

Older adults live longer in counties with greater age bias, researchers find

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Older adults living in counties with greater age bias had better health outcomes than those living in areas with less age bias, according to University of Massachusetts Amherst researchers, who were surprised at

the findings.

"Quite the opposite of what we expected emerged," says Allecia Reid, associate professor of social psychology and senior author of the paper published in the journal *Social Science & Medicine*. "Rather than dying earlier in counties with more negative attitudes toward older adults, we found in fact that older adults were living longer in counties with more negative attitudes towards older adults."

Reid and colleagues had based their hypothesis on earlier research showing that [minority groups](#), such as African Americans and [sexual minorities](#), have worse health outcomes in counties with more negative attitudes toward their group.

"We were thinking, similar to those findings, that in counties with more negative attitudes towards older adults, we would see them being likely to die earlier than in counties with more [positive attitudes](#) toward residents 65 and older," Reid says. "Contrary to what we thought, something positive is happening in these ageist communities that is helping them live longer, healthier lives."

The only other study known to have looked at community-level age [bias](#) and older adults' health found that explicit age bias was associated with positive health behaviors among older adults, while [implicit bias](#) was linked to negative health behaviors among older adults.

The UMass Amherst researchers analyzed data on more than one million Americans who had reported their explicit bias and taken an implicit bias test to measure their attitudes toward older adults between 2003 and 2018, as part of Harvard University's Project Implicit. The researchers looked at responses to the explicit bias question: How much do you prefer older versus younger adults?

Choices ranged from 1 ("strongly prefer older adults") to 7 ("strongly prefer younger adults"). In addition, individuals' implicit age bias scores were available from the implicit association test. The U.S. county in which each participant lived was also available.

Based on that data, the team developed aggregate estimates at the county level about how much residents like older adults. Then they linked that with the county's death rates for individuals age 65 and older from a Centers for Disease Control and Prevention database. Counties with higher explicit age bias had lower mortality, or 87.67 fewer deaths per 100,000 residents. In contrast, implicit bias was not associated with mortality outcomes.

"The explicit age bias-mortality association was only evident in communities with younger populations but did not depend on community ethnic composition," the paper states.

The researchers looked at ways that the more ageist communities might be doing things that helped maintain the health of [older adults](#). They found that greater explicit age bias also was associated with lower death rates among young and middle-aged adults in those counties, suggesting that any health benefits of living in ageist communities may begin to accrue in earlier life.

In addition, "communities with higher explicit age bias also had higher rates of exercise..., better general health..., and more days of good mental health," the paper states. These findings point to potential pathways through which ageist communities may promote health. However, the researchers also note that factors they were unable to examine, such as better medical care and more [green spaces](#), may also explain associations of community age bias with better health.

Reid says the surprising findings point to more areas of examination

which may lead to improved longevity for all communities.

"Can we figure out what is happening in these more ageist communities that seems to be potentially promoting both better mental health and better longevity," she says. "And if we can pinpoint those things, then that's a flag for all communities to think about."

More information: Alexander J. Kellogg et al, Community-level age bias and older adult mortality, *Social Science & Medicine* (2022). [DOI: 10.1016/j.socscimed.2022.115449](https://doi.org/10.1016/j.socscimed.2022.115449)

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