

Regional Workforce Advisory Meeting: Gerontology, Geriatrics and Business Services in the Field of Aging

April 22, 2021
1:00 PM - 3:30 PM



California
Community
Colleges



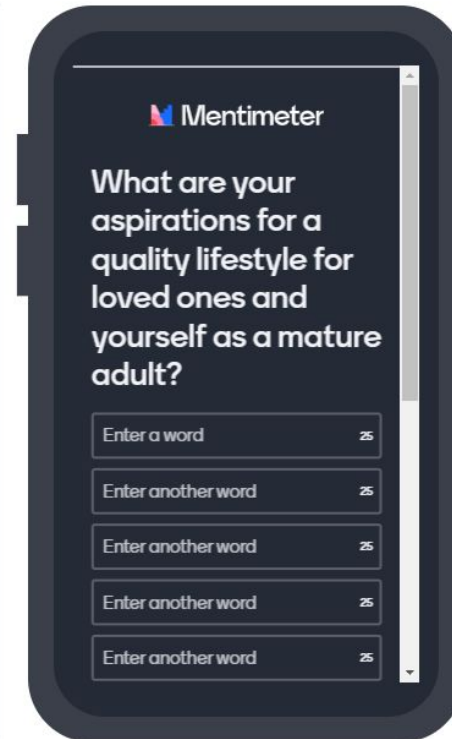
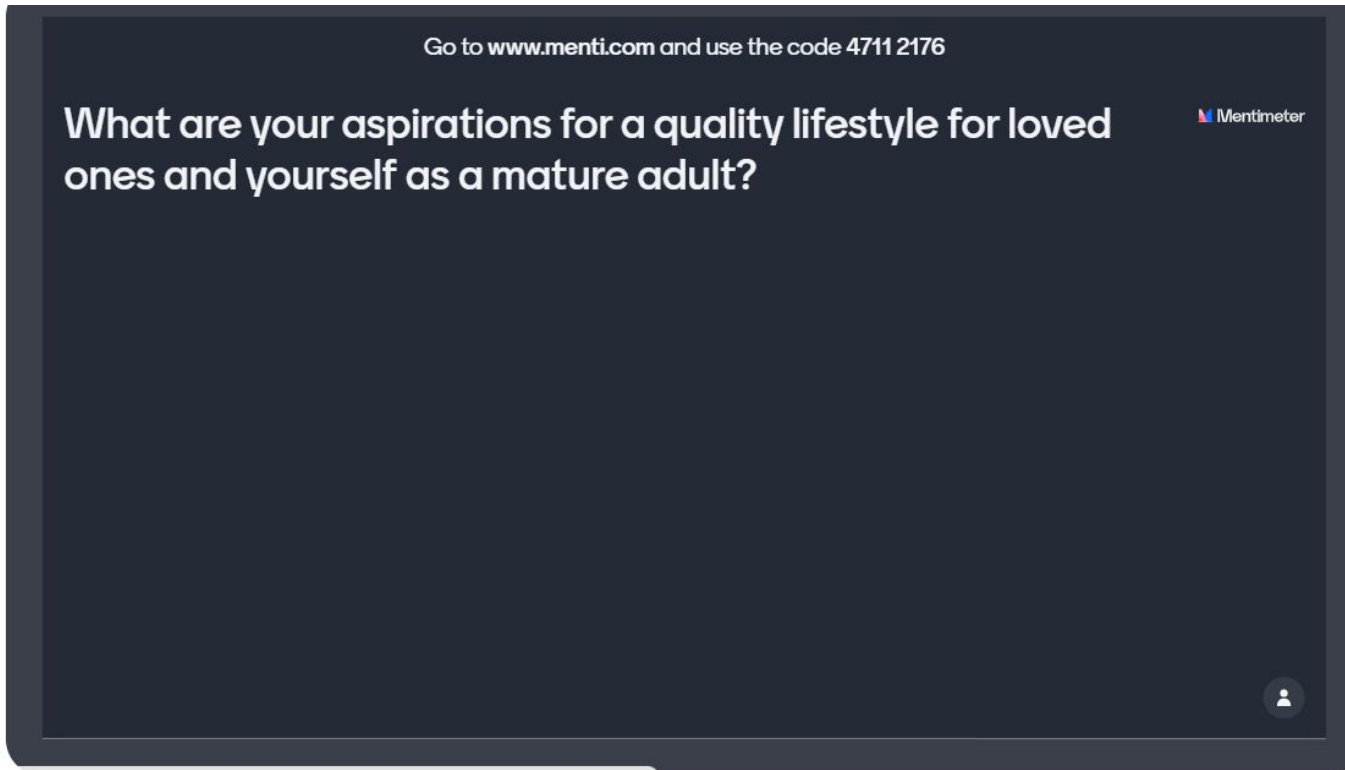
Housekeeping

- **Enable your video (optional)**
- **Please stay on mute unless you are called on to ask a question**
- **Submit all questions, technical difficulties, or other commentary to the Chatbox; or raise your virtual hand to be called upon**
- **This meeting will be recorded and will be provided as part of the post meeting materials**

Ice Breaker

Question: What are your aspirations for a quality lifestyle for loved ones and yourself as a mature adult?

- Go to [www.Menti.com](https://www.menti.com) and input the code at the top of the page



Use your cell phone or computer to answer the question!

Welcome and Introduction



Julie Holt
RN, MSN, CPNP

Regional Director, Employer Engagement -
Health Services
Health Workforce Initiative



Angela Cordell
MBA

Regional Director, Employer Engagement -
Business & Entrepreneurship

Welcome and Introduction



Renee John
Project Leader
21st Century Workforce
Valley Vision

Supported By



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LOS RIOS
COMMUNITY
COLLEGE DISTRICT



Health Workforce Initiative



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Golden Sierra



Agenda

- 1:00 PM** Welcome & Overview
- 1:10 PM** Shifting Demographics and Occupational Information
- 1:35 PM** Keynote - Jeannee Parker Martin, Leading Age California
- 2:00 PM** Break
- 2:05 PM** Panel Discussion on Arising Issues in the Field / Q&A
- 3:05 PM** Ageism, First Aid, and Regional Support Services for Mature Adults
- 3:15 PM** Overview of Pathways
- 3:20 PM** Conclusion & Thank You

Shifting Demographics and Occupational Information



Ebony Benzing
Research Manager
North Far North Center
of Excellence



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FOR LABOR MARKET RESEARCH



**Gerontology, Geriatrics, and Business Services
in the Field of Aging**
Regional Advisory Meeting
THURSDAY, APRIL 22, 2021



Presentation Overview

Defining Gerontology

LMI Research Methodology and Limitations

Research findings

- Report
- New Data

Gerontology Program Inventory

LMI for existing Greater Sacramento Gerontology programs

Conclusion & Recommendations



What is Gerontology, exactly?

“Gerontology is the integration of multidisciplinary knowledge that informs the gerontological biopsychosocial perspective and specialized aging-related knowledge that sets this profession apart from general practice disciplines that work in the field of aging e.g., non-clinical social work.”

- Laurinda Reynolds,
American River College

Labor Market Information (LMI) Research

Data and analysis of workforce trends and outcomes

- Demographics
- Wages
- Size
- Job outlook
- Unemployment

Traditional Sources

- U.S. Department of Labor, Bureau of Labor Statistics
- California Employment Development Department, Labor Market Information Division

Best when focused on industries and occupations

- Industries and Occupations are standardized
- Common way to talk about workforce needs across locations

Shades of grey when utilizing non-standardized characteristics for research

- For instance, keyword searches in job postings

Research Findings

- GERONTOLOGY, GERIATRICS, AND BUSINESS SERVICES IN THE FIELD OF AGING REPORT
- NEW DATA FROM EMSI JOB POSTINGS

Program Exploration Report - Gerontology

Goal: Assess demand for occupations related to Gerontology, Geriatrics and Business Services in Greater Sacramento area

Method: Five-Year (Jan 1, 2016 – Dec 31, 2020) job posting trends based on keyword search:

- Elder Care
- Geriatrics
- Gerontologist
- Gerontology
- Senior Care

Original Released February 2021; Updated Report April 2021

Report can be found here: <http://coeccc.net/Search.aspx?id=3816>



Program Exploration

GERONTOLOGY, GERIATRICS, AND BUSINESS SERVICES IN THE
FIELD OF AGING IN GREATER SACRAMENTO

North/Far North Center of Excellence
FEBRUARY 2021
EDITED APRIL 2021

Limitations to Gerontology, Geriatrics, and Business Services Report

Non-traditional data analysis methodology

- “Real-time” LMI
- Job postings from local employers
- What and who are employers currently looking for?

Limitations

- “Noisy data”
- No data points says “x number of jobs for careers in Gerontology”
- Broadly interpreted



Older Adults in Greater Sacramento

Adults Aged 60+

591,000
Residents,
2019

671,000
Residents,
2024

14% Projected
Growth,
2019-2024
(Avg. Pop Growth 5%)

Source: Gerontology, Geriatrics, and Business Services in the Field of Aging report, Centers of Excellence

Report Key Findings

Industries

- 46% jobs in Health Care and Social Assistance sector
- Includes
 - Nursing and Residential Care
 - Hospitals and Ambulatory Health
 - Social Assistance

Employers

- Insurance Providers
- Health Care
- Senior Living Facilities
- Local Government
- Education

Occupations

- Healthcare Practitioners and Support (21%)
- Management (16%)
- Personal care (11%)
- Computer and Mathematical (9%)
- Business Operations (8%)
- Administrative Support (6%)
- Sales (5%)
- Community and Social Service (3%)

Source: Gerontology, Geriatrics, and Business Services in the Field of Aging report, Centers of Excellence

New Research - EMSI Job Postings

Purpose: Additive; Hope to provide clarity around research findings in Gerontology, Geriatrics, and Business Services report

Why EMSI job postings?

- Different context filter in key word searches

Keyword provided by local Gerontology professor

Aging*

Elder Care

Elderly

Geriatrics

Gerontologist

Gerontology

Older Adults

Senior Care

Seniors*

RCFE

* These keywords generated noisy data therefore, were excluded from analysis

Keyword	Unique Job Postings (Apr 2020 – Mar 2021)	Posting Intensity	Summary of Commonly Posted Occupations
Elder Care	981	5:1	Caregiving • Home Health and Personal Care Aides • Childcare Workers Health/Geriatrics • RNs/LVNs • C.N.A. • Physicians • Speech Language Pathologists • PT/PTAs Management • Medical and Health Services Managers • Marketing and Sales Managers • Social and Community Service Managers • Personal Service Managers Social Workers • Social and Human Service Assistants • Mental Health and Substance Abuse Social Workers • Healthcare Social Workers
Elderly	2,213	4:1	
Elders	1,456	6:1	
Geriatrics	843	5:1	
Gerontologist	11	3:1	
Gerontology	250	4:1	
Older Adults	1,796	5:1	
RCFE	181	4:1	
Senior Care	19,905	4:1	
Greater Sacramento Average	378,613	4:1	--

Conclusions from Job Postings Analysis

COMMONALITIES

Results from Burning Glass and EMSI largely mirror each other

Mostly Geriatric Focus

- Healthcare
- Residential Services: Caregiving
- In-Home Services: Caregiving and Home maintenance

Some Non-Clinical Opportunities

- Health Management Services
- Marketing and Sales
- Social Assistant

NON-CLINICAL STANDOUTS

Aging Life Care Manager, Elder Options, Inc.

Bridge Project Manager, Brookdale Senior Living

Older Adults Recreation Aide, City of Sacramento

Older Adults Service Program Assistant, El Dorado County

RCFE Administrator (Executive Administrator), Core Medical Group

Resource Navigator, AAA4

Program Inventory

GERONTOLOGY AND RELATED PROGRAMS THAT PROVIDE CAREER
PATHWAYS INTO JOBS IN THE FIELD OF AGING IN THE GREATER
SACRAMENTO AREA

College	Program Title	Awards Offered	Existing and Potential Career Pathways
American River	1. Activity Leader Training 2. Gerontology 3. Gerontology: Administrative 4. Gerontology: Advocacy and Social Policy 5. Gerontology: Case Management and Social Services 6. Gerontology: Health Care 7. Gerontology: Recreation 8. RCFE Administrator Training 9. Senior Fitness Specialist 10. Social Services Designee	• Associate Degree • Certificate	• Medical Secretaries and Administrative Assistants • Social and Human Service Assistants • Community and Social Service Specialists • Personal Care and Service Workers • Recreation Workers • Personal Service Managers • Facilities Managers* • Exercise Trainers and Group Exercise Instructors
Folsom Lake	1. Interdisciplinary Studies: Social and Behavioral Sciences 2. Social Work/Human Services, General 3. Social Work/Human Services, Home Caregiver Certificate	• Associate Degree • Certificate	• Social and Human Service Assistants • Community and Social Service Specialists • Social Worker career pathway
Sacramento City	1. Gerontology	• Associate Degree • Certificate	• Community Health Worker • Home Health Aide
CSU Sacramento	1. Gerontology	• Bachelor's Degree	• Social Worker career pathway
UC Davis	1. Human Development and Family Studies	• Bachelor's Degree	• Social Worker career pathway

Source: CCCCCO DataMart, COCI, and Faculty Input

*The occupation "Facilities Managers" may not be a good fit for gerontology LMI. This work in this occupation is primarily focused on building management.

Occupational Demand

FOR COMMUNITY COLLEGE GERONTOLOGY PROGRAMS

Training Focus	Occupation	2019 Jobs	2024 Jobs	Projected Change	Avg. Annual Openings	Entry-Level Hourly Earnings
Administrative Support	Medical Secretaries and Administrative Assistants	7,375	7,592	3%	843	\$17.90
Business Management	Personal Service Managers					
Caregiving	Home Health and Personal Care Aides	44,894	58,385	30%	9,354	\$12.95
Recreation	Exercise Trainers and Group Fitness Instructors	3,275	2,874	(12%)	470	\$16.42
	Recreation Workers	3,094	2,907	(6%)	477	\$13.49
	Exercise Physiologists*	69	95	38%	10	\$12.16
Social Support	Social and Human Service Assistants	5,299	6,160	16%	780	\$18.26
	Community and Social Service Specialists, All Other*	1,249	1,324	6%	145	\$16.32
	Community Health Workers	528	514	(3%)	60	\$21.49
North (Greater Sacramento) Totals**		65,783	79,851	21%	12,138	--

Source: EMSI 2021.2, QCEW, Non QCEW, and Self-Employed

Notes: (1) Occupations marked with an asterisk (*) typically require a Bachelor's degree for entry-level work.

(2) Inclusive of all Greater Sacramento industries; i.e., these jobs will be found across multiple industries and are not relegated to Gerontology only

Closing

- CONCLUSIONS
- Q&A

Conclusions

1. Older adults represent a significant proportion of the population in the Greater Sacramento region, and will continue to do so. We will need people and systems to support our older residents.
2. Jobs in geriatrics (i.e., healthcare and caregiving) over shines non-clinical gerontology job offerings in the Greater Sacramento region
3. For community colleges and other training providers - there are opportunities for social services career pathways. Demand for these occupations speak broadly to overall regional needs, however, further research could illuminate employers.
4. Business and Management opportunities are present

Thank you! Questions?

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coeccc.net



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Data Sources

The Chancellor's Office Curriculum Inventory System (COCI 2.0), <https://coci2.ccctechcenter.org/>

Emsi. <https://www.economicmodeling.com/>. EMSI occupational employment data are based on final EMSI industry data and final EMSI staffing patterns. Wage estimates are based on Occupational Employment Statistics (QCEW and Non-QCEW Employees classes of worker) and the American Community Survey (Self-Employed and Extended Proprietors).

"Labor Insight Real-Time Labor Market Information Tool." Burning Glass Technologies. <http://www.burning-glass.com>.

"Taxonomy of Programs." California Community Colleges Chancellor's Office. June 2012, 6th Edition. <https://www.cccco.edu/-/media/CCCCO-Website/About-Us/Divisions/Educational-Services-and-Support/Academic-Affairs/What-we-do/Curriculum-and-Instruction-Unit/Files/TOPmanual6200909corrected12513pdf.ashx>.

Management Information Systems (MIS) Data Mart. California Community Colleges Chancellor's Office. <https://datamart.cccco.edu/>.

Integrated Postsecondary Education Data System (IPEDS). National Center for Education Statistics. U.S. Department of Education. <https://nces.ed.gov/ipeds/>.

O*NET OnLine. U.S. Department of Labor/Employment and Training Administration (DOLETA). <https://www.onetonline.org/>.

Keynote



Jeannee Parker Martin

President and CEO,
Leading Age California



Master Plan for Aging & Career Pathways to Close the Workforce Gap



Jeannee Parker Martin
President & CEO
LeadingAge California
& Member,
Master Plan for Aging Stakeholder
Advisory Committee

Regional Industry Advisory for Gerontology
April 22, 2021

Vision

Be the Champion
for aging services
in California

Values

- Commitment to security of older adults
- Mission driven
- Mutual support
 - Respect
- Socioeconomic and cultural diversity
- Advocate for NFP status
 - Consumer focused
- Dignity and quality of life for older adults
- Community based



Mission

To advance housing,
care and services for
older adults

Key Initiatives

- Lead Public Policy
- Advance 21st Century Leadership & Education
- Grow the Workforce
- Foster Innovation
- Elevate Public Awareness

675 Members



California's Master Plan for Aging

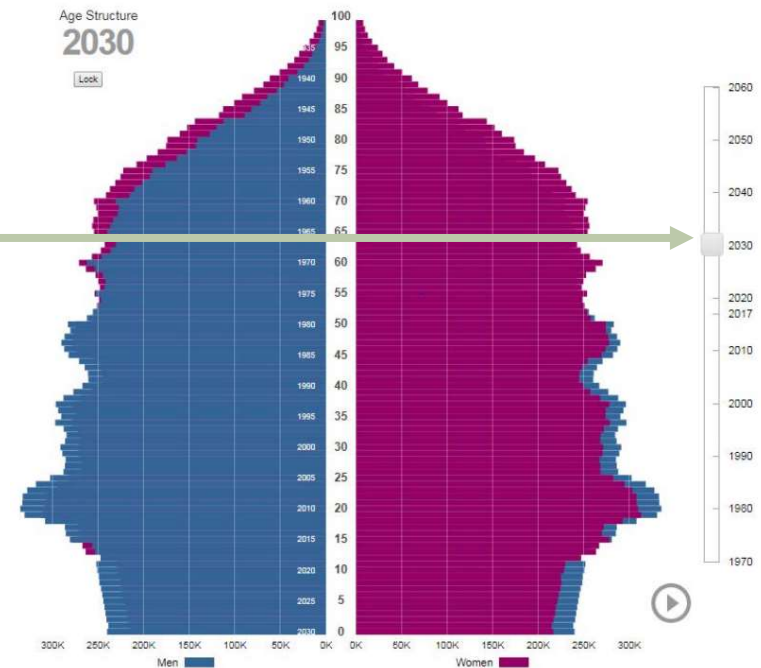
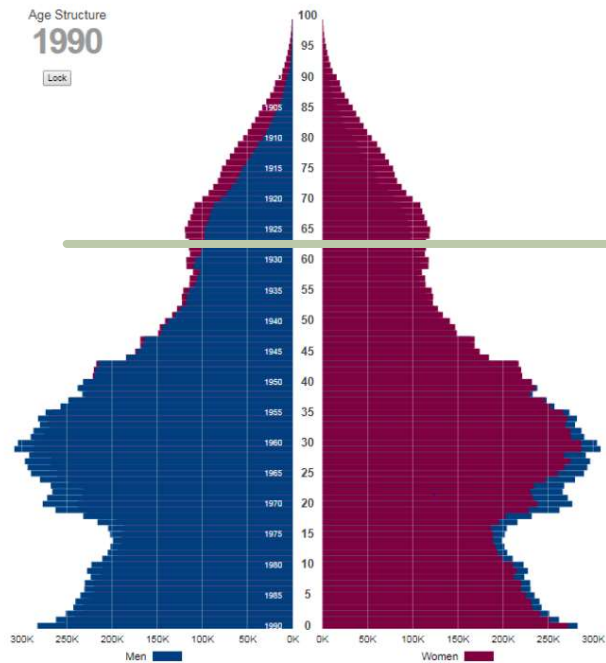
<https://mpa.aging.ca.gov/>

Jeannee Parker Martin
Member of The Master Plan for Aging
Stakeholder Advisory Committee

Why Now?

Aging is Changing

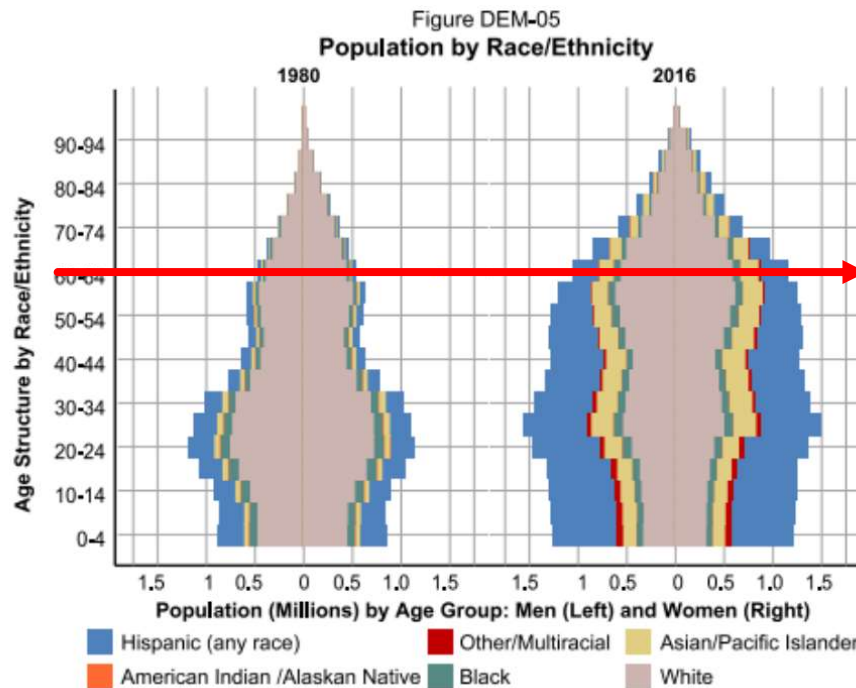
5.6 million (1:5) are over 65 in CA Today



Why Now?

Diversity is Increasing

5.6 million (1:5) are over 65 in CA Today



White alone	72.1%
Black or African Am	6.5
Am Indian / Alaska	1.6
Asian alone	15.3
Native Hawaiian / Other Pacific Islanders alone	0.5
Hispanic or Latina	39.3
White alone, non-Hispanic or Latino	36.8

Master Plan for Aging

5 Bold Goals – 23 Strategies

To Build a California for All Ages by 203



GOAL ONE: HOUSING FOR ALL STAGES & AGES

We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready."

- **Target: Millions of New Housing Options to Age Well**

GOAL TWO: HEALTH REIMAGINED

- *"We will have access to the services we need to live at home in our communities and to optimize our health and quality of life."*

- **Target: Close the Equity Gap in and Increase Life Expectancy**

GOAL THREE: INCLUSION & EQUITY, NOT ISOLATION

- *"We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation."*

GOAL FOUR: CAREGIVING THAT WORKS

- *"We will be prepared for and supported through the rewards and challenges of caring for aging loved ones."*

- **Target: One Million High-Quality Caregiving Jobs**

GOAL FIVE: AFFORDING AGING

- *"We will have economic security for as long as we live."*

- **Target: Close the Equity Gap in and Increase Elder Economic Sufficiency**

3 Cross-Cutting Priorities

Ageism & Equity



Research & Data



Dementia Friendly

Master Plan for Aging

Long Term Services & Supports Subcommittee Report Submitted to Governor May 2020

A BLUEPRINT TO DESIGN, DEVELOP & DELIVER
A LONG-TERM SERVICES AND SUPPORTS FRAMEWORK FOR ALL CALIFORNIANS



Select Language ▾									
› Select Language	Bulgarian	Esperanto	Haitian Creole	Italian	Latin	Mongolian	Russian	Spanish	Ukrainian
Afrikaans	Catalan	Estonian	Hausa	Japanese	Latvian	Myanmar (Burmese)	Samoan	Sundanese	Urdu
Albanian	Cebuano	Filipino	Hawaiian	Javanese	Lithuanian	Nepali	Scots Gaelic	Swahili	Uyghur
Amharic	Chichewa	Finnish	Hebrew	Kannada	Luxembourgish	Norwegian	Serbian	Swedish	Uzbek
Arabic	Chinese (Simplified)	French	Hindi	Kazakh	Macedonian	Odia (Oriya)	Sesotho	Tajik	Vietnamese
Armenian	Chinese (Traditional)	Frisian	Hmong	Khmer	Malagasy	Pashto	Shona	Tamil	Welsh
Azerbaijani	Corsican	Galician	Hungarian	Kinyarwanda	Malay	Persian	Sindhi	Tatar	Xhosa
Basque	Croatian	Georgian	Icelandic	Korean	Malayalam	Polish	Sinhala	Telugu	Yiddish
Belarusian	Czech	German	Igbo	Kurdish (Kurmanji)	Maltese	Portuguese	Slovak	Thai	Yoruba
Bengali	Danish	Greek	Indonesian	Kyrgyz	Maori	Punjabi	Slovenian	Turkish	Zulu
Bosnian	Dutch	Gujarati	Irish	Lao	Marathi	Romanian	Somali	Turkmen	

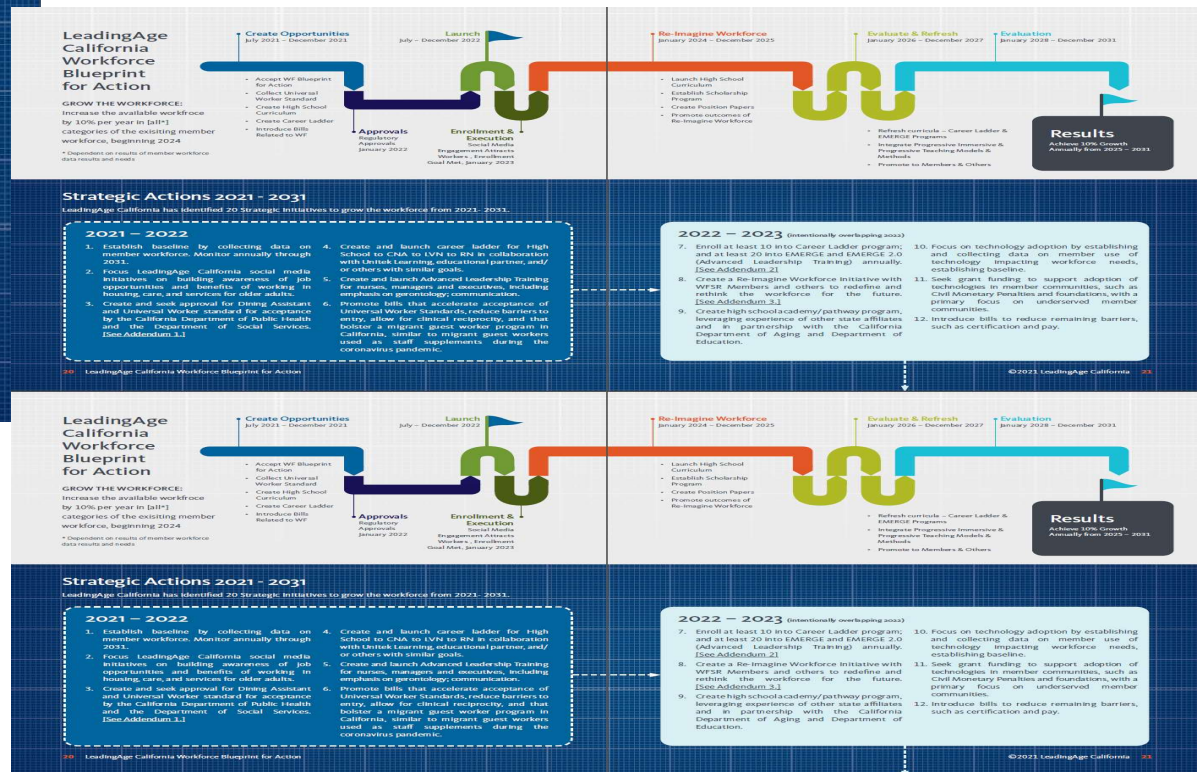


<https://mpa.aging.ca.gov/>

WORKFORCE BLUEPRINT

For Action

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Q&A

Jeannee Parker Martin

jpmartin@leadingageca.org



BREAK

2:10 - 2:15 pm

Industry Panel Discussion



Renee John
Project Leader
21st Century Workforce
Valley Vision

Panel Discussion on Arising Issues in the Field / Q&A



Jan Trifiro,
Vice President of
Workforce &
Professional
Development,
California
Assisted Living
Association



**Janeen
Thorpe,**
Director,
Ethel Macleod
Hart Senior
Center



**Michelle
Nevins,**
Executive
Director,
Del Oro Caregiver
Resource Center



**Mary
Erickson,**
CEO & Executive
Director,
Mercy McMahon
Terrace



**Diane
Puckett,**
Founding
Executive Director,
Peg Taylor Center

Ageism, the Workforce Gap, and Ageism First Aid:

*The Cause, One of Many Effects, and
a Multipurpose Intervention*

Laurinda Reynolds
MA, CPG

Gerontology Department Chair and Career
Education Program Coordinator,
American River College

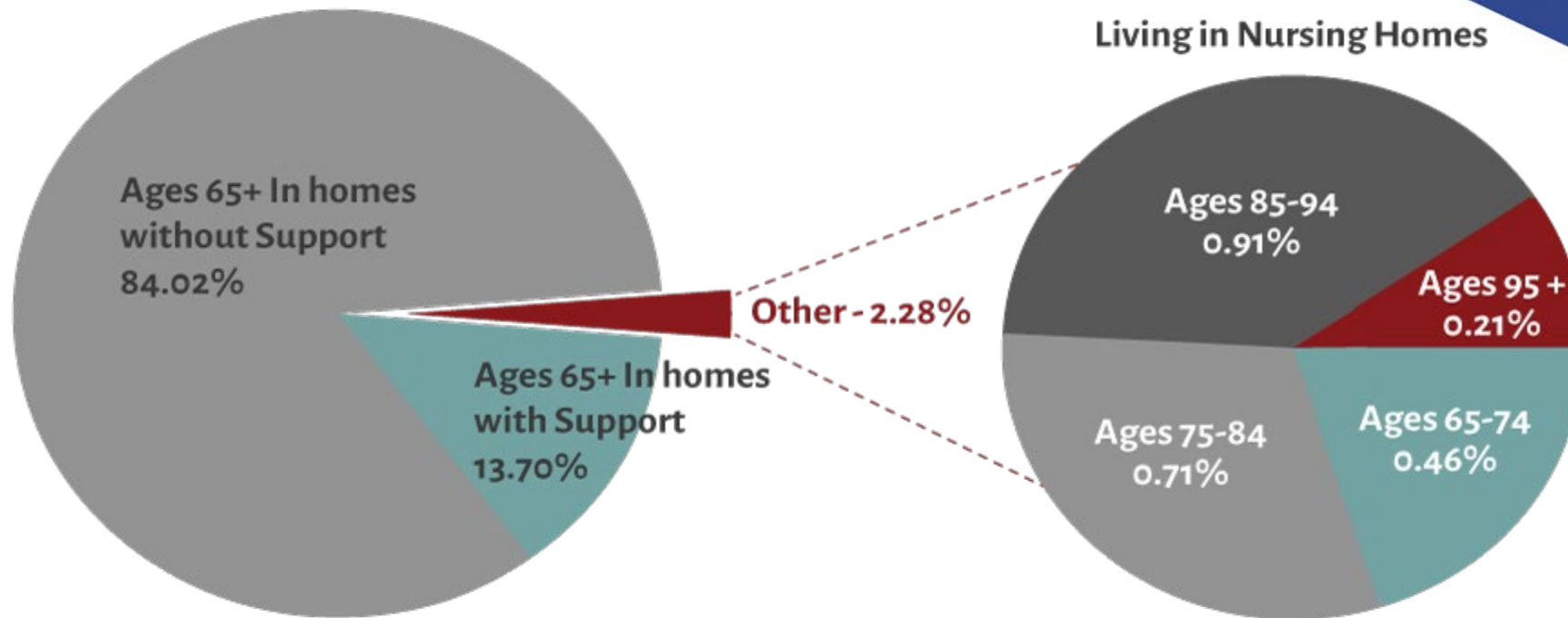




This image depicts some of the older Americans gerontologists serve. Apologies for the omissions and inclusion errors in this picture. I have requested stock photos that better represents the entire population we serve:

- Omission: Older people using mobility devices to stay independent. Exclusion of that subgroup from photos is a product of ableism, a negative bias against people with disabilities, not
- Errors: Faces that appear younger than age 55, which is when older Americans qualify for the Senior Community Service Employment Program under Older Americans Act. Other programs are available at age 60.

Where Older People in the United States Lived in 2014



This chart is from the Ageism First Aid course.

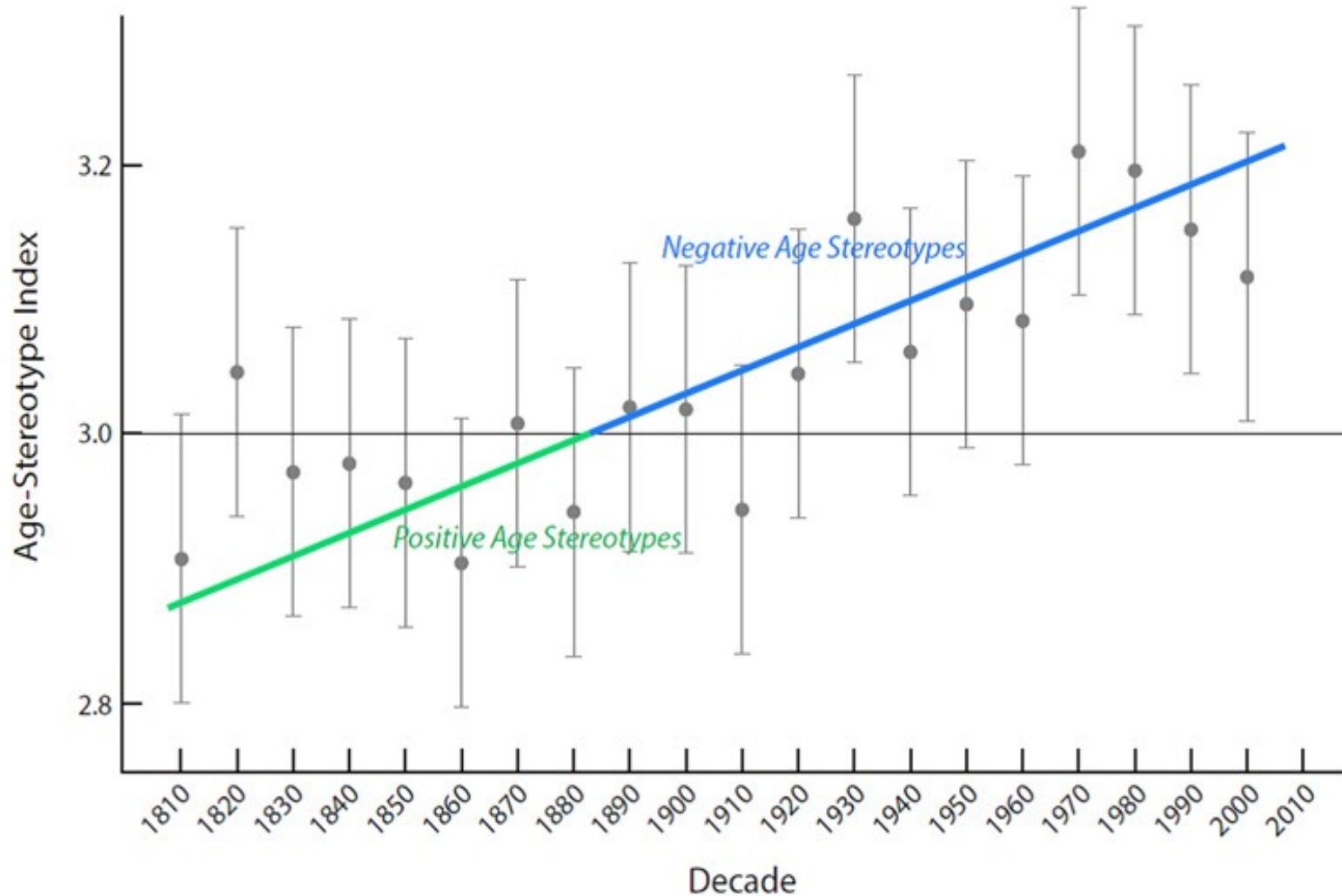
- Gerontologists manage programs and provide nonclinical services in all settings. Gerontologists can be described as nonclinical social workers with a supplemental degree or certificate in aging.
- Licensed/certified geriatrics specialists and general practitioners manage and provide clinical care in all settings and include doctors, nurses, CNAs, HHAs, therapists of all kinds, etc.

(GSA, 2019)

Learning Objectives

- describe ageism in terms of its onset, the phenomenon, its consequences, and its pervasive sources.
- identify components of ageism development.
- investigate the impact of ageism on career choices.
- assess ageism interventions that:
 - a) promote careers in the field of aging.
 - b) increase age-friendliness on campus.

Ageism (onset)



Ageism is a byproduct of modernization, industrialization, and the medicalization of aging, which triggered its onset in 1880 (Ng et al, 2012).

Ageism was recognized and named 90 years later when it was described as “discrimination and prejudice” (Butler, 1969, 1975, & 1980; Iversen, Larsen, & Solem, 2009).

Ageism *(the phenomenon)*

Ageism refers to messages that whether intended or not, cultivate negative attitudes toward older people and aging or misunderstandings and fears about aging, and messages that marginalize older people by conveying that being younger is better than being older or that the needs of younger people are more important to society than the needs of older people (OHRC, 2016; Reynolds, 2020).

Ageism *(the consequences)*

How frequently a person is the target of ageism and how vulnerable a person is physically and mentally determine if an ageism message is just rude, causes/confirms aging stereotype matches and ageism against future self, stigmatizing, and/or harmful physically or mentally. Abuse, neglect and self-neglect, exploitation, social marginalization and self-marginalization, and denial of medical care based on age are all extreme forms of ageism (Levy, 2009; Nelson, 2005; Reynolds, 2020).

Ageism *(the sources)*

Ageism messages may be verbal or nonverbal, written or recorded, actions or inactions, and may be from any source, agencies, businesses, environmental designs, written policies, media, textbooks, other people, or come from within our own minds against our current or future self (Nelson, 2005; Reynolds, 2020).

Ageism *(childhood development)*

- Exaggerated images of older people in cartoons and picture books and the words and actions of family and friends make the earliest subtle negative impressions about aging.
- Well meaning excursions to nursing homes confirm the negative images.
- Realistic impressions of active older people in good health are absent in learning materials and media.
- Negative impressions eventually outweigh the positive and negative implicit bias is established.

(GSA, AFA 2019)

Ageism *(teenage and adult development)*

- We continue to receive negative messages about aging, but the sources of the messages change.
- Children's cartoons are replaced with adult cartoons e.g., the Simpsons.
- Advertisements convey the value of looking young and cultivate a fear of matching the negative aging stereotype.
- When words about aging and older people evoke negative images of aging, the aging stereotype has been established.
- Eventually our negative impressions of others cultivates implicit fear of aging, and we start sending ageism messages to our future self.

(GSA, AFA 2019)

Ageism *(career choices)*

Without intervention:

- By the time high school students begin to consider career options:
 - Negative implicit bias against aging and the negative aging stereotype are fully developed.
 - As a result, traditional students rarely investigate or enroll in gerontology programs.
- Most people in positions to guide career choices:
 - Lack knowledge about careers in the field of aging.
 - Are not well informed about careers in gerontology.
 - Have negative implicit bias against aging and fully developed negative aging stereotypes.

Ageism *(the workforce gap)*

Ageism is driving the workforce gap in the field of aging and population aging is widening the gap. To bridge the gap with well qualified candidates will require:

- Outreach programs in high schools that include ageism interventions and courses in adult development.
- Outreach to faculty and counselors that include ageism interventions and training about the field of aging.
- The creation of new courses, degrees and certificate programs.
- The recruitment of qualified faculty to teach the courses.

Ageism *(the interventions)*

Ageism interventions are essential to the promotion of the field of aging. The Gerontological Society of America supports:

- [Ageism First Aid](#) (AFA) an online course designed to promote employment in the field of aging, raise ageism awareness and inoculate people against the harmful effects of ageism, and to provide respectful, effective, and appropriate communication training.
- [Age Friendly University](#) (AFU) an international movement that provides colleges and universities with support as they work to make campuses friendly to students, employees, and their local community of all ages comfortable on their campus and in classrooms.
- [Reframing Aging](#), an initiative that will change social perceptions about aging and policies long-term.

WHAT IS AGEISM FIRST AID (AFA)?

AFA is part of GSA's national campaign to spark factual conversations about aging and encourage use of affirmative, positive aging-related language.

Basics About the Course

- I. AFA is written in clear and concise language free of professional terminology to make sure it is accessible to a broad audience:
 - From **high school students to professionals** holding degrees and doctorates
 - **English second language learners** at various levels of fluency
- II. AFA is comprised of three (3) modules on five (5) topics each:
 - It takes most learners **less than two hours to complete** in one sitting; it can be completed in multiple sittings.
 - It provides learners with a **certificate of completion** valid for three years
 - The fee for the **full course is \$15 to \$30**, depending on the learner's affiliations

AFA GOALS AND OBJECTIVES

1. **Replace common misinformation and myths** about older people and the aging process with facts
2. **Increase ageism awareness and reduce ageism and experiences of aging stigma** in settings where older people receive services and support, do business, and reside
3. **Advance Gerontology** as a discipline **and increase program enrollments** by providing AGHE member institutions with an educational outreach tool
4. **Provide a source of discretionary funding for Gerontology programs** at the AGHE member institutions that utilize AFA

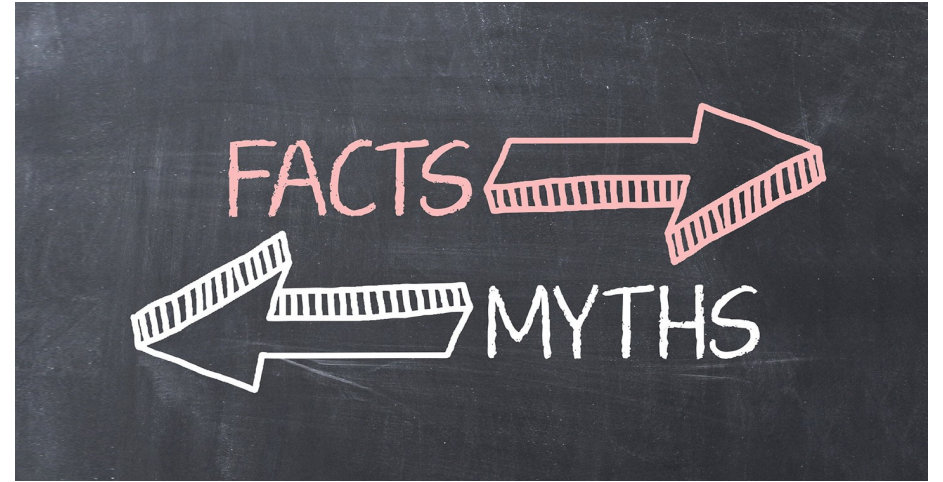


MODULE ONE: FOUNDATION KNOWLEDGE

AFA Goals & Objectives: The topics and content of Module One advance gerontology as a discipline and replace common misinformation and myths about older people and the aging process with facts.

Module One Topics

- **Programs for Older People:** *Replaces misconceptions* about entitlements and politization of aging
- **Introduction to the Field of Aging:** *Advances* field by introducing population aging and clinical and non-clinical career opportunities
- **Introduction to the Aging Process:** *Replaces misconceptions* by explaining development and defining what aging is and is not
- **How the Aging Process Changes Us:** *Replaces misconceptions* about aging-related changes to the body, senses, mind, and memory
- **Myths About the Aging Process:** *Replaces misconceptions* about the powerful and debilitating myths regarding memory and hearing loss



MODULE ONE: FOUNDATION KNOWLEDGE



Slide Sample

Instructional Content

- 3 Module
- 15 Topics
- 72 Content Slides
- 150-250 Words Each
- Chunked
- With Audio

Assessment Questions

- 5 Practice
- 10 Pre-Learning
- 90 within AFA
- 10 Post-Learning

Topic 5: Myths About the Aging Process

Module 1 / Topic 5 / Slide 5 of 5

Why Do People Believe the Myth About Hearing Loss in Aging?

Hearing loss is the inability to hear certain pitches at normal volume levels. There are some rare diseases that cause hearing loss in some older people. However, **hearing loss is not a normal part of the aging process**. If hearing loss were caused by aging, it would be common among older people from all cultures and across all continents, but that is not the situation. Hearing loss is not common among older people in non-industrialized countries or traditional indigenous communities.

In the United States, the hearing loss myth has grown stronger over the past two centuries because people are confusing hearing changes with hearing damage at a younger age that progresses into hearing loss when people grow older:

- **Hearing Changes:** As we grow older, it becomes more difficult to hear in noisy settings. In noisy settings, an older person may ask you to repeat yourself, but that request does not mean the person has a hearing loss.
- **Hearing Damage and Loss:** Many older people in the United States have a true hearing loss from damage that happened to their ears when they were much younger, before simple hearing protection was available to everyone. The unnaturally loud sounds of our industrialized modern society, loud music, gunfire, machinery, hair dryers, and other loud noises caused the initial damage. The damage progresses slowly and when we are older, we may need hearing aids to hear some pitches.

It is critical for people with a true hearing loss to use hearing aids or other devices to improve their hearing.

Studies show that older people with a hearing loss who do not use devices to improve their hearing are much more likely to be diagnosed with dementia than older people with a hearing loss who use hearing aids and older people with normal hearing.

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MODULE TWO: AGEISM EXPLAINED



AFA Goals & Objectives: The topics and content of Module Two **increases ageism awareness to reduce ageism and experiences of aging stigma** in settings where older people receive services and support, do business, and reside.

Module Two Topics

- **Ageism in America:** *Increases awareness* by framing and defining ageism and ageism messages from a psychosocial perspective
- **How We Learn and Develop Ageism:** *Increases awareness* by explaining ageism from sociological and developmental perspectives
- **How Language and Words Contribute to Ageism:** *Increases awareness* by explaining ageism from a cognitive linguistic perspectives
- **Developing Ageism Awareness:** *Increases awareness* by explaining ageism from intra-personal and inter-personal perspectives
- **Ageism, Elder Abuse, and Mandatory Reporting:** *Increases awareness* by making the connection between ageism and abuse

MODULE THREE: RESPECTIFUL, EFFECTIVE, AND APPROPRIATE COMMUNICATION TRAINING

AFA Goals & Objectives: The topics and content of Module Three **replace common misinformation and myths, increase ageism awareness and reduce ageism and experiences of aging stigma**, as well as the additional goals of **improving basic communication skills and cultivating cultural consciousness**.

Module Three Topics

- **Basic Communication Training:** *Improves skills* by explaining the basic elements of communication and responsible communication
- **Respectful Person-Centered Approach:** *Reduces ageism and stigma and cultivates cultural consciousness* by introducing a variety of scenarios in which ageism and stigma errors are commonly made
- **Effective Person-Setting-Situation Approach:** *Replaces misconceptions* by explaining factors that negatively impact communication
- **Appropriate Ageism-Free Language:** *Reduces ageism and stigma* by introducing suffix changes and positive labels for older people
- **Basic Charting and Reporting Guidelines:** *Improves skills* by explaining common charting and reporting protocols

Resources

GSA (2019) Age Friendly University <https://www.geron.org/programs-services/education-center/age-friendly-university-afu-global-network>

GSA (2019) Ageism First Aid <https://www.geron.org/programs-services/education-center/ageism-first-aid/individuals>

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- Ng, R., Allore, H. G., Trentalange, M., Monin, J. K., & Levy, B. R. (2015). Increasing negativity of age stereotypes across 200 years: Evidence from a database of 400 million words. *PLOS ONE*, 10(2), 1–6. doi:10.1371/journal.pone.0117086
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Ageism *(conclusion)*

Thank you for your attention today.

Please feel free to email to learn more about the field of aging, gerontology, and Ageism First Aid.

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Overview of Pathways and Reflections



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Conclusion and Thank you

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