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INTERNATIONAL

PATHWAY TO PERSON CENTERED HEALTHCARE ENCOUNTERS: AGE AND ABILITY

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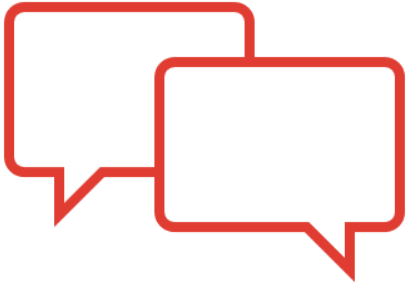


Conflict of Interest Statement

I have no relevant financial relationships or conflicts of interest with presented material that need to be disclosed.



Objectives



State at least two examples of
ablism in healthcare.



Identify at least two examples
of ageism in the media and its
influence on healthcare.



Explain the intersection of
ablism, ageism, and social
determinants of health.

Implicit and Explicit Bias



Implicit

Subconscious feelings, emotions, prejudices that have developed from previous mental imprints. Hostility does not need to exist to have implicit bias.



Explicit

Aware of the prejudices, bias, and thoughts regarding an individual, a group of individuals, or situations based on our mental maps.

Definitions

Ableism is defined as discrimination or social prejudice against people with disabilities *based on the belief that typical abilities are superior*. It can manifest as an attitude, stereotype, or an outright offensive comment or behavior.

Disablism discriminatory, oppressive, abusive behaviors arising from the belief that disabled people are inferior to others. Disablism refers to prejudice, stereotyping, or "*institutional discrimination*" against disabled people.

Ableism and disablism are both terms which describe disability discrimination, the emphasis for each of these terms is slightly different.

<https://hbr.org>



Ableist Language

As Rachel Cohen-Rottenberg wrote:

*“If a culture’s language is full of **pejorative metaphors** about a group of people, that culture is **not** going to **see those people as fully entitled** to the same inclusion as people in a more favored group.”*

Ableism in Healthcare

Access

- *Building Entry, Transfer Equipment, Office Hours, Language (inclusive of ASL), environment of care*

Interactions

- *Assuming limited understanding, paternalistic, not adapting to health literacy*

Care

- *Poor outcomes, dismissive, non-inclusive, incongruent with disabilities, biased managed care decisions*

Ableism and Social Determinants

Economic Stability

- Prohibitive cost of care, equipment, specialist care, employment opportunities

Neighborhood/Physical Environment

- Access, safety, transportation, independence, ease of movement, wayfinding

Education

- Assumptions regarding education, access, financial ability to achieve higher education, often more informed than healthcare team

Food Security/Insecurity

- Access, nutritional needs, support for preparation, procurement ease

Community and Social Context

- Supportive network, access, lack of inclusivity, perception of the person in the community and social context

Healthcare System

- Limited healthcare worker skill and understanding, lack of inclusion in public health, curative, and end of life decision discussions

World Health Organization 2021



Reducing Ableism in Healthcare



- Interact and treat the person based on their preferences.
- Don't assume the individual needs or wants assistance, ask!
- Check your vocabulary, don't use labels to describe their disability, ask how their preference.
- Interact in age-appropriate ways, do not use paternalistic or pitying language.
- Ensure the environment of care is appropriate through inclusive design.

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Ageism



www.aarp.org, 2019



Defining Ageism

*Ageism is stereotyping and/or discrimination against **individuals** or **groups** on the basis of their age. This may be **casual** or **systemic**. The term was coined in 1969 by Robert Neil Butler to describe discrimination against seniors and patterned on sexism and racism.*

<https://www.apa.org/monitor/may03/fighting>



Society and Ageism



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Ageism in Healthcare

Access

- *Building Entry, Transfer Equipment, Office Hours, Appointment Length, Pace of visit*

Interactions

- *Paternalistic, cognitive assumptions, not addressing the person, addressing singular issue, attitude of “well what do you expect.” decrease shared decision making*

Care

- *Poor outcomes, polypharmacy, poor coordination of care, limited advanced care planning leading to increase in unwanted care*

Ageism and Social Determinants

Economic Stability

- Prohibitive cost of care and medications, equipment, specialist care, post-retirement employment, delayed retirement, decrease income

Neighborhood/Physical Environment

- Access, safety, transportation, independence, ease of movement, wayfinding

Education

- Assumptions regarding education, health literacy and language needs, disease specific, medication support

Food Security/Insecurity

- Access, nutritional needs, support for preparation, procurement ease

Community and Social Context

- Supportive network, access to community, awareness of support services

Healthcare System

- Limited healthcare worker skill and understanding the aging process, overwhelming experience, assumptive care based on age and perceived cognition, need for chronic disease and palliative care programs.



A Solution

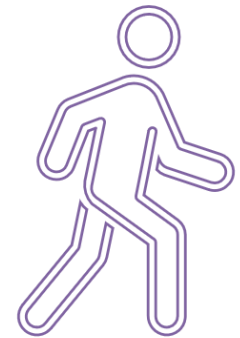


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Initial Practical Approach: IHI 4M'S of Age Friendly Health Systems

1. What Matters
2. Medication
3. Mentation
4. Mobility



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http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/AgeFriendly_4MsBySetting_FullGraphic.pdf

Reducing Ageism in Healthcare

- Assist in identifying priorities.
- Use whole-person medicine.
- Increase comfort with curative versus palliative care conversations.
- Provide education for preventative care within the context of health disparities and chronic disease.
- Improve communication with individuals with sensory deficits.





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