



Division of Geriatric Medicine

Thriving While Aging: Empowerment Through Knowledge and Compassion

June 24, 2025

Samantha A. Farro, PhD

Division of Geriatrics

University of Colorado, School of Medicine

Multidisciplinary Center on Aging



Thank You!

Many thanks to these amazing people who helped make today happen:

Jodi Waterhouse at CU Anschutz MCoA

Jackie Schwartz at Kavod Senior Life

Christie Zeigler at Kavod Senior Life

Emily Haller, LCSW, MBA at CU Anschutz



Anschutz Division of Geriatric Medicine



Seniors Clinics Behavioral Health Team

What Does Behavioral Health Do?

- Brief screening and assessment of health concerns
- Short-term, solution-focused consultation to support achieving health goals
- Mental health resources and referrals (if needed)

How Can Behavioral Health Help?

- We help you achieve health goals by focusing on changing daily habits, using new coping skills, or addressing health concerns



Emily Haller, LCSW, MBA



Courtney Johnson, LCSW



Samantha Farro, PhD





Setting Intentions for Today

- Aim of today is to create an open space to share and discuss experiences in life related to aging
 - Complexity of humans = you are the expert on YOU
 - Lived experience is highly varied and all valid
- Information provided is focused on evidence from research and science
 - This information is not a substitute for medical or behavioral health care and advice



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True or False??

“As we age into older adulthood....



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True or False??

“As we age into older adulthood....

1. “...it is common to feel lonely and depressed.”



True or False??

“As we age into older adulthood....

1. “...it is common to feel lonely and depressed.”
2. “...performance of many cognitive skills (including memory) can be improved.”



Agenda

- The Invisible Bias: Why Ageism Is Everyone's Problem
- Myth vs. Reality: What the Science Says About Getting Older
- Lifestyle Strategies To Support Brain Health in Aging
- Bolstering Resilience Using Self Compassion Skills
- Questions/Comments



Photo by Steve A Johnson





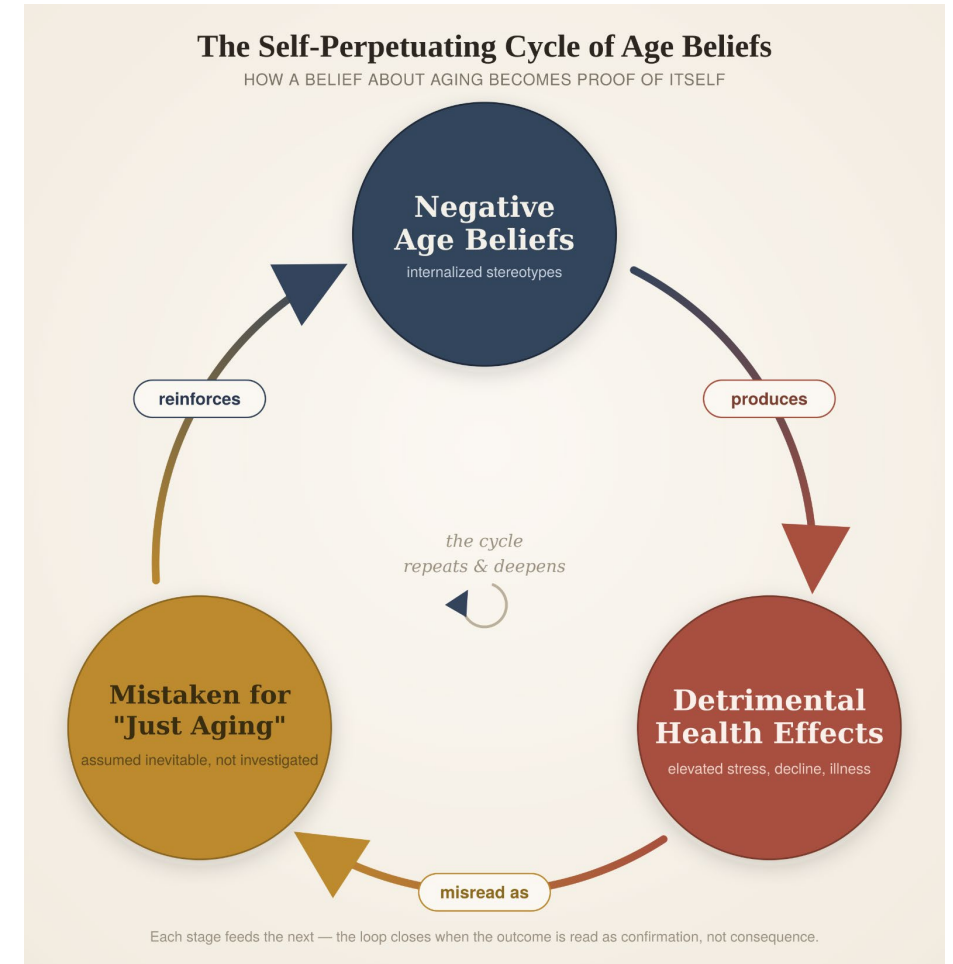
The Invisible Bias: Why Ageism Is Everyone's Problem



Aging and Stigma



- “Ageism refers to stereotypes, prejudice, and discrimination towards others or oneself based on age.”
 - Can be benevolent or hostile – e.g. all older adults are “wise” vs. “cranky”
- Negative Age Beliefs
 - Becomes cyclical

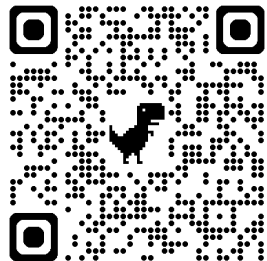


Implicit Bias and Age



AMERICAN PSYCHOLOGICAL ASSOCIATION

- Negative attitude or perception an individual holds against a particular social group **that the individual is not consciously aware of** holding
 - Can contradict stated, conscious beliefs
- Age Stereotypes:
 - Internalized from society throughout the lifespan, strengthen with age
- Project Implicit at Harvard University
 - Age Implicit Association Test
 - Free



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Experiences with everyday ageism

AMONG ADULTS AGE 50–80

82% Experienced one or more forms of everyday ageism in their day-to-day lives

65%

Exposure to ageist messages

45%

Ageism in interpersonal interactions

36%

Internalized ageism

*Note: Percentages reflect responses of either often/sometimes or strongly agree/agree to forms of ageism.

Everyday Ageism and Health



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Your Mom thinks “cloud sales” is a weather forecast.

Not everyone gets B2B.
Advertise to 70MM decision makers who do.



L'ORÉAL PARIS

REVERSE UP TO 10 YEARS OF WRINKLES*
YOU'RE WORTH IT.

L'ORÉAL REVITALIFT TRIPLE POWER

*Based on a clinical study of women 48 to 56 YO after 4 weeks of use.

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HOW NOT TO LOOK OLD

FAST AND EFFORTLESS WAYS TO
Look 10 Years Younger,
10 Pounds Lighter,
10 Times Better

CHARLA KRUPP



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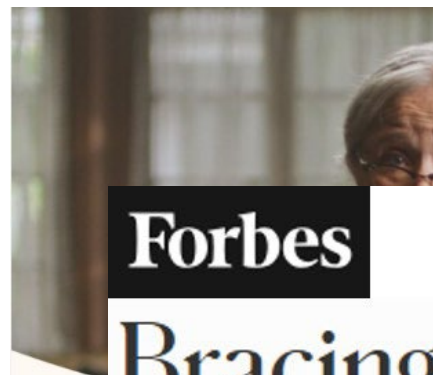
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HOW NOT TO LOOK OLD



Forbes

Bracing For The Silver Tsunami

By [Deborah Wince-Smith](#), Contributor. ⓘ I write about manufacturing, comp... [Follow](#)

Published Feb 25, 2022, 04:50pm EST, Updated Feb 28, 2022, 10:31am EST

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NATIONAL POLL ON
HEALTHY AGING
UNIVERSITY OF MICHIGAN

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ok boomer

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YOU'RE NOT OLD WHEN YOU CAN STILL TOUCH YOUR TOES

Ageism

- Examples from patients (internalized)
 - “I’m having a senior moment.”
 - “I’m too old to try that.”
- Examples from friends/loved ones
 - “You look good for your age.”
- Examples in healthcare
 - Elderspeak (“She’s so adorable.” “Take your pills, honey.” “Hello, young man.”)
 - Dismissing health complaints as inevitable d/t aging
 - Provider speaking directly only to loved ones instead of to an older patient
- Examples in science
 - Age caps in clinical and scientific trails that exclude older adults



Photo by Teona Swift



Consequences of Ageism



- Changes how we view ourselves
- Erodes relationships between generations
- Devalues or limits benefits from what younger and older populations can contribute
- Impacts health, longevity and well-being and has far-reaching economic consequences



Consequences of Internalized Ageism

- Worse cognitive performance
- Worse mental health
- Poorer physical health and functioning
- Reduced engagement in preventive health behaviors and help-seeking behaviors
- Reduced longevity
- Poorer work performance



Photo by razi pouri on Unsplash



Combating Ageism



- Successful strategies that reduce/eliminate ageism:
 - **Changes to Policy and Law** – to address discrimination and inequality on the basis of age and protect the human rights of everyone, everywhere.
 - **Educational Activities** – to enhance empathy, dispel misconceptions about different age groups and reduce prejudice by providing accurate information and counter-stereotypical examples.
 - **Intergenerational Interventions** - to bring together people of different generations and help reduce intergroup prejudice and stereotypes.





LED BY THE GERONTOLOGICAL SOCIETY OF AMERICA
ReframingAging.org

The solution: confront ageism by telling a new story

The Reframing Aging Initiative is generating a groundswell for change – from local efforts to national leaders – to tell a more balanced story of aging.

This story explains that good ideas know no age limit, and that experience and wisdom can be tapped to benefit us all.

Our words matter. Changing the way we talk will change attitudes about aging, and ultimately, will advance policies and programs that support us at every age and stage of life.

This initiative is powered by research and proven to change how people think about aging.

What we need is you!

Instead of this...

"Tidal wave," "tsunami," and similarly catastrophic terms for the growing population of older people

"Choice," "planning," "control," and other individual determinants of aging outcomes

"Seniors," "elderly," "aging dependents" and similar "other-ing" terms that stoke stereotypes

"Struggle," "battle," "fight" and similar conflict-oriented words to describe aging experience

Using the word "ageism" without explanation

Making generic appeals to the need to "do something" about aging

Try:

Talking affirmatively about changing demographics: "**As adults live longer and healthier lives...**"

Emphasizing how to improve social contexts: "**Let's find creative solutions to ensure we can all thrive as we age.**"

Using more **neutral** (older people, older adults) and inclusive ("we" and "us") terms

The Building Momentum metaphor: "**Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities.**"

Define ageism: "Ageism is discrimination against older people due to negative and inaccurate stereotypes."

Using concrete examples like intergenerational community centers to illustrate inventive solutions



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MY AGE ISN'T
A PROBLEM,
AGEISM
IS!

CALL OUT AGEISM!
“When you label me **'TOO OLD'**
instead of recognizing my skills,
that's **AGEISM!**”

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Delivering for you. Every day. Everywhere. Department for the Aging

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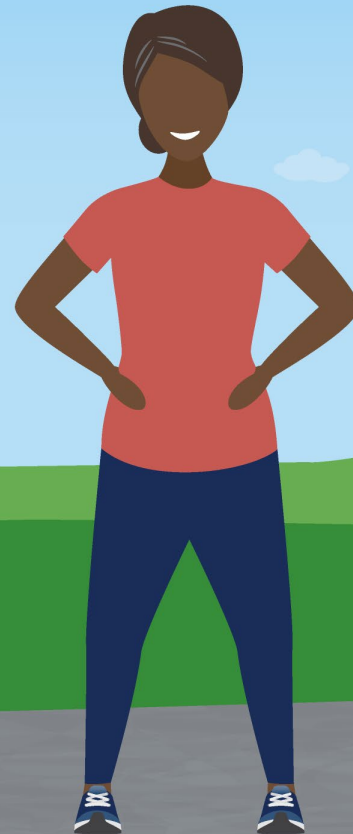
Positive views on aging AMONG ADULTS AGE 50–80

88%

Feel more comfortable being themselves

80%

Have a strong sense of purpose



67%

Feel more positive about aging

65%


Think their life is better than they thought it would be




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Myth vs. Reality: What the Science Says About Getting Older



True or False??

“As we age into older adulthood....

1. “...it is common to feel lonely and depressed.”
2. “...performance of many cognitive skills (including memory) can be improved.”



True or False??

1. “As we age, it is common to feel lonely and depressed.”



True or False??

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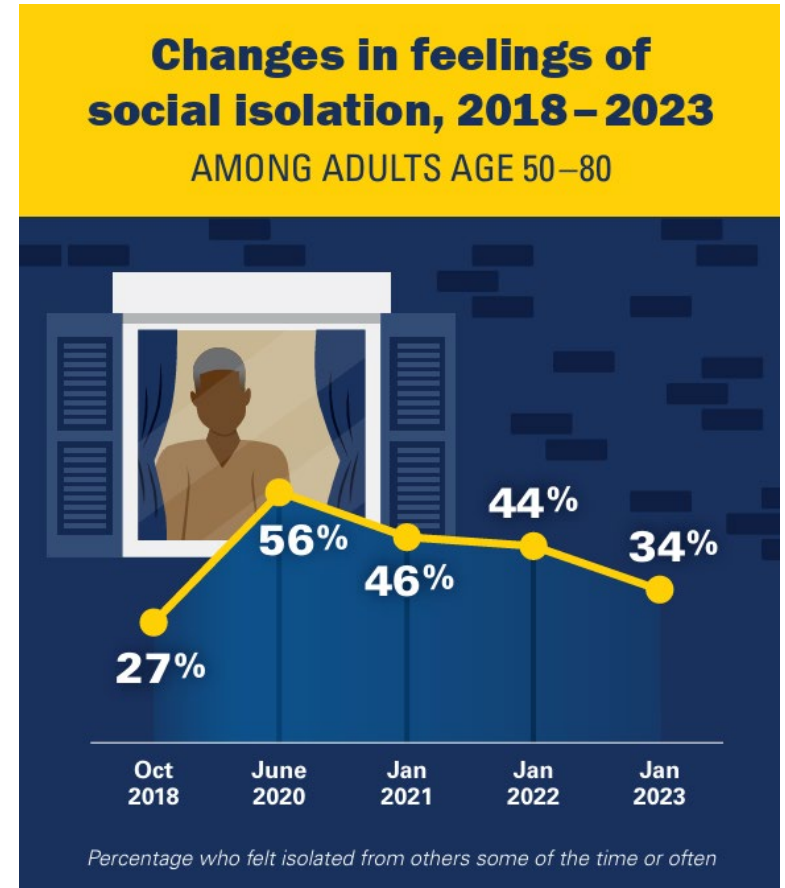
That is... **FALSE**



Loneliness Among Older Adults

Good news!

- The majority of older adults are NOT reporting being lonely or isolated
 - A third of older adults (34%) reported feeling isolated from others in the past year
 - 29% some of the time, 5% often
 - A marked decline from 2020 (56%)
 - 43% some of the time, 13% often
 - Prior to COVID, only 27% reported feeling isolated
 - 22% some of the time, 5% often



National Poll from University of Michigan: *Trends in Loneliness Among Older Adults from 2018-2023*



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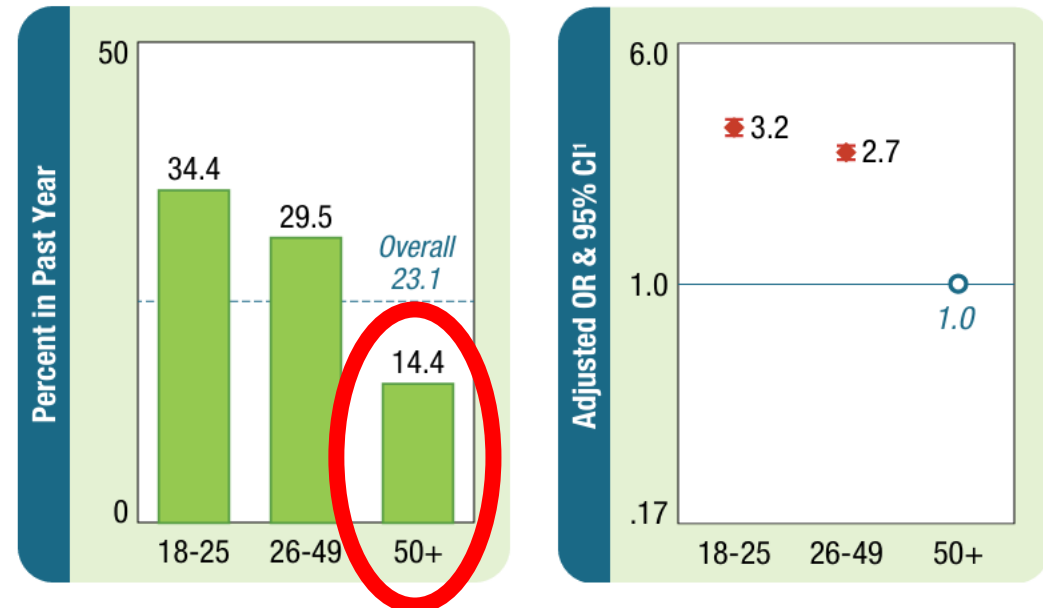
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Mental Health Among Older Adults

AMI in the Past Year among Adults Aged 18 or Older; by Age Group, Annual Averages and Adjusted Odds Ratios, 2022-2024

Young adults aged 18 to 25 (34.4%) and adults aged 26 to 49 (29.5%) were more likely than adults aged 50 or older (14.4%) to have had AMI in the past year. These differences by age remained in multivariable logistic regression models that adjusted for sex, race/ethnicity, education level, region, county type, and poverty level. Thus, the differences in the percentages by age were not explained by other characteristics in the models. The adjusted odds of having AMI in the past year were 3.2 times higher for young adults and 2.7 times higher for adults aged 26 to 49 than for adults aged 50 or older.



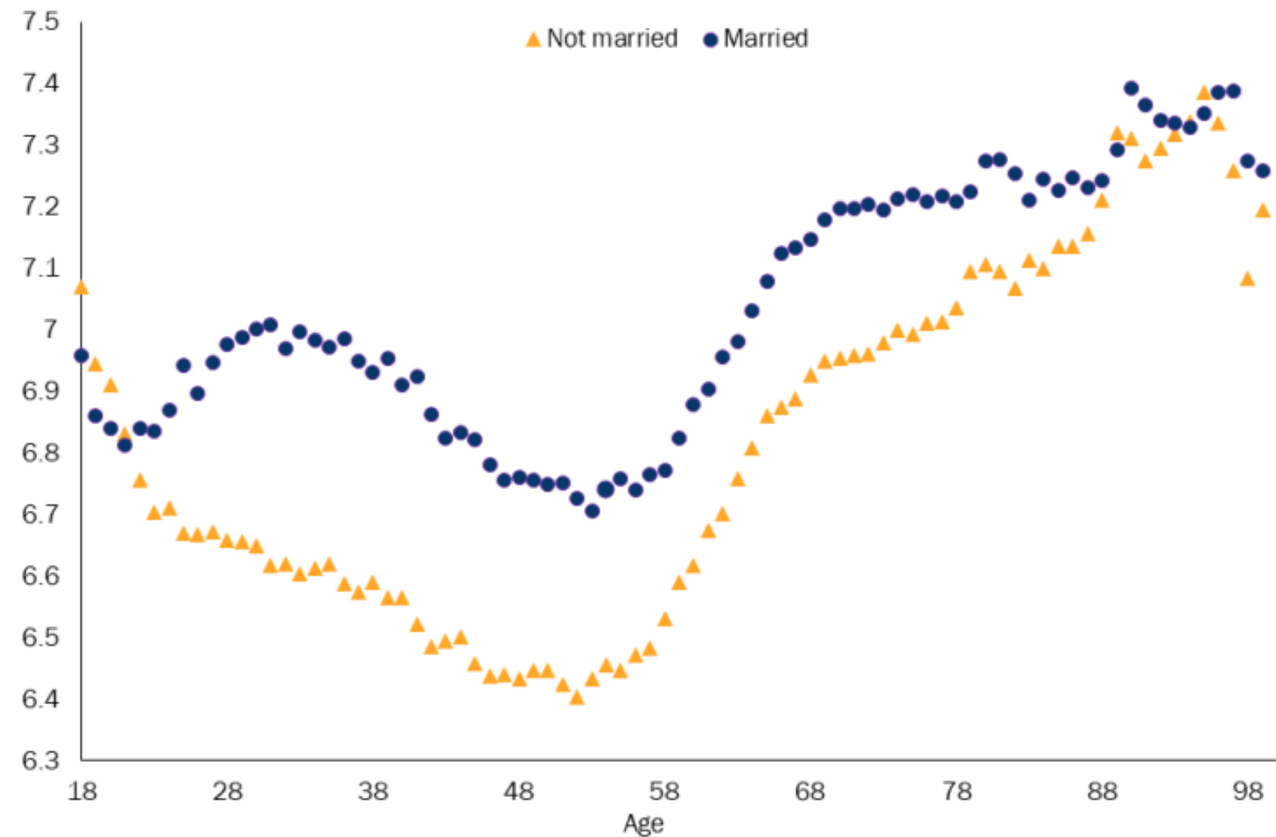
CI = confidence interval; OR = odds ratio.

¹ Reference values are indicated by an open circle (○) in the graph. Significant p values ($p < 0.05$) of adjusted ORs are indicated by a solid diamond (◆) in the graph.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2022-2024.

Life Satisfaction

Figure 1. Life satisfaction among married and not married



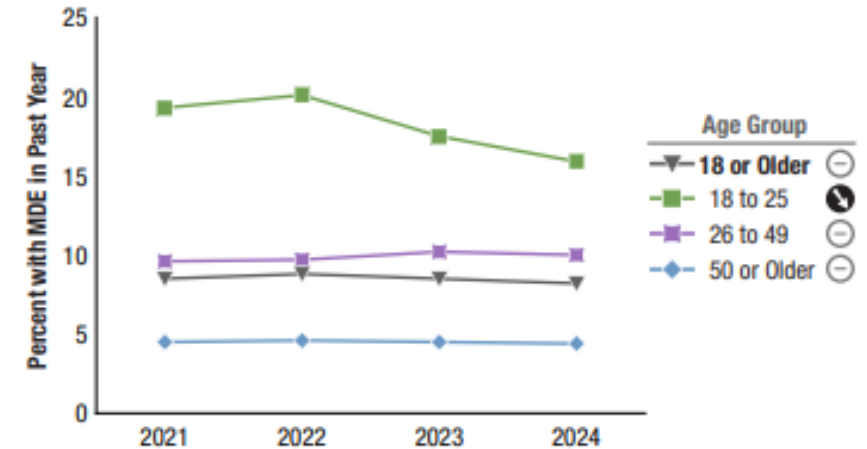
Source: Gallup U.S. daily tracker 2007-2017

BROOKINGS

Major Depression Prevalence

- Older adults have the lowest prevalence rates of major depression disorder compared to all other adult age groups
 - OAs have known risk factors including a high prevalence of chronic diseases

Figure 49. Major Depressive Episode (MDE) in the Past Year: Among Adults Aged 18 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 49 Table. Major Depressive Episode (MDE) in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

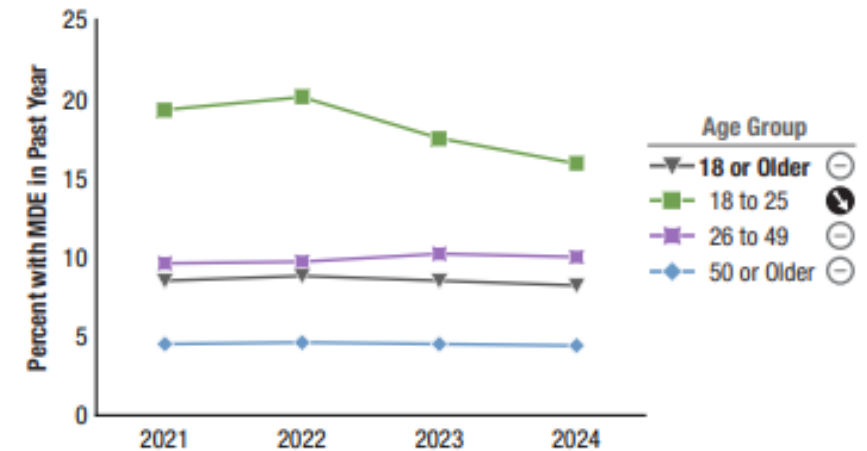
Age Group	2021	2022	2023	2024	Trend
18 or Older	8.5	8.8	8.5	8.2	⊖ No Change
18 to 25	19.3	20.1	17.5	15.9	⬇️ Decreased
26 to 49	9.6	9.7	10.2	10.0	⊖ No Change
50 or Older	4.5	4.6	4.5	4.4	⊖ No Change

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Major Depression Prevalence

- Older adults have the lowest prevalence rates of major depression disorder compared to all other adult age groups
 - OAs have known risk factors including a high prevalence of chronic diseases
- However, variation within subpopulations of older adults
 - Depression rates among inpatient older adult (including long-term care) is estimated to be between 10-42%

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Image by karlyukav on Freepik

Depression

Good News!

- The majority of older adults are NOT depressed.
- Depression is a treatable condition
 - Group Cognitive Behavioral Therapy
 - Group Life Review/ Reminiscence Therapy
 - Interpersonal Psychotherapy
 - Second Generation anti-depressants (SSRIs, SNRIs, etc.)



True or False??

3. “As we age, performance of many cognitive skills (including memory) can be improved.”



True or False??

3. “As we age, performance of many cognitive skills (including memory) can be improved.”

That is... **TRUE**





Cognitive Skills and Aging

- Cognitive development occurs throughout the lifespan
- Older adults have the ability to:
 - Learn new things
 - Create new memories
 - Improve performance in a variety of cognitive skills (including memory)
- Many cognitive changes with aging are positive:
 - More extensive vocabularies
 - Greater knowledge of the depth and meaning of words
 - More knowledge and insight from a lifetime of experiences (also relates to resilience)





Lifestyle Strategies To Brain Health in Aging





Evidenced-Based Strategies

What actually works?

Healthy daily/weekly routines

- Cognitive Training and Intellectual Stimulation
- Exercise and Physical Stimulation
- Social Connection

Lifestyle Strategies & Dementia

- Livingston et al, 2024
 - Identifies 14 potentially modifiable risk factors
 - Risk is modifiable irrespective of APOE genetic status
 - Thirteen lifestyle recommendations

The Lancet Commissions



Dementia prevention, intervention, and care: 2024 report of the *Lancet* standing Commission

Gill Livingston, Jonathan Huntley, Kathy Y Liu, Sergi G Costafreda, Geir Selbæk, Suvarna Alladi, David Ames, Sube Banerjee, Alistair Burns, Carol Brayne, Nick C Fox, Cleusa P Ferri, Laura N Gitlin, Robert Howard, Helen C Kales, Mika Kivimäki, Eric B Larson, Noeline Nakasujja, Kenneth Rockwood, Quincy Samus, Kokoro Shirai, Archana Singh-Manoux, Lon S Schneider, Sebastian Walsh, Yao Yao, Andrew Sommerlad*, Naaheed Mukadam*

Lancet 2024; 404: 572–628

Published Online

July 31, 2024

[https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0)

See [Comment](#) page 501

*Contributed equally

Executive summary

The 2024 update of the *Lancet* Commission on dementia provides new hopeful evidence about dementia prevention, intervention, and care. As people live longer, the number of people who live with dementia continues to rise, even as the age-specific incidence decreases in high-income countries, emphasising the need to identify

majority populations within them, so dementia is more likely to develop at an earlier age.

Evidence for specific risk factors suggests that all children should be educated, and a long duration of education is beneficial. It is important to be cognitively, physically, and socially active in midlife (ie, aged 18–65 years) and late life (ie, aged 65 years) with novel



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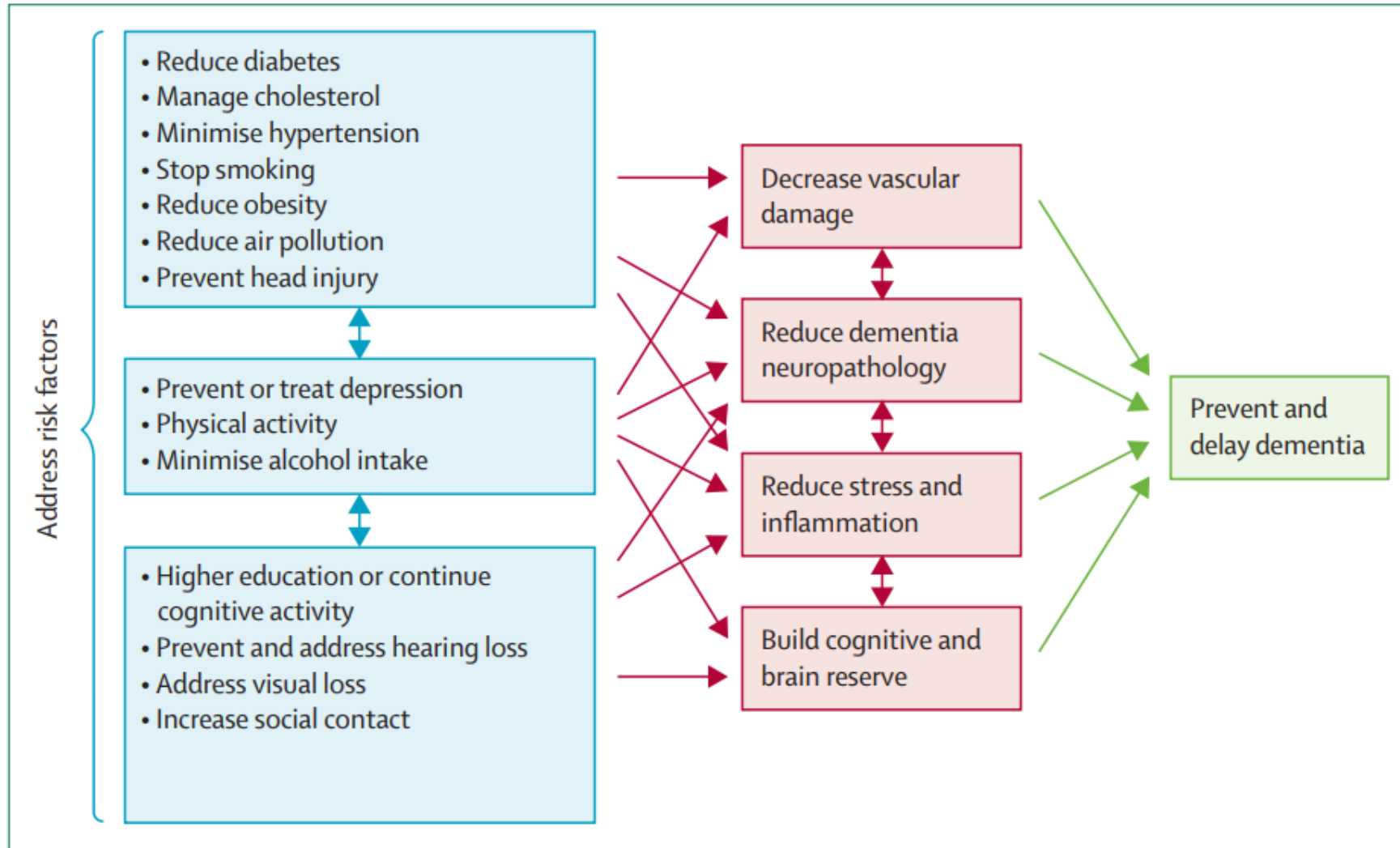


Figure 2: Possible brain mechanisms for enhancing or maintaining cognitive reserve and risk reduction of potentially modifiable risk factors in dementia

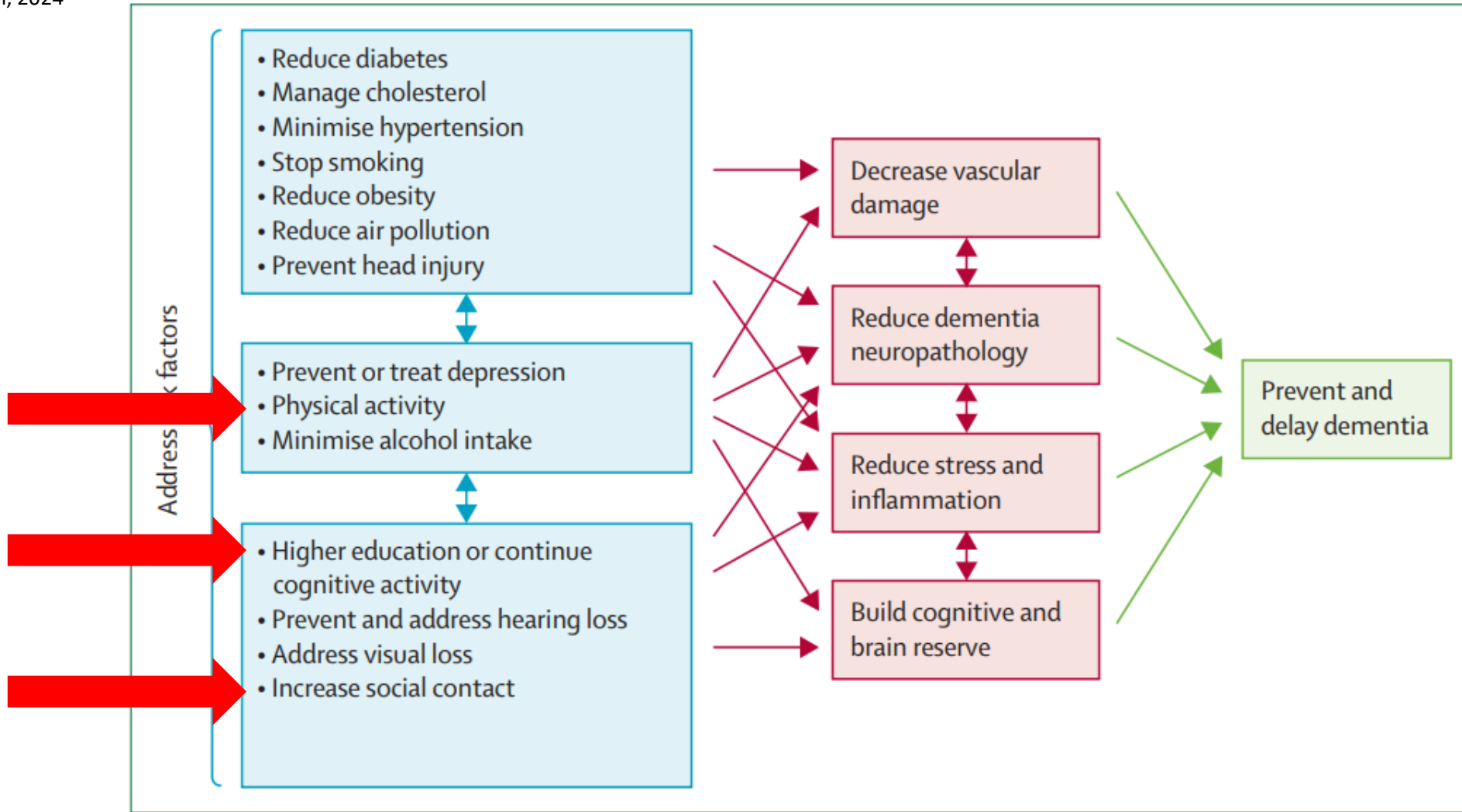


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Lifestyle Strategies & Global Cognitive Function

- Baker et al, 2025 – US POINTER study of a 2-year RCT
 - Older adults with elevated risk for cognitive decline
 - Structured multidomain, lifestyle intervention
 - **Physical** and **Cognitive Activity**
 - Healthy Nutrition and Diet
 - **Social Engagement** (via Team Meetings)
 - Cardiovascular Monitoring
 - Compared with self-guided control, structured group demonstrated greater benefit on global cognition
 - Consistent for APOE genetic carriers and non-carriers
 - Greater benefit seen for lower vs. higher baseline cognition

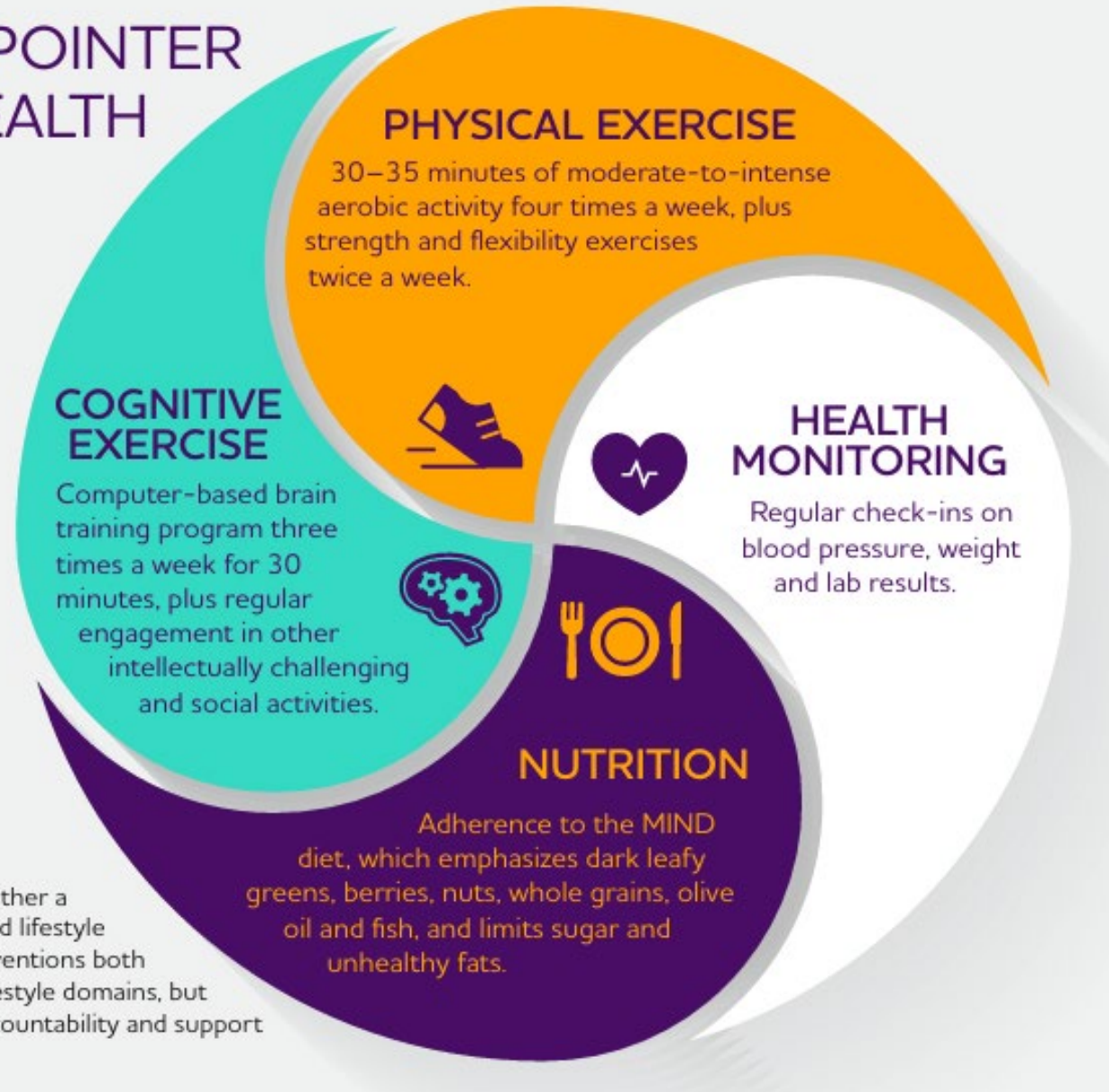


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THE U.S. POINTER BRAIN HEALTH RECIPE*



*Participants followed either a self-guided or structured lifestyle program. The two interventions both focused on the same lifestyle domains, but differed in structure, accountability and support provided.



Lifestyle Strategies & Neurological Disorders

- Sneff et al (2025) – Compilation of 59 meta-analyses
 - Identified 18 overlapping modifiable risk factors
 - Quantified the relative impact of 17 overlapping modifiable risk factors across these diseases

Alcohol

Blood pressure

BMI

Blood Sugar

Cholesterol

Cognitive Activity

Depressive Symptoms

Diet

Hearing Loss

Kidney Function

Pain

Physical Activity

Purpose in Life

Sleep

Smoking

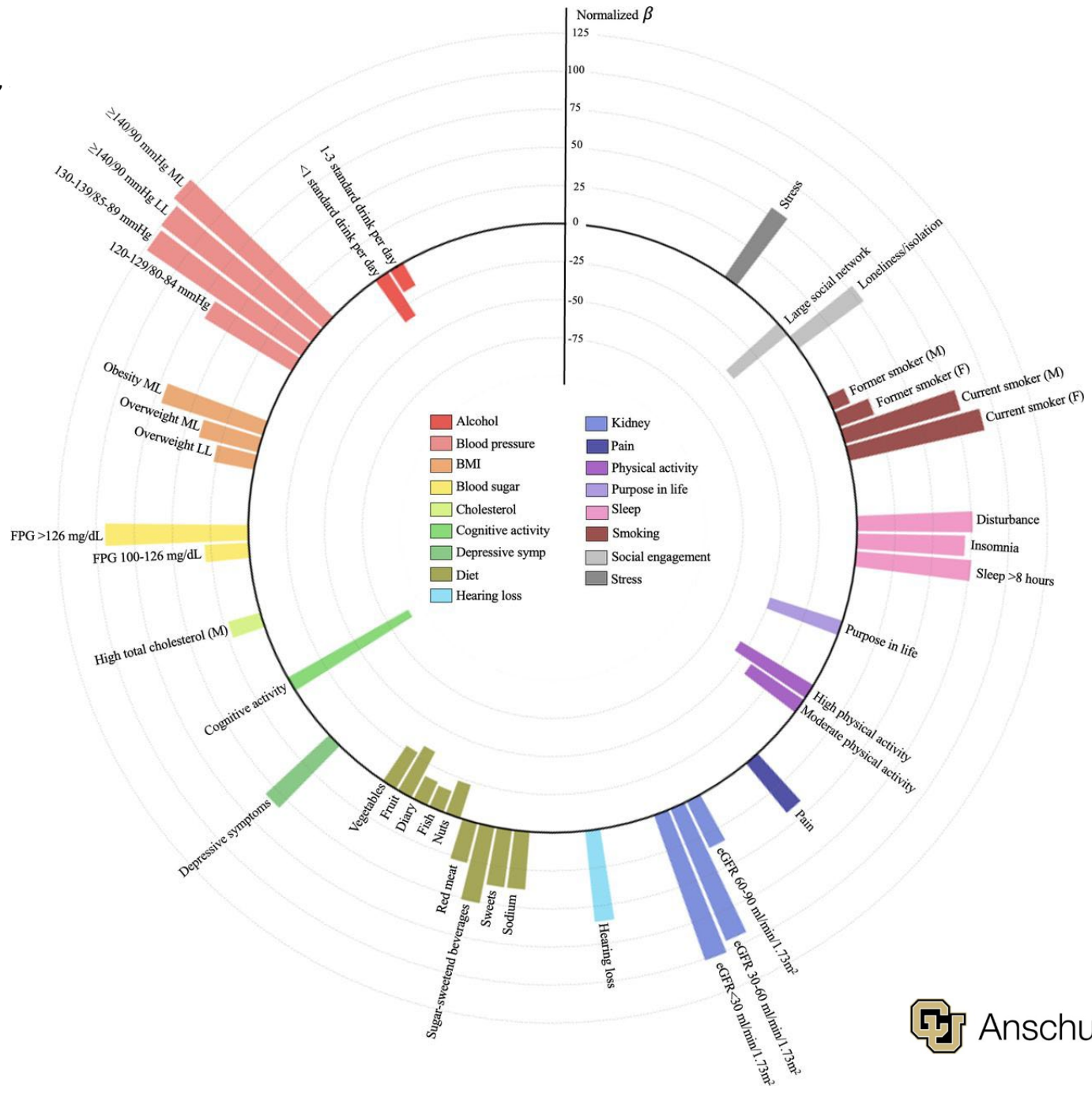
Social Engagement

Stress

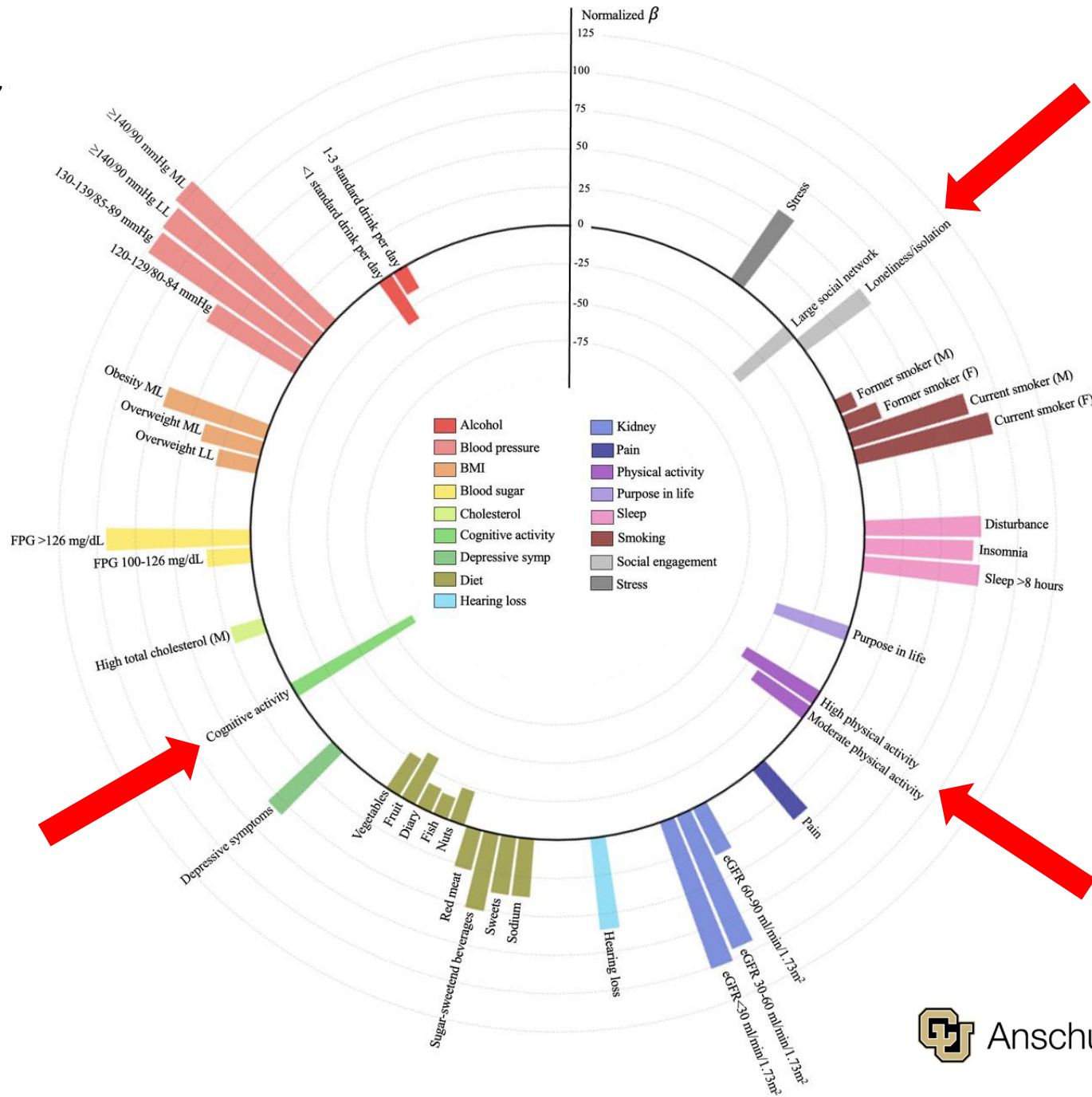
(Self-rated health)

60% of stroke, 40% of dementia, and 35% of LLD attributable to modifiable risk factors





Senff J, et al,



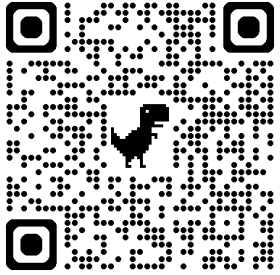
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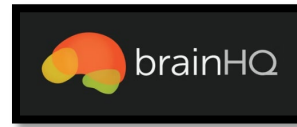
Age-friendly
University
Global Network

Lifestyle Strategies – Cognitive/Intellectual



- Cognitive Training

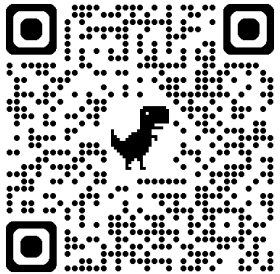
- BrainHQ (BrainHQ.com)



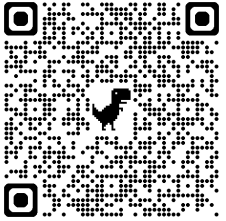
- App or available as a free online resource through libraries, Medicare Advantage insurance, universities/colleges, etc.

- Intellectual Stimulation

- Learning a new language, dance lessons, music lessons, photography or even mindful meditation
- Lifelong Learning Programs
 - University of Denver's Osher Lifelong Learning Institute, CU Multidisciplinary Center on Aging, Public Library Lecture Series

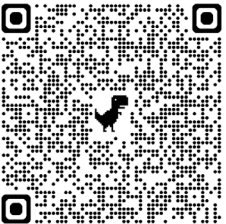


Lifestyle Strategies – Exercise/Physical



- Aurora Center for Active Adults

- Offering a social area, fitness center, group fitness classes, personal training, craft classes, special interest programs, day trips, social events, and more.



- City of Denver Active Older Adults (AOA)

- Programs for 50+ in wellness, exercise, and leisure activities that support healthy aging. (E.g., excursions, luncheons, clubs, arts classes, etc.) MY Denver PRIME is a free membership for Denver residents age 60+.



- Silver Sneakers

- Fitness classes at numerous participating locations in CO and online. Courses may also be covered by insurance – check eligibility online or call.



Lifestyle Strategies – Social Engagement



- Denver Art Museum – Creative Aging Program

- Creative Aging programs use the arts to empower adults 55+ to develop a greater sense of purpose, deepen connections to community, and ignite their passion for learning.



- Denver Library Older Adult Services

- Numerous events and lectures series available. Visit the website to see a list of events and sign up for the newsletter.



- Arapahoe Library District – Active Aging Program

- Numerous events and lectures series available. Visit the website to view upcoming events.



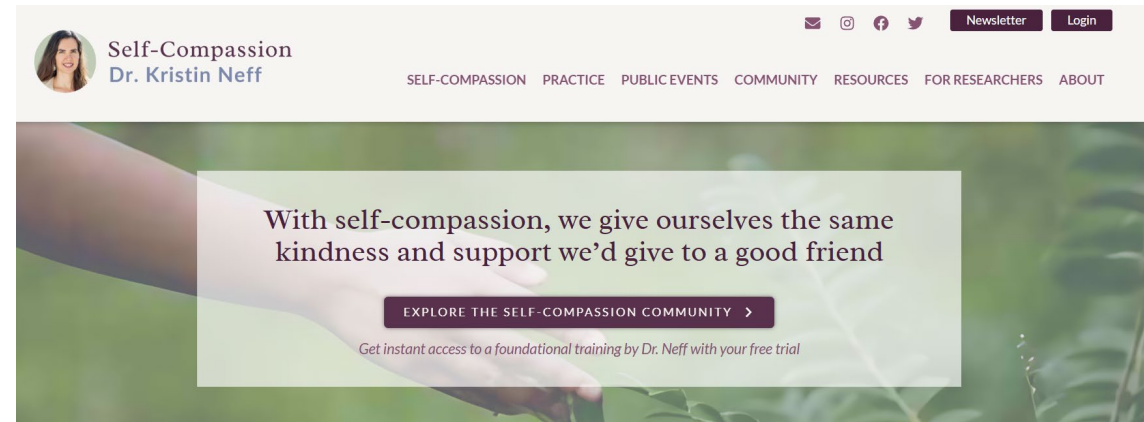


Bolstering Resilience Using Self- Compassion Skills



Self-Compassion

- Conceptualized and developed in the literature by Dr. Kristin Neff
- Defined as the dynamic ways that individuals:
 - Emotionally respond to failure, perceived inadequacy, or personal suffering/pain
 - Cognitively understand their predicament
 - Pay attention to suffering



Self-Compassion

- A modifiable psychological skill
 - Can be taught, practiced, and developed
- Associated with a myriad of varied psychological benefits, positive health behaviors, better physical health, and improved performance
 - Including specifically with older adults
- Comprised of 3 components



Photo by Steward Masweneng on Unsplash



Component 1: Mindfulness

Mindfulness vs. Over-Identification

- Taking a balanced, mindful approach to our suffering so that we neither suppress or exaggerate it.
 - Stepping outside our usual way of looking at things.
- Mindfulness allows us to turn toward our pain with acceptance of the present moment reality.
 - Not becoming “over-identified” with difficult thoughts and feelings, so we aren’t swept away by negative reactivity.



Photo by Prakhar Rastogi on Unsplash

Component 2: Common Humanity

Common Humanity vs. Isolation

- Often an irrational but pervasive sense of isolation when we struggle or make mistakes
- Yet all humans suffer
 - The very definition of being “human” means being vulnerable, flawed and imperfect
- Aim to foster ability to recognize that our suffering connects rather than separates us from others

Neff K. What is self-compassion? Self-Compassion. <https://self-compassion.org/what-is-self-compassion/>

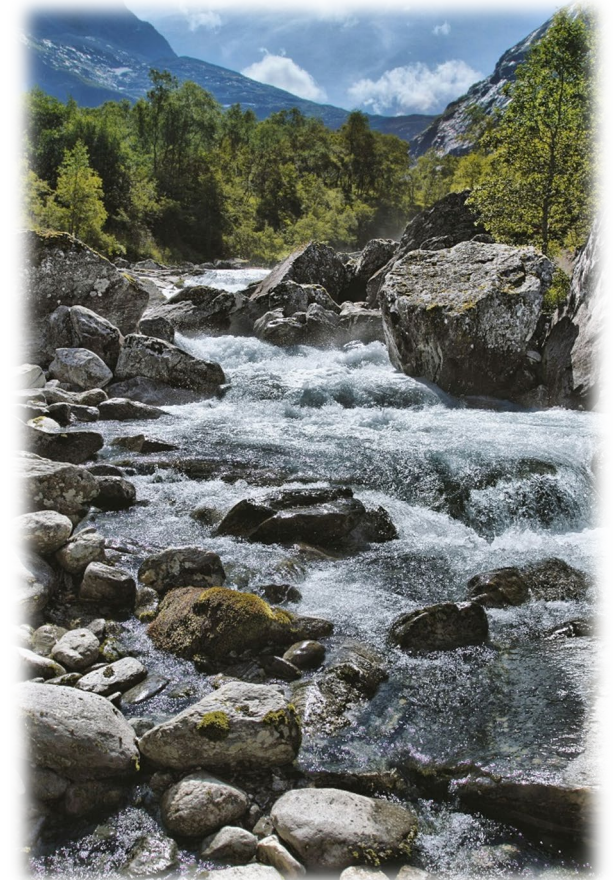


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Component 3: Self Kindness

Self Kindness Vs. Self Judgement

- When we suffer, fail, or feel inadequate:
 - Responding with understanding, warmth, and encouragement toward ourselves
 - Rather than ignoring our pain, responding coldly/harshly, or beating ourself up with self-criticism
- Fosters resilience by putting us in a better frame of mind to cope with challenges or make needed changes in our lives



Photo by Goutham Krishna on Unsplash

Neff K. What is self-compassion? Self-Compassion. <https://self-compassion.org/what-is-self-compassion/>



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References

1. World Health Organization. Ageing: Ageism. www.who.int. Published 2021. <https://www.who.int/news-room/questions-and-answers/item/ageing-ageism>
2. Henry, J.D., Coundouris, S.P., & Nangle, M.R. (2024). Breaking the links between ageism and health: An integrated perspective. *Ageing Research Reviews*, 95, <https://doi.org/10.1016/j.arr.2024.102212>.
3. Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current directions in psychological science*, 18(6), 332-336. <https://doi.org/10.1111/j.1467-8721.2009.01662.x>
4. American Psychological Association. (2025). Implicit bias. Retrieved from <https://www.apa.org/topics/implicit-bias>.
5. Levy, B. (2009). Stereotype embodiment: A psychosocial approach to aging. *Current directions in psychological science*, 18(6), 332-336. <https://doi.org/10.1111/j.1467-8721.2009.01662.x>
6. Comincioli, E., Hakoköngäs, E., & Masoodian, M. (2022). Identifying and addressing implicit ageism in the co-design of services for aging people. *International Journal of Environmental Research and Public Health*, 19, 7667.
7. Harvard University. Implicit Association Test. Project Implicit. Published 2011. <https://implicit.harvard.edu/implicit/takeatest.html>
8. Ober Allen J, Solway E, Kirch M, Singer D, Kullgren J, Malani P. (2020) Everyday ageism and health. University of Michigan National Poll on Healthy Aging. Retrieved from <http://hdl.handle.net/2027.42/156038>
9. Reframing Aging Initiative. (2021). The story of reframing aging [Infographic]. Retrieved from https://www.reframingaging.org/Portals/0/pdfs/RAI-Intro-Infographic.pdf?ver=CqAE_J5kfsfxNRtpX1gcnA%3d%3d
10. World Health Organization. Ageing: Ageism. www.who.int. Published 2021. <https://www.who.int/news-room/questions-and-answers/item/ageing-ageism>
11. American Psychological Association (2024). Guidelines for Psychological Practice with Older Adults. Retrieved from <https://www.apa.org/practice/guidelines/older-adults.pdf>
12. National Center to Reframe Aging. (2019). Quick start guide [Infographic]. Retrieved from <https://www.reframingaging.org/Portals/0/Quick-Start-Guide%2024.pdf?ver=taLqUhmemjeC28U2Sg83Xw%3d%3d>
13. Anti-ageism-campaign. Nyc.gov. Published 2025. <https://www.nyc.gov/site/dfta/news-reports/anti-ageism-campaign.page>
14. Centers for Disease Control and Prevention. Depression is Not a Normal Part of Growing Older. www.cdc.gov. Published January 6, 2021. <https://www.cdc.gov/aging/depression/index.html>
15. Blanchflower DG, Graham C. Happiness and Aging in the United States. *SSRN Electronic Journal*. Published online 2020. doi:<https://doi.org/10.2139/ssrn.3739640>
16. Trends in Loneliness Among Older Adults from 2018-2023. Institute for Healthcare Policy & Innovation. Published March 13, 2023. <https://ihpi.umich.edu/national-poll-healthy-aging/national-findings/trends-loneliness-among-older-adults-2018-2023>
17. Any Mental Illness or Serious Thoughts of Suicide in the Past Year among Adults. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56769/2024-nsduh-psr5-adult-ami-suicide.pdf>
18. Happiness and aging in the US: Why it is different from other places and why it matters. Brookings Institution. <https://www.brookings.edu/blog/up-front/2020/12/07/happiness-and-aging-in-the-us-why-it-is-different-from-other-places-and-why-it-matters/>. Published December 7, 2020.
19. Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-surveydrug-use-and-health/national-releases>
20. The National Council on Aging. www.ncoa.org. Published 2024. <https://www.ncoa.org/article/get-the-facts-on-healthy-aging/>
21. Blazer DG. Depression in late life: review and commentary. *J Gerontol A Biol Sci Med Sci*. 2003;58(3):249-265. doi:10.1093/gerona/58.3.m249
22. Blazer DG. Depression in Late Life: Review and Commentary. *FOCUS*. 2009;7(1):118-136. doi:<https://doi.org/10.1176/foc.7.1.foc118>
23. Djernes JK. Prevalence and predictors of depression in populations of elderly: a review. *Acta Psychiatrica Scandinavica*. 2006;113(5):372-387. doi:<https://doi.org/10.1111/j.1600-0447.2006.00770.x>
24. Mcquaid J, Lin E, Washington K, et al. Clinical Practice Guideline for the Treatment of Depression across Three Age Cohorts American Psychological Association Guideline Development Panel for the Treatment of Depressive Disorders.; 2019. <https://www.apa.org/depression-guideline/guideline.pdf>
25. American Psychological Association. Depression Treatments for Older Adults. Apa.org. Published 2021. <https://www.apa.org/depression-guideline/older-adults>



References

26. 10 Myths About Aging. (n.d.). National Institute on Aging. Retrieved April 1, 2023, from <https://www.nia.nih.gov/health/10-myths-about-aging>
27. Livingston G, Huntley J, Liu KY, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *Lancet*. 2024;404(10452):572-628. doi:10.1016/S0140-6736(24)01296-0
28. Baker LD, Espeland MA, Whitmer RA, et al. Structured vs Self-Guided Multidomain Lifestyle Interventions for Global Cognitive Function: The US POINTER Randomized Clinical Trial. *JAMA*. 2025;334(8):681-691. doi:10.1001/jama.2025.12923
29. Senff J, Tack RWP, Mallick A, et al. Modifiable risk factors for stroke, dementia and late-life depression: a systematic review and DALY-weighted risk factors for a composite outcome. *J Neurol Neurosurg Psychiatry*. 2025;96(6):515-527. Published 2025 May 14. doi:10.1136/jnnp-2024-334925
30. BrainHQ from Posit Science. BrainHQ from Posit Science. Published 2015. <https://www.brainhq.com/>
31. OLLI Welcome. PSC DU. Published November 4, 2025. <https://olli.du.edu/olli/welcome/>
32. Creative Aging Programs | Art & Wellness at Denver Art Museum. [denverartmuseum.org](https://www.denverartmuseum.org/en/creative-aging). Published July 7, 2026. Accessed June 18, 2026. <https://www.denverartmuseum.org/en/creative-aging>
33. <https://www.denverlibrary.org/olderadults>
34. Older Adult Services. [denverlibrary.org](https://www.denverlibrary.org/olderadults). Published 2025. <https://www.denverlibrary.org/olderadults>
35. Arapahoe Libraries. [arapahoelibraries.org](https://arapahoelibraries.org/older-adult-care-partner-resources/). Published 2026. Accessed June 18, 2026. <https://arapahoelibraries.org/older-adult-care-partner-resources/>
36. Neff K. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*. 2003;2(2):85-101. doi:<https://doi.org/10.1080/15298860309032>
37. Neff KD. The Self-Compassion Scale is a Valid and Theoretically Coherent Measure of Self-Compassion. *Mindfulness*. 2016;7(1):264-274. doi:<https://doi.org/10.1007/s12671-015-0479-3>
38. Neff K. What is self-compassion? *Self-Compassion*. <https://self-compassion.org/what-is-self-compassion/>
39. Brown L, Huffman JC, Bryant C. Self-compassionate Aging: A Systematic Review. *The Gerontologist*. 2018;59(4):e311-e324. doi:<https://doi.org/10.1093/geront/gny108>
40. Phillips WJ, Hine DW. Self-compassion, physical health, and health behaviour: a meta-analysis. *Health Psychology Review*. 2021;15(1):1-27. doi:<https://doi.org/10.1080/17437199.2019.1705872>
41. Kuchar AL, Neff KD, Mosewich AD. Resilience and Enhancement in Sport, Exercise, & Training (RESET): A brief self-compassion intervention with NCAA student-athletes. *Psychology of Sport and Exercise*. 2023;67:102426. doi:<https://doi.org/10.1016/j.psychsport.2023.102426>





Questions & Comments?



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