family meetings are so vital. It's our role to attempt to get people to have conversations, and to bring people together with awareness and knowledge, if they are willing."
- "It's very important for us to begin to have conversations around what matters to them early, before there is a medical crisis. "
- "Ageism comes into play there we don't want to think about getting older and dying and at
 the same time don't want to admit that we're old (everyone else is old, not us). But we know
 that these conversations and advance directives are important at any age. We need to disrupt
 ageism so that we don't have these negative ties of getting older and death that prevent us
 from having these conversations."

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- <u>Hospice Through the DEI Lens</u>: A Research Study Identifying Barriers to Hospice Care in Underserved Communities, National Hospice and Palliative Care Organization.
- NHPCO Diversity Tools and Resources https://www.nhpco.org/education/tools-and-resources/diversity
- Culturally and Linguistically Appropriate Services (CLAS) https://thinkculturalhealth.hhs.gov/clas
- CMS Framework for Health Equity <a href="https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity-programs/cms-framework-frame

