EMPLOYERS’ SUPPORT OF OLDER ADULTS FACING AGEISM IN THE WORKPLACE: A SCOPING REVIEW OF THE LITERATURE

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As the Canadian population continues to age rapidly, addressing the social structures that negatively impact older adults is of increasing importance. The most prominent of these social structures is the workplace, which can be a potential source of age discrimination. The goal of this scoping review was to analyze the literature that addresses strategies for employers to support older workers experiencing ageism, in order to answer the research question: How can employers support older adults (50+) facing ageism in the workplace? Following Arksey and O’Malley’s five-step framework, an electronic database and grey literature search was conducted between September and December 2020. Thematic content analysis was performed to establish key themes. The search revealed 3,635 peer-reviewed and grey literature sources that were evaluated by three investigators. Thirty-six articles, published between 2006 and 2020, met inclusion criteria and examined various support strategies for employers. Five major emerging themes were identified from the literature: (1) Recruitment practices, (2) Training opportunities, (3) Education for managers, leaders, and employees in the workplace, (4) Flexible employment opportunities, and (5) Methods to change the psycho-social environment of the workplace. Implementation of these interventions is required to support older adults who may be experiencing workplace ageism. Longitudinal research of these interventions is required to determine the lasting effects of these strategies; however, the existing literature supports the implementation of these supportive actions, which is vital to ensuring that older adults are able to attain and maintain valuable work, in healthy environments, now and into the future.

THE OTHERING OF OLDER PEOPLE IN DISABILITY POLICIES

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Disability policies in Sweden rest on the idea that all humans have equal value and a goal of policies has been to enable persons with disabilities to be able to live like other members of society, but older people do not seem to be included as part of this goal. The presentation concerns the Swedish support system’s legal discourse, and investigates the rationale for excluding people over the age of 65 from services that younger people with disabilities may obtain. Data consists of government texts and court decisions under the Severe Disability Act about services for people over the age of 65. It was found that little in the legal discourse concerns the needs and rights of older people, and the general belief is that the Severe Disability Act is primarily intended for children, young people, and adults of working age. The legal discourse contained a type of “residual ageism” that was justified through the indirect construction of older people as different. Othering of older people was present in assumptions about differences in categorizations (people with disabilities vs older people with support needs), needs (active age vs not active age), and comparisons (with people without disabilities of the same age vs with others receiving eldercare). The presentation outlines potential changes of these policies.

Session 2010 (Symposium)

AGING IN PLACE: SOCIAL CONNECTEDNESS AND THE HEALTH OF OLDER SUBSIDIZED HOUSING RESIDENTS

Chair: Thomas Cudjoe Co-Chair: Judith Gonyea Discussant: Robyn Stone

Findings on the prevalence and impacts of loneliness and social isolation on the lives of older adults have led to the lack of social connectedness being viewed as a major public health issue. Although an understudied population, emerging evidence suggests that for the nearly 3 million older low-income adults living in subsidized housing the impacts of lack of social connection may be especially profound. From a life course perspective, “cumulative economic disadvantage,” if combined with a “cumulative connectedness disadvantage,” may heighten exposure to health risk factors and negative health outcomes. Addressing social risk factors in this population thus may have the potential to reduce health disparities as well as improve quality of life. Decades of epidemiologic evidence suggest that social isolation is a key factor in disparate outcomes. Evidence-based interventions are needed to improve aging in place for this population, but little is known about the individual or contextual factors that influence social connectedness and health among this high-risk population of older adults. This symposium includes interdisciplinary perspectives and methods as well as present results from four studies that examine 1) perspectives on aging in place in subsidized housing, 2) relationship between social connection and food insecurity 3) relationship between social isolation and healthcare utilization and 4) between resident ties and links to health outcomes. Papers in this symposium will highlight the implications of study findings for informing future interventions to improve aging in place for older adults living in subsidized housing.

RESOURCES WITHIN: BETWEEN RESIDENT TIES AND LINKS TO HEALTH AMONG OLDER SUBSIDIZED HOUSING RESIDENTS

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Increasing evidence points to the importance of non-family ties in promoting health among older adults. Less is known though about these ties within the context of subsidized housing. In this study we examine prevalence of social ties between residents and examine links to health. Data were collected through interviews conducted with 39 residents age 62 and older living in a subsidized housing community in Southeast Michigan. Residents reported knowing on average 10 (SD=6.5) other residents, and nominated three (SD=4.2) residents into their close social networks. Residents who reported getting out of the community less often and those with one or more health limitations nominated significantly more residents into their network. Also, getting out of one’s apartment more often was associated with knowing
more residents in the community. Findings highlight between resident ties may serve as an important resource for those geographically restricted and may be useful to integrate into interventions.

AGING IN PLACE FOR OLDER SUBSIDIZED HOUSING RESIDENTS: THE INFLUENCE OF SOCIAL CONNECTION AND SOCIAL ENVIRONMENT
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Older adults living in subsidized housing experience health disparities including disproportionate rates of social isolation and nursing home admission. Little is known about how social relationships and social environment influence aging in place for this population. We interviewed 58 residents aged 62 or older. Qualitative thematic analyses revealed that social relationships both inside and outside the building contributed to residents’ experience of aging in place. Relationships with other residents and staff members provided social support, while connections to family and friends outside the building “opened up” the residents’ world and provided a sense of connection to the larger community. Social and physical environment also contributed, with residents’ ability to move between private and public spaces leading to feelings of freedom and independence. Discussion focuses on expanding definitions of aging in place to encompass residents’ experiences and implications for improving aging in place for this population.

SOCIAL ISOLATION AND HEALTHCARE UTILIZATION AMONG OLDER ADULTS LIVING IN SUBSIDIZED HOUSING
Thomas Cudjoe,1 Laura Prichett,2 Katherine Runge,3 Laura Andes,1 Carl Latkin,1 and Cynthia Boyd,3 1. Johns Hopkins University School of Medicine, Baltimore, Maryland, United States, 2. Johns Hopkins BEAD, Baltimore, Maryland, United States, 3. Mercy Housing, Denver, Colorado, United States, 4. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, United States, 5. Johns Hopkins University, Baltimore, Maryland, United States

Older adults living in subsidized housing are often at high risk for having multiple chronic conditions and nursing home placement. Previous studies in this population have not examined the relationship between social isolation and healthcare utilization. We examine this using Lubben Social Network Scale-6 and self-reported healthcare utilization. Utilizing data from a multi-state non-profit subsidized housing provider, we performed descriptive and multivariate analyses on a sample of older adults (N=3,922). Overall, 95% reported having a checkup within the last 12 months and an average of less than one emergency room visits (mean= 0.58) or hospitalizations (mean= 0.34). In adjusted models, socially isolated older adults had lower levels of routine checkup (OR=0.50, CI 0.36,0.70) and higher levels of hospitalizations (IRR=1.30, CI 1.10,1.54) compared to older adults who were not socially isolated. Efforts to address healthcare utilization should identify social isolation and explore strategies to promote social connectedness to improve health.

FOOD INSECURITY AMONG OLDER URBAN SUBSIDIZED HOUSING RESIDENTS: THE IMPORTANCE OF SOCIAL CONNECTEDNESS
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Poverty and food insecurity are associated with poor health in later life. Although housing is recognized as a social determinant of health; relatively little research has explored food insecurity in the marginalized population of older subsidized housing residents. In this study, we examined factors associated with food insecurity and particularly how social connectedness was associated with food insecurity. We hypothesized that social connection measures (i.e., loneliness, sense of belonging) independent of sociodemographic, health and food program variables would contribute to food insecurity. Our data are from interviews with 216 residents ages 55-plus (50% Black, 45% LatinX). The 6-item USDA Household Food Security Survey found high rates of food insecurity, 40% for ages 55-69 and 20% for ages 70-plus. Multivariate logistic regression models revealed that loneliness was significantly related to food insecurity even after other factors were controlled. Discussion centers on strategies for addressing social risk factors to ameliorate food insecurity.

Session 2015 (Symposium)

ALZHEIMER’S DISEASE RESEARCH AND OUTREACH IN THE NEW NORMAL: TRANSITIONING TO THE VIRTUAL WORLD
Chair: Stacy Andersen
Co-Chair: Patricia Heyn

Following disruptions to research, clinical trials, and support for individuals with Alzheimer’s disease and related dementias (ADRD), 2020 taught us important lessons about the need for creativity, flexibility, and resourcefulness during an urgent and global public health crisis. The COVID-19 pandemic showed that we have knowledge and technology that can be rapidly implemented, adopted, and utilized by many sectors to allow the continued care and research of our older adult population with ADRD. Thus, this symposium will address virtual methods that are transforming ADRD research and support. First, Dr. Rhodus will discuss the implementation of online assessments in clinical trials at an Alzheimer’s Disease Research Center and the effects of sociodemographic disparities in online accessibility. Next, Dr. Bazzano will describe methods of remote collection of brain health data through tablets, smartphones, and wearables in the Bogalusa Heart Study. Then, Dr. Andersen will report on the transition from in-person to virtual assessments of cognitive and physical function in centenarian studies and address strategies for inclusivity of individuals.