



Topic Brief: Ageism & Disparities in Women's Healthcare

Date: 8/29/2024

Nomination Number: 1105

Purpose: This document summarizes the information addressing a nomination submitted on March 29, 2024, through the Effective Health Care Website ([link to original nomination](#)). This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The nominators of this topic are interested in better understanding the way that bias towards older women in the United States may affect their morbidity and mortality, and the way that intersecting identities such as race/ethnicity, socioeconomic status, lesbian/gay/bisexual/transgender (LGBT) identity, and other social determinants of health (SDOH) may interact for older women. The nominator is additionally interested in understanding which interventions have been used successfully to address bias against older women, and if there are any harms associated such interventions.

Findings: The scope of this topic met all EHC Program selection criteria and was considered for an systematic review. AHRQ has decided to fund this review.

Background

Ageism and disparities in women's health, particularly among older women, are critical issues that have gained increasing attention in recent years as the “baby boomer” population reaches retirement age.¹ Ageism, defined as prejudice or discrimination against individuals based on their age, is thought to intersect with sexism, racism, and other forms of discrimination, exacerbating health disparities for older women. Ageism is multifaceted, and its impact on women's health is notable.² Ageism in healthcare manifests in various forms, including stereotypes, biases, and discriminatory practices that can negatively affect the quality of care received by older women.³ A 2018 study from Yale School of Public Health found that ageism in healthcare led to excess costs of \$63 billion over the course of one year in the United States, and that reducing ageism would result in both cost savings and improved health outcomes for older adults.⁴

Gender disparities are particularly pernicious in medical settings.⁵ The specific healthcare harms for women aged 65 and older are thought to include increased rates of untreated chronic conditions, delayed diagnosis of serious illnesses, and inadequate mental health support.⁶ Men receive more thorough medical examinations, follow-up, and evidence-based medical care than do women, and they are more likely to receive preventive care.⁷ One specific example of disparities that older women face in medicine can be found in the treatment of cardiac disease,

which is the most common cause of death among both women and men over the age of 80.^{8, 9} Women are less likely than men to receive various surgical and therapeutic interventions, even when their conditions are similar; they are less likely to be prescribed beta-blockers, anticoagulants, and daily aspirin; and they are less likely to be referred to a rehabilitation program after a heart attack. Women may also be disadvantaged in the diagnosis of heart attacks because their symptoms may vary from the prototypical profile of a heart attack, which is based on men's symptoms.^{10, 11}

Harms faced by older women are often exacerbated by a lack of culturally competent care that addresses the specific needs of older LGBT women and other marginalized racial and cultural groups.^{5, 6} Social determinants such as race, socioeconomic status, and sexual orientation further exacerbate these disparities.¹² For instance, women of color and those from lower socioeconomic backgrounds are more likely to suffer poorer health outcomes due to intersecting forms of discrimination.^{13, 14} Additionally, older women who identify as LGBT face unique challenges and compounded biases, which can further impede access to quality care. They also often face additional layers of prejudice and stigma, leading to increased mental health issues and barriers to accessing inclusive healthcare services.^{6, 15}

In formulating interventions to address ageism in older women, it is important to understand the way ageism plays out in real-world settings. A 2020 systematic review from Marques, et al,¹⁶ posited that ageism is a multifaceted concept that can be thought to include three dimensions: cognitive (e.g., stereotypes), affective (e.g., prejudice) and behavioral (e.g., discrimination). These dimensions are expressed at the micro-level of the individual, the meso-level of social networks, and the macro-level of institutional and cultural networks. Interventions geared at understanding the interactions among these dimensions and levels of expression will be well positioned to address ageism, including those that look at provider bias, bias in the way older individuals perceive themselves and their own care, and bias in the way health policies impact specific groups. Frameworks such as those provided by the National Institute on Aging (NIA)¹⁷ to address ageism in research and concepts like intersectionality to address the way various components of a patient's identity might worsen their outcomes¹⁸ can help researchers better understand how ageism specifically affects older women from different backgrounds.

Nomination Summary

This topic was nominated by the Gerontological Society of America but elicited strong interest from the NIA and the American Geriatrics Society. The nomination focused on the effect of the intersection between ageism, sexism, racism, ableism, and classism on disparities in healthcare. Partners would use the results of this review to inform a research agenda to address evidence gaps, and possibly to bring attention to effective interventions that promote equity or reduce disparities. The final scope and key questions reflect input from experts from relevant organizations, including the NIA.

Scope

Guiding Questions (GQs):

GQ1. Among older women, how do age, race, socioeconomic status, and other social determinants of health (SDOH) contribute to existing inequities in morbidity and mortality in highly prevalent disease conditions?

GQ1a: How do these factors intersect/interact?

GQ2. Among older women, which interventions have been used to address health disparities for specific medical conditions?

GQ2a. What are the identified research gaps, opportunities, challenges for implementation of interventions to improve negative effects of ageism in healthcare?

GQ3. Among older women, what are the harms associated with interventions to address health disparities for specific medical conditions?

GQ3a. What are the identified research gaps, opportunities, challenges for implementation regarding harms of interventions to improve negative effects of ageism in healthcare?

Table 1. Questions and PICOTS (population, intervention, comparator, outcome, timing and setting)

Population	Women 65 and older
Interventions	Any interventions designed to address age bias, either alone or in conjunction with sex bias, race bias, socioeconomic status bias, LGBT bias
Comparators	No interventions
Outcomes	Morbidity/mortality in highly prevalent/high priority conditions
Setting	United States; inpatient, outpatient, primary care, gerontology, emergency department

Abbreviations: LGBT=lesbian, gay, bisexual, transgender.

Assessment Methods

See Appendix A.

Summary of Literature Findings

To understand which studies might best address our GQs and inform a future evidence review we used a conceptual framework formulated by Saha, et al in the 2008 systematic review, “Racial and Ethnic Disparities in the VA Health Care System.”¹⁹ We determined that first generation (descriptive studies examining the extent of disparities) and second generation (analytic studies examining factors that might explain disparities) would be best suited to answer GQ1/1a, and that third generation (interventional studies to reduce disparities) would be best suited to answer GQs 2/2a and 3.

Primary literature

After reviewing 449 records found via literature search, we included 53 studies^{20-54, 55w, 56-71} that provide answers and context to GQ1 and GQ1a. In addition to looking at studies that specifically addressed ageism (n=3),²⁰⁻²² we organized these includes into condition categories and included those that addressed intersectional issues in realms of health including cardiometabolic health (n=14),³⁴⁻⁴⁶ function (a broad category including bone health, measures of physical/cognitive function, malnutrition, frailty, etc.; n=12),⁴⁹⁻⁶⁰ cancer (n=11),²³⁻³³ respiratory (n=3),⁶⁴⁻⁶⁶ neurological (n=2),^{62, 63} environment (n=1),⁴⁸ miscellaneous (n=1),⁶¹ and studies that looked at groups with a combination of these conditions (n=5).⁶⁷⁻⁷¹ **Table 2** provides a list of studies

addressing GQ1 and GQ1a. In the interest of summarizing the available evidence while contextualizing ageism and sexism alongside intersecting factors of race, sexual/gender minority status, geographic region, and other SDOH, Table 2 groups these studies by patient condition, and lists the identity groups addressed by each study.

We only found one small interventional study⁷² about successful aging and impact on inflammation in older women that fit our inclusion criteria for GQ2 and GQ3. The discussion section of this topic brief outlines some areas that may guide the authors of an evidence review as they approach topic refinement, especially pertaining to GQs 2a and 3a.

Systematic and other reviews

After reviewing 40 review records from in our literature search, we found a 2023 scoping review⁷³ and three systematic reviews^{16, 74, 75} that directly addressed various elements of ageism against older adults. None of these reviews focused specifically on the impacts of ageism in older women; however, they may provide interesting context and direction to the authors of a future evidence review. One additional caveat to consider is that, while the majority of studies included in each review were conducted in the United States, all four additionally incorporated evidence from other countries.

Two of the systematic reviews, both published in 2020, investigated the greater context of ageism, relevant to GQs1/1a.^{16, 74} Marques et al¹⁶ looked at studies exploring the “key determinants” of ageism against older adults over a 40 year period (1970 to 2017), while Chang et al⁷⁴ examined the impact of ageism on health outcomes.

A 2019 systematic review⁷⁵ and the 2023 scoping review⁷³ assessed GQs 2 and 3; interventions to address ageism in different contexts. The systematic review from Burnes, et al, sought to assess the impact of three interventions (education, intergenerational contact, and education + intergenerational contact) to reduce ageism.⁷⁵ Burnes’ analysis of 63 studies found that interventions in settings including nursing homes, long term care facilities, and educational environments, significantly reduced ageism outcomes related to attitudes, knowledge, and comfort toward older adults. The scoping review from Haase, et al,⁷³ looked broadly at the available literature on ageism within oncology, while also assessing interventions to reduce ageism in healthcare settings. The authors found 54 interventional studies that “targeted ageism in pre/post-licensure healthcare professionals and reported participants’ improvement in knowledge and/or attitudes towards older adults,” but did not find any that were set in oncology.⁷³ While these reviews are not a perfect fit for our GQs & PICOTs, they provide a starting point for understanding which interventional approaches might be deployed to reduce ageist attitudes broadly, which may help formulate new interventions that specifically address the concerns of older women.

Table 2. Included primary studies addressing GQ1 and GQ1a

Author, Year	Title	Category	Condition detail	Groups Addressed
Allen, 2022 ²⁰	Experiences of Everyday Ageism and the Health of Older US Adults	Ageism	General	Age, Sex, Race, SES, Geographic
Gans, 2023 ²¹	Ageism against Older Adults: How do Intersecting Identities Influence Perceptions of Ageist Behaviors?	Ageism	General	Age, Sex

Author, Year	Title	Category	Condition detail	Groups Addressed
Wyman, 2019 ²²	Ageism in informal care network members of older women	Ageism	General	Age, Sex, Race
Alimena, 2021 ²³	Race- and Age-Related Disparities in Cervical Cancer Mortality	Cancer	Cervical	Age, Sex, Race
Beyer, 2021 ²⁴	Mortgage Lending Bias and Breast Cancer Survival Among Older Women in the United States	Cancer	Breast	Age, Sex, Race
Bikomeye, 2023 ²⁵	Historical redlining and breast cancer treatment and survival among older women in the United States	Cancer	Breast	Age, Sex, Race
Cai, 2024 ²⁶	Disparities in treatment modalities and survival among older patients with high-grade serous ovarian cancer	Cancer	Ovarian	Age, Sex
Castañeda -Avila ³⁰	Multiple myeloma incidence, mortality, and survival differences at the intersection of sex, age, and race/ethnicity: A comparison between Puerto Rico and the United States SEER population	Cancer	Multiple myeloma	Age, Sex, Race
Du, 2023 ²⁷	Age and Racial Disparities in the Utilization of Anticancer, Antihypertension, and Anti-diabetes Therapies, and in Mortality in a Large Population-Based Cohort of Older Women with Breast Cancer	Cancer	Breast	Age, Sex, Race
Faiz, 2023 ³¹	Venous thromboembolism and acute myeloid leukemia: risk factors and mortality in elderly white, black and Asian patients	Cancer	Myeloid Leukemia	Age, Sex, Race
Kucera, 2023 ³²	Factors Associated With Survival Disparities Between Non-Hispanic Black and White Patients With Uterine Cancer	Cancer	Uterine	Age, Sex, Race, SES, Geographic
Lee, 2024 ²⁸	Racial and Ethnic Variations in Pre-Diagnosis Comorbidity Burden and Health-Related Quality of Life Among Older Women with Breast Cancer	Cancer	Breast	Age, Sex, Race
Park, 2023 ²⁹	Patient characteristics and health system factors associated with adjuvant radiation therapy receipt in older women with early-stage endometrial cancer	Cancer	Endometrial	Age, Sex, Race, Geographic
Tavakkoli, 2020 ³³	Racial Disparities and Trends in Pancreatic Cancer Incidence and Mortality in the United States	Cancer	Pancreatic	Age, Sex, Race
Troeschel, 2019 ⁶⁸	Race differences in cardiovascular disease and breast cancer mortality among US women diagnosed with invasive breast cancer	Cardiometabolic; Cancer	General; breast cancer	Age, Sex, Race
Ariss, 2022 ³⁹	Demographic and Regional Trends of Mortality in Patients With Acute Myocardial Infarction in the United States, 1999 to 2019	Cardiometabolic	AMI	Age, Sex, Race
Becker, 2019 ⁴⁰	Trends in In-hospital Coronary Artery Bypass Surgery Mortality by Gender and Race/Ethnicity --1998-2015: Why Do the Differences Remain?	Cardiometabolic	Coronary artery bypass surgery	Age, Sex, Race

Author, Year	Title	Category	Condition detail	Groups Addressed
Burroughs Peña, 2019 ³⁴	Cumulative Psychosocial Stress and Ideal Cardiovascular Health in Older Women	Cardiometabolic	General	Age, Sex, Race
Kyalwazi, 2022 ⁴³	Disparities in Cardiovascular Mortality Between Black and White Adults in the United States, 1999 to 2019	Cardiometabolic	General	Age, Sex, Race
Matthews, 2022 ⁴⁴	Impact of Socioeconomic Status on Mortality and Readmission in Patients With Heart Failure With Reduced Ejection Fraction: The ARIC Study	Cardiometabolic	Heart failure	Age, Sex, Race, SES
Minhas, 2024 ⁴⁵	Social Vulnerability and Cardiovascular-Related Mortality Among Older Adults in the United States	Cardiometabolic	General	Age, Sex, Race, Geographic
Nazir, 2022 ⁴⁶	Demographic and Regional Trends of Mortality in Patients With Aortic Dissection in the United States, 1999 to 2019	Cardiometabolic	Aortic Dissection	Age, Sex, Race, Geographic
Pierce, 2021 ³⁵	Trends in heart failure-related cardiovascular mortality in rural versus urban United States counties, 2011-2018: A cross-sectional study	Cardiometabolic	General	Age, Sex, Race, Geographic
Rubini Gimenez, 2020 ⁴⁷	Sex-Specific Management in Patients With Acute Myocardial Infarction and Cardiogenic Shock: A Substudy of the CULPRIT-SHOCK Trial	Cardiometabolic	AMI	Age, Sex
Tajeu, 2020 ³⁶	Black-White Differences in Cardiovascular Disease Mortality: A Prospective US Study, 2003-2017	Cardiometabolic	General	Age, Sex, Race, SES
Tanaka, 2021 ³⁷	Trends in Cardiovascular Mortality Related to Atrial Fibrillation in the United States, 2011 to 2018	Cardiometabolic	AFib	Age, Sex, Race
Vallabhajosyula, 2020 ³⁸	Sex and Gender Disparities in the Management and Outcomes of Acute Myocardial Infarction-Cardiogenic Shock in Older Adults	Cardiometabolic	AMI-CS	Age, Sex, Race
Khatana, 2022 ⁶⁹	Association of Extreme Heat and Cardiovascular Mortality in the United States: A County-Level Longitudinal Analysis From 2008 to 2017	Cardiometabolic; Environmental	General; climate change	Age, Sex, Race, Geographic
Stewart, 2024 ⁶⁷	Vulnerability to environmental and climatic health provocations among women and men hospitalized with chronic heart disease: insights from the RESILIENCE TRIAL cohort	Cardiometabolic; Environmental	Heart disease; climate change	Age, Sex
Qian, 2021 ⁴⁸	Long-Term Exposure to Low-Level NO2 and Mortality among the Elderly Population in the Southeastern United States	Environmental	Particulate exposure	Age, Sex, Race, Geography
Bauldry, 2023 ⁴⁹	Racial-Ethnic Disparities in Dual-Function Life Expectancy	Function	Physical/ cognitive	Age, Sex, Race
Benes, 2022 ⁵⁰	Race and Age Impact Osteoporosis Screening Rates in Women Prior to Hip Fracture	Function	Osteoporosis	Age, Sex, Race
Caceres, 2021 ⁵¹	Differences in Multimorbidity among Cisgender Sexual Minority and Heterosexual Adults: Investigating Differences across Age-Groups	Function	Multimorbidity	Age, Sex, LGBT

Author, Year	Title	Category	Condition detail	Groups Addressed
Kramarow , 2021 ⁵⁵	Sepsis-related Mortality Among Adults Aged 65 and Over: United States, 2019	Function	Sepsis	Age, Sex, Race
Lohman, 2019 ⁵⁶	Comparing Estimates of Fall-Related Mortality Incidence Among Older Adults in the United States	Function	Falls	Age, Sex, Race
Lin, 2024 ⁵²	Race/Ethnicity, Nativity, and Gender Disparities in Unmet Care Needs Among Older Adults in the United States	Function	Care Resources	Age, Sex, Race
Mostafa, 2023 ⁵³	Malnutrition-related mortality trends in older adults in the United States from 1999 to 2020	Function	Malnutrition	Race, Geographic
Pabich, 2020 ⁵⁷	Trends in Hip Fracture Mortality in Wisconsin and the United States, 1999-2017	Function	Falls	Age, Sex, Geography
Parcha, 2020 ⁵⁸	Mortality Due to Mitral Regurgitation Among Adults in the United States: 1999-2018	Function	Regurgitation	Age, Sex, Race, Geography
Prest, 2021 ⁵⁹	Current Trends in Sepsis-Related Mortality in the United States	Function	Sepsis	Age, Sex, Race
Sun, 2023 ⁶⁰	Trends and all-cause mortality associated with multimorbidity of non-communicable diseases among adults in the United States, 1999-2018: a retrospective cohort study	Function	Multimorbidity	Age, Sex, Race
Vierboom, 2022 ⁵⁴	How does it all end? Trends and disparities in health at the end of life	Function	Care resources	Age, Sex, Race, SES, Education
Guo, 2021 ⁶¹	Age differences in secular trends in black-white disparities in mortality from systemic lupus erythematosus among women in the United States from 1988 to 2017	Miscellaneous	Lupus	Age, Sex, Race
Dunietz, 2020 ⁶³	Obstructive sleep apnea treatment disparities among older adults with neurological disorders	Neurological	Neurological disorders & sleep apnea	Age, Sex, Race
Zhao, 2021 ⁶²	The Burden of Alzheimer's Disease Mortality in the United States, 1999-2018	Neurological	Alzheimer's	Age, Sex
Ranganathan, 2024 ⁷⁰	Trends in Cardiovascular Mortality Among Patients With Alzheimer's Disease in the United States from 1999 to 2020	Neurologic; Cardiometabolic	Alzheimer's; CVD general	Age, Sex, Race
Younan, 2022 ⁷¹	Racial/Ethnic Disparities in Alzheimer's Disease Risk: Role of Exposure to Ambient Fine Particles	Neurologic; Environmental	Alzheimer's; Ambient particles	Age, Race, Sex; Geography
Baral, 2024 ⁶⁵	Demographic and geographical trends in chronic lower respiratory diseases mortality in the United States, 1999 to 2020	Respiratory	Chronic lower respiratory disease	Age, Sex, Race
Krishnan, 2022 ⁶⁶	Race and Sex Differences in Mortality in Individuals with Chronic Obstructive Pulmonary Disease	Respiratory	COPD	Age, Race, Sex
Wadhera, 2021 ⁶⁴	Association of Socioeconomic Disadvantage With Mortality and Readmissions Among Older Adults Hospitalized for Pulmonary Embolism in the United States	Respiratory	Pulmonary embolism	Age, Sex, SES

Abbreviations: AFib=atrial fibrillation; AMI=acute myocardial infarction; COPD=chronic obstructive pulmonary disorder; CS=cardiogenic shock; CVD=cardiovascular disease; ED=emergency department; SES=socioeconomic status.

Discussion

Gaps in the literature

One significant consideration is the overall lack of studies that explicitly address the intertwined issues of sexism and ageism in the United States, especially the lack of interventional studies. This is one challenge facing the authors of a future evidence review but should be seen as an opportunity to consider the direction of future research.

All of the reviews included in this brief noted gaps in the ageism literature that are relevant to this topic area. Marques found that “despite the idea that older women may be perceived as per a “double-standard” of ageing—being rated more negatively than men—we could not find a consistent effect of gender of the target being evaluated,” and noted that this subgroup required further exploration in future studies.¹⁶ Both Burnes and Haase noted that there is a lack of research examining the effect of ageism interventions on older adults themselves,^{73, 75} and on care providers.⁷³ Additionally, Chang concluded a need for future research examining effect modifiers between ageism and adverse health as well as the relationship between structural and individual ageism.⁷⁴

Considerations and future directions

Consultation with a subject matter expert yielded additional insights into the literature base, which may be of use to the authors of this product:

- The most informative evidence for GQ1/1a can likely be found in second generation studies examining underlying factors contributing to disparities. Several such studies were identified and included in this brief,^{29, 49, 52} but the review team should consider this approach when conducting topic refinement.
- Focusing the evidence review on structural factors that impact older women may be more feasible than homing in on certain disease conditions. Issues like end-of-life care and circumstances (e.g., widowhood, isolation, financial inequity etc.); the increasing impacts of climate change on a rapidly aging population; the impact of nationwide and state-level policies; and the way older women’s needs and preferences may differ in various areas of care will be complex but important to take into consideration. One area that may prove especially salient is the change in the delivery of and perceptions around “reproductive care” for post-menopausal women.
- While this report focused primarily on studies that addressed populations of women older than 65, consider also including studies that focus on younger cohorts to better assess the way treatment earlier in life impacts older age (this is relevant, for example, in the area of Alzheimer’s risk,⁷⁶ menopausal and post-menopausal care,^{77, 78} and studies that address attitudes of ageism in younger people and care providers).
- Sociological phenomenon such as ageism, sexism, racism, etc., vary in different parts of the world due the different histories, policies, and political climates of each country. In this brief we limited our includes to only look at studies conducted in the United States, a decision that the subject matter expert we consulted with agreed with. However, it is worth noting that, because the literature available for CQs 2 and 3 is so limited, the authors of a future evidence review may want to consider including some interventions from other countries whose past and present contexts closely align with the United States.

- Consider the inclusion of or discussion surrounding studies that look at trial recruitment and enrollment, which is one area where disparities can come into play before research can even be conducted.⁷⁹⁻⁸¹
- Our literature search was limited to publications from the past five years. While this allowed us to focus on the most recent literature available, expanding this date range may prove beneficial to the authors of an evidence review.

Summary of Selection Criteria Assessment

After review of all primary literature and reviews found by our search, we found a total of 57 studies that could inform an evidence product. Based on the selection criteria and the nominator's needs, we suggest a systematic review with a large topic refinement period as the most suitable evidence product to address this important topic area.

Please see Appendix B for detailed assessments of individual EPC Program selection criteria.

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Appendix A: Methods

We assessed nomination for priority for an evidence review by the AHRQ Effective Health Care program with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

One reviewer appraised all records found via librarian's search using the inclusion criteria laid out in the CQs and PICOTs. Due to the complex, multi-faceted nature of this topic, a subject-matter expert at the Portland VA was consulted to assist the reviewer in better understanding the best way to conceptualize the evidence available, the most important issues that an evidence review should address, and any gaps in the literature not easily borne out by surveying the available literature yield.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Absence of Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last four years (2019 to 2024) on the questions of the nomination from these sources:

- AHRQ: Evidence reports and technology assessments
 - AHRQ Evidence Reports <https://www.ahrq.gov/research/findings/evidence-based-reports/index.html>
 - EHC Program <https://effectivehealthcare.ahrq.gov/>
 - US Preventive Services Task Force <https://www.uspreventiveservicestaskforce.org/>
 - AHRQ Technology Assessment Program <https://www.ahrq.gov/research/findings/ta/index.html>
- US Department of Veterans Affairs Products publications
 - Evidence Synthesis Program <https://www.hsrd.research.va.gov/publications/esp/>
 - VA/Department of Defense Evidence-Based Clinical Practice Guideline Program <https://www.healthquality.va.gov/>
- Cochrane Systematic Reviews <https://www.cochranelibrary.com/>
- University of York Centre for Reviews and Dissemination database <https://www.crd.york.ac.uk/CRDWeb/>
- PROSPERO Database (international prospective register of systematic reviews and protocols) <http://www.crd.york.ac.uk/prospetro/>
- PubMed <https://www.ncbi.nlm.nih.gov/pubmed/>
- Campbell Collaboration <http://www.campbellcollaboration.org/>
- McMaster Health System Evidence <https://www.healthsystemsevidence.org/>
- UBC Centre for Health Services and Policy Research <http://chspr.ubc.ca/>
- Joanna Briggs Institute <http://joannabriggs.org/>
- WHO Health Evidence Network <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/health-evidence-network-hen>

Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We

considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

Feasibility of New Evidence Review

Value

We assessed the nomination for value. We considered whether or not the clinical, consumer, or policymaking context had the potential to respond with evidence-based change, if a partner organization would use this evidence review to influence practice, and if the topic supports a priority area of AHRQ or the Department of Health and Human Services.

Search strategy

The search strategy was designed and conducted by an experienced medical librarian to assess the feasibility of conducting a new evidence review on ageism and disparities in women's healthcare. We conducted a comprehensive literature search using the OVID MEDLINE ALL database, which was executed on July 16, 2024, and was limited to studies published within the last five years, focusing on key concepts such as women's health, ageism, socioeconomic factors, and morbidity and mortality outcomes among older women. Additionally, the search was restricted to English-language publications to ensure relevance and accessibility for a systematic review. The decision to limit the search to the last three years was made due to the substantial size of the search results, ensuring a more manageable and focused review process.

The search strategy was designed to capture a broad range of studies that intersected the topics of women's health and ageism, filtering results to include only studies focusing on adult women aged 65 years and older. The strategy employed several layers of filtering, first by identifying relevant medical subject headings (MeSH) and keywords, and then refining the results using filters for study type, population characteristics, and geographic location.

In reviewing the search results, we screened all identified titles and abstracts for inclusion, categorizing them by study design and relevance to the key questions outlined in the topic brief. Given the complexity of the intersection between ageism and healthcare disparities, the search yielded a large body of literature, indicating that a systematic review would require substantial resources. We estimate the size of the relevant literature to be in the "large/jumbo" range, given the breadth of studies identified and their diversity in terms of interventions, outcomes, and population subgroups.

This extensive literature base suggests that a new evidence review is both feasible and potentially impactful, offering the opportunity to synthesize a wide range of evidence that addresses significant gaps in understanding the role of ageism in healthcare disparities among older women.

Librarian's estimate of review literature size: Large | Jumbo

Ovid MEDLINE ALL <1946 to July 02, 2024>

Date searched: July 16, 2024

1 women/ or woman/ or age/ or race/ or gender/ or sex/ or socioeconomic/ or social determinant/ or poverty/ or status/ or LGBTQ/ 3,703,598

2 women/ or woman/ or age/ or race/ or gender/ or sex/ or socioeconomic/ or social determinant/ or poverty/ or status/ or LGBTQ/ Filters: in the last 5 years 1,034,597

3 women/ or woman/ or age/ or race/ or gender/ or sex/ or socioeconomic/ or social determinant/ or poverty/ or status/ or LGBTQ/ or language/ or culture/ Filters: in the last 5 years 1,382,427

4 morbidity/ or mortality Filters: in the last 5 years 1,148,850

5 #3/ and #4/ Filters: in the last 5 years 379,879

6 intersect*/ or interact*/ or converge/ or divide Filters: in the last 5 years 715,064

7 #5/ and #6/ Filters: in the last 5 years 25,418

9 #5/ and #6/ Filters: in the last 5 years, English 10,976

10 #9/ Filters: Books and Documents, Case Reports, Classical Article, Clinical Conference, Clinical Study, Clinical Trial, Collected Work, Comparative Study, Consensus Development Conference, Consensus Development Conference, NIH, Controlled Clinical Trial, Corrected and Republished Article, Dataset, Equivalence Trial, Evaluation Study, Government Publication, Guideline, Historical Article, Introductory Journal Article, Meta-Analysis, Multicenter Study, Observational Study, Overall, Personal Narrative, Practice Guideline, Pragmatic Clinical Trial, Randomized Controlled Trial, Research Support, Non-U.S. Gov't, Research Support, U.S. Gov't, Non-P.H.S., Research Support, U.S. Gov't, P.H.S., Research Support, U.S. Gov't, Review, Scientific Integrity Review, Systematic Review, Technical Report, Validation Study, in the last 5 years, English, Adult: 19+ years, from 2021-2024 4,375

11 #9/ Filters: Books and Documents, Case Reports, Classical Article, Clinical Conference, Clinical Study, Clinical Trial, Collected Work, Comparative Study, Consensus Development Conference, Consensus Development Conference, NIH, Controlled Clinical Trial, Corrected and Republished Article, Dataset, Equivalence Trial, Evaluation Study, Government Publication, Guideline, Historical Article, Introductory Journal Article, Meta-Analysis, Multicenter Study, Observational Study, Overall, Personal Narrative, Practice Guideline, Pragmatic Clinical Trial, Randomized Controlled Trial, Research Support, Non-U.S. Gov't, Research Support, U.S. Gov't, Non-P.H.S., Research Support, U.S. Gov't, P.H.S., Research Support, U.S. Gov't, Review, Scientific Integrity Review, Systematic Review, Technical Report, Validation Study, in the last 5 years, English, Adult: 19+ years, from 2021-2024, Female 2,823

12 #9/ Filters: Books and Documents, Case Reports, Classical Article, Clinical Conference, Clinical Study, Clinical Trial, Collected Work, Comparative Study, Consensus Development Conference, Consensus Development Conference, NIH, Controlled Clinical Trial, Corrected and Republished Article, Dataset, Equivalence Trial, Evaluation Study, Government Publication, Guideline, Historical Article, Introductory Journal Article, Meta-Analysis, Multicenter Study, Observational Study, Overall, Personal Narrative, Practice Guideline, Pragmatic Clinical Trial, Randomized Controlled Trial, Research Support, Non-U.S. Gov't, Research Support, U.S. Gov't, Non-P.H.S., Research Support, U.S. Gov't, P.H.S., Research Support, U.S. Gov't, Review, Scientific Integrity Review, Systematic Review, Technical Report, Validation Study, English, from 2021-2024, Female, Aged 65+ years 1,484

13 NOT ((africa[MESH] OR asia[MESH] OR australia[MESH] OR canada[MESH] OR central america[mesh] OR europe[MESH] OR south america[MESH]) NOT (north america[MESH:NOEXP] OR united states[MESH])) Filters: Books and Documents, Case Reports, Classical Article, Clinical Conference, Clinical Study, Clinical Trial, Collected Work, Comparative Study, Consensus Development Conference, Consensus Development Conference, NIH, Controlled Clinical Trial, Corrected and Republished Article, Dataset, Equivalence Trial, Evaluation Study, Government Publication, Guideline, Historical Article, Introductory Journal Article, Meta-Analysis, Multicenter Study, Observational Study, Overall, Personal Narrative, Practice Guideline, Pragmatic Clinical Trial, Randomized Controlled Trial, Research Support, Non-U.S. Gov't, Research Support, U.S. Gov't, Non-P.H.S., Research Support, U.S. Gov't, P.H.S., Research Support, U.S. Gov't, Review, Scientific Integrity Review, Systematic Review,

Technical Report, Validation Study, English, from 2021-2024, Female, Aged 65+ years
260,050

14 #12/ and #13/ Filters: Books and Documents, Case Reports, Classical Article, Clinical Conference, Clinical Study, Clinical Trial, Collected Work, Comparative Study, Consensus Development Conference, Consensus Development Conference, NIH, Controlled Clinical Trial, Corrected and Republished Article, Dataset, Equivalence Trial, Evaluation Study, Government Publication, Guideline, Historical Article, Introductory Journal Article, Meta-Analysis, Multicenter Study, Observational Study, Overall, Personal Narrative, Practice Guideline, Pragmatic Clinical Trial, Randomized Controlled Trial, Research Support, Non-U.S. Gov't, Research Support, U.S. Gov't, Non-P.H.S., Research Support, U.S. Gov't, P.H.S., Research Support, U.S. Gov't, Review, Scientific Integrity Review, Systematic Review, Technical Report, Validation Study, English, from 2021-2024, Female, Aged 65+ years 498

Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes, ageism is an increasingly important phenomenon to address in healthcare contexts in the United States as the “baby boomer” generation ages. ¹
1b. Is the nomination a request for an evidence report?	Yes. The nomination is a request for an evidence review.
1c. Is the focus on effectiveness or comparative effectiveness?	Yes. The focus is on identifying the areas in which older women are most impacted by ageism and other intersecting elements of their identities (e.g., race, LGBT status, socioeconomic status, etc.), and on understanding the effectiveness and harms of interventions to address ageism in this population.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes, but a formal logic model should be developed during a large topic refinement phase.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Yes, ageism is an increasingly important phenomenon to address in healthcare contexts in the United States as the “baby boomer” generation ages. ¹
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population and when appropriate, addresses health disparities/equity?	Yes. The aging population of the United States is increasingly impacted by ageism, ¹ and the groups of older women likely to be most affected are those who suffer from existing health disparities. ¹²
2c. Incorporates issues around both clinical benefits and potential clinical harms	Yes, the proposed guiding questions address the potential benefits and harms of interventions that address ageism in older women.
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	A 2018 study from Yale School of Public Health found that ageism in healthcare led to excess costs of \$63 billion over the course of one year in the United States, and that reducing ageism would result in both cost savings and improved health outcomes for older adults. ⁴
3. Desirability of a New Evidence Review/Absence of Duplication	
3. A recent high-quality systematic review or other evidence review is not available on this topic	Yes. No evidence reviews addressing ageism and interventions to address ageism in older women in the United States were identified.
4. Impact of a New Evidence Review	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?	Yes. Because this topic is multi-faceted and complex, the landscape of evidence on ageism in women’s health and interventions to address it would benefit from the clarification that an evidence review could provide.
5. Primary Research	
5. Effectively utilizes existing research and knowledge by considering: - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies)	Yes. This brief did not include many studies that address GQs 2 and 3; however, an evidence review with a large topic refinement could address this issue.
6. Value	

6a. The proposed topic exists within a clinical, consumer, or policy-making context that is amenable to evidence-based change and supports a priority of AHRQ or Department of Health and Human Services	Yes, there is a need for an evidence product in this topic area due to the increasing age of the United States population and the potential impacts of agism on healthcare costs. ^{1, 4}
6b. Identified partner who will use the systematic review to influence practice (such as a guideline or recommendation)	Yes. An evidence review would be used by the nominator, GSA, and also by other organizations of interest such as the NIA and AGS.

Abbreviations: AGS=American Geriatrics Society; AHRQ=Agency for Healthcare Research and Quality; GSA=Gerontological Society of America; NIA=National Institute on Aging