

**Center on Aging**

Research Progress Report

**SageAdvice: Understanding Ageism**

February 2008

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## **Introduction**

Ageism is a human and civil rights issue.<sup>1</sup> Combating ageism is dependent upon determining its prevalence, and the sources and fears that underlie its cause. This project utilized focus group methodology with a *specific aim of determining the sources of ageism within the Baby Boomer cohort in the state of Kansas.*

The research study utilized the *Successful Aging* model developed by Rowe and Kahn<sup>2</sup> as the underlying construct. The idea that an individual can age successfully is a new paradigm for aging, and the model actively refutes several myths of aging through the illustration of three main factors: avoiding disease and disability; maintaining physical and cognitive function; and remaining engaged with life. Those with positive self-perceptions of getting older engage in more preventative health behaviors, report better functional health, and live longer.<sup>3-5</sup>

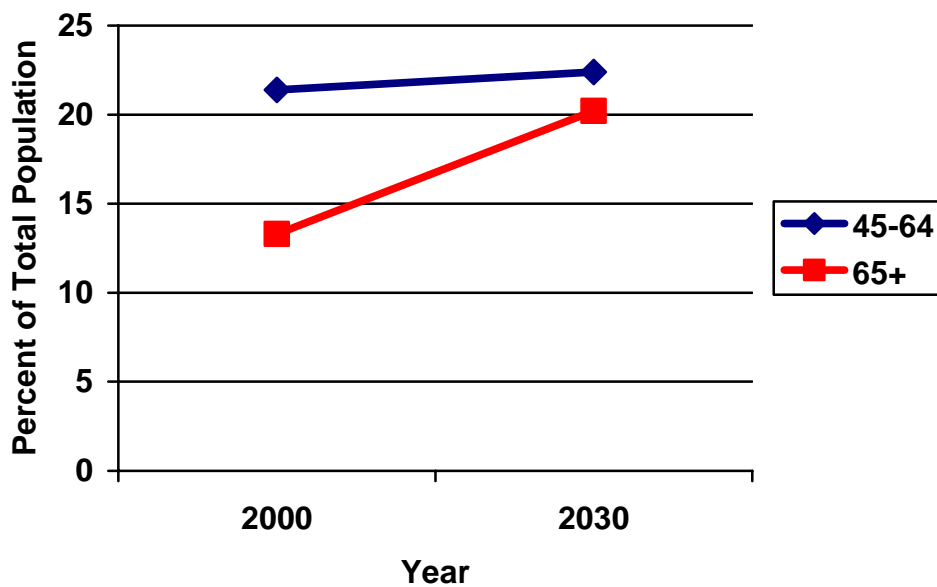
The completion of the project will provide insight into the attitudes of Baby Boomers within Kansas toward aging and elders. The results will inform the content of Kansas State University Research and Extension educational programming. It is anticipated that fact sheets will be developed and distributed through Kansas State University Research and Extension for the citizens of Kansas, and manuscripts will be prepared for submission to scholarly journals.

## **Background and Significance**

Ageism is the systematic stereotyping of and discrimination against people because they are old.<sup>6</sup> Ageism differs from racism and sexism as it is a prejudice that everyone in current American society may encounter, as the aging process is itself inevitable. A recent report, *Ageism in America*,<sup>7</sup> states explicitly that it is not possible to deny the presence of negative attitudes toward the elderly and ageism in America. The report lists seven categories as a way of demonstrating the prevalence of this prejudice: elder abuse, and discrimination in health care, nursing homes, emergency services, the workplace, the media, and marketing. Costs of ageist attitudes to the individual are high,<sup>1</sup> and include attempts to avoid the aging process altogether and loss of self-esteem.<sup>8</sup>

This issue of ageism and its consequences are becoming critical due to the advancing age of the Baby Boomers (those born between 1946-1964). By 2030, nearly 23 percent of the total American population will be 45-64 years of age, and one of every five Americans will be 65 years of age or older.<sup>9</sup> These percentages are reflected in the predictions for the state of Kansas: approximately 23 percent will fall within the ages of 45-64, and 20.2 percent will be age 65 or older in 2030.<sup>10</sup> The juxtaposition of an aging society that holds negative attitudes about advancing age suggests major future challenges. More information regarding the prevalence of ageist attitudes and the potential for reducing negative attitudes toward aging and the elderly is needed (see Figure 1).

**Figure 1: Population Aging in Kansas by Group**



*Successful Aging* (1998) is a seminal book that outlines the result of several studies in aging funded with more than 10 million dollars of support by the John D. and Catherine T. MacArthur Foundation. Researchers in a variety of disciplines contributed through individual and independent studies that investigated the positive benefits to aging. The results of the studies indicated that there *were* positive benefits and assisted in the development of a new way of thinking within the field of gerontology. Although Rowe and Kahn's work pushed the successful aging agenda forward,<sup>11</sup> other researchers

have also investigated the concept. Successful aging has been retitled and reworked. References to positive aging, optimal aging, healthy aging, aging well, aging wisely and aging productively are present in both the scientific and popular literature. Research on alternative components, models, meaning to stakeholders, and reviews of the literature have resulted in little consensus regarding what is meant by the phrase ‘successful aging’. However, the MacArthur studies are the most widely known<sup>12</sup> and it is the prevailing model.<sup>13</sup>

The research has sometimes been interpreted to infer that successful aging means “anti-aging”, with a goal of retaining youth or at least pushing old age to the farthest end of the lifespan.<sup>14</sup> Indeed, some gerontologists feel that the field had gone too far in advocating for successful aging, as ultimately, all lifestyle choices have the same ending for everyone (death). This was not the goal of the original studies. Rowe and Kahn state in the foreword of their book that the “results of this research provide strategies for middle-aged and older individuals to boost their chance of aging successfully...”<sup>2</sup> Yet aging successfully is ultimately a subjective, personal, and individual assessment. Whether one believes that he or she has aged successfully is dependent upon personal attitude. This personal attitude is also affected by the value that society places on their elderly. Baby Boomers are different than previous generations as they are not only resistant to aging, but are anti-aging in a manner that has never been seen before<sup>15</sup> and often report feeling younger than their actual age.<sup>16</sup>

Other research demonstrates that people with positive self-perceptions of aging tend to engage in additional health behaviors related to prevention<sup>3</sup> and report better functional health<sup>4</sup> and live longer<sup>5</sup>. One group of researchers has hypothesized that “positive changes in society’s view of aging may also help to reduce and prevent age-related declines in function and the associated deleterious consequences.”<sup>17</sup>

Thus, ageism operates within a social context and represents a complex interplay between the individual and the social group. In the report, *Ageism in America*,<sup>7</sup> the authors make a call to action. The list includes many recommendations, including a national campaign to address negative attitudes, language, and imagery about the elderly; to raise awareness of ageism; and to educate individuals about the natural changes associated with aging. The completion of the project will inform the content of Kansas

State University Research and Extension educational programming to address the issues most pertinent to Kansas citizens.

### **Research Project Progress and Current Status**

The project utilized focus group research (FGR). The use of FGR allows for an understanding of whether Kansans believe ageism exists and why they think that it does or does not.<sup>18</sup> Addressing the issues that are of most concern within an educational program should assist in alleviating fears toward aging and negative attitudes towards an individual's own aging, elders, and thus, ageism. Focus group research is often used to develop programs.<sup>19</sup>

Eight focus groups were scheduled in eight different locations in the state. These eight original locations were developed after consultation with Laszlo J. Kulcsar, Director of the Kansas Population Center, Department of Sociology, Anthropology and Social Work, Kansas State University. The original counties included Barton, Ford, Jewell, Kearney, Leavenworth, Nemaha, Neosho, and Sedgwick. Kansas State University Research and Extension agents in each county were contacted and asked if they would be interested in participating in the project. Each agent agreed. By agreeing, agents assumed responsibility for recruiting for the focus group in their county through the distribution of flyers (on KSU letterhead) and through including the announcement in their newspaper columns, newsletters, or radio spots (if applicable). Agents also made announcements at other educational programs. The KSRE adult development & aging office also placed ads in each county's local newspaper for recruitment purposes.

Agents located and reserved a meeting site, and provided general information and acted as a trusted resource person for questions on the project by community members. Agents were also given the opportunity to act as an assistant moderator within the focus group itself, which required completion of IRB training, providing refreshments, arranging the room, acting as a host/hostess and helping with the registration table prior to focus group initiation, managing late-comers and distractions during the group itself, and debriefing with the moderator after completion of the group.

Kearney and Ford had to be cancelled due to a lack of participants. Grant County was selected as an alternate to the cancellations, but the required minimum number was

unable to be recruited for this county as well. Thus, six counties with a total of 39 participants participated in the study. Center on Aging funding was utilized to provide \$25 in compensation for each participant in the focus groups (total: \$975).

As an addition, an amendment to the original proposal to the IRB was completed and approved. This addition allowed for the implementation of two focus groups with KSRE agents. The goal was to explore the viewpoints of those directly responsible for the implementation of educational programming related to aging within the state. Agents chose to participate in the focus groups as one option of several choices during a break-out session of an annual KSRE meeting. Twelve agents participated in these groups. As all were employees of KSRE, no compensation was offered to participants (see Table 1).

A moderator’s guide was developed for use within each focus group and outlined the topics to be discussed within the groups. The same guide was utilized within each of the groups.

**Table 1. Focus Group Data**

<b>County Name</b>	<b>Location of Focus Group</b>	<b>Status</b>	<b>Number of Participants</b>
Barton	Great Bend	Active	6
Ford	N/A	Cancelled	-
Grant	N/A	Cancelled (alternate)	-
Jewell	Mankato	Active	8
Kearney	N/A	Cancelled	-
Leavenworth	Leavenworth	Active	8
Nemaha	Seneca	Active	5
Neosho	Chanute	Active	5
Sedgwick	Wichita	Active	7
Agent Group 1	Manhattan	Active	5
Agent Group 2	Manhattan	Active	7

### ***Current Status of Research Project***

The six audio files from the focus groups around the state have been transcribed. Each transcription is identified by the name of the Kansas county where the focus group took place. Each participant has been given an identification number for confidentiality purposes. Software that provides a page number and line number for each line of data within the transcript allows for easy identification and retrieval of any data piece (i.e., Barton:9:26 = County/page/line).

These transcriptions are currently being analyzed by three researchers and should provide an understanding of what participants believe is the primary nature of the experience of aging. The focus is on the description of the lived experiences of the group participants. The descriptive data will be used to inform and explain the fundamental character of the aging experience for this group.

The researchers are currently immersing themselves in the data through an extensive reading of all six focus group transcripts, without any initial coding.

After a comfort level has been established, the researchers will read through the transcripts again, with the intention of coding the data. For this project, there are no pre-established codes.

After each researcher has independently coded the six transcripts by question, then all codes will be reviewed by the three researchers. The next step is to have each researcher review the list of agreed upon codes and review all six transcripts with the intent of noting which of these codes sweep *across* questions. These will become themes. All three researchers, as a group, will review the themes, and discussion will take place to determine the most pervasive themes. A list of the top themes will be generated through discussion among all of the researchers. The data will be reviewed to ensure that the themes are accurately represented with the data.

After the analysis of the baby boomer focus group transcripts, the researchers will then turn to the transcripts of the KSRE agent focus groups, and the process will be repeated.

The researchers plan to make use of the qualitative software package *NVivo* (\$200) to assist with organization and management of the data. However, the process for each researcher is not dependent upon the use of the software. Thus, one researcher is

responsible for utilizing the software to aid the process through responsibility for data entry, list generation, and the development of hierarchical relationships among the codes, and the researchers will use this information to aid the process.

### *Timeframe*

The first analysis meeting is scheduled for February 29, 2008, with the second meeting to follow roughly six weeks after that meeting. Thus, the timeline is July 2007 (project initiation) to November 2008 (final report), with July 2008 as the deadline for the results report.

### **Anticipated Outcome**

Addressing the issue of ageism and its consequences is a critical task that must be accomplished now, as a look to the future heralds the arrival of 76 million Baby Boomers and 72 million Echo Boomers (the children of the Baby Boomers). This study offers an exploration of the presence and source of ageism and the views articulated by members of the Baby Boomer cohort within the state of Kansas and by those directly responsible for program implementation through focus group research. An understanding of the prevalence and sources of ageism and fears of aging will provide the basis of the content for educational programming provided by KSRE. Additionally, it provides rich insight into the perspectives of participants about these issues that may not be revealed in other studies that do not offer the social interaction and context provided through the use of a focus group.<sup>19</sup>

## Endnotes

<sup>1</sup>Butler, R. (2006). Combating ageism: A matter of human and civil rights. In International Longevity Center-USA, LTD, *Ageism in America*. (Available from: Intergenerational Longevity Center-USA, 60 East 86<sup>th</sup> Street, New York, New York, 10028)

<sup>2</sup>Rowe, J.W. & Kahn, R.L. (1998). *Successful Aging*. New York: Dell.

<sup>3</sup>Levy, B. & Myers, L. (2004). Preventative health behaviors influenced by self-perceptions of aging. *Preventative Medicine*, 39, 625-29.

<sup>4</sup>Levy, B., Slade, M., & Kasl, S. (2002). Longitudinal benefit of positive self-perceptions of aging on functional health. *Journal of Gerontology: PSYCHOLOGICAL SCIENCES*, 57B(5), P409-417.

<sup>5</sup>Levy, B., Slade, M., Kunkel, S., & Kasl, S. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology*, 83(2), 261-70.

<sup>6</sup>Butler, R. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, 9(3), 243-6.

<sup>7</sup>International Longevity Center-USA, LTD. (2006). *Ageism in America*. (Available from: Intergenerational Longevity Center-USA, 60 East 86<sup>th</sup> Street, New York, New York, 10028)

<sup>8</sup>Calasanti, T. (2005). Ageism, gravity, and gender: Experiences of aging bodies. *Generations*, 29(3), 8-12.

<sup>9</sup>U.S. Census Bureau. (2004). *Projected population of the United States, by age and sex: 2000 to 2050*. Available from: <http://www.census.gov/ipc/www/usinterimproj/natprojtab02a.pdf>

<sup>10</sup>U.S. Census Bureau. (2005). *Population pyramids of Kansas: Percent of total population*. Available from: <http://www.census.gov/population/projections/17PyrmndKS3.pdf>

<sup>11</sup>Bearon, L.B. (1996). Successful aging: What does the “good life” look like? *The Forum for Family & Consumer Issues*, 1(3). Retrieved November 21, 2006 from: <http://www.ces.ncsu.edu/depts/fcs/pub/aging.html>

<sup>12</sup>Bowling, A. & Iuffe. (2006). Which model of successful aging should be used? Baseline findings from a British longitudinal survey of ageing. *Age and Aging*, 35, 607-14.

<sup>13</sup>Depp, C. A. & Jeste, D.V. (2006). Definitions and predictors of successful aging: A comprehensive review of larger quantitative studies. *American Journal of Geriatric Psychiatry*, 14(1), 6-20).

<sup>14</sup>Bayer, K. (2005). Cosmetic surgery and cosmetics: Redefining the appearance of age. *Generations*, 29(3), 13-18.

<sup>15</sup>Weiss, M. J. (2002, October). Chasing Youth. *American Demographics*, 35-41.

<sup>16</sup>Zebrowitz, L. (2003). Aging stereotypes-Internalization or inoculation? A commentary. *The Journals of Gerontology: PSYCHOLOGICAL SCIENCES*, 58B(4), P214-215.

<sup>17</sup>Hausdorff, J., Levy, B., & Wei, J. (1999, November). The power of ageism on physical function of older persons: Reversibility of age-related gait changes. *Journal of the American Geriatrics Society*, 47(11), 1346-1349.

<sup>18</sup>Kitzinger, J. (1995). Qualitative research: Introducing focus groups. *British Medical Journal*. Retrieved January 16, 2007 from <http://www.bmj.com/cgi/content/full/311/7000/299>

<sup>19</sup>Gibbs, A. (1997, Winter). Focus groups. *Social Research Update*, (19). Retrieved January 16, 2007 from: <http://www.soc.surrey.ac.uk/sru/SRU19.html>