

## How Ageist Are We, New York City?

Ageism is defined as stereotypes and discrimination towards people based on age.<sup>1</sup> This underrecognized form of discrimination can be both internalized and structural, and it can affect the overall mental and physical health and well-being of people, especially older adults. Ageism, like other forms of discrimination, is a stressor that can increase the risk of chronic disease.<sup>2</sup> It is also associated with slower recovery times from illness, accelerated cognitive decline, and social isolation and loneliness.<sup>1</sup> In addition to these consequences for individuals, ageism can result in new burdens on society, such as increased health care costs.<sup>3</sup> Positive feelings about age, on the other hand, can have beneficial health effects, such as possibly protecting against dementia.<sup>4</sup>

Older adults and people of color have experienced disproportionate illness and death during the COVID-19 pandemic.<sup>5</sup> The pandemic has also exposed and perpetuated ageism. For example, some public discourse portrayed older adults as less valuable than younger people when it came to allocation of resources for care.<sup>6</sup>

Older adults constitute a growing proportion of the New York City (NYC) population, with the number of people 65 years and older projected to grow more than 40% from 2010 to 2040.<sup>7</sup> These demographic changes underscore the need to be aware of and address ageism’s impact on health equity. This brief describes attitudes and opinions about aging and ageism among adult New Yorkers, drawing upon data from the NYC Health Opinion Poll conducted May 24 – June 5, 2019.

### Definitions:

**Ageism:** Stereotypes, prejudices, and discrimination based on age that are self-directed or towards others.<sup>1</sup>

**Benevolent ageism:** A less obvious form of ageism that suggests people should be helped or protected because of their age.

**Hostile ageism:** Negative beliefs towards people based on their age.

**Internalized ageism:** When a person has ageist beliefs and applies them to themselves.

**Structural ageism:** Forms of ageism embedded in systems, laws, and policies.

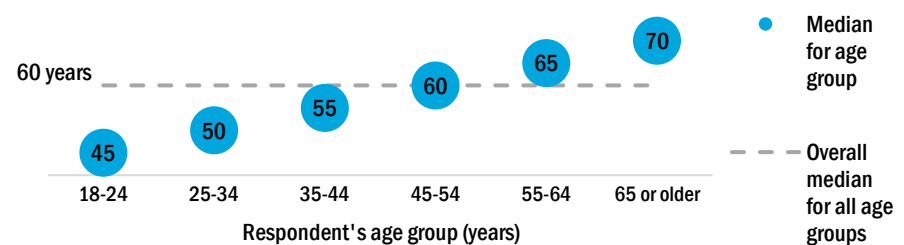
**Older adult:** This report defines older adults as ages 65 and older.<sup>7</sup>

## Aging is relative: a New Yorker’s age influences who they consider to be an “older person”

- The overall median age at which adult New Yorkers said that someone became an “older person” was 60 years.
- Respondents ages 65 years and older reported a median of 70 years as “the single age someone becomes an older person,” 25 years higher than the median age reported by respondents ages 18 to 24 years.

### Most adult New Yorkers considered someone to become an “older person” at an age older than themselves

Median age considered an “older person,” by respondent age, New York City, 2019



Source: NYC Health Opinion Poll, May 24 – June 5, 2019

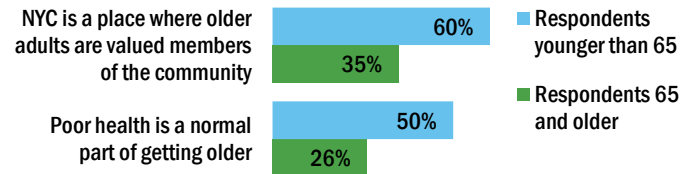
**Data Source:** NYC Health Opinion Poll (HOP) of adults ages 18 or older measures New Yorkers’ knowledge, opinions, and experiences related to health. Data presented are from a poll of 1,200 adults (of whom 157 were 65 or older) fielded May 24–June 6, 2019, in English and Spanish. Data were collected via nonprobability online panels and weighted to match the NYC population on borough, race/ethnicity, age, sex, and education per the 2013–2017 American Community Survey. When offered, responses of “Don’t know” were considered valid and included in the denominator when producing estimates. We were unable to provide estimates for certain groups such as indigenous peoples of the Americas and LGBTQ+ people. Online panels have limitations such as coverage and selection bias, and low participation rates. Because the survey was administered in Spanish and English, the attitudes of people not fluent in these languages may not be accurately represented. To request more information about HOP, email: [nychop@health.nyc.gov](mailto:nychop@health.nyc.gov).

## New Yorkers ages 65 years and older perceive aging and the New York City aging environment differently than younger respondents

- Most respondents younger than 65 years (60%) agreed that NYC is a place where older adults are valued members of the community, while only 35% of respondents 65 and older agreed.
- Older respondents were half as likely as those younger than 65 years to agree that poor health is a normal part of aging (26% vs. 50%).
- Among people younger than 65 years, those agreeing that poor health is a normal part of aging tended to have more ageist attitudes than those who did not express agreement.

**Respondents younger than 65 years** were more likely to agree with statements about the value and poor health of older people than **respondents 65 years and older**

New York City, 2019



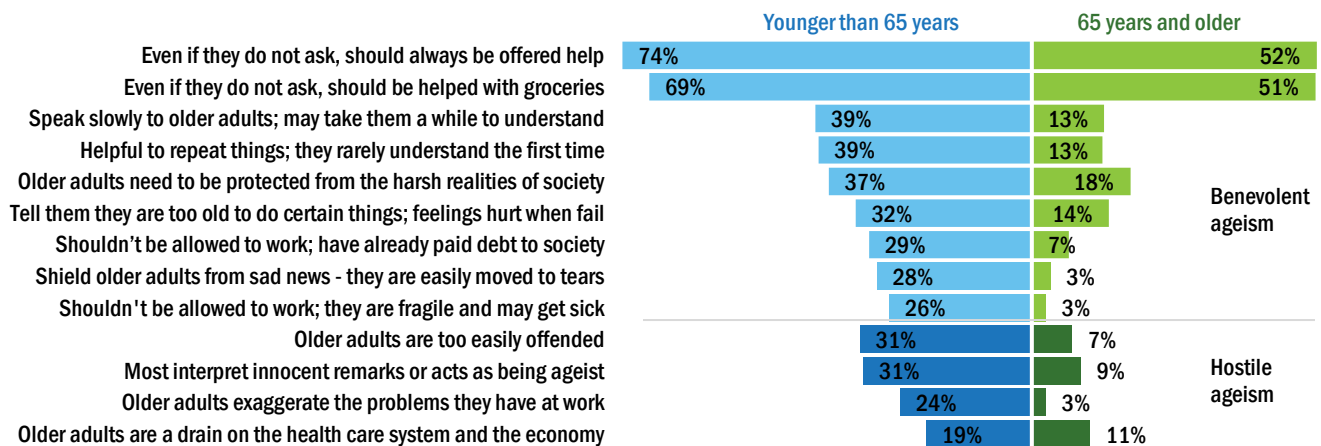
Source: NYC Health Opinion Poll, May 24 - June 5, 2019

## New Yorkers ages 65 years and older sometimes hold ageist beliefs, but such beliefs are much more common among younger adults

- Among both New Yorkers 65 and older and those younger than 65 years, more than half agreed that older adults should always be offered help, even if they do not ask for it, particularly with groceries. This is an example of “benevolent ageism,” a belief that older people should be helped or protected because of their age.
- Almost 40% of people younger than 65 years agreed that certain communication styles (repeating and speaking slowly) can help older adults understand things, whereas only 13% of persons 65 and older agreed with these statements.
- Negative beliefs about people based on their age are called “hostile ageism.” Such beliefs can relate to how older adults perceive situations. For example, 31% of adult New Yorkers younger than 65 years agreed that older adults are too easily offended.
- Some people hold negative beliefs about themselves or their own age group. For example, 11% of people 65 years and older agreed that older adults are a drain on the health care system and economy.

### Benevolent and hostile ageist beliefs are held by both younger and older adults

Proportion of respondents agreeing with ageist statements about older people, by respondent age group, New York City, 2019



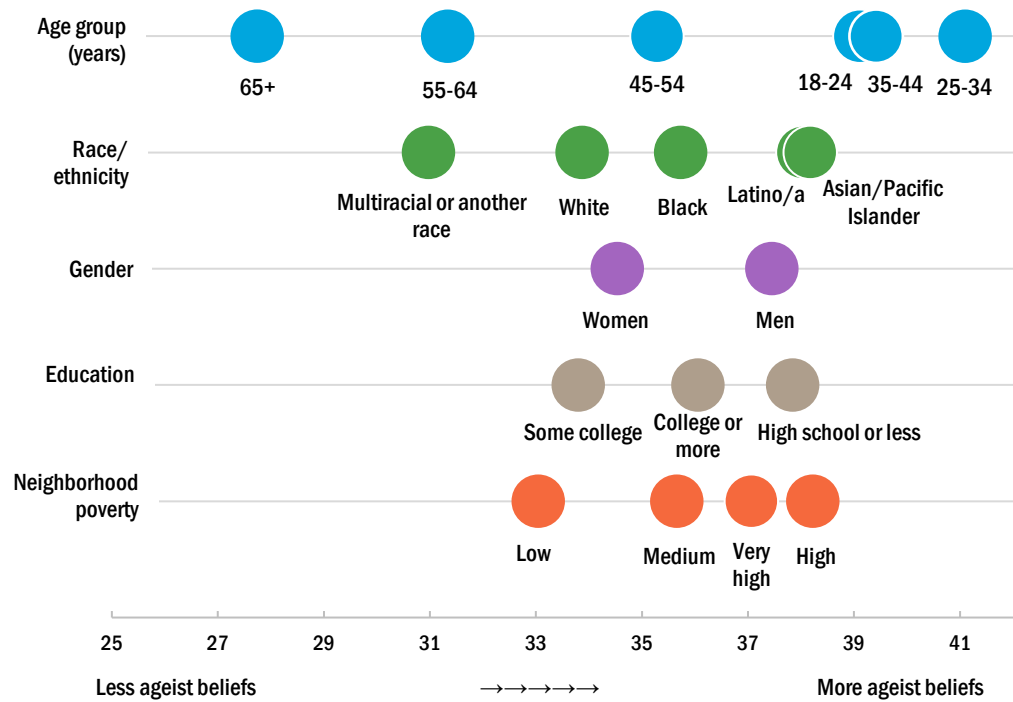
Source: NYC Health Opinion Poll, May 24 - June 5, 2019

The **Ambivalent Ageism Scale**<sup>8</sup> is a validated scale that measures a person’s positive and negative attitudes toward older adults. It is calculated by asking how much a person agrees with nine benevolent statements that say good or helpful things about older adults and four hostile statements that say aggressive or negative things about older people. Each response is scored from one point for strong disagreement to five points for strong agreement, so a person agreeing more with the ageist statements will have a higher total score on the scale. In this brief, ANOVA (Analysis of Variance) was used to compare average scores across sociodemographic groups. While AAS is a frequently used tool for measuring ageism, it was validated in a relatively young population, and a validated scale to reliably assess ageism among older adults is needed.

## Ageist attitudes vary across sociodemographic groups, with adults 65 years and older less likely to be ageist than all other age groups

- NYC adults scored an average of 36 points on the Ambivalent Ageism Scale (see explanatory box on page two), a measure of attitudes toward older adults. The scale ranges from 13 to 65 points.
- Ageist beliefs were least pronounced among people 65 years and older (average score: 28 points); respondents younger than 65 years old had an overall average of 38 points.
- Asian and Pacific Islander New Yorkers had stronger ageist beliefs (38 points) than White New Yorkers (34 points). White New Yorkers had stronger ageist beliefs than those who identified as multiracial or another race (31 points).
- Ageist beliefs were stronger among men than women (38 vs. 35 points).

**Ageist attitudes among New Yorkers varied across sociodemographic groups**  
 Ambivalent Ageism Scale^ average scores, by sociodemographic group, New York City, 2019



^The Ambivalent Ageism Scale is a 13-item scale that measures positive and negative attitudes towards older adults; scores on each item are averaged for an overall score. White, Black, Asian/Pacific Islander, and multiracial or another race categories exclude Latino/a ethnicity. Latino/a includes Hispanic or Latino/a of any race. Neighborhood poverty (based on ZIP code) is the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey 2013-2017. "Low poverty" neighborhoods = <10% of the population below FPL; "Medium" = 10-20% below FPL; "High" = 20-30% below FPL; "Very high" = ≥30% below FPL.

Source: NYC Health Opinion Poll, May 24 - June 5, 2019

- Adult residents of neighborhoods with low poverty had less pronounced ageist beliefs (33 points) than residents of medium- and high-poverty neighborhoods (range 36 to 38 points).

**Definitions: Race/ethnicity:** In this publication, Latino/a includes people of Hispanic or Latino/a origin, as identified by the survey question "Are you Hispanic or Latino/a?" and regardless of reported race. Black, White, Asian/Pacific Islander, and 'multiracial or another race' categories exclude those who identified as Latino/a.

**Neighborhood poverty:** Neighborhood poverty (based on ZIP code) is defined as the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey 2013-2017. Neighborhoods are categorized into four groups as follows: "Low poverty" neighborhoods are those with <10% of the population living below the FPL; "Medium poverty" neighborhoods have 10-20% of the population below FPL; "High Poverty" neighborhoods have 20-30% of the population living below the FPL; "Very high poverty" neighborhoods have ≥30% of the population living below the FPL.

**Health equity** is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing efforts to address historical and contemporary injustices such as discrimination based on social position (e.g., class, immigration status, age) or social identities (e.g., race, gender, sexual orientation). For more information, visit the Centers for Disease Control and Prevention's [Health Equity](#) page.

## Implications

Findings from the NYC Health Opinion Poll show that ageism takes benevolent and hostile forms across all age groups. Older adults may also internalize self-stigmatizing beliefs.

Mitigating ageism is key to healthy aging in our city, and can lead to longer, more productive lives for everybody. Despite the ubiquity of ageism on individual and systemic levels, awareness and recognition are important first steps in combating negative stereotypes and assumptions about older adults. Continued exploration of the intersections of ageism and racism, ableism, and classism is also important for developing effective health promotion strategies for all older New Yorkers.

To counter ageism, and in response to the needs of older adults during the pandemic, the NYC Health Department heavily invested in older adult health by formulating specific COVID guidance for those 65 and older and employing various strategies to reach them, especially those who were unable to leave their homes during the city's vaccination campaign. This included forging new, creative partnerships with health insurance payers, the Centers for Medicare & Medicaid Services, other city agencies, community organizations, and pharmacies to vaccinate older adults. To promote health equity, the Health Department spearheads educational efforts for older adults about vital aging topics such as healthy and safe homes, medicine safety, and chronic disease prevention. It also continues to conduct data collection and analyses about older adults to better respond to their needs.

Finally, the Health Department works closely with the NYC Department for the Aging (NYC Aging), whose mission is to eliminate ageism and to create opportunities for older adults to thrive and age-in-place in their communities. NYC Aging's "Ageless New York" campaign asked the public to rethink their views on aging by featuring the contributions, drive, and active lifestyles of older New Yorkers. Through collaborations such as the NYC Falls Prevention Coalition and the new NYC Cabinet for Older New Yorkers, the Health Department is committed to making NYC an age-inclusive city that promotes and supports the health of its older adults. As part of a Cabinet project, NYC Aging and the Department of Education piloted an anti-ageism resource guide this year, designed to teach students how to recognize and understand the impact of age-based discrimination, and to serve as agents of change.

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**Acknowledgements:** This work is in memory of our colleague Amita Toprani who was committed to improving the health of older adults in New York City.

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New York City Department of Health and Mental Hygiene





# Epi Data Tables

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### Data Source

**NYC Health Opinion Poll (HOP)** of adults ages 18 or older measures New Yorkers' knowledge, opinions, and experiences related to health. Data presented are from a poll of 1,200 adults (of whom 157 were 65 or older) fielded May 24–June 6, 2019, in English and Spanish. Data were collected via nonprobability online panels and weighted to match the NYC population on borough, race/ethnicity, age, sex, and education per the 2013-2017 American Community Survey. When offered, responses of "Don't know" were considered valid and included in the denominator when producing estimates. We were unable to provide estimates for certain groups such as indigenous peoples of the Americas and LGBTQ+ people. Online panels have limitations such as coverage and selection bias, and low participation rates. Because the survey was administered in Spanish and English, the attitudes of people not fluent in these languages may not be accurately represented. To request more information about HOP, email: [nychop@health.nyc.gov](mailto:nychop@health.nyc.gov)

**Table 1a. Average age respondents consider someone to be an "older person" among adults 18 years and older, New York City, May 24-June 6, 2019**

Source: New York City Health Opinion Poll (NYC HOP) wave 3; May 24-June 6, 2019

Data are weighted to NYC's borough, age X gender, borough X race/ethnicity, and education per the 2013-2017 US Census Bureau's ACS 5-year estimates

Age someone considered an "older person"				
	Mean age in years	Median age in years	Standard Deviation	p-value
<b>Respondent age in years - 6 category</b>				
18-24	44.0	45	1208	<b>&lt;0.001</b>
25-34	50.4	50	1110	<b>&lt;0.001</b>
35-44	53.3	55	976	<b>&lt;0.001</b>
45-54	57.7	60	1176	<b>&lt;0.001</b>
55-64	61.0	65	980	<b>&lt;0.001</b>
65 or older	67.7	70	1063	REF
<b>Respondent age in years - 2 category</b>				
Less than 65	53.4	55	1149	<b>&lt;0.001</b>
65 and older	67.7	70	1063	REF

Significance test is based on the generalized linear model. A p-value is a measure of statistical significance. A bold p-value less than .05 means there is a significant difference between that group and the referent (comparison) group. Ref: Reference group.

**Table 1b: Prevalence of agreement with statements about the value and poor health of older adults, among adults 18 years and older, New York City, May 24-June 6, 2019**

Source: New York City Health Opinion Poll (NYC HOP) wave 3; May 24-June 6, 2019

Data are weighted to NYC's borough, age X gender, borough X race/ethnicity, and education per the 2013-2017 US Census Bureau's ACS 5-year estimates

	NYC is a place where older adults are valued members of the community					Poor health is a normal part of getting older				
	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
<b>Overall</b>	3,782,000	55.9	52.7	59.1	–	3,112,000	46.0	42.8	49.2	–
<b>Agegroup in years</b>										
18-24	455,000	57.6	48.0	67.1	<b>0.001</b>	407,000	52.0	42.3	61.6	<b>&lt;0.001</b>
25-34	998,000	64.9	59.0	70.8	<b>&lt;0.001</b>	898,000	58.0	52.0	64.0	<b>&lt;0.001</b>
35-44	766,000	64.0	57.1	70.9	<b>&lt;0.001</b>	544,000	46.5 D	39.3	53.6	<b>&lt;0.001</b>
45-54	695,000	62.7	54.4	71.0	<b>&lt;0.001</b>	535,000	48.2	39.7	56.7	<b>&lt;0.001</b>
55-64	471,000	48.7	40.5	56.9	0.039	430,000	44.2	35.8	52.5	<b>0.003</b>
65 or older	397,000	36.2	27.7	44.8	REF	298,000	26.4	18.4	34.4	REF
<b>Agegroup in years</b>										
Less than 65	3,384,000	60.4	57.0	63.8	<b>&lt;0.001</b>	2,814,000	50.4	46.9	53.8	<b>&lt;0.001</b>
65 and older	397,000	36.2	27.7	44.8	REF	298,000	26.4	18.4	34.4	REF

U When reporting to nearest whole percent, round up

D When reporting to nearest whole percent, round down

Strongly agree and somewhat agree are combined together and presented in the above tables

Significance test is based on the Z score test. A p-value is a measure of statistical significance. A bold p-value less than .05 means there is a significant difference between that group and the referent (comparison) group. Ref: Reference group.



**Table 1c: Prevalence of agreement with statements indicating benevolent ageism among adults 18 years and older, New York City, May 24-June 6, 2019**

Source: New York City Health Opinion Poll (NYC HOP) wave 3; May 24-June 6, 2019

Data are weighted to NYC's borough, age X gender, borough X race/ethnicity, and education per the 2013-2017 US Census Bureau's ACS 5-year estimates

	Even if do not ask for help, older adults should always be offered help					Even if do not ask for help, older adults should be helped with their groceries					Good to speak slowly to older adults - may take them a while to understand				
	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
<b>Overall</b>	4,758,000	70.3	67.3	73.3	–	4,480,000	66.2	63.2	69.2	–	2,353,000	34.8	31.7	37.8	–
<b>Agegroup in years</b>															
18-24	581,000	73.6	65.6	81.6	<b>0.001</b>	512,000	65.4	56.4	74.5	<b>0.032</b>	319,000	41.4	31.7	51.0	<b>&lt;0.001</b>
25-34	1,205,000	78.3	73.3	83.3	<b>&lt;0.001</b>	1,103,000	71.6	66.2	77.0	<b>&lt;0.001</b>	791,000	51.4	45.2	57.5	<b>&lt;0.001</b>
35-44	917,000	77.5 D	71.3	83.6	<b>&lt;0.001</b>	847,000	72.0	65.6	78.3	<b>&lt;0.001</b>	475,000	40.4	33.4	47.3	<b>&lt;0.001</b>
45-54	804,000	72.2	64.6	79.8	<b>0.001</b>	782,000	70.3	62.8	77.8	<b>0.002</b>	416,000	37.6	29.3	45.9	<b>&lt;0.001</b>
55-64	664,000	67.7	60.2	75.3	<b>0.013</b>	650,000	66.9	59.3	74.5	<b>0.010</b>	203,000	20.7	14.0	27.4	0.102
65 or older	587,000	52.9	43.8	61.9	REF	585,000	51.5 D	42.5	60.5	REF	149,000	13.1	6.8	19.3	REF
<b>Agegroup in years</b>															
Less than 65	4,171,000	74.4	71.4	77.4	<b>&lt;0.001</b>	3,895,000	69.7	66.6	72.8	<b>&lt;0.001</b>	2,205,000	39.5 U	36.2	42.9	<b>&lt;0.001</b>
65 and older	587,000	52.9	43.8	61.9	REF	585,000	51.5 D	42.5	60.5	REF	149,000	13.1	6.8	19.3	REF
	Helpful to repeat things to older adults - rarely understand the first time					Older adults need to be protected from the harsh realities of society					Good to tell older adults they are too old to do certain things				
	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
<b>Overall</b>	2,318,000	34.6	31.5	37.7	–	2,272,000	34.0	31.0	37.1	–	1,953,000	29.2	26.3	32.2	–
<b>Agegroup in years</b>															
18-24	311,000	39.9	30.5	49.3	<b>&lt;0.001</b>	263,000	34.1	24.9	43.3	<b>0.007</b>	314,000	40.2	30.6	49.7	<b>&lt;0.001</b>
25-34	731,000	47.6	41.4	53.7	<b>&lt;0.001</b>	723,000	46.9	40.7	53.0	<b>&lt;0.001</b>	601,000	39.7	33.6	45.8	<b>&lt;0.001</b>
35-44	534,000	45.3	38.2	52.4	<b>&lt;0.001</b>	478,000	40.4	33.4	47.4	<b>&lt;0.001</b>	421,000	35.8	29.0	42.6	<b>&lt;0.001</b>
45-54	362,000	33.3	25.1	41.5	<b>&lt;0.001</b>	359,000	32.6	24.6	40.7	<b>0.008</b>	260,000	23.5 U	16.1	31.0	0.058
55-64	235,000	24.0	16.7	31.3	<b>0.023</b>	245,000	25.2	18.1	32.3	0.179	197,000	20.1	13.3	26.9	0.206
65 or older	145,000	12.8	6.5	19.1	REF	204,000	18.4	11.5	25.3	REF	159,000	14.1	7.9	20.4	REF
<b>Agegroup in years</b>															
Less than 65	2,172,000	39.1	35.7	42.5	<b>&lt;0.001</b>	2,069,000	36.8	33.5	40.1	<b>&lt;0.001</b>	1,794,000	31.9	28.7	35.1	<b>&lt;0.001</b>
65 and older	145,000	12.8	6.5	19.1	REF	204,000	17.9	11.2	24.6	REF	159,000	14.0	7.8	20.1	REF
	Even if they want to, older adults shouldn't be allowed to work because they have already paid their debt to society					Should shield older adults from sad news - easily moved to tears					Even if they want to, older adults shouldn't be allowed to work because they are fragile and may get sick				
	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
<b>Overall</b>	1,734,000	25.6	22.9	28.4	–	1,617,000	23.9	21.2	26.6	–	1,483,000	21.9	19.3	24.5	–
<b>Agegroup in years</b>															
18-24	266,000	33.6	24.6	42.7	<b>&lt;0.001</b>	149,000	19.4	11.3	27.5	<b>&lt;0.001</b>	246,000	31.1	22.3	39.9	<b>&lt;0.001</b>
25-34	580,000	37.5	31.5	43.5	<b>&lt;0.001</b>	611,000	39.9	33.8	46.0	<b>&lt;0.001</b>	482,000	31.1	25.4	36.8	<b>&lt;0.001</b>
35-44	377,000	31.5 D	25.2	37.8	<b>&lt;0.001</b>	425,000	36.1	29.2	43.0	<b>&lt;0.001</b>	357,000	29.9	23.5	36.3	<b>&lt;0.001</b>
45-54	286,000	25.7	18.2	33.2	<b>&lt;0.001</b>	257,000	23.2	16.0	30.4	<b>&lt;0.001</b>	253,000	22.7	15.4	30.0	<b>&lt;0.001</b>
55-64	149,000	15.3	9.1	21.4	<b>0.029</b>	136,000	14.0	8.0	20.0	<b>0.002</b>	116,000	11.9	6.7	17.1	<b>0.002</b>
65 or older	76,000	6.7	2.2	11.2	REF	39,000	3.4	0.5	6.4	REF	29,000	2.6	0.0	5.4	REF
<b>Agegroup in years</b>															
Less than 65	1,658,000	29.5 D	26.3	32.6	<b>&lt;0.001</b>	1,578,000	28.4	25.2	31.5	<b>&lt;0.001</b>	1,454,000	25.8	22.9	28.8	<b>&lt;0.001</b>
65 and older	76,000	6.7	2.2	11.2	REF	39,000	3.4	0.5	6.4	REF	29,000	2.6	0.0	5.4	REF

U When reporting to nearest whole percent, round up

D When reporting to nearest whole percent, round down

Strongly agree and somewhat agree are combined together and presented in the above tables

Significance test is based on the Z score test. A p-value is a measure of statistical significance. A bold p-value less than .05 means there is a significant difference between that group and the referent (comparison) group. Ref: Reference group.



**Table 1d: Prevalence of agreement with statements indicating hostile ageism, among adults 18 years and older, New York City, May 24-June 6, 2019**

Source: New York City Health Opinion Poll (NYC HOP) wave 3; May 24-June 6, 2019

Data are weighted to NYC's borough, age X gender, borough X race/ethnicity, and education per the 2013-2017 US Census Bureau's ACS 5-year estimates

Older adults are too easily offended						Most older adults interpret innocent remarks or acts as ageist				
	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
<b>Overall</b>	1,834,000	27.1	24.3	29.9	–	1,818,000	26.9	24.0	29.7	–
<b>Agegroup in years</b>										
18-24	270,000	35.4	25.8	45.1	<b>&lt;0.001</b>	232,000	32.7	23.0	42.3	<b>&lt;0.001</b>
25-34	645,000	42.7	36.5	48.9	<b>&lt;0.001</b>	651,000	44.4	38.1	50.7	<b>&lt;0.001</b>
35-44	467,000	39.9	32.9	47.0	<b>&lt;0.001</b>	414,000	37.2	30.3	44.1	<b>&lt;0.001</b>
45-54	247,000	23.1	15.8	30.4	<b>&lt;0.001</b>	231,000	22.6	15.0	30.1	<b>0.006</b>
55-64	123,000	12.7	7.6	17.9	0.135	189,000	20.6	13.7	27.4	<b>0.013</b>
65 or older	83,000	7.4	2.6	12.1	REF	101,000	9.4	3.8	15.0	REF
<b>Agegroup in years</b>										
Less than 65	1,751,000	31.1	27.9	34.3	<b>&lt;0.001</b>	1,717,000	32.8	29.5	36.1	<b>&lt;0.001</b>
65 and older	83,000	7.3	2.6	11.9	REF	101,000	9.4	3.8	15.0	REF
<b>Older adults exaggerate the problems they have at work</b>						<b>Older adults are drain on health care system and economy</b>				
	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value	Weighted n	Weighted %	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
<b>Overall</b>	1,370,000	20.2	17.7	22.8	–	1,198,000	17.7	15.3	20.1	–
<b>Agegroup in years</b>										
18-24	289,000	38.4	28.5	48.3	<b>&lt;0.001</b>	174,000	22.8	14.6	31.0	<b>0.017</b>
25-34	471,000	32.1	26.0	38.2	<b>&lt;0.001</b>	401,000	26.2	20.7	31.8	<b>&lt;0.001</b>
35-44	350,000	30.8	24.2	37.4	<b>&lt;0.001</b>	257,000	22.3	16.5	28.2	<b>0.005</b>
45-54	138,000	12.9	7.2	18.7	<b>0.002</b>	145,000	13.1	7.2	19.1	0.565
55-64	92,000	10.0	4.9	15.1	<b>0.014</b>	101,000	10.5	5.4	15.6	0.961
65 or older	29,000	2.8	0.2	5.4	REF	120,000	10.7	5.0	16.4	REF
<b>Agegroup in years</b>										
Less than 65	1,341,000	25.1	22.0	28.2	<b>&lt;0.001</b>	1,078,000	19.6	16.8	22.3	<b>0.006</b>
65 and older	29,000	2.8	0.2	5.4	REF	120,000	10.7	5.0	16.4	REF

D When reporting to nearest whole percent, round down

Strongly agree and somewhat agree are combined together and presented in the above tables

Significance test is based on the Z score test. A p-value is a measure of statistical significance. A bold p-value less than .05 means there is a significant difference between that group and the referent (comparison) group. Ref: Reference group.

**Table 1e: Mean scores on the adapted Ambivalent Ageism Scale<sup>1</sup> among adults 18 years and older, New York City, May 24-June 6, 2019**

Source: New York City Health Opinion Poll (NYC HOP) wave 3; May 24-June 6, 2019

Data are weighted to NYC's borough, age X gender, borough X race/ethnicity, and education per the 2013-2017 US Census Bureau's ACS 5-year estimates

	Mean score	Median score	Standard Deviation	Standard Error	p-value
<b>Age in years - 6 category</b>					
18-24	39.1	39	800.7	1.0	<.0001
25-34	41.1	40	904.0	0.8	<.0001
35-44	39.5	39	945.8	0.9	<.0001
45-54	35.3	35	891.7	0.9	<.0001
55-64	31.3	29	836.2	0.9	<b>0.005</b>
65 or older	27.7	27	703.5	0.7	REF
<b>Age in years - 2 category</b>					
Less than 65	37.6	37	922.3	0.4	< <b>0.001</b>
65 and older	27.7	27	703.5	0.7	REF
<b>Gender</b>					
Men	37.6	36	989.1	0.6	REF
Women	34.5	33	875.7	0.5	< <b>0.001</b>
<b>Educational attainment</b>					
High school degree or less	37.9	37	1039.3	0.8	<b>0.004</b>
Some college	33.8	33	809.0	0.6	< <b>0.001</b>
College degree or more	36.1	34	944.5	0.6	REF
<b>Neighborhood poverty †</b>					
Low poverty (<10%)	33.0	32	853.8	0.8	REF
Medium poverty (10 to <20%)	35.7	35	930.8	0.6	< <b>0.0001</b>
High poverty (20 to <30%)	38.2	37	1015.5	0.9	<b>0.013</b>
Very high poverty (30%+)	37.0	35	892.3	0.9	0.376
<b>Race/ethnicity ‡</b>					
Asian/Pacific Islander	38.1	37	887.6	0.7	<b>0.019</b>
Black	35.7	34	845.4	0.8	0.076
Latino/a	38.0	38	957.1	0.8	0.982
Multiracial or another race	31.4	33	557.1	1.6	<b>0.001</b>
White	34.0	30	986.0	0.7	REF

<sup>1</sup> Ambivalent Ageism Scale (AAS) includes 13 questions developed to measure benevolent and hostile forms of ageism. The scale was adapted for the Health Opinion Poll 3.

† Neighborhood poverty (based on self-reported ZIP code) is defined as the percentage of the population living below the Federal Poverty Line (FPL) based on the American Community Survey (2013-17). Neighborhoods are categorized into four groups as follows: "Low poverty" neighborhoods are those with <10% of the population living below the FPL; "Medium poverty" neighborhoods have 10-<20% of the population below FPL; "High Poverty" neighborhoods have 20-<30% of the population living below the FPL; "Very high poverty" neighborhoods have ≥30% of the population living below the FPL.

‡ Race/ethnicity: For the purpose of this publication, Latino/a includes people of Hispanic or Latino/a origin, as identified by the survey question "Are you Hispanic or Latino/a?" and regardless of reported race. Black, White, Asian/Pacific Islander, and Multiracial or another race categories exclude those who identified as Latino/a.

ANOVA (Analysis of Variance) was used to compare average AAS scores across sociodemographic groups. A p-value is a measure of statistical significance. A bold p-value less than .05 means there is a significant difference between that group and the referent (comparison) group. Ref: Reference group.

**Table 1f: Mean scores on the adapted Ambivalent Ageism Scale<sup>1</sup> by agreement with statement about poor health of older adults,<sup>2</sup> by age group, New York City, May 24-June 6, 2019**

Source: New York City Health Opinion Poll (NYC HOP) wave 3; May 24-June 6, 2019

Data are weighted to NYC's borough, age X gender, borough X race/ethnicity, and education per the 2013-2017 US Census Bureau's ACS 5-year estimates

<b>Among adults younger than 65</b>			
		<b>Mean AAS score</b>	<b>p-value</b>
<b>poor health is normal part of aging</b>	Agree	41.5	<b>&lt;.0001</b>
	Disagree/neutral		
	/don't know	33.6	REF
<b>Among adults 65 and older</b>			
		<b>Mean AAS score</b>	<b>p-value</b>
<b>poor health is normal part of aging</b>	Agree	29.7	0.118
	Disagree/neutral		
	/don't know	27.1	REF

<sup>1</sup> Ambivalent Ageism Scale (AAS) includes 13 questions developed to measure benevolent and hostile forms of ageism. The scale was adapted for the Health Opinion Poll 3.

<sup>2</sup> Respondents agreement/disagreement with the statement "poor health is a normal part of getting older."

ANOVA (Analysis of Variance) was used to compare average AAS scores by "poor health" response, within each age group. A p-value is a measure of statistical significance. A bold p-value less than .05 means there is a significant difference between that group and the referent (comparison) group. Ref: Reference group.