

Research Article

Ageism revisited: A study measuring ageism in East Tennessee, USA

Sandra L. McGuire, EdD,¹ Diane A. Klein, PhD² and Shu-Li Chen, PhD¹
Colleges of ¹Nursing and ²Education, Health, and Human Sciences, The University of Tennessee, Knoxville, Tennessee, USA

Abstract

Research literature over the past 50 years has addressed ageism, but few studies have examined the measurement of ageism or how to combat it. This study utilized Palmore's Ageism Survey to measure the frequency of occurrence of ageism and to examine the types of ageism reported by older adults in the East Tennessee region of the USA. A convenience sample of 247 community-dwelling older adults was recruited from eight senior centers and nutrition sites. The participants ranged in age from 60–92 years. Eighty-four percent of the participants indicated an experience with at least one type of ageism. The forms of ageism frequently reported were jokes and birthday cards that poked fun at older people. Events showing disrespect also were reported. Differences in urban/suburban and rural reporting were noted. The findings from this and similar studies might provide guidance for the measurement of ageism and how to combat it.

Key words

ageism, ageism measurement, Ageism Survey, aging education.

INTRODUCTION

Dr Robert Butler, a renowned gerontologist and the first director of the National Institute on Aging in the USA, originally defined ageism in 1969 as stereotyping and discrimination against people because they are old (Butler, 1969). Ageism has been described as the third great “ism”, following racism and sexism (Butler, 1995; Rupp *et al.*, 2005). Unlike racism and sexism, ageism has the potential to target everyone if they live long enough. It might be more prevalent than either sexism or racism in today's society (Banaji, 1999; Levy & Banaji, 2002).

In American society, ageism is a major problem (Falk & Falk, 1997; Nelson, 2002; Hendricks, 2005; Palmore, 2005a; ILC, 2006). Societal myths and stereotypes about aging prevail. The general public has become so socialized to ageism that they might not even recognize when it occurs. As a result of ageism, older adults are frequently labeled in negative ways, such as senile, sad, lonely, poor, sexless, ill, dependent, demented, and disabled. People are socialized into believing these labels and they begin to think about their own aging as if the labels were true (Harris, 2005). Ageism hinders people from seeing the potential of aging, anticipating their own aging, and being responsive to the needs of older people. It is so ingrained that it might actually be an

unintentional, unconscious force (Levy, 2005; ILC, 2006). Unfortunately, there is evidence that even young children hold society's ageist attitudes (McGuire, 1993). By the age of 12–13 years, children's ageist attitudes become difficult to change (Klein *et al.*, 2005).

Ageism can be manifested on individual, institutional, and societal levels (Butler, 1995; Palmore, 1999; ILC, 2006). On an individual level, it can include avoiding contact with older people, age denial (Butler, 1995; Palmore, 2005b), ageist humor (Palmore, 2005c), patronizing (Hummert, 1994; Palmore, 2005d), and holding negative attitudes and stereotypes about older adults. On an institutional level, ageism can involve discrimination in housing, employment, mandatory retirement, public policy, and inappropriate care in institutional settings (ILC, 2006). Ageism has become woven into the fabric of American society (Hendricks, 2005). Societal aspects of ageism include age inequality (Palmore, 2005e), age norms (Harris, 2005), ageist language (Ferraro & Steinhour, 2005), and age segregation (Palmore, 2005f). Ageism is consistently visible in greeting cards, on television and other media, in humor, and in language expression. Older people are often not visible in the day-to-day life of our society, a form of “ageism by invisibility” (McGuire *et al.*, 2005).

The authors have long suspected ageism in East Tennessee, USA, but it has not been measured. This study added to the existing research literature on ageism by examining a subgroup sample from East Tennessee. The purpose of this study was to use the Ageism Survey (Palmore, 2001) to measure ageism in selected East Tennessee communities as a precursor for developing strategies to combat ageism in the region.

Correspondence address: Sandra L. McGuire, 11008 Crosswind Drive, Knoxville, TN 37934, USA. Email: smcguire@utk.edu

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BACKGROUND AND LITERATURE REVIEW

Although the term “ageism” was coined by Robert Butler in 1969, this type of discrimination existed long before the term. Research by Tuckman and Lorge (1953) demonstrated that people experienced misconceptions and stereotypes about older people and the older worker. Numerous books have been written concerning ageism (Bytheway, 1995; Palmore, 1999; Nelson, 2002).

Aging education has been used to combat ageism. It has been found to reduce the stereotyping of older adults by children and promoted positive attitudes about aging among children (McGuire, 1993; Laney *et al.*, 1999; Bales *et al.*, 2000; Lichtenstein *et al.*, 2001; 2005; Chowdhary, 2002; Krout & Wasyliv, 2002). Attitudes about aging have been identified as one of the most significant factors in how we age (Levy *et al.*, 2002). Using a problem-solving approach to aging throughout the life course can help to reduce the fear of aging by providing education and guidance to improve the quality of life at each stage of the aging process (Braithewite, 2002).

An intergenerational approach to aging education has been suggested as a means for combating ageism by focusing on improving intergenerational understanding and relationships (Braithewite, 2002). Generations United and the work of organizations, such as Generations Together (at the University of Pittsburgh), have made attempts to improve intergenerational relationships and understanding.

Although research over the past 50 years has addressed the issue of ageism, little of it has investigated the measurement of ageism (Rupp *et al.*, 2005; ILC, 2006) or how to combat it. Like other “isms”, ageism will be hard to eliminate, but can be managed and controlled (Braithewite, 2002). Butler (2005) suggested that sharing knowledge concerning aging and the potential value and productivity of older adults in society can help dispel the myths and stereotypes of aging and combat ageism. Opportunities need to be created to enable young, middle-aged, and older adults to get together, build mutual respect and understanding, and have rewarding relationships in order to combat ageism (Braithewite, 2002).

METHOD

Sample

A convenience sampling method was used to recruit community-dwelling older adults. Of the 257 individuals completing the form, 247 met the age criterion of 60 years of age and older ($n = 247$). As the authors were on-site to collect the surveys, only those individuals willing to participate in the survey were sampled. Only two-thirds (66.58%) of the 386 potential participants approached completed the surveys. The eligible data collection return rate was ~96% of the 257 surveys collected.

This survey included eight senior centers and nutrition sites in four counties in the East Tennessee region. Of the eight survey sites, three of them were identified as rural (farming communities) and five were identified as urban/suburban (greater Knoxville area and the Knox county suburbs). The areas classified as “urban” consisted of all

territory, population, and housing units located within an urbanized area or urbanized cluster. The urban areas had a central place with densely populated adjacent settled census blocks. The population was at least 2500 and 50 000, respectively, for urban clusters and urbanized areas. The “rural” areas included territory, population, and housing units that were not classified as urban (US Census Bureau, 2000). Ninety-six participants were recruited from the rural sites and 151 were recruited from the urban/suburban sites.

Procedure

A cross-sectional survey design was used for this study. This study replicated the survey methodology of Dr Palmore’s initial research study using the Ageism Survey (Palmore, 2004). Recently, Dr Palmore further developed the Ageism Survey to measure the frequency of occurrence of ageism in various societies, determine which types of ageism are more prevalent, and determine which subgroups of older people report more ageism (Palmore, 2001). In developing the survey, he employed existing ageism literature, discussions with colleagues, and the experiences of older persons (Palmore, 2001; 2004).

The Ageism Survey is part of a research program directed by Palmore at the Center for the Study of Aging and Human Development at Duke University, Durham, NC, USA. Palmore’s efforts are an attempt to develop an epidemiology of ageism in an effort to reduce ageism. He designed and tested the Ageism Survey, which explores three basic questions: (i) What is the overall frequency of occurrence of ageism in Canada and the USA?; (ii) Which types of ageism are more prevalent?; and (iii) What are the main differences between Canada and the USA? (Palmore, 2001; 2004).

The survey included 20 items examining the occurrence of ageism (Never = 0, Once = 1, More than once = 2) and incorporated examples of negative stereotypes, attitudes, and personal and institutional discrimination (see Table 1 for the survey items). Three demographic questions were also included in the survey questionnaire to elicit age, gender, and education information.

The reliability and validity of the survey have been tested in the USA and found to have satisfactory characteristics for an inventory of the types of ageism experienced (Palmore, 2001). The internal reliability and face validity were verified by Palmore (2001). The Cronbach alpha coefficient was 0.81. According to the original study, a panel of older persons and gerontology colleagues understood the items in the survey similarly, with no need for further explanation, indicating high face validity.

Ethical considerations

The Ageism Survey was conducted after obtaining approval from the Institutional Review Board of the University of Tennessee, Knoxville, USA. The survey questionnaires were made available at the survey sites with a sealed survey deposit box nearby. A cover letter explaining the study and verifying participant consent was attached to each survey questionnaire. Participation was strictly voluntary and

Table 1. Percentage of the participants experiencing ageism events ($n = 247$)

Questions from the Ageism Survey	Never	Once	More than once	At least once	Rank†
I was told a joke that pokes fun at old people	30.8	9.9	59.3	69.2	1
I was sent a birthday card that pokes fun at old people	48.6	16.0	35.4	51.4	2
I was ignored or not taken seriously because of my age	59.7	10.6	29.7	40.3	4
I was called an insulting name related to my age	80.5	8.9	10.6	19.5	10
I was patronized or “talked down to” because of my age	62.7	13.1	24.2	37.3	5
I was refused rental housing because of my age	97.4	0.9	1.7	2.6	20
I had difficulty getting a loan because of my age	93.2	3.4	3.4	6.8	16
I was denied a position of leadership because of my age	86.3	9.4	4.3	13.7	11
I was rejected as unattractive because of my age	88.7	6.3	5.0	11.3	14
I was treated with less dignity and respect because of my age	77.2	11.6	11.2	22.8	9
A waiter or waitress ignored me because of my age	87.4	6.3	6.3	12.6	13
A doctor or nurse assumed my ailments were caused by my age	59.5	21.9	18.6	40.5	3
I was denied medical treatment because of my age	96.2	2.1	1.7	3.8	18
I was denied employment because of my age	86.7	5.8	7.5	13.3	12
I was denied promotion because of my age	89.5	6.7	3.8	10.5	15
Someone assumed I could not hear well just because of my age	71.9	13.2	14.9	28.1	7
Someone assumed I could not understand because of my age	73.9	12.0	14.1	26.1	8
Someone told me, “You’re too old for that”	63.8	13.6	22.6	36.2	6
My house was vandalized because of my age	95.8	1.7	2.5	4.2	17
I was victimized by a criminal because of my age	97.1	0.4	2.5	2.9	19

†Ageism experiences were ranked from 1–20, with 1 indicating the greatest number of participants experiencing an event at least once and 20 indicating the least number.

completion of the questionnaire verified the participants’ consent to participate in the study. The participants were assured of complete confidentiality and their anonymity was preserved. It took ~ 10 min for the participants to independently and privately complete the survey questionnaire. The data were stored securely and made available only to persons conducting the study.

Data analysis

The Statistical Package of Social Sciences (SPSS12.0 for Windows version; SPSS, Chicago, IL, USA) was used to manage and analyze the collected survey data. Descriptive statistics were used to assess the overall frequency of the occurrence of ageism among the Tennessee elderly participants. Chi-squared tests were used to examine the associations between the frequency of occurrence of ageism and the community types where the participants resided.

RESULTS

Demographics

Two-hundred-and-forty-seven community-dwelling older adults were included in this replicated ageism survey study in Tennessee ($n = 247$). The mean age of the participants was ~ 74 years ($SD = 7.57$), with a range of 60–92 years of age. In this survey, 32.4% were under the age of 70 years, closely resembling Palmore’s (2004) USA sample. The remaining age groups included 41.3% for 70–79 years, 24.3% for 80–89 years, and 2% for those > 89 years of age. A majority

(74.7%) of the survey participants were female ($n = 182$). Only 10.1% ($n = 25$) had any education beyond high school or a graduate equivalency diploma. Of those 25 participants, nine indicated completing a college degree or professional program of study.

Occurrence of ageism

The participants in this survey study perceived ageism to be widespread and relatively frequent. Approximately 84% ($n = 208$) of the participants reported experiencing ageism at least once and 71% ($n = 176$) reported experiencing more than one incident of ageism. Every item in the survey had at least one participant experiencing the identified ageism event or theme. Table 1 provides a summary of the percentages of participants reporting each ageism event, as listed in the Ageism Survey.

Common ageism events

Table 1 also displays the rankings of frequency of ageism events as reported by the participants. The greatest number of participants (69.2%) reported that they were told a joke that poked fun at old people. This was closely followed by 51.4% of the participants indicating that they were sent a birthday card that poked fun at old people. Both of these have been widely accepted in society in the USA as commonplace and fit the original definition of ageism, as coined by Butler (1969).

The participants frequently reported ageism events showing disrespect. For example, ~ 40% of the participants

Table 2. Differences between rural and urban/suburban survey sites regarding the frequency of occurrence of ageism by percentage ($n = 247$)

Questions from the Ageism Survey	Rural sites† ($n = 96$)	Urban/suburban sites† ($n = 151$)	χ^2 ‡
I was told a joke that pokes fun at old people	55	120	16.330*
I was sent a birthday card that pokes fun at old people	39	73	11.090*
I was ignored or not taken seriously because of my age	43	60	12.060*
I was called an insulting name related to my age	24	29	0.801
I was patronized or “talked down to” because of my age	30	65	5.710
I was refused rental housing because of my age	5	1	5.400
I had difficulty getting a loan because of my age	7	9	2.600
I was denied a position of leadership because of my age	14	18	0.780
I was rejected as unattractive because of my age	12	15	0.710
I was treated with less dignity and respect because of my age	22	34	0.240
A waiter or waitress ignored me because of my age	12	18	0.580
A doctor or nurse assumed my ailments were caused by my age	29	74	8.900*
I was denied medical treatment because of my age	6	3	3.360
I was denied employment because of my age	15	19	2.180
I was denied promotion because of my age	12	15	1.240
Someone assumed I could not hear well just because of my age	29	41	0.560
Someone assumed I could not understand because of my age	19	47	6.000*
Someone told me, “You’re too old for that”	33	59	2.270
My house was vandalized because of my age	5	6	0.300
I was victimized by a criminal because of my age	4	3	2.080

* $P < 0.05$. †The numbers reflect the frequency of occurrence (one or more times); ‡the χ^2 values are rounded to two decimal places.

reported that they were ignored or not taken seriously because of their age while 37.5% of the participants reported that they were patronized or “talked down to” because of their age. Specifically, ~22.8% of the participants reported that they were treated with less dignity and respect because of their age.

Ageism events reflecting assumptions that disability and frailty are due to aging were some of the most frequently reported events. These events included: “A doctor or nurse assumed my ailments were caused by age”, “Someone told me I was too old for that”, “Someone assumed I could not hear well just because of my age”, and “Someone assumed I could not understand because of my age”.

Other ageism events, reflecting more severe and specifically discriminatory forms of ageism, were identified by the participants. These included: refused rental accommodation; denied loans and medical treatment; vandalized homes; and victimized criminally. Although these forms of ageism were less frequent, it is disturbing to find they are reported at all.

Occurrence of ageism by community type

The investigators also examined the differences between the elderly participants recruited from the rural survey sites ($n = 96$) and the participants from the urban/suburban sites ($n = 151$) regarding their ageism experience. The participants’ ageism experience was recoded from the ordinal level of measurement (Never = 0, Once = 1, More than once = 2) to the nominal level (Never = 0 and At least once = 1) of measurement. The χ^2 test was then used to examine the

differences in frequency of the occurrence of ageism between the community types. Table 2 provides a summary of the χ^2 test results.

Based on the results of the χ^2 tests, there were statistically significant differences between the rural and urban/suburban survey sites with regards to the occurrence of ageism in five ageism events. The participants from the urban/suburban survey sites reported a higher occurrence of ageism than the participants from the rural sites for the following four events: “I was told a joke that pokes fun at old people” (77.8% vs 55.3%, $P < 0.001$), “I was sent a birthday card that pokes fun at old people” (59.7% vs 38.3%, $P = 0.004$), “A doctor or nurse assumed my ailments were caused by my age” (48.0% vs 28.7%, $P = 0.012$), and “I was ignored or not taken seriously because of my age” (30.0% vs 19.8%, $P = 0.050$). The rural survey site participants reported a statistically higher occurrence for one ageism event: “Someone assumed I could not understand because of my age” (43.1% vs 38.4%, $P = 0.002$). These statistically significant differences need to be interpreted with caution. A concern is that although the participants were recruited from rural or urban/suburban communities, they might have experienced the ageism events in a different setting.

DISCUSSION

The results from this Tennessee study reflected the same general proportion (84%) of older adults experiencing ageism as found in Palmore’s 2004 study. The study results suggest that ageism is flourishing in the USA. These findings reflect the significance of recent research indicating that

positive attitudes about aging promote longevity (Levy *et al.*, 2002), but the full extent has yet to be measured.

With increased longevity, everyone has the potential to experience ageism. People who expect a downward course at a certain age tend to live life accordingly (McGuire *et al.*, 2005). The Alliance for Aging Research (2001) found that staying healthy and living longer is not just a matter of fate, but is determined by attitudes. Attitudes about aging are possibly the most important factor in how we age (Dychtwald & Fowler, 1990; Couper & Pratt, 1999).

Society cannot risk being guided by people who grow up ignorant about aging (Couper & Pratt, 1999). Unfortunately, Americans are generally not educationally, socially or emotionally prepared for old age and evidence ageist attitudes. Lifespan aging education has consistently been endorsed at each White House Conference on Aging since the first conference in 1961 (U.S. Department of Health, Education and Welfare, 1961). However, little is happening in terms of aging education in our homes, schools, and communities (McGuire *et al.*, 2005). Aging education might help to combat ageism and counteract societal myths and misinformation (Palmore, 2004). It can help people understand that aging does not have to be a time of personal and societal devaluation, but a time of continued growth, development, and fulfillment.

Rodeheaver (1990) suggests that counteracting ageism requires targeting change at the systems level in areas that perpetuate it: the media, popular culture, business, government, and human services. He suggests that aging education can raise personal awareness and shift individual attitudes about aging and ageism. Another approach is personal contact with older adults through intergenerational programming to break down barriers and encourage intergenerational activities. Focusing on the positive aspects of aging during these activities might dispel ageism, demonstrate similarities between young and old, and enable the recognition of the potential and value of older people (Rodeheaver, 1990).

“Ageism by invisibility” is commonplace in our society and might reflect a form of “unintentional” ageism. At a recent national conference for health professionals attended by some of the authors, it was noted that none of the exhibitor photo displays had pictures of older people, only children and younger adults. This is reflective of the findings of the current study and Palmore’s (2001) study, where older adults did not recognize ageism for what it was because of the stereotypes with which they were raised.

Limitations

The authors also looked at differences based on community type: urban/suburban compared to rural. Three of the eight sites were identified as rural (farming communities) and five were identified as urban/suburban (bedroom communities). The participants from the rural sites and urban/suburban sites eligible for this study included 96 and 151 participants, respectively. The primary problem with this view is that although the participants lived in rural or urban/suburban communities, they might have experienced the survey ageism events in a different setting.

Another issue reflects that of interpreting the results accurately. Were the incidents of ageism really cases of ageism or cases of hypersensitivity? It is also possible that the participants did not accurately report ageist events due to embarrassment or some other reason for not admitting to it in the survey. Like any other survey, the results are only as accurate as the reporting, and self-reporting always has room for error.

Furthermore, how response biases are affected also needs to be explored. This survey used positive wording for each of the events. It did not reflect the effect of negative wording or questions concerning reverse discrimination (in favor of older people) based on their age.

CONCLUSION

The findings from this Tennessee survey support previous research and confirm the existence of ageism. By corroborating the results of Palmore’s (2001; 2004) studies, this study demonstrates the utility of using the Ageism Survey to measure ageism. However, further research must be conducted to provide greater numbers, and more population- and culture-based information concerning the measurement of ageism. We have the instruments to measure “attitudes” and “knowledge” about aging, and now one to measure “ageism”.

The fact that ageism still exists and has a negative effect on longevity and healthy aging is indicative of the need to shift societal “norms”. Health and welfare professionals and policy advocates can play a major role in reversing ageism. However, first they must be able to show the extent and epidemiology of ageism. This survey instrument can be useful in determining the extent of ageism and help to focus the direction for interventions to combat ageism. In doing this, it is important to look at personal attitudes about aging. If one’s own attitudes are ageist, this poses a difficulty in helping others to develop positive attitudes about aging. Ageist attitudes are highly contagious and tend to propagate, becoming self-fulfilling prophecies. We have the potential to create generations who value not only their own aging, but the older people around them.

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