

NATC eLearning Facilitator Guide: *Aging Process*

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May 2024 Contact APStraining@sdsu.edu for questions or feedback



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School of Social Work

NATC eLearning Facilitator Guide: Aging Process

Objective:

This facilitator guide is designed to facilitate learning through Live Collaborative eLearning or Post Course Applied Learning using the [National Adult Protective Services Training Center \(NATC\)](#) Aging Process eLearning course.

Overview:

This facilitator guide ***to be used in conjunction with the NATC Aging Process eLearning*** equips Adult Protective Services (APS) professionals with essential knowledge about the aging process. By deepening their understanding, participants will enhance their ability to conduct investigations and develop effective service plans when working with older adults. Upon completion, participants will be familiar with:

- Recognizing Ageism and Implicit Bias: The course addresses ageism and implicit bias, providing strategies to counter these challenges.
- Recognizing Common Changes in Aging: APS professionals will learn to identify typical changes associated with aging.
- Strength-Based Service Planning: Participants will practice creating service plans that leverage an adult's strengths.

This learning experience empowers APS professionals to elevate their practice, ensuring better outcomes for older adults and promoting their well-being.

How to Use:

- This facilitator guide is designed as a companion to the NATC eLearning: Aging Process.
 - It allows for a Facilitator or APS Supervisor to provide instructor-led training enhancing the content and learning outcomes from the eLearning. The activities in this Facilitator Guide will take approximately 2 hours and 30 minutes in addition to the eLearning content.
 - There are two ways to utilize it:
 - **Live Collaborative eLearning (LC) [[Pages 4-13](#)]**: Facilitate while displaying (each participant may need to log into NATC site to follow along in order to receive their course completion

certificate) and completing the eLearning as a group, pausing to discuss or complete activities **or**

- **Post Course Applied Learning (PC) [[Pages 14-23](#)]:** Facilitate after participants have completed the eLearning independently, having the eLearning available for visual reference.

- Actions which the facilitator or APS Supervisor takes during the training are written in **bold**.
- When applicable, provide details about local organizations, resources, or collaborative partners that participants may utilize for further support and assistance.
- All Handouts can be found in the Appendix. Some Handouts have a Facilitator Copy and Participant Version.
- Ensure you've reviewed the handouts prior to training and have planned for distribution either by providing the direct links, printing for in-person training, or sending to participants as a PDF for virtual training.

Learning Objectives:

- Describe ageism, ways to confront implicit bias, and how to reframe aging
- Identify how physical and psychological changes that affect the aging process can reduce or cause risk for an older adult
- Recognize how chronic medical conditions can cause risk for an older adult
- Create strength-based service plans

Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Questions and discussion may activate feelings based on personal or professional experiences, including vicarious trauma and we encourage everyone to do what they need to do in order to safely engage in this learning experience.

Welcome, Introduction and Overview

Welcome the participants and **introduce** yourself by name, job title, organization, and qualifications as a Trainer.

Explain that the Academy for Professional Excellence is a project of San Diego State School of Social Work. Its mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations, and communities.

Explain that Adult Protective Services Workforce Innovations (APSWI) provides innovative workforce development to APS professionals and their partners. APSWI is a program of the Academy for Professional Excellence along with Child Welfare Development Services (CWDS), Leaders In Action (LIA), Southern Area Consortium of Human Services (SACHS) and Tribal Successful Transitions for Adult Readiness (Tribal STAR).

Explain the National Adult Protective Services Training Center (NATC) is operated by the National Adult Protective Services Association (NAPSA) and is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS).

Share information pertinent to any housekeeping:

- Breaks: Use the restrooms whenever you need to do so.
- Please mute cellphones. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.
- If training virtually: Please make sure you are in a quiet space to focus on and participate in the training provided. If you must answer a call during the training, please make sure your microphone is muted and type in chat BRB. Upon return, check the course outline.

Participant introductions with connection:

Ask participants to share their name, county, or unit, and answer one of the following questions in one sentence and **encourage** everyone to share verbally, even if training virtually, to increase sense of community:

- "What keeps you doing this work?"
- "How do you ground yourself when needed?"
- "What feels supportive from colleagues when doing this work?"

Explain that APS work means exposure to various types of trauma and today's content is no exception.

Share that this training is designed to provide a safe space to work through some of the dynamics APS professionals see in their work but may evoke feelings from learner's personal lives as well.

Encourage participants to actively take care of themselves today by doodling if they need to, stretching, deep breathing, taking breaks, etc.

Aging Process

Begin the section on The Aging Process stopping after the information on chronological, biological, and psychological changes in aging; **pausing** before the Ageism and Bias section.

Activity #1 Social Determinants (20 minutes)

Small Group Discussion

Share that in small groups, participants will be assigned two social determinants of health and will answer the questions: “What are some of the ways that your groups social determinants of health could play a role in biological age?”:

Assign two of the following to each group:

- Income level, racial segregation, gender inequity, early childhood experiences and development, neighborhood conditions and physical environments, food insecurity and inaccessibility of nutritious foods.

Break into small groups for 10-15 minutes then come back together as a large group to review answers.

Possible answers:

- *Income level – ability to access services (medical, psychiatric, etc.), safe affordable housing, food; racial segregation – segregated neighborhoods often lack resources such as healthcare facilities limiting access to medical care and it may be difficult to find safe, affordable housing, cost of living changes due to gentrification; gender inequality – ability to access education and employment, noted income differences and societal expectations; early childhood experiences and development – impact a person’s growth and development across their lifespan and could lead to mental and physical health concerns as adults; neighborhood conditions and physical environment – live in areas with high rates of violence and unsafe water or air, lack of green space; food insecurity and inaccessibility of nutritious foods – poor nutrition, ability to access grocery stores, cost of food, and transportation to food.*

Activity #2.1 Ageism and Bias (5-10 minutes)

Video: Review & Discussion Part 1

Review the eLearning section on Ageism and Bias. **Pausing** at the Check Your Learning questions. Watch [Frame of Mind video on Ageism](#) (National Center to Reframe Aging) and **pause** at **1:04**. **Discuss** with group how messaging about older adults and aging in general can be detrimental for services and service planning.

Possible answers:

- *Older adults are seen as frail, helpless, no longer able to give back to society, hard of hearing, not active, and often shown in facility settings. Aging is seen as a negative thing and we are to "fight" aging with "anti-aging" serums and treatments, etc. Marketing on birthday cards etc. often makes fun of aging. Making assumptions based on aging will hinder strength-based person-centered focus; if we focus only on the person's age we will not recognize abilities and their resiliency to frame service plans.*

Activity #2.2 Implicit Bias (10 minutes)

Review & Discussion Part 2

Based on the information provided by the narrator during this same section of the video, **discuss** definition of implicit bias. *Thoughts and feelings are "implicit" if we are unaware of them or are mistaken about their nature. We have a bias when, rather than being neutral, we have a preference for (or aversion to) a person or group of people. Thus, we use the term "implicit bias" to describe when we have attitudes towards people or associate stereotypes with them without our conscious knowledge.* Most of our actions occur without our conscious thoughts. This means, however, that our implicit biases often predict how we will behave more accurately than our conscious values. **Ask** group how we can confront our own implicit bias.

Possible answers:

- *Identify risk areas where our implicit biases may affect our behaviors and judgments; use procedural decision making, help others to be mindful of risks of implicit bias to help us avoid acting according to biases that are contrary to our conscious values and beliefs, normalize mistakes and learn from them, practice empathy, seek diverse perspectives, seek education, etc.*

Activity #2.3 Implicit Bias (5-10 minutes)

Continue Video & Discussion Part 3

Watch the final piece of the [Frame of Mind](#) video on Ageism. Based on what the narrator said, **ask** group what programs can do to combat implicit bias.

Possible answers:

- *Ask people what their preferred language is during interview and collect sexual orientation and gender identity as standard demographics. Show older adults using assistive devices and providing services. Use diverse representation in imaging. Seek education and training. Regularly review policies, decisions, etc. and provide feedback. Use inclusive language. Analyze data. Recognize and interrupt conversations or behaviors that contribute to ageism and ableism and offer solutions.*

Activity #3 Aging Stereotypes and Age-Related Biases (10 minutes) **Video & Large Group Discussion**

Watch [Millennials Show Us What 'Old' Looks Like](#). **Ask** group how some of the stereotypes seen in the video play out in society today. **Discuss** the age-related biases seen in the video and ask learners how we can challenge these biases.

Possible answers:

- *Education, understand the aging process, look for and recognize strengths of older adults, share perspectives, interact across generations, challenge stereotypes in conversations, don't make assumptions about abilities based on age, encourage inclusivity and accommodations, reflect, and address personal biases.*

Complete "Check Your Learning" questions as a group.

Handouts #1 & #2 Reframing Aging (5-10 minutes)

Provide Handouts #1 & #2 (see Appendix) from Reframing Aging: [Quick Start Guide](#) and [Communication Best Practices](#). **Review** the Quick Start Guide with the group to discuss words and cues to use when talking about aging.

Biological Changes

Complete the eLearning section on Biological Changes and answer the “Check Your Learning” questions as a group.

Activity #4 Considerations for Service Planning (15 minutes) ***Small Group Discussions***

Provide Handout #3– 8 Most Common Systems and Considerations for Service Planning (Participant Copy) (See Appendix). **Break** into small groups and allow time for discussion on the systems, possible effects and how these may impact service planning and APS work. **Have** learners complete the section on impacts to service planning. **Come back** together as a large group to review answers.

Facilitator note: Handout #3 (Facilitator Copy) provides possible answers.

Complete the eLearning section on Common Medical Conditions, **answer** “Check Your Learning” questions as a group, and **continue** on to the end of the section.

Activity #5 Common Medical Conditions (20 minutes) ***Small Group Discussion***

Provide Handout #4-10 Most Common Medical Conditions (see Appendix) and **complete** the questions on **Handout #5 - Marty’s Case** (see Appendix) and identify the medical conditions and ways to use strength-based person-centered approaches and create a service plan.

Cognitive and Psychological

Begin eLearning section on Cognitive, Psychological, and Sociological Changes stopping at the end of the section on Cognitive and Psychological Changes. **Stop** before “Check Your Learning” questions.

Activity #6 Psychological Attributes (15 minutes) ***Large Group Discussion***

In the large group, **discuss** the four psychological attributes: happiness, resilience, reminiscence, and hope, and answer the following questions on each:

1. Happiness: How do older adults cope with adverse situations like experiencing abuse, neglect, or exploitation (ANE) and maintain a positive mindset?

Possible answers:

- *Older adults may look to find positivity and connections even when ANE has occurred through strong social connections with family and friends, volunteering, community clubs and events.*

2. Resilience: How can we draw on an older adult's history of successfully navigating change when service planning?

Possible answers:

- *Stay person-centered and strength-based, ask adult how they overcame obstacles in the past, draw on past events where a similar need to change has occurred, allow time for decision making.*

3. Reminiscence: What role does reminiscence play in an older adult's coping skills?

Possible answers:

- *Allows them to seek understanding and validation for past life decisions when sharing, reinforces dignity and worth, allows us to get a better understanding of the person, allows reflection on prior decisions and how these shape current situation.*

4. Hope: What role does hope play in navigating change to improve quality of life?

Possible answers:

- *Hope looks toward a positive outcome even in times of uncertainty, reduces depression and anxiety, older adult tend to focus on the most positive outcome possible despite challenges rather than trying to change external factors.*

Complete "Check Your Learning" as a group.

Sociological Changes

Begin eLearning section on Sociological Changes and **complete** the section on Grief and Loss. **Stop** prior to the Social Determinants of Health section.

Activity #7 Grief Related Challenges (10 minutes) ***Large Group Discussion***

In large group **discuss** the grief-related challenges and **answer** the following questions:

1. What strategies or support systems can help older adults navigate several losses in a short period of time?

Possible answers:

- *Relying on existing support systems such as family or friends, seeking out and engaging in new community activities, looking at coping skills used in the past when dealing with loss, etc.*

2. How can older adults adapt to giving up long-held roles within their family due to the aging process?

Possible answers:

- *Find other avenues to maintain independence, driving assistance or ride share, assistance with chores, connection with other adults, community involvement, finding ways for the older adult to contribute to family to maintain engagement and sense of independence.*

Discuss any local or online resources that staff can share with clients who are experiencing grief.

Continue on with the Social Determinants of Health section to include the “Check Your Learning” questions.

Activity #8 Handout #6 (20 minutes) ***Small Group Discussion***

Break into small groups and complete “Ideas of potential services” in **Handout #6-Social Determinants of Health** (see Appendix). **Come back** together as a large group to **review** answers.

Wrap Up

In large group, **review** the eLearning summary points.

- **Older adults are a diverse group experiencing the aging process differently.** APS professionals must keep this diversity in mind when addressing cases of abuse, neglect, and exploitation.
- **A strengths-based perspective** allows APS professionals to appreciate that the aging process has benefits and focuses on the strengths and abilities of each older adult.
- APS professionals must take **time to examine any beliefs, feelings or actions** that they do as a part of their work that are rooted in ageism.
- **Most older adults will have one or more chronic medical conditions.** Having a basic knowledge of the condition faced by the older adult will help the APS professional support the older adult’s needs and preferences.
- The APS professional should **consult a medical professional before incorporating any medically oriented recommendations** into a service plan.
- **Delirium is an acute condition** that requires immediate medical attention.
- **Older adults experience very little decline in cognition** during the aging process if they do not have any underlying medical condition.
- Older adults may use psychologically based behaviors like **reminiscence** to cope with their current experiences.
- Sociological changes such as the experience of **loss and grief can greatly impact an older adult’s social relationships** with are critical to their health and well-being.
- **Social determinants of health** throughout the life span play a significant role in the current life experience for older adults.

Revisit skills enhancement activities to help learners refresh and reinforce their understanding:

- We discussed what some ways that social determinants of health could play

a role in biological age

- We explored ways to work through bias and improve ageist/ableist beliefs
- We reviewed stereotypes of age-related biases and how to reframe aging
- We learned how biological, cognitive, psychological and sociological change can impact service planning
- And covered what strategies or support systems can help older adults navigate loss and grief

In large group **ask** learners what new skills or approaches they learned that they may be able to incorporate into their work in the future?

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Explain that APS work means exposure to various types of trauma and today's content is no exception.

Share that this training is designed to provide a safe space to work through some of the dynamics APS professionals see in their work but may evoke feelings from learner's personal lives as well.

Encourage participants to actively take care of themselves today by doodling if they need to, stretching, deep breathing, taking breaks, etc.

Aging Process

Review the information provided in the eLearning on chronological, biological, and psychological aging to refresh learner memory.

Activity #1 Social Determinants (20 minutes)

Small Group Discussion

Break into small groups. **Ask** learners: What are some of the ways the following social determinants of health could play a role in biological age? Income level, racial segregation, gender inequity, early childhood experiences and development, neighborhood conditions and physical environments, food insecurity and inaccessibility of nutritious foods. **Assign** 2 to each group for discussion. Come back together as a large group to **review** answers.

Possible answers:

- *Income level – ability to access services (medical, psychiatric, etc.), safe affordable housing, food; racial segregation – segregated neighborhoods often lack resources such as healthcare facilities limiting access to medical care and it may be difficult to find safe, affordable housing, cost of living changes due to gentrification; gender inequality – ability to access education and employment, noted income differences and societal expectations; early childhood experiences and development – impact a person’s growth and development across their lifespan and could lead to mental and physical health concerns as adults; neighborhood conditions and physical environment – live in areas with high rates of violence and unsafe water or air, lack of green space; food insecurity and inaccessibility of nutritious foods – poor nutrition, ability to access grocery stores, cost of food, and transportation to food.*

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Possible answers:

- *Older adults are seen as frail, helpless, no longer able to give back to society, hard of hearing, not active, and often shown in facility settings. Aging is seen as a negative thing and we are to "fight" aging with "anti-aging" serums and treatments, etc. Marketing on birthday cards etc. often makes fun of aging. Making assumptions based on aging will hinder strength-based person-centered focus; if we focus only on the person's age, we will not recognize abilities and their resiliency to frame service plans.*

Activity #2.2 Implicit Bias (10 minutes)
Review & Discussion Part 2

Based on the information provided by the narrator during this same section of the video, **discuss** definition of implicit bias. *Thoughts and feelings are "implicit" if we are unaware of them or are mistaken about their nature. We have a bias when, rather than being neutral, we have a preference for (or aversion to) a person or group of people. Thus, we use the term "implicit bias" to describe when we have attitudes towards people or associate stereotypes with them without our conscious knowledge.* Most of our actions occur without our conscious thoughts. This means, however, that our implicit biases often predict how we will behave more accurately than our conscious values. **Ask** group how we can confront our own implicit bias.

Possible answers:

- *Identify risk areas where our implicit biases may affect our behaviors and judgments; use procedural decision making, help others to be mindful of risks of implicit bias to help us avoid acting according to biases that are contrary to our conscious values and beliefs, normalize mistakes and learn from them, practice empathy, seek diverse perspectives, seek education, etc.*

Activity #2.3 Implicit Bias (5-10 minutes)
Continue Video & Discussion Part 3

Watch the final piece of the [Frame of Mind](#) video on Ageism. Based on what the narrator said, **ask** group what programs can do to combat implicit bias.

Possible answers:

- *Ask people what their preferred language is during interview and collect*

sexual orientation and gender identity as standard demographics. Show older adults using assistive devices and providing services. Use diverse representation in imaging. Seek education and training. Regularly review policies, decisions, etc. and provide feedback. Use inclusive language. Analyze data. Recognize and interrupt conversations or behaviors that contribute to ageism and ableism and offer solutions.

Activity #3 Aging Stereotypes and Age-Related Biases (10 minutes) ***Video & Large Group Discussion***

Watch [Millennials Show Us What 'Old' Looks Like](#). **Ask** group how some of the stereotypes seen in the video play out in society today. **Discuss** the age-related biases seen in the video and ask learners how we can challenge these biases.

Possible answers:

- *Education, understand the aging process, look for and recognize strengths of older adults, share perspectives, interact across generations, challenge stereotypes in conversations, don't make assumptions about abilities based on age, encourage inclusivity and accommodations, reflect and address personal biases.*

Handouts #1 & #2 Reframing Aging (5-10 minutes)

Provide Handouts #1 & #2 (see Appendix) from Reframing Aging: [Quick Start Guide](#) and [Communication Best Practices](#). **Review** the Quick Start Guide with the group to **discuss** words and cues to use when talking about aging.

Biological Changes

Activity #4 Considerations for service planning (15 minutes)

Small Group Discussion

Provide Handout #3 – 8 Most Common Systems and Considerations for Service Planning (Participant Copy) (see Appendix). **Break** into small groups and allow time for discussion on the systems, possible effects and how these may impact service planning and APS work. **Have** learners complete the section on impacts to service planning. **Come back** together as a large group to **review** answers.

Facilitator note: Handout #3 (Facilitator Copy) provides possible answers.

Activity #5 Common Medical Conditions (20 minutes)

Small Group Discussion

Provide Handout #4-10 Most Common Medical Conditions (see Appendix) and **complete** the questions on **Handout #5 - Marty's Case** (see Appendix) and identify the medical conditions and ways to use strength-based person-centered approaches and create a service plan.

Cognitive and Psychological

Review section on the four psychological attributes that are important in aging and our work in APS.

Activity #6 Psychological Attributes (15 minutes)

Large Group Discussion

In the large group, **discuss** the four psychological attributes happiness, resilience, reminiscence, and hope and answer the following questions on each:

1. Happiness: How do older adults cope with adverse situations like experiencing abuse, neglect, or exploitation (ANE) and maintain a positive mindset?

Possible answers:

- *Strong social connections with family and friends, or through volunteering and community clubs or events, older adult may look to find positivity in a situation even when ANE has occurred.*

2. Resilience: How can we draw on an older adult's history of successfully navigating change when service planning?

Possible answers:

- *Stay person-centered and strength-based, ask adult how they overcame obstacles in the past, draw on past events where a similar need to change has occurred, allow time for decision making.*

3. Reminiscence: What role does reminiscence play in an older adult's coping skills?

Possible answers:

- *Allows them to seek understanding and validation for past life decisions when sharing, reinforces dignity and worth, allows us to get a better understanding of the person, allows reflection on prior decisions and how these shape current situation.*

4. Hope: What role does hope play in navigating change to improve quality of life?

Possible answers:

- *Hope looks toward a positive outcome even in times of uncertainty, reduces depression and anxiety, older adults tend to focus on the most positive outcome possible despite challenges rather than trying to change external factors.*

Sociological Changes

Review information on grief.

Activity #7 Grief Related Challenges (10 minutes)

Large Group Discussion

In large group **discuss** the grief-related challenges and **answer** the following questions:

1. What strategies or support systems can help older adults navigate several losses in a short period of time?

Possible answers:

- *Relying on existing support systems such as family or friends, seeking out and engaging in new community activities, looking at coping skills used in the past when dealing with loss, etc.*

2. How can older adults adapt to giving up long-held roles within their family due to the aging process?

Possible answers:

- *Find other avenues to maintain independence, driving assistance or ride share, assistance with chores, connection with other adults, community involvement, finding ways for the older adult to contribute to family to maintain engagement and sense of independence.*

Discuss any local or online resources that staff can share with clients who are experiencing grief.

Review information on social determinants of health.

Activity #8 Handout #6 (20 minutes)

Small Group Discussion

Break into small groups and complete “Ideas of potential services” in **Handout #6-Social Determinants of Health** (see Appendix). **Come back** together as a large group to **review** answers.

Wrap Up

Review the eLearning summary points.

- **Older adults are a diverse group experiencing the aging process differently.** APS professionals must keep this diversity in mind when addressing cases of abuse, neglect, and exploitation.
- **A strengths-based perspective** allows APS professionals to appreciate that the aging process has benefits and focuses on the strengths and abilities of each older adult.
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- Older adults may use psychologically based behaviors like **reminiscence** to cope with their current experiences.
- Sociological changes such as the experience of **loss and grief can greatly impact an older adult's social relationships** with are critical to their health and well-being.
- **Social determinants of health** throughout the life span play a significant role in the current life experience for older adults.

Revisit skills enhancement activities to help learners refresh and reinforce their understanding:

- We discussed what some ways that social determinants of health could play a role in biological age
- We explored ways to work through bias and improve ageist/ableist beliefs
- We reviewed stereotypes of age related biases and how to reframing aging
- We learned how biological, cognitive, psychological and sociological change can impact service planning

And covered what strategies or support systems can help older adults navigate loss and grief

In large group **ask** learners what new skills or approaches they learned that they may be able to incorporate into their work in the future?

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Appendix (Handouts)

Handout #1 – Quick Start Guide



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ReframingAging.org

Quick Start Guide

Framing is the process of making choices about what to emphasize and what to leave unsaid.
Here's a quick tour of themes to avoid and alternatives to advance.

Instead of these words and cues:	Try:
"Tidal wave," "tsunami," and similarly catastrophic terms for the growing population of older people	Talking affirmatively about changing demographics: "As Americans live longer and healthier lives . . ."
"Choice," "planning," "control," and other individual determinants of aging outcomes	Emphasizing how to improve social contexts: "Let's find creative solutions to ensure we can all thrive as we age."
"Seniors," "elderly," "aging dependents," and similar "other-ing" terms that stoke stereotypes	Using more neutral ("older people/Americans") and inclusive ("we" and "us") terms
"Struggle," "battle," "fight," and similar conflict-oriented words to describe aging experiences	The Building Momentum metaphor: "Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities."
Using the word "ageism" without explanation	Defining ageism: "Ageism is discrimination against older people due to negative and inaccurate stereotypes."
Making generic appeals to the need to "do something" about aging	Using concrete examples like intergenerational community centers to illustrate inventive solutions

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🐦 @ReframingAging

The National Center to Reframe Aging is dedicated to ending ageism by advancing an equitable and complete story about aging in America. The center is the trusted source for proven communication strategies and tools to effectively frame aging issues. It is the nation's leading organization, cultivating an active community of individuals and organizations to spread awareness of implicit bias toward older people and influence policies and programs that benefit us all of us as we age.



COMMUNICATION BEST PRACTICES

Reframing Aging Initiative
Guide to Telling a More
Complete Story of Aging





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Introduction	1
What Is the Reframing Aging Initiative?.....	1
The Research.....	1
Why Framing Matters.....	2
Why We Should Reframe How We Talk About Aging	2
How to Use This Guide	4
Communication Best Practices	4
1. Use Language That Is Inclusive and Free of Age Bias.....	4
2. Highlight the Diversity That Exists in the Older Population.....	4
3. Talk Affirmatively About Changing Demographics.....	5
4. Emphasize Collective Responsibility and Social Context.....	5
5. Talk About Aging as a Dynamic Process That Can Benefit Society.....	6
6. Always Define Ageism When You Use the Term	7
7. Include Concrete, Systems-Level Solutions.....	7
8. Incorporate the Concepts of Justice and Ingenuity.....	8
Words Matter (Summary)	9

INTRODUCTION

What Is the Reframing Aging Initiative?

The **Reframing Aging Initiative** is a long-term, grant-funded social change endeavor designed to improve the public's understanding of what aging means and the many contributions older people bring to society. Ultimately, this understanding will counter ageism and guide our nation's approach to ensuring supportive policies and programs for us all as we move through the life course.

The initiative is led by The Gerontological Society of America on behalf of the **Leaders of Aging Organizations**. They started the Reframing Aging Initiative nearly a decade ago to advance their work with policymakers. These prominent national aging organizations promote the Reframing Aging Initiative within their own organizations and in the field of aging as a whole.

Leaders of Aging Organizations (LAO)



The Research



The Leaders of Aging Organizations sponsored the **FrameWorks Institute** to conduct the research that underpins the Reframing Aging Initiative. The FrameWorks Institute continues to be a valued partner of the initiative.

FrameWorks used quantitative and qualitative methods (with a sample size of 12,185 people) to develop empirically supported messaging strategies for advocates and communicators working in the aging space. To learn more about this work, read **Finding the Frame: An Empirical Approach to Reframing Aging and Ageism**.



¹ Communication Best Practices: Reframing Aging Initiative Guide to Telling a More Complete Story of Aging

Why Framing Matters

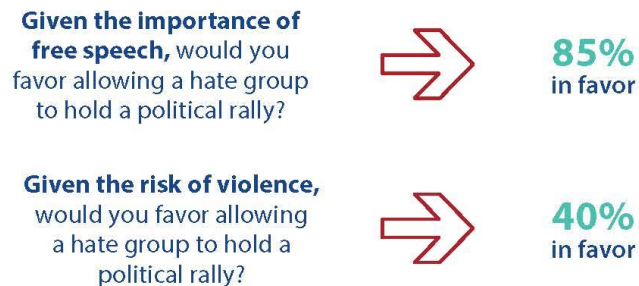
Framing can make a difference in how people understand your message.

Frames are sets of choices around what to emphasize in your messages, how to explain something, and even what not to say. Everybody frames because we all make communication choices, whether we are conscious of them or not. We're always framing!

The frames a communicator uses will influence how an audience understands that message.

Here's an example: In this study on framing by **Sniderman and Theriault**, participants' support for allowing a rally in their communities was measured after describing the event in different ways. The researchers found that using different frames—emphasizing the importance of free speech or the risk of violence—significantly affected people's support for allowing the event to take place. A simple change in frames produced a big change in people's attitudes; this has implications for the way our choices as communicators affect public support for the policies that we champion.

Understanding is Frame-Dependent



The Reframing Aging Initiative promotes the use of frames that are demonstrated to be effective. **Research shows** that when these frames are used:

- KNOWLEDGE** about aging increases.
- ATTITUDES** toward actions and solutions shift.
- POLICY SUPPORT** for programs and funding grows.

Why We Should Reframe How We Talk About Aging

We need to improve the public's understanding of aging. **Reframing Aging research** found that there are stark differences between what professionals in the field of aging believe about older people and the process of aging and what the public believes. Because of these gaps, aging professionals and advocates may be working counterproductively. We need to find better ways to talk about aging so that the public learns the whole story about aging, not just the incomplete version that focuses on dependence and disability. Some of these gaps include:

- **Key Drivers of Aging Outcomes**

While professionals working in the field of aging recognize the **role of contextual, social, and systemic factors** in shaping the process and experience of aging, the public sees individuals and their will and personal decisions as determining the shape and outcomes of the life course.

- **Attitude Toward Aging**

Professionals working in the field of aging believe that aging brings **new opportunities and capacities for growth, contribution, and self-expression**, while the public sees few positive aspects of aging and views age as an opponent to fight.

- **Outcomes of Increased Longevity**

Advocates and professionals in the field of aging recognize that increased longevity brings both challenges and opportunities. It may mean more years living on a fixed income, living with chronic conditions that require treatment and supports, and living beyond our ability to drive our own cars. At the same time, it may mean more opportunities to contribute to families and communities and experience new things for the first time. We know that there are many ways to meet these challenges and maximize these **opportunities through programs, policies, education, and new attitudes**. The public, on the other hand, sees only the challenges and are not confident that much can be done to ensure well-being in older age.

- **Policy Solutions**

While professionals working in the field of aging explain that successful adaptation to an aging society requires **adjustments across the full spectrum of our national infrastructure**, the public has largely not considered public policy as a solution.

- **Ageism**

Professionals working in the field of aging are attuned to the myriad ways that **older people face discrimination** in our society, however the public is largely not aware of ageism or the need to address it.

A Look at Ageism

- Ageism refers to stereotypes, prejudice, and discrimination directed toward people on the **basis of age**.
- Ageism **impacts our society at large and people as individuals** in many ways, affecting our health, employment, financial security, and self-perceptions.
- Ageism can affect people's ability to get a job or keep a job. Nearly **three in five older workers say they have seen or experienced age discrimination**. Since the COVID-19 pandemic started, this situation has amplified, and the **unemployment toll for older workers is the worst it has been in half a century**.

When we make judgments based on age, we ignore the other characteristics that individuals bring to the table. Racial and ethnic identities or socioeconomic situations may affect a person's life as much or more than age—and often, ageism can be a part of an intersectional experience. Intersectionality is how individuals' characteristics may combine to create different discrimination experiences.

To address the lack of knowledge about ageism and its impacts, advocates need to **define ageism, explain the problem and its consequences, and suggest systemic solutions** in messages about ageism.

Promoting Well-framed Language in Publications

The Leaders of Aging Organizations are incorporating reframing aging and bias-free language principles into their work. For example, the **American Geriatrics Society** and **The Gerontological Society of America** have incorporated Reframing Aging principles into their publication guidelines. Other organizations such as the American Psychological Association, the Associated Press, and the American Medical Association are promoting similar guidance in their publication style guides. These style guides are used by more than 1,000 scholarly journals and more than 100 academic disciplines.

HOW TO USE THIS GUIDE

The Reframing Aging Initiative encourages you to read this entire guide from start to finish so that you may incorporate these valuable recommendations into your own work and engagements. Research-based rationales for these communication best practices are presented to help you understand why each is included. To make it easier to identify wording that can be improved, we point out terms to *avoid* and offer terms to *advance*.

You don't need to be a professional in the field of communication or aging to benefit from this guide.

COMMUNICATION BEST PRACTICES

1. Use Language That Is Inclusive and Free of Age Bias

Words matter. They evoke images that connect to deeply held attitudes and feelings. Unfortunately, these connections are too often negative when referring to older people, evoking images of frailty, dependency, uselessness, and burden. To counter negative patterns of thinking about older people, use inclusive and bias-free language. Terms such as “older person” and “older adult” are preferred over words such as “elderly” or “senior citizen” that evoke negative stereotypes. **Reframing Aging research** shows that the word “older person” was associated with greater competence than the terms “senior” and “senior citizen.”

Avoid “other-ing” terms and labels that stoke stereotypes and suggest that advanced age places a person in a separate category from the rest of society.

Avoid:

- Terms such as “seniors,” “elderly,” “aging dependents,” and “the aged.”
- “The elderly are more likely to own their homes.”

Advance more neutral and inclusive terms by finding ways to replace “they” and “them” with “we” and “us.”

Advance:

- “Older people” and “older adults.”
- “We,” “us,” and “our” statements.

Example:

- We need a health care system that is built to help all of us live well as we age.


2. Highlight the Diversity That Exists in the Older Population

Older people are not all alike. We often refer to people ages 65 years and older as though they are one homogeneous group. In this categorization, we are aggregating 40 or more years of life! In fact, this group of people is very diverse and includes a wide range of health, social, and financial statuses. For example, the **2020 Profile of Older Americans** reports that the percentage of people who reside in nursing homes varies a lot across age groups: 1% of people who are 65 to 74 years of age reside in nursing homes while it is 8% for those 85 years and older. Given our diversity as we age, it is important to be as specific as possible by indicating the age range being considered. Be specific about age when it is relevant.

Avoid categorizing people into large age ranges.

Avoid:

- “Older adults reduce the amount of time behind the wheel.”



Advance being as specific as possible when age *is* relevant and using age groups that more accurately reflect the heterogeneity of older people.

Advance:

- “Drivers ages 50 to 65” or “drivers ages 75 and older.”

Example:

- This study describes characteristics in a sample of African American women, 75 to 95 years of age, diagnosed with arthritis.

3. Talk Affirmatively About Changing Demographics

The extension of human life is one of the greatest accomplishments in history. Language that emphasizes the opportunities inherent in longer, healthier lives inspires support for solutions that address the challenges of longer lives. Yet we often talk about the demographic changes relating to the growth of the older population as a crisis and later life as a problem. Common characterizations of age-related demographics include a “silver tsunami” or an impending burden. Crisis language evokes fatalism, pessimism, and a lack of commitment to take action.

When demographics are an important part of the story, explain how the numbers relate to your position. Remember that the size of the population may not be as important as the story about quality of life and justice for people across the life course. Language about achieving a just society for all creates more commitment to solving problems and supporting systemic solutions.

Avoid using catastrophic terms for the growing population of older people.

Avoid:

- Phrases such as “age wave,” “silver tsunami,” and “graying of the population.”

Advance using language that speaks affirmatively about changing demographics.

Advance:

- Phrases such as “While Americans live longer and healthier lives...”

Examples:

- With the changing demographics come more opportunities for older people to contribute to our communities.
- The increasing number of older people means more possibilities for intergenerational exchanges.

4. Emphasize Collective Responsibility and Social Context

There is a widely held belief that older peoples’ situations are primarily the result of personal choices and that older people with better health and financial well-being have made better choices than those who have low incomes or poor health. This type of thinking is demonstrated in comments such as “to age successfully you just have to exercise and eat healthy.” This default assumption obscures the social determinants and contextual factors that strongly influence people’s lives.

In your writing, explain context and emphasize that because people are interconnected, collective actions and policy-level solutions are possible and can make a lasting impact. By emphasizing external factors, we can reduce individualism and promote the idea that by changing social conditions, we can improve the lives of all people as we age.

Avoid implying that individuals are wholly responsible for aging outcomes by their individual actions.

Avoid:

- Terms such as “choice,” “planning,” and “control.”

Advance ideas about the interconnectedness of people and collective responsibility to ensure health and well-being.

Advance:

- Let's find creative solutions to ensure we can all thrive as we age.

Examples:

- Americans are living longer, but our systems and structures haven't been updated to match that reality. Instead, outdated workplace policies, inadequate transportation systems, and other features of daily life can marginalize older adults—with consequences ranging from increased health risks to less vibrant and diverse communities. To build a more just society, we need to take steps to prevent social isolation of any group, including older people.
- Any time a particular group is isolated or marginalized, it's a problem for all of us. If we want to live up to our ideal of a just society, then that means taking steps to make sure all individuals, no matter their age, are treated as equal members of our communities.

5. Talk About Aging as a Dynamic Process That Can Benefit Society

Highlight that aging is a continuous process of growth and change rather than focusing on aging as decline and deterioration. Using language that describes aging as a dynamic process that leads to new possibilities for individuals and communities decreases people's negative attitudes about aging. In the face of fatalism, these ideas inspire optimism and generate energy for new programs and policies to support our aging society.

Avoid conflict-oriented words to describe aging experiences.

Avoid:

- "Struggle," "battle," "fight," and similar terms.

Advance a more realistic description of aging.

Advance:

- Aging is a dynamic process that leads to new aspirations, abilities, and knowledge that older people can share.

Examples:

- As we age, we accumulate wisdom, insights, and rich experiences. This momentum moves us forward through our life span, and we can use it to move our communities forward, too.
- Our communities are better when they include the full scope of our energy, including the contributions of older people.

6 Communication Best Practices: Reframing Aging Initiative Guide to Telling a More Complete Story of Aging

6. Always Define Ageism When You Use the Term

Defining ageism helps to shift attitudes about aging and increase realistic perceptions about aging. For many, aging is viewed negatively, and older people are stereotyped as burdensome, dependent, and without value. This is ageism. By providing concrete examples of what ageism looks like, we can help people see how ageism affects us all—and find ways to address it.

Avoid using the word ageism without explanation.

Advance understanding of ageism by defining it and providing an example.

Examples:

- Ageism is discrimination against older people due to negative and inaccurate stereotypes, and it has a significant impact on health.
- Ageism (discrimination based on age) affects three out of five workers, according to [AARP](#).

7. Include Concrete, Systems-Level Solutions

By providing examples of solutions that people can easily imagine and understand, we help prevent fatalism—the idea that nothing can be done to address our issue. [Reframing Aging research](#) shows that when we offer concrete examples and solutions, we are better able help people recognize that we can institute programs and policies to support us and help us thrive as we age.

Avoid making generic appeals to the need to “do something” about aging or only sharing problems without sharing solutions.

Advance using concrete, systems-level examples to illustrate inventive solutions.

Examples:

- Intergenerational community centers help turn the experiences and wisdom older people have accrued over a lifetime into a resource that helps power our neighborhoods, enhancing life for all of us. For example, children tend to build stronger social and emotional skills when they interact with older people, setting them up for a lifetime of good experiences.
- Employers should review their hiring practices to avoid discriminating against applicants based on age by removing graduation date requirements and other indicators of age.



8. Incorporate the Concepts of Justice and Ingenuity

Reframing Aging research found that two specific concepts—“justice” and “ingenuity”—are effective at helping the public to understand a more complete and accurate story of aging and to support policies and programs that help us thrive at every age.

Justice

In a just society, all people are treated equally. When older people are marginalized or discriminated against, we are not living up to one of our most cherished values.

Justice moves thinking away from:

- “Us versus Them.”
- Individualism.

And moves thinking toward:

- Aging as opportunity.
- Contexts and environments matter.
- Discrimination on the basis of age (ageism) is a problem that should be solved.
- Systemic solutions.

Ingenuity

We are resourceful and can find new and creative solutions for the challenges that come as we age.

Ingenuity moves thinking away from:

- Fatalism.
- “Us versus Them.”

And moves thinking toward:

- Collective action and solutions can be implemented.
- Collective benefits accrue when older people can contribute.

Avoid starting your communication with less effective messaging.

Example:

- In 1900, 4% of the U.S. population was aged 65 and older. Today, 15% of Americans are of that age, a figure that will approach 24% by 2060.

Advance starting your communication with justice or ingenuity.

Examples:

- As our population ages, we can tap into the innovation and can-do attitude that Americans are known for to address the challenges that come with this changing demographic. For example, we can train health care providers to understand and study the diverse needs of older people.
- As a society that values justice, we should strive to ensure that everyone has access to the services they need in the settings they choose. Transportation routes in our city should be expanded to reach rural areas with updated vehicles that can link residents with services across the region.



WORDS MATTER

Use of age-inclusive, bias-free language is the cornerstone of improving people's understanding of what aging means. The Reframing Aging Initiative recommends terms to avoid and terms to advance.

Avoid terms such as “seniors,” “elderly,” “aging dependents,” and similar “other-ing” terms that stoke stereotypes and present a diverse population as a separate group.

Advance more neutral (“older people/Americans”) and inclusive (“we” and “us”) terms.

Avoid using general terms such as “people over 65” when more specific information is available.

Advance being as specific as possible when age *is* relevant and using age groups that more accurately reflect the heterogeneity of older people: “Participants ages 65 to 74 years...”

Avoid using phrases such as “tidal wave,” “tsunami,” and similarly catastrophic terms for the growing population of older people.

Advance using language that speaks affirmatively about changing demographics: “While Americans live longer and healthier lives...”

Avoid terms such as “choice,” “planning,” “control,” and other individual determinants of aging outcomes.

Advance how to include context and societal influences: “Access to social and health services contribute to our ability to stay in our homes as we get older.”

Avoid “struggle,” “battle,” “fight,” and similar conflict-oriented words to describe aging experiences.

Advance a more realistic description of aging: “Aging is a dynamic process that leads to new aspirations, abilities, and knowledge we can share with our communities.”

Avoid using the word ageism without explanation.

Advance defining ageism when you use the term: “Ageism is discrimination against older people due to negative and inaccurate stereotypes.”

Avoid making generic appeals to the need to “do something” about aging or only sharing problems without sharing solutions.

Advance using examples that illustrate concrete, inventive solutions that have an impact at the societal, organization, or community level.



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Handout #3 – 8 Most Common Systems and Considerations for Service Planning (Facilitator Copy)

System	Possible Answers
Heart and Cardiovascular	Falls or unsteadiness? Standing too quickly can cause; make sure person takes time. Could this be cause of fall? Extreme weather can increase risk to older adults due to inability to regulate body temperature
Bones and Muscles	Balance, coordination and stability Risk of hip fracture - think of hoarded home with small pathways
Skin	Pressure sores and review for neglect - not always a sign but can be
Bladder and Urinary System	Risk of overmedication due to kidney filtering issues Shame and lack of interest in outside activities if unable to control bladder May need to plan for appointments and accessible restrooms
Vision	Make sure business cards are large font Make sure there is adequate lighting for visits Make sure to note curbs and stairs Approach person safely vs. standing far away to help with recognition
Hearing	Face the person and watch non-verbal cues (confused look, leaning in to hear, head tilt, holding hand up to ear to amplify sound)
Brain	Assess for ADLs Do not rush them and allow time for tasks and communication
Immune System	Use universal health safety precautions for prevention of possible communicable diseases. Stay home when sick, wash hands, etc.

Handout #3 – 8 Most Common Systems and Considerations for Service Planning (Participant Copy)

System	Possible effects on person	How Would this Impact Service Planning
Heart and Cardiovascular	Heart weakens and pumps less effectively Stiffening of vessels & arteries; working harder to pump Increased risk of hypertension (high blood pressure) Unable to regulate body temperature (hypothermia (low) or hyperthermia (high))	
Bones and Muscles	Bones shrink in size & density - can fracture easier Muscles lose strength, endurance & flexibility	
Skin	Skin loses ability to stretch and conform Skin can break or cut easier Bruise easily	
Bladder and Urinary System	Bladder & urinary system are less elastic leading to more frequent urination Weakened bladder and pelvic floor muscles can cause issues with emptying bladder and urinary incontinence Urgency of urination due to muscle weakening Infection risk increases if unable to empty bladder fully Kidneys filter blood slower and can cause medications to stay in bloodstream longer	
Vision	Distance vision may hinder ability to recognize someone	

	<p>across the room More light is needed to see clearly Depth perception could hinder mobility - may misjudge height of curbs or steps Near vision - harder to see things up close and may need assistive device to read small print</p>	
Hearing	<p>One third of people 60+ experiencing hearing loss Sounds become muffled and high-pitched sounds and voices are harder to understand</p>	
Brain	<p>Chemical substances involved in sending messages to brains decrease and nerve cells may lose ability to receive messages - brain function may be slightly less effective *Not all older adults have a neurocognitive disorder* May need more time to respond</p>	
Immune System	<p>Cells of immune system are slower to react and can compromise ability to fight infection and illness</p>	

Handout #4 – 10 Most Common Medical Conditions

Common Medical Conditions	Definition	Symptoms	Considerations for Service Planning
Hypertension (high blood pressure)	Most common condition occurring in over half of people over the age of 65 . Risk factor for heart attack, heart failure, stroke, end-stage renal disease, or retinal hemorrhage.	Often no symptoms, but may have dizziness, palpitations, headache, or fainting.	see physician regularly follow physician orders take prescribed medications monitor blood pressure eat healthy foods and decrease salt maintain a healthy weight increase physical activity limit or abstain from alcohol abstain from smoking manage stress
High cholesterol	High cholesterol is the second most common condition occurring in nearly one out of every two people 65 years of age and older. Occurs when the body has an excess of lipids, “bad fats,” resulting in the arteries getting clogged. Risk factor for heart attacks, heart disease, stroke, high blood pressure, peripheral vascular disease, and diabetes.	There are no symptoms of high cholesterol unless the condition is severe. It requires a blood test to diagnose.	regularly see their physician follow physician orders take prescribed medications eat a low-salt diet that emphasizes fruits, vegetables, and whole grains minimize the amount of saturated fats and trans fats maintain a healthy weight exercise regularly limit or abstain from alcohol manage stress
Arthritis/Chronic Joint Symptoms	Shows up in mid to late life and is an inflammation of the joints, which causes pain and stiffness.	Pain, stiffness, swelling, redness, and decreased range of motion. Severe	regularly see their physician follow physician orders

<p>Arthritis/Chronic Joint Symptoms</p>	<p>It occurs in about one-third of older adults 65 years of age and older and is more common in women. Osteoarthritis: A disease which causes cartilage, the hard, slippery tissue that covers the ends of bones where they form a joint, to break down. Rheumatoid arthritis: A disease in which the immune system attacks the joints.</p>	<p>arthritis, particularly if it affects the hands or arms, can make it difficult for the older adult to do necessary daily tasks such as cooking, cleaning, or even getting dressed. When arthritis affects weight-bearing joints like the knees, the older adult may find difficulty with walking comfortably.</p>	<p>take prescribed medications eat a diet that emphasizes fruits, vegetables, and whole grains exercise regularly rest when symptoms flare up limit or abstain from alcohol consumption abstain from smoking</p>
<p>Ischemic/Coronary Heart Disease</p>	<p>Nearly 30% of people 65 years of age and older have this type of heart disease. Caused by a build-up of plaque that narrows the arteries leading to the heart. Reduces the blood flow through the coronary arteries to the heart muscle and typically results in chest pain, known as angina, or heart damage. Ischemic coronary disease can be a risk factor for blood clots, angina, or a heart attack.</p>	<p>The chest pain is often described as a discomfort, heaviness, pressure, aching, burning, fullness, squeezing, or painful feeling in the chest. While angina is usually felt in the chest, it is sometimes felt in the shoulders, arms, neck, throat, jaw, or back. Other symptoms of heart disease include shortness of breath, heart palpitations, a fast heartbeat, weakness, dizziness, sweating, or nausea.</p>	<p>regularly see their physician follow physician orders take prescribed medications refrain from saturated and trans fats limit sugar and salt intake get adequate sleep manage stress do cardio exercise regularly abstain from smoking</p>
<p>Diabetes</p>	<p>Group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. A little over one out of every four people 65 years of age and older</p>	<p>Increased thirst, frequent urination, extreme hunger, unexplained weight loss, fatigue, irritability, blurred vision, slow-healing sores, and frequent infections.</p>	<p>regularly see their physician follow physician orders take prescribed medications check blood sugar levels regularly eat a well-</p>

<p>Diabetes (continued)</p>	<p>have a diagnosis of diabetes. Occurs when the body is resistant to, or doesn't produce enough, insulin. Insulin is what the body uses to get energy from food and distribute it to the cells. When this doesn't occur, a person will get high blood sugar, which can lead to significant complications like kidney disease, heart disease, or blindness. Type 1 is genetic and Type 2 results from lifestyle changes.</p>		<p>balanced diet with carbohydrate counting and portion size control coordinate meals with medications avoid sugar-sweetened beverages exercise regularly stay hydrated get adequate sleep limit or abstain from alcohol consumption manage stress</p>
<p>Chronic kidney disease</p>	<p>Nearly one out of every five people 65 years of age and older have chronic kidney disease. Marked by a slow loss of kidney function over time. People with chronic kidney disease have increased risk for developing kidney failure, heart disease, weak bones, or anemia.</p>	<p>Signs and symptoms of kidney disease are often nonspecific, meaning that they can also be caused by other illnesses. Nausea, vomiting, loss of appetite, fatigue and weakness, sleep problems, urinating more or less, decreased mental sharpness, muscle cramps, swelling of feet and ankles, dry and itchy skin, high blood pressure, shortness of breath, and chest pain.</p>	<p>regularly see their physician follow physician orders take prescribed medications maintain a healthy diet including limiting salt intake and eating less protein monitor mineral intake maintain a healthy weight exercise regularly manage blood pressure get enough sleep abstain from smoking</p>
<p>Heart failure</p>	<p>Heart failure is different than ischemic heart disease. Heart failure occurs when the heart can't adequately supply blood and oxygen to all of the body's organs and in about 15% of people 65 years of age</p>	<p>Shortness of breath with activity or when lying down, swelling in the lower extremities, fatigue, nausea or lack of appetite, reduced ability to exercise, persistent cough or</p>	<p>regularly see their physician follow physician orders take prescribed medications abstain from smoking maintain a healthy</p>

	<p>and older. The heart might become enlarged, develop more muscle mass, or pump faster to meet the body's needs.</p>	<p>wheezing with blood-tinged mucus, very rapid weight gain from fluid buildup, difficulty concentrating or decreased alertness, confusion, and feeling lightheaded</p>	<p>weight track daily fluid intake limit or abstain from alcohol limit or abstain from caffeine eat a heart healthy diet stay physically active manage stress monitor blood pressure select appropriate clothing that isn't so tight that it further restricts blood flow to the legs</p>
<p>Depression</p>	<p>Mood disorder that causes a persistent feeling of sadness. Nearly 15 percent of people 65 years of age and older seek treatment for depression.</p>	<p><i>Include but are not limited to:</i> Feelings of worthlessness and guilt, fixating on past failures or self-blame, loss of interest in activities, fatigue and lack of energy, difficulty making decisions, angry outbursts, irritability, or frustration even over small issues, sleep disturbances of either difficulty sleeping or sleeping excessively, slowed thinking, speaking, or body movements, unexplained physical problems, such as back pain or headaches, frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts, or suicide.</p>	<p>regularly see their physician and psychiatrist follow their treatment plan which may include taking prescribed medications maintaining a healthy diet and weight abstaining from smoking exercising regularly getting adequate sleep relying on social relationships managing stress levels</p>
<p>Depression</p>			

		NOT A NORMAL PART OF AGING	
Alzheimer's Disease and other Neurocognitive Disorders	Slightly more than one out of every ten people aged 65 years or older have a neurocognitive disorder (NCD), formally called dementia. Alzheimer's disease is the most common type of NCD. <i>Changes that affect daily functioning:</i> ability to recall events in recent memory, problems with comprehension, difficulty with attention span and judgment, disorientation to time, place, and person.	Cognitive Signs <i>include but are not limited to:</i> memory loss, communication troubles or difficulty finding words, having a hard time with visual and spatial abilities, diminished capacity for reasoning or problem-solving, difficulty handling complex tasks, struggles with planning and organizing, confusion and disorientation. Psychological Signs <i>include but are not limited to:</i> personality changes, anxiety, inappropriate behavior, depression, paranoia, agitation, and hallucinations.	regularly see their physician follow physician orders take prescribed medications exercising regularly maintaining a healthy diet with limited red meat maintain a calm home environment adapt the home for safety monitor personal comfort use memory aids plan for future progression of the disorder
Chronic Obstructive Pulmonary Disease (COPD)	Occurs in eleven percent of older adults. Two conditions are the primary forms of COPD; emphysema and chronic bronchitis . COPD makes it difficult to breathe. Increased risk of developing heart disease, lung cancer, and several other conditions.	Shortness of breath, coughing, wheezing, mucous production, and chest tightness. People with COPD may experience exacerbations, which are episodes of their symptoms becoming worse than the usual day-to-day experience.	regularly see their physician follow physician orders take prescribed medications abstain from smoking exercise maintain a healthy diet low in saturated fat reduce lung irritants such as dust in the home follow doctor prescribed breathing exercises

	<p>and behavior changes including sluggishness, lethargy, and decreased speech. Often mistaken for depression or fatigue.</p> <p>Mixed Delirium: demonstrated by a combination of hyperactive and hypoactive behavior.</p>		
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Handout #5 – Marty Case Scenario (Facilitator Copy)

APS receives a report on a 72 y.o. White male, Marty, with Chronic Obstructive Pulmonary Disorder. Report from his friend, alleges he may be experiencing self-neglect as he believes Marty is not taking care of himself.

Marty's wife of 48 years passed away six months ago, and his "health has declined" since that time. He has not been going to his doctor's appointments and has missed coffee (reporting party says they have been having coffee for years and he has never missed a day until recently). He just "doesn't seem like himself". According to the reporting party, Marty has COPD and seems to be having more trouble breathing lately. When the reporting party asked him about his health, he stated he hasn't "had time" to go to the doctor or refill his medications. Reporting party thinks Marty may be grieving still and lacks desire to take care of himself like he used to now that his wife is gone.

You visit Marty and note the following: His home is cluttered, and he appears disheveled himself. He struggles to breathe when walking around his home and tells you about his COPD. He has old medication bottles on the counter that appear empty, and you note piles of what appear to be bills there as well. When you ask him about his medications, he says he hasn't had time to go to the doctor lately to get them refilled. When you point out the bills he tells you his wife handled the finances and he is overwhelmed with the thought of paying bills.

He tells you he has two children that visit him frequently and they have offered to help, but he cannot bear to ask them to do so. He doesn't want to burden them and feels he can handle things on his own.

1. What are some of the concerns you note from the information presented on Marty:

Possible answers: What appears to be untreated COPD, not going to doctor, not taking meds, not taking care of his home or himself, possible unpaid bills, isolation

2. What are some strengths that you could rely on when creating a strength-based service plan?

Possible answers: Supportive friends and family, stable housing, previously established medical provider, outside activities in the recent past (coffee)

3. What needs to be addressed on Marty's service plan assuming he is willing to accept help and referrals?

Possible answers: Medical needs, potential service needs in the home (this is not fully clear in the summary, but he may be unable to do his cleaning, etc. due to his COPD), financial assistance with bill paying, etc.

Handout #5 - Marty Case Scenario (Participant Copy)

APS receives a report on a 72 y.o. White male, Marty, with Chronic Obstructive Pulmonary Disorder. Report from his friend, alleges he may be experiencing self-neglect as he believes Marty is not taking care of himself.

Marty's wife of 48 years passed away six months ago, and his "health has declined" since that time. He has not been going to his doctor's appointments and has missed coffee (reporting party says they have been having coffee for years and he has never missed a day until recently). He just "doesn't seem like himself". According to the reporting party, Marty has COPD and seems to be having more trouble breathing lately. When the reporting party asked him about his health, he stated he hasn't "had time" to go to the doctor or refill his medications. Reporting party thinks Marty may be grieving still and lacks desire to take care of himself like he used to now that his wife is gone.

You visit Marty and note the following: His home is cluttered, and he appears disheveled himself. He struggles to breathe when walking around his home and tells you about his COPD. He has old medication bottles on the counter that appear empty, and you note piles of what appear to be bills there as well. When you ask him about his medications, he says he hasn't had time to go to the doctor lately to get them refilled. When you point out the bills he tells you his wife handled the finances and he is overwhelmed with the thought of paying bills.

He tells you he has two children that visit him frequently and they have offered to help, but he cannot bear to ask them to do so. He doesn't want to burden them and feels he can handle things on his own.

1. What are some of the concerns you note from the information presented on Marty:
2. What are some strengths that you could rely on when creating a strength-based service plan?
3. What needs to be addressed on Marty's service plan assuming he is willing to accept help and referrals?

Handout #6 – Social Determinants of Health (Facilitator Copy)



Image Reference: CDC (2022)

Social Determinant of Health	Examples	Learners fill in ideas of potential services to assist older adults	Potential Services to Assist Older Adults (trainer only)
Educational Access and Quality	Lack of educational access and quality in early life could impact an adult throughout their lifespan. May not understand finances to alert them to exploitation.		Help older adult find resources that can assist with forms, understanding complex health information or health. Connect with assistive technology provider to help with education on use of electronic devices for patient portals, banking etc.
Health Care Access and Quality	Access to healthcare and preventative services. May not be able to afford health care due to income level. Immigration status could impact ability to access.		Transportation access for medical appointments. Connection to prescription services. SHIP. Encourage telehealth if available.

Social Determinant of Health	Examples	Learners fill in ideas of potential services to assist older adults	Potential Services to Assist Older Adults (trainer only)
Neighborhood and Built Environment	Area in which they live may have high rates of violence or unsafe food or waters. Racial/ethnic minorities and older adults with lower incomes are more likely to live in areas where these risks are present.		Be aware of the neighborhood in which the person lives and resources available there. Help adult find access to support services or transportation. Help with safety concerns if possible. Connect adult to meal delivery service such as Meals on Wheels, etc.
Social and Community Context	Relationships with friends, family, coworkers and other community members		Consider if the person is connected to a spiritual organization, connect to community groups for activities, help with transportation to activities, find resources for employment or volunteering
Economic Stability	Ability to afford necessities like food, health care and housing. Inability to work if the older adult has a disability or chronic health condition.		Programs that will assist with food and housing, help with access to health care, find resources for education, employment access programs. Connect to meal delivery service.

Handout #6 – Social Determinants of Health (Participant Copy)



Image Reference: CDC (2022)

Social Determinant of Health	Examples	Learners fill in ideas of potential services to assist older adults
Educational Access and Quality	Lack of educational access and quality in early life could impact an adult throughout their lifespan. May not understand finances to alert them to exploitation.	
Health Care Access and Quality	Access to healthcare and preventative services. May not be able to afford health care due to income level. Immigration status could impact ability to access.	

Social Determinant of Health	Examples	Learners fill in ideas of potential services to assist older adults
Neighborhood and Built Environment	Area in which they live may have high rates of violence or unsafe food or waters. Racial/ethnic minorities and older adults with lower incomes are more likely to live in areas where these risks are present.	
Social and Community Context	Relationships with friends, family, coworkers and other community members	
Economic Stability	Ability to afford necessities like food, health care and housing. Inability to work if the older adult has a disability or chronic health condition.	

OUR WHY: **REVOLUTIONIZE
THE WAY PEOPLE
WORK TO ENSURE
THE WORLD IS A
HEALTHIER PLACE.**



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