

# **A Discussion Guide on Ageism in Canada**

## Table of Contents

1. Purpose of the Guide.....	3
2. Introduction of Key Concepts.....	4
3. Ageism and Employment.....	6
4. Ageism and Health and Health Care .....	8
5. Ageism and Social Inclusion.....	10
6. Ageism and Safety and Security.....	11
7. Ageism and Media and Social Media.....	13
8. Ageism During the COVID-19 Pandemic.....	15
9. Gaps in Knowledge About Ageism .....	16
Annex 1. Examples of Initiatives to Address Ageism .....	17
References.....	20

## 1. Purpose of the Guide

The Forum of Federal, Provincial and Territorial (FPT) Ministers Responsible for Seniors (the Forum) has been working to address the social and economic impacts of ageism on older adults in Canada. Part of this work is to undertake consultations on ageism. The goal of the consultations will be to obtain a broader picture of how ageism is manifested. The Forum wants to better understand the impacts of ageism at the individual level, and at the community level. The consultations will also inform the development of a final report proposing approaches, initiatives and strategies to address ageism.

This Discussion Guide provides a background for participants to prepare to take part in the consultation. This guide can be used alongside the Consultation Toolkit as a resource for planning these conversations. This Discussion Guide focuses on ageism directed towards older adults.

This document was developed within the context of the United Nations Decade of Healthy Ageing (2021-2030), which includes the goal to combat ageism by changing how people think, feel, and act towards age and aging.<sup>1</sup>

**Consultation Toolkit:** Are you interested in hosting a group discussion on ageism? A Consultation Toolkit is available to help guide organizations that wish to host their own group discussion and contribute to the national conversation on ageism. The Consultation Toolkit can be accessed [here](#).

Ageism is complex. To help facilitate discussions, participants will discuss ageism through five themes:

- Employment;
- Health and Health Care;
- Social Inclusion;
- Safety and Security; and
- Media and Social Media.

The following questions will guide the discussions for each theme:

- 1) What are the most significant ageism issues related to each of the themes?
- 2) What impacts has the COVID-19 pandemic had on ageism in each of the themes?

- 3) What efforts are currently working to address ageism related to each of the themes?
- 4) What more could be done (e.g. new strategies, initiatives or programs) to best address ageism related to each of the themes, and who should be involved?

Throughout the Guide, there are text boxes that provide the “key findings” from research in each of the five themes and provide the reader with a quick summary of each topic. Further explanation of these findings and the references for them can be found in the main text. Note that examples of initiatives to address ageism are available in Annex 1.

Another way to provide input is by participating in the online platform. The [online platform](#) includes a questionnaire and the opportunity to share your story on ageism.

A “What We Heard” report that summarizes input from the consultations will be available online. This will inform a subsequent Policy Options Report, to be submitted to FPT Ministers for their consideration. This report will propose approaches, initiatives, and strategies to address ageism in Canada.

## 2. Introduction of Key Concepts

### Key Findings

- The World Health Organization defines ageism as “the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.”
- A stereotype is a belief that is generalized towards a whole group of people (e.g., older adults lack technological skills).
- Self-ageism occurs when older adults begin to believe stereotypes and negative views about older people and aging.
- People’s experiences of ageism can be influenced by other characteristics such as their gender or ethnicity.

### ***Ageism***

The World Health Organization defines ageism as “the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age.”<sup>2</sup> This Discussion Guide focuses on ageism directed towards older

adults.<sup>i</sup> However, it is important to acknowledge that ageism can affect people of any age. Ageism can also be perpetrated by a wide range of actors (e.g., younger people, employers, governments, media, health and social care systems, and older adults themselves).

Ageism includes both attitudes and beliefs towards older adults, as well as actions resulting from these attitudes and beliefs. Ageism can take many forms. Some examples of ageism include:

- Jokes about a person's age and making fun of older adults in general;
- Workplace or health care policies that discriminate against older adults;
- Older adults being patronized, ignored, or insulted;
- Assuming that an older adult is incapable of making their own decisions;
- Older adults being offered different screenings or medical treatments than individuals in other age groups.

While society widely condemns other forms of discrimination such as racism and sexism, ageism remains accepted and unchallenged in many circumstances.

There has been limited research conducted on ageism in Canada. A Canadian survey found 63% of older adults surveyed felt they had been treated unfairly based on their age. Younger people, health care professionals, government policies, and employers were the most identified sources of age discrimination.<sup>3</sup>

Ageism is associated with a number of negative outcomes for older adults, such as reduced longevity, poverty and financial insecurity, poor health outcomes, and loss of self-esteem and confidence.<sup>2, 4</sup>

### ***Stereotypes and Self-ageism***

A stereotype is a belief that is generalized towards a whole group of people.

Stereotypes can be both positive representations (e.g., older people are sweet and friendly) and negative representations (e.g., older people are forgetful).

Some common stereotypes about older adults are:

- Older adults lack technological skills, or cannot learn how to use new technology;
- Most older adults have dementia;
- Most older adults live in long-term care homes;
- Older workers are resistant to change.

---

<sup>i</sup> Defined in this guide as individuals aged 55 and up.

Stereotypes can be harmful. Over time, older people may begin to believe the stereotypes and negative views of aging that are present in society; some researchers call this “self-ageism”. When this happens, the stereotypes may become a self-fulfilling prophecy.<sup>5</sup> For example, a stereotype about older adults is that they are all frail and dependent, and need to be cared for. Over time, older people may come to believe that they are unable to care for themselves and this may lead them to actually becoming dependent.

### ***Ageism, Gender, and Ethnicity***

Age is only one aspect of a person’s identity. Other aspects of a person’s identity can influence their experience of ageism, as can other forms of discrimination such as sexism and racism. Research shows how age, gender, and ethnicity can intersect to create unique experiences of ageism. For example, older women face more discrimination than older men in hiring processes due to age-based and sex-based discrimination.<sup>4</sup>

### ***Initiatives to Address Ageism***

In order to address ageism, governments, older adult organizations, and other stakeholders have implemented a variety of types of initiatives.<sup>2</sup> Annex 1 provides examples of common types of initiatives to address ageism, including intergenerational programs, initiatives to support older workers, ageism education and awareness campaigns, and age-friendly initiatives. While there has been limited research on the effectiveness of initiatives to address ageism, the available research suggests that initiatives that combine intergenerational interactions between older and younger generations with education are particularly promising.<sup>4</sup>

## **3. Ageism and Employment**

### **Key Findings**

- Employers often believe stereotypes about older workers, which can lead to age-based discrimination in hiring and training practices.
- Negative stereotypes about older workers may lead older adults to doubt their value as employees and result in them choosing to exit the workforce earlier.
- The inclusion of older adults in the workforce can provide financial benefits to older adults, improve the performance of businesses, and strengthen Canada’s economic performance.

## ***Introduction***

In the past, most Canadians retired permanently by age 65. Today, however, many Canadians are delaying retirement, or are retiring but continue to work part-time. In 2015, about one in five older Canadians continued to work past the age of 65.<sup>6</sup> Despite many older adults remaining in the workforce, ageist attitudes and age-based discrimination may continue to act as barriers to participating in the workforce.

## ***Social and Psychological Impacts***

Research has shown that employers often believe stereotypes about older workers.<sup>7</sup> Some of these stereotypes are positive (e.g., older workers are loyal and reliable), but others are negative (e.g., older workers are less productive).<sup>7</sup> Negative stereotypes can lead to age-based discrimination towards older workers.

For example, research has shown that:

- Older workers have lower callback rates on job applications than younger workers.<sup>8</sup>
- Older women and members of ethnic minority groups in particular are discriminated against in hiring practices.<sup>7, 9</sup>
- Employers offer fewer training opportunities to older workers.<sup>10</sup>

Exposure to, and acceptance of, negative stereotypes may cause older workers to lose confidence in their abilities. They may see less value in themselves as employees, and consider retiring as a result.<sup>11</sup>

## ***Economic Impacts***

While ageist employers and work environments can act as barriers to older workers participating in the workforce, the participation of older adults in the workforce has benefits for older adults, businesses, and society as a whole:

- Benefits for older adults: Working in later life can provide increased financial security. It has been estimated about half of workers aged 60 and older in Canada are working due to financial necessity rather than choice.<sup>12</sup>
- Benefits for businesses: Creating age-friendly work environments can expand the pool of potential employees for businesses and benefit their productivity, performance, and innovation.<sup>4</sup>
- Benefits for society: Older workers can strengthen the workforce and economic performance of a country. It has been estimated that \$56 billion per year would be added to Canada's gross domestic product<sup>ii</sup> if the number of workers aged 55-

---

<sup>ii</sup> Gross domestic product is used to measure the economic wellbeing of a region. Gross domestic product is defined as the total value of goods and services produced in a region within a given time period.

69 was increased from 54% to the percentage in top performing countries such as Sweden, Japan, and the United States (62%).<sup>13</sup>

## 4. Ageism and Health and Health Care

### Key Findings

- There is strong evidence that ageism impacts the health of older adults, including that it may contribute to declines in memory function, increased risk of developing dementia, and decreased life expectancy.
- Ageism may lead to poor communication between health care providers and older adults, misdiagnosis of health conditions, and different recommendations for treatments for older people.
- Researchers in the United States estimate that the annual cost of ageism to their health care system is \$63 billion.

### ***Introduction***

The majority of older Canadians are in good health; however, healthcare utilization does tend to increase as people get older, particularly for older adults at advanced ages or in the final years of life.<sup>14, 15</sup> For example, use of physician services increases from an annual average of 12.5 services per person aged 65-69 to 20.2 services per person aged 80-84 to 29.5 services per person aged 94 and up.<sup>14</sup> Research has shown that ageism can impact the health of older Canadians by:

- a) Contributing to the development of mental and physical health conditions; and
- b) Contributing to the provision of poor quality health care due to discrimination by health care providers and the health care system.<sup>4</sup>

These impacts in turn can lead to increased costs for individuals and the health care system. This is described further in the section on Economic Impacts below.

### ***Social and Psychological Impacts***

In a review of 422 studies on ageism and health from around the world, 95.5% of the studies found ageism negatively impacted the health of older adults through structural (e.g., hindering access to health care, exclusion from health research) and individual effects (e.g., contributing to mental and physical illness, risky health behaviours).<sup>16</sup>

There are three pathways through which ageism may directly affect the health of individual older adults:<sup>17</sup>



- Psychological: Ageist attitudes become a “self-fulfilling prophecy” where people come to believe that ageist stereotypes are true.
- Behavioural: When older adults accept negative stereotypes about their health, they may believe poor health is unavoidable. This may lead them to not engage in healthy behaviours.
- Physiological: Exposure to negative stereotypes causes stress and triggers cardiovascular stress responses (e.g., increased blood pressure and heartrate, sweating, etc.), which, when repeatedly triggered, negatively impacts cardiovascular health.

Self-ageism occurs when older adults begin to accept negative stereotypes about themselves. Research suggests that self-ageism can have a significant impact on physical and mental health. Research has shown that people with positive beliefs about aging:

- exhibit less decline in memory function over time;<sup>18</sup>
- are less likely to develop dementia, even if they have a high-risk gene for the disease;<sup>19</sup> and
- live on average 7.5 years longer than people with negative beliefs about aging.<sup>20</sup>

Ageism can also be expressed through the attitudes and behaviours of health care providers and the health care system. This can lead to the delivery of poor quality health care. For example:

- Health care providers may be impatient, dismissive and less attentive to the health care needs of older adults.<sup>21</sup>
- Health care providers may use condescending language and speak to older adults as if they were a child.<sup>22</sup>
- Ageist assumptions about symptoms experienced by older adults (i.e., assuming symptoms are merely a normal part of aging) can result in inaccurate diagnoses of health conditions.<sup>23, 24</sup>
- Health care providers may lack the training necessary to recognize health conditions in older adults, as their symptoms may differ from younger people.<sup>23, 24</sup>
- Health care providers may not recommend all the treatment options to older adults that are available to younger adults for physical and mental health issues.<sup>23, 24</sup>

The education offered to health care providers on caring for older people is often limited and inadequate. Researchers suggest that requiring robust geriatric content to be included in medical education may improve the diagnosis and treatment of older adults.<sup>4</sup>

### ***Economic Impacts***

Researchers attempted to calculate the costs of ageism on health conditions for people aged 60 and up in the United States. The researchers estimated that the annual cost of ageism to the United States health care system was \$63 billion<sup>iii</sup>:

- \$11.1 billion of this cost was attributed to age discrimination;
- \$28.5 billion was attributed to negative stereotypes; and
- \$33.7 billion was attributed to negative self-perceptions of aging.<sup>25</sup>

The researchers also estimated that a 10% reduction in the prevalence of ageism could lead to 1.7 million fewer cases of eight major health conditions.<sup>25</sup>

In addition to producing costs for the health care system, health issues can lead to direct financial costs for individuals and their families. For example, the costs of purchasing medications or taking time off work to go to the doctor.

## **5. Ageism and Social Inclusion**

### **Key Findings**

- Social inclusion “describes how a society values all of its citizens, respects their differences, ensures everyone’s basic needs are met, and welcomes and enables full participation in that society.”
- Ageism is a barrier to the social inclusion of older adults.
- Ageism may contribute to social isolation and feelings of loneliness experienced by older adults.

### ***Introduction***

Social inclusion “describes how a society values all of its citizens, respects their differences, ensures everyone’s basic needs are met, and welcomes and enables full participation in that society.”<sup>26</sup> Inclusive societies support the economic and social inclusion of older people, including those who are vulnerable or at increased risk of exclusion.<sup>27</sup> Previous consultations with older adults in Canada have identified ageism as a barrier to social inclusion.<sup>27</sup>

---

<sup>iii</sup>The total cost of \$63 billion was calculated by the researchers after removing overlap between the three categories of costs.

### ***Social and Psychological Impacts***

In recent years social isolation and loneliness<sup>iv</sup> have become important public health concerns. Social isolation and loneliness have been linked to health conditions such as depression, cardiovascular disease, and dementia, as well as mortality.<sup>28, 29, 30</sup> During the COVID-19 pandemic, physical distancing has been associated with mental distress.<sup>31</sup>

Researchers believe that ageism contributes to loneliness among older adults through:

- negative attitudes that make older adults feel rejected and unwelcome, causing them to avoid social participation;
- older adults accepting the stereotype that they will be lonely; and
- discriminatory practices and policies that exclude older adults from society.<sup>32</sup>

### ***Economic Impacts***

A recent study from the United States found that social isolation (though not loneliness) had significant costs for the health care system. The study found that, on average, an extra \$1,608 was spent each year on each socially isolated older adult. This amounted to \$6.7 billion in additional health care costs.<sup>33</sup> Another recent study from the United States reported that loneliness and social isolation can have combined effects. This study found older adults who were both lonely and socially isolated had higher health care costs than those who were just lonely or just socially isolated.<sup>34</sup>

## **6. Ageism and Safety and Security**

### **Key Findings**

- As a result of ageist policies and practices, houses and neighbourhoods are often poorly designed to meet the needs of an aging population.
- Discrimination in the rental market may hinder the ability of older adults to access housing.
- Ageism and senior abuse are closely related, and ageism is a risk factor for senior abuse.

### ***Introduction***

---

<sup>iv</sup> While social isolation and loneliness are similar concepts, a key difference between them is that social isolation refers to lacking social connections or relationships, while loneliness reflects the individual's perception of being disconnected from others.<sup>28</sup>

Older adults should feel safe and secure in their home and community. Shelter is one of the most basic human needs, however, not all older Canadians have access to affordable, suitable, and adequate housing.<sup>35</sup>

Safety and security also means being free from any form of senior abuse.<sup>v</sup> Although there is no national definition of senior abuse, it is generally understood as “any action by someone in a relationship of trust that results in harm or distress to an older person”. This can include physical, sexual, psychological, emotional, and financial abuse and neglect.<sup>36</sup>

### ***Social and Psychological Impacts***

Housing is one of the most important determinants of health. Lack of access to good quality and affordable housing can impact physical and mental health through safety and environmental issues (e.g., mold, overcrowding), as well as psychological distress caused by housing insecurity.<sup>37</sup>

Ageism can impact older adults’ access to a safe living space. As access to housing is strongly linked to income, ageism in employment can hinder older adults’ access to housing. In the rental market, landlords and housing providers may discriminate against older adults by: avoiding renting to older adults; imposing unfair internal rules in seniors’ housing (e.g., limiting or preventing visitors); or refusing to make necessary repairs or modifications to address the health needs of older tenants.<sup>38</sup> Ageist policies and practices also lead to housing and neighbourhoods being built without the accessibility features needed by older adults and people living with disabilities.<sup>38, 39</sup>

Ageism is also a risk factor for senior abuse.<sup>40</sup> Negative societal views about older adults can contribute to the acceptance of the mistreatment and neglect of older adults as a given within society.<sup>40, 41, 42</sup> Due to ageism, service providers, health care professionals, and the general public may fail to recognize senior abuse, view it as a less serious issue, or adopt paternalistic approaches for dealing with senior abuse.<sup>41, 43</sup> For example, ageism may lead to:

- older adults not being believed when they report senior abuse (e.g., discounting a report of senior abuse as unreliable due to the belief that older adults have poor memories);<sup>42</sup>
- jurors having less sympathy for senior abuse victims and viewing the conduct of defendants less harshly;<sup>44</sup> and
- paternalist approaches being adopted for dealing with senior abuse (e.g., mandatory reporting) that remove decision-making control from older adults.<sup>43</sup>

---

<sup>v</sup> Senior abuse is also commonly known as elder abuse.

Self-ageism may result in older adults who are being abused normalizing their situation or not recognizing it as abuse. Older adults may be reluctant to report senior abuse due to feeling voiceless and powerless within society.<sup>41</sup>

### ***Economic Impacts***

Ageism can hinder the ability of older adults to access affordable and accessible housing. Homelessness and lack of access to affordable housing have costs for society, as well as individuals. High housing costs can cause older adults to forego other necessities of daily life (e.g., food, medications).<sup>37</sup> At the societal level, research from the United States suggests that investing in permanent housing interventions for older adults who are homeless could result in reductions in housing and health care costs of up to \$2,200 per person depending on the community and needs of the older adult.<sup>45</sup>

Research suggests ageism is a risk factor for senior abuse. In addition to the psychosocial impacts, senior abuse has costs for individuals, businesses, and society. Costs of senior abuse include:

- health care costs;
- costs of providing community, professional, and volunteer services;
- costs for the justice system;
- financial costs for individuals;
- costs to financial, insurance, and housing businesses;
- loss of tax revenue;
- costs to government of providing income supports; and
- costs of prevention and research.<sup>46</sup>

## **7. Ageism and Media and Social Media**

### **Key Findings**

- Media play a key role in shaping the views of society. In particular, media can be an important influence on younger people who may have limited contact with older adults.
- Older adults are underrepresented in the media. Media may spread both negative and positive age-based stereotypes.
- Both negative and positive stereotypes can be harmful to older adults, as positive stereotypes can result in unrealistic expectations for older adults.

## ***Introduction***

Media<sup>vi</sup> play a significant role in shaping our views and understanding of the world. It is important to consider how older adults are represented and discussed in the media and in social media<sup>vii</sup>.

## ***Social and Psychological Impacts***

Researchers have observed three trends in representations of older adults in media:

- older adults, especially older women are underrepresented in the media;
- the media spreads negative depictions and age-based stereotypes (e.g., frailty, dependency); and
- the media spreads positive age-based stereotypes (i.e., praising older adults for looking and acting middle-aged or younger).<sup>4</sup>

While positive stereotypes of older adults may not seem harmful, they can present unrealistic expectations for aging. The concept of “successful aging” refers to the absence of health conditions and/or physical limitations. Media may showcase older adults who are aging well as an example for others to follow.<sup>47</sup> However, researchers have criticized successful aging as stigmatizing older adults who are unable to meet these standards.<sup>4</sup>

Portrayals of older adults in the media can contribute to ageism between older and younger generations and within older generations.<sup>4</sup> Older and younger generations may have limited in-person contact with each other. Media can therefore play an important role in shaping how these generations perceive each other. Media may portray a growing older adult population as an unfair burden on younger generations and as a threat to the sustainability of health care and pension systems.<sup>48</sup>

## ***Economic Impacts***

As described in the previous sections, ageist attitudes and beliefs can result in costs for society and older adults in a variety of areas (e.g., employment, health and health care, social isolation and loneliness, housing, senior abuse). Media and social media contribute to these economic costs through negative messages about the older adult population and stereotypical portrayals of older adults which influence the development of ageist attitudes and beliefs within society. For example, research shows when older workers accept negative media portrayals they are less satisfied with their work. They are more likely to want to leave their workplace, which results in a negative impact on the workforce and economy.<sup>49</sup>

---

<sup>vi</sup> Media refers to forms of mass communication such as television, newspapers, and the internet.

<sup>vii</sup> Social media refers to forms of media that allow users to share information with each other.

## 8. Ageism During the COVID-19 Pandemic

The COVID-19 pandemic has highlighted ageism within Canadian society and intensified ageism towards older adults in several of the theme areas.<sup>47</sup> In some cases, expressions of ageism have been explicit, including hostility towards older adults (e.g., use of the hashtag #BoomerRemover on social media), blaming older adults for pandemic restrictions, and discriminating against older adults in health care decisions. In other cases, ageism has been unintentionally expressed through statements that portray older adults as vulnerable or helpless dependents and compare older adults to other age groups.

The COVID-19 pandemic has particularly impacted ageism related to health and health care. The majority of COVID-19 deaths in Canada (over two-thirds) have occurred in long-term care homes.<sup>50</sup> Systemic ageism has been identified as a factor that has contributed to the longstanding neglect of long-term care homes in Canada (e.g., historic underfunding, inadequate staffing levels, poor quality of care) and the failure to adequately prepare long-term care homes during the first waves of the pandemic and to equip them to manage subsequent waves. Consequently, systemic ageism contributed to the high rates of deaths experienced in long-term care during the pandemic.<sup>51</sup>

The COVID-19 pandemic has also brought into question the value of the lives of older people in Canada. Age has been discussed or proposed as an exclusion criterion to be used in some critical care triage protocols in the event of insufficient health care resources during the pandemic.<sup>52</sup>

A review of 110 documents produced by the media, academics, older adults, and government in Canada during the pandemic found that the need to protect older adults and address issues within the health care system (e.g., neglect in long-term care) have been prominent themes.<sup>47</sup> However, underlying these themes have been primarily negative depictions of aging and older adults who have been portrayed as vulnerable and victims of the pandemic. Furthermore, the costs and challenges of caring for older adults are common points of discussion. It is often implied that older adults are a burden on the health care system. Such portrayals reinforce the stereotype that older adults are helpless dependents and fail to recognize the diversity and contributions of the older adult population. These portrayals also promote narratives of comparison and competition between older adults and younger age groups and contribute to intergenerational tensions.<sup>47</sup>

## 9. Gaps in Knowledge About Ageism

There are significant gaps in knowledge and research about ageism. These gaps should also be taken into account when thinking about ageism and potential solutions for addressing ageism. For example:

- Most research on ageism overlooks the significant diversity of older adults. Sub-populations of older adults (e.g., Indigenous elders, newcomers and recent immigrants, 2SLGBTQ+) as well as different age groups (e.g., 85+ age group) have potentially different needs and experiences.<sup>4</sup>
- Many initiatives to counter ageism have not been evaluated by researchers or organizations. Therefore, it is difficult to determine what approaches are the most effective.<sup>4</sup>
- More research is needed to determine how and why ageist stereotypes and discrimination occur.<sup>4</sup>

Ongoing research and consultations on ageism such as these, are a first step to help address gaps in our knowledge about ageism and gain a better understanding of experiences of ageism in Canada. This knowledge will contribute to the development of approaches, initiatives, and strategies to address ageism in Canada, and will contribute to Canada's work supporting the UN Decade of Healthy Ageing.



## Annex 1. Examples of Initiatives to Address Ageism

Initiatives to address ageism are usually started by government or older adult organizations. Most initiatives to address ageism have focused on social inclusion, employment, or health care.<sup>4</sup> While not intended to be an exhaustive list, below are examples of common types of initiatives to address ageism.

### ***Intergenerational programs and initiatives***

Intergenerational programs (e.g., intergenerational arts classes, skill-sharing programs, etc.) are a popular type of initiative that facilitates interactions between older and younger generations.<sup>4</sup> Programs that facilitate intergenerational contact have a significant impact on younger people's attitudes towards older adults. These types of interventions are most effective when paired with educational interventions.<sup>53</sup>

Some examples of these types of initiatives include:

- ***GeriActors***: This intergenerational theatre company in Edmonton brings together older adults and students. An evaluation found that participation in the GeriActors program increased the skills of participants, reduced ageism, and fostered intergenerational relationships.<sup>54</sup>
- ***Canada Homeshare***: The National Initiative for Care for the Elderly matches older adults who have a spare room with students seeking affordable housing. The student provides up to seven hours a week of companionship and/or assistance in exchange for reduced rent.<sup>55</sup>

### ***Initiatives to support older workers***

Supporting older workers has been an important focus of government initiatives, with programs targeting older workers (e.g., employment training programs) and employers (e.g., wage subsidies for hiring older workers). Governments have also taken steps to reform pension systems (e.g., provide incentives in pension policy for people to work longer) and change legislation (e.g., anti-discrimination legislation). Evidence on the effectiveness of initiatives to promote the workforce participation of older adults has been limited.<sup>4</sup>

Some examples of these types of initiatives include:

- ***Encore Careers***: This 13-week program offered by Douglas College provides employment training for workers 55+. The program includes five weeks of in-class training (including digital literacy skills), plus eight weeks of customized support. Work experience placements are also available.<sup>56</sup>

- **Wage Subsidy for Older Workers:** The Government of Quebec's Wage Subsidy for Older Workers program provides employers with a subsidy for hiring older workers and provides older workers with job coaching.<sup>57</sup>

### **Ageism education and awareness campaigns**

Governments and older adult organizations have introduced campaigns to increase education and awareness about ageism. They have also run campaigns to more generally celebrate older adults (e.g., Seniors' Weeks) or address specific issues (e.g., senior abuse). These campaigns have not been evaluated to determine whether they impact individuals' behaviours or decrease ageism.<sup>4</sup>

Some examples of these types of initiatives include:

- **Global Campaign to Combat Ageism:** The World Health Organization has launched a global campaign to combat ageism. Their campaign is focusing on three key areas:
  - 1) Collecting evidence on ageism and how it can be combatted;
  - 2) Forming a group of stakeholders to combat ageism; and
  - 3) Raising awareness about ageism.<sup>58</sup>
- **Let's Stop Ageism:** The Alberta Council on Aging is implementing a three-year campaign to eliminate ageism and promote the inclusion of older people. This campaign includes digital education and marketing, arts-based events, and educational and presentation materials.<sup>59</sup>
- **Every Age Counts:** This national campaign in Australia was launched by an independent group of organizations and individuals committed to tackling ageism faced by older Australians.<sup>60</sup>
- **Ageism and Media Project:** The Saskatchewan Seniors Mechanism's Ageism and Media Project collects data on media representations of older adults. They compiled a report in 2017 to raise awareness about ageism in the media. They scheduled a second period of media monitoring in 2019.<sup>61</sup>
- **Anti-Ageism in the Workplace:** The City of Toronto has launched an anti-ageism in the workplace campaign. The campaign includes conversation starters on ageism (a video and posters), information regarding ageism, and advice on creating age-friendly workplaces.<sup>62</sup>
- **Future Us Strategy:** The *Future Us* strategy is being developed by the Canadian Network for the Prevention of Elder Abuse. It addresses the intersection of ageism and senior abuse through three main strategies:
  - 1) Ageism and senior abuse awareness, education, and prevention;
  - 2) Development of senior abuse prevention networks; and
  - 3) Teaching everyone about senior abuse.<sup>63</sup>

## **Age-friendly Initiatives**

While not exclusively targeting ageism, initiatives to build age-friendly communities are a common way to promote the social inclusion of older adults. While there has been limited evaluation of these types of programs, they may be a way to reduce negative attitudes and discrimination towards older adults.<sup>4</sup>

In Canada, age-friendly initiatives are often based on the age-friendly cities concept of the World Health Organization's *Global Age-Friendly Cities: A Guide*.<sup>64</sup> Age-friendly environments are also an action area of the UN Decade of Healthy Ageing, with the goal of ensuring that communities foster the abilities of older people. The Public Health Agency of Canada has produced resources to guide communities that want to be age-friendly. All ten provinces support age-friendly community initiatives.<sup>65</sup>

Promoting the social inclusion of older adults is also one of the objectives of Employment and Social Development Canada's New Horizons for Seniors Program (NHSP). NHSP projects have used a wide variety of approaches to promote the social inclusion of older adults.

Some examples of initiatives include:

- **Age-Friendly Communities Grant Program:** In British Columbia, grants are available to local and Indigenous governments that include age-friendly capacity building supports and resources. These grants and supports are newly delivered by BC Healthy Communities Society in 2022 and are designed to assist with policies, programs and services that support older adults to age-in-place, living active, socially engaged and independent lives. To date, over 160 communities have received funding for age-friendly assessments, planning and/or projects.<sup>66</sup>
- **Age-Friendly Ottawa:** The Council on Aging of Ottawa has worked with the City of Ottawa, community partners, and older adults to develop age-friendly community action plans. They have also developed an age-friendly evaluation framework for measuring their progress that includes an indicator for ageism.<sup>67</sup>
- **Allies in Aging:** Allies in Aging was a NHSP project from British Columbia that included initiatives to:
  - train volunteers and service providers to better meet the needs of isolated older adults;
  - increase transportation options for older adults; and
  - engage with older adult leaders and community organizations to create more welcoming spaces for older adults.<sup>68</sup>
- **Age-Friendly Healthcare: Interprofessional Training Program:** This University of Washington program is a telehealth training program for students from health professions. The training program focuses on how to deliver age-friendly health care in team-based settings.<sup>69</sup>

## References

- <sup>1</sup> United Nations. UN Decade of Healthy Ageing. Accessed April 20, 2022. <https://www.who.int/initiatives/decade-of-healthy-ageing>
- <sup>2</sup> World Health Organization. *Global Report on Ageism*. Published 2020. Accessed March 26, 2022. <https://www.who.int/publications/i/item/9789240016866>
- <sup>3</sup> Revera and the International Federation on Ageing. *Revera Report on Ageism*. Published 2012. Accessed March 3, 2020.
- <sup>4</sup> Lagacé M, Mérette M, Navaux J, Rodrigues-Rouleau P. *An Examination of the Social and Economic Impacts of Ageism*. Federal, Provincial and Territorial Ministers Responsible for Seniors; 2022.
- <sup>5</sup> Ayalon L, Tesch-Römer C. Taking a closer look at ageism: self- and other-directed ageist attitudes and discrimination. *Eur J Ageing*. 2017;14(1):1-4.
- <sup>6</sup> Statistics Canada. *Working Seniors in Canada*. Published November 29, 2017. Accessed March 3, 2020. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016027/98-200-x2016027-eng.pdf>
- <sup>7</sup> Harris K, Krygsman S, Waschenko J, Laliberte Rudman D, Pruchno R. Ageism and the older worker: A scoping review. *Gerontologist*. 2018;58(2):1-14.
- <sup>8</sup> Neumark D, Burn I, Button P. Is It Harder for Older Workers to Find Jobs? New and Improved Evidence from a Field Experiment. *J Polit Econ*. 2019;127(2):922-970.
- <sup>9</sup> Drydakis N, MacDonald P, Chiotis V, Somers L. Age discrimination in the UK labour market. Does race moderate ageism? An experimental investigation. *Appl Econ Lett*. 2018;25(1):1-4.
- <sup>10</sup> Lössbroek J, Radl J. Teaching older workers new tricks: workplace practices and gender training differences in nine European countries. *Ageing Soc*. 2019;39(10):2170-2193.
- <sup>11</sup> Crăciun IC, Rasche S, Flick U, Hirsland A. Too Old to Work: Views on Reemployment in Older Unemployed Immigrants in Germany. *Ageing Int*. 2019;44(3):234-249.
- <sup>12</sup> Hazel M. *Reasons for working at 60 and beyond*. Published December 14, 2018. Accessed March 3, 2020. <https://www150.statcan.gc.ca/n1/pub/71-222-x/71-222-x2018003-eng.htm>
- <sup>13</sup> Advisory Council on Economic Growth. *Tapping Economic Potential through Broader Workforce Participation*. Published 2017. Accessed March 15, 2022. <https://www.budget.gc.ca/aceg-ccce/pdf/workforce-marche-travail-eng.pdf>
- <sup>14</sup> Slade S, Shrichand A, DiMillo S. *Health Care for an Aging Population: A Study of how Physicians Care for Seniors in Canada*. Published 2019. Accessed March 15, 2022. <https://www.royalcollege.ca/rcsite/health-policy/senior-care-e>

- <sup>15</sup> Rotermann M. *High use of acute care hospital services at age 50 or older*. Published 2017. Accessed March 15, 2022.
- <sup>16</sup> Chang E-S, Kanno S, Levy S, et al. Global reach of ageism on older persons' health: A systematic review. *PLoS ONE*. 2020;15(1):1-24.
- <sup>17</sup> Levy B. Stereotype Embodiment: A Psychosocial Approach to Aging. *Curr Dir Psychol Sci*. 2009;18(6):332-336.
- <sup>18</sup> Levy BR, Zonderman AB, Slade MD, Ferrucci L. Memory Shaped by Age Stereotypes over Time. *J Gerontol*. 2012;67B(4):432-436.
- <sup>19</sup> Levy BR, Slade MD, Pietrzak RH, Ferrucci L. Positive age beliefs protect against dementia even among elders with high-risk gene. *PLoS ONE*. 2018;13(2):1-8.
- <sup>20</sup> Levy BR, Slade MD, Kunkel SR, Kasl SV. Longevity increased by positive self-perceptions of aging. *J Pers Soc Psychol*. 2002;83(2):261-270.
- <sup>21</sup> Ouchida KM, Lachs MS. Not for Doctors Only: Ageism in Healthcare. *Generations*. 2015;39(3):46-57.
- <sup>22</sup> Keaton S, Giles H. Subjective Health: The Roles of Communication, Language, Aging, Stereotypes, and Culture. *Int J Soc Culture*. 2016; 4(2): 1-10.
- <sup>23</sup> Wyman MF, Shiovitz-Ezra S, Bengel J. Ageism in the Health Care System: Providers, Patients, and Systems. In: Ayalon L, Tesch-Römer C, eds. *Contemporary Perspectives on Ageism. International Perspectives on Aging, vol 19*. Cham: Springer. 2018: 193-212.
- <sup>24</sup> Bodner E, Palgi Y, Wyman MF. Ageism in Mental Health Assessment and Treatment of Older Adults. In: Ayalon L, Tesch-Römer C, eds. *Contemporary Perspectives on Ageism. International Perspectives on Aging, vol 19*. Cham: Springer. 2018: 241-262.
- <sup>25</sup> Levy BR, Slade MD, Chang E-S, Kanno S, Wang S-Y. Ageism Amplifies Cost and Prevalence of Health Conditions. *Gerontologist*. 2020;60(1):174-181.
- <sup>26</sup> Federal, Provincial and Territorial Ministers Responsible for Seniors. *Social isolation of seniors - Volume 1: Understanding the issue and finding solutions*. Published 2017. Accessed March 3, 2020. <https://www.canada.ca/en/employment-social-development/corporate/partners/seniors-forum/social-isolation-toolkit-vol1.html>
- <sup>27</sup> Employment and Social Development Canada. *What We Heard – Report on the Roundtable on Social and Economic Inclusion*. Employment and Social Development Canada; 2018.
- <sup>28</sup> Courtin E, Knapp M. Social isolation, loneliness and health in old age: a scoping review. *Health Soc Care Community*. 2017;25(3):799-812. doi:10.1111/hsc.12311
- <sup>29</sup> Ong AD, Uchino BN, Wethington E. Loneliness and health in older adults: A mini-review and synthesis. *Gerontology*. 2016;62(4):443-449.
- <sup>30</sup> Gilmour H, Ramage-Morin P. *Social isolation and mortality among Canadian seniors*. Published 2020. Accessed March 26, 2022. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2020003/article/00003-eng.htm>
- <sup>31</sup> Kim HH, Jung JH. Social Isolation and Psychological Distress During the COVID-19 Pandemic: A Cross-National Analysis. *Gerontologist*. 2021;61(1):103-113. doi:10.1093/geront/gnaa168
- <sup>32</sup> Shiovitz-Ezra S, Shemesh J, McDonnell/Naughton M. Pathways from Ageism to Loneliness. In: Ayalon L, Tesch-Römer C, eds. *Contemporary Perspectives on*

*Ageism. International Perspectives on Aging, vol 19.* Cham: Springer. 2018: 131-148.

<sup>33</sup> Shaw JG, Farid M, Noel-Miller C, et al. Social isolation and Medicare spending: Among older adults, objective isolation increases expenditures while loneliness does not. *J Aging Health.* 2017;29(7):1119-1143.

<sup>34</sup> Barnes TL, MacLeod S, Tkatch R, et al. Cumulative effect of loneliness and social isolation on health outcomes among older adults. *Aging Ment Health.* 2021;1-8. doi:10.1080/13607863.2021.1940096

<sup>35</sup> Provincial and Territorial Ministers Responsible for Seniors. *Report on Housing Needs of Seniors.* Published 2019. Accessed March 3, 2020.

<https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/report-seniors-housing-needs.html>

<sup>36</sup> Facts on the abuse of seniors. Government of Canada. Published January 18, 2017. Accessed March 3, 2020.

<sup>37</sup> Taylor L. Housing And Health: An Overview Of The Literature. Published 2018. Accessed March 27, 2022.

<https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/>

<sup>38</sup> Spencer C. Ageism and the Law: Emerging Concepts and Practices in Housing And Health. Published 2009. Accessed March 22, 2022. <https://www.lco-cdo.org/wp-content/uploads/2014/01/older-adults-commissioned-paper-spencer.pdf>

<sup>39</sup> Ballard EL. Housing. In: Palmore EB, Branch L, Harris D, eds. *Encyclopedia of ageism.* Routledge. c2005: 176-178.

<sup>40</sup> Pillemer K, Burnes D, Riffin C, Lachs MS. Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *Gerontologist.* 2016;56(Supplement):S194-S205.

<sup>41</sup> Phelan A, Ayalon L. The Intersection of Ageism and Elder Abuse. In: Phelan A, ed. *Advances in Elder Abuse Research: Practice, Legislation and Policy.* Springer International Publishing; 2020:11-22. doi:[10.1007/978-3-030-25093-5\\_2](https://doi.org/10.1007/978-3-030-25093-5_2)

<sup>42</sup> Public Health Agency of Canada. *Elder Abuse in Canada: A Gender-Based Analysis.* Public Health Agency of Canada; 2012.

<sup>43</sup> Harbison J. Models of Intervention for "Elder Abuse and Neglect": A Canadian Perspective on Ageism, Participation, and Empowerment. *J Elder Abuse Negl.* 1999; 10(3-4):1-17.

<sup>44</sup> Wasarhaley NE, Golding JM. Ageism in the courtroom: mock juror perceptions of elder neglect. *Psychol Crime Law.* 2017;23(9):874-898.

<sup>45</sup> Culhane D, Teglia D, Doran K, et al. The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs? Published 2019. Accessed March 26, 2022.

<https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf>

<sup>46</sup> Spencer C. *Exploring the Social and Economic Costs of Abuse in Later Life.* Published July 18, 2000. Accessed March 3, 2020.

<sup>47</sup> Lagacé M, O'Sullivan T, Dangoisse P, et al. *A Case Study on Ageism during the COVID-19 Pandemic.* Federal, Provincial and Territorial Ministers Responsible for Seniors; 2022.

- <sup>48</sup> Rozanova J, Northcott HC, McDaniel SA. Seniors and Portrayals of Intra-Generational and Inter-Generational Inequality in the “Globe and Mail.” *Can J Aging*. 2006;25(4):373-386.
- <sup>49</sup> Lagacé M, Laplante J. Discours public canadien sur le vieillissement au travail : quelle influence sur la perception d’âgeisme et le bien-être du travailleur âgé ? In: Lagacé M, eds. *Représentations et discours sur le vieillissement: la face cachée de l’âgeisme?* Québec: Presses de l’Université Laval. 2015: 125-138.
- <sup>50</sup> Canadian Institute for Health Information. *The Impact of COVID-19 on Long-Term Care in Canada: Focus on the First 6 Months*. Canadian Institute for Health Information; 2021.
- <sup>51</sup> Special Task Force on Long-Term Care and COVID-19. *Long-Term Care and COVID-19*. Office of the Chief Science Advisor of Canada; 2021.
- <sup>52</sup> Valiani S, Terrett L, Gebhardt C, et al. Development of a framework for critical care resource allocation for the COVID-19 pandemic in Saskatchewan. *CMAJ*. 2020;192(37):E1067-E1073. doi:10.1503/cmaj.200756.
- <sup>53</sup> Burnes D, Sheppard C, Henderson C, et al. Interventions to Reduce Ageism Against Older Adults: A Systematic Review and Meta-Analysis. *Am J Public Health*. 2006; 109(8), E1-E9.
- <sup>54</sup> Anderson S, Fast J, Keating N, et al. Translating Knowledge: Promoting Health Through Intergenerational Community Arts Programming. *Health Promot Pract*. 2017; 18(1), 15–25.
- <sup>55</sup> Frequently Asked Questions. Canada Homeshare. Accessed March 23, 2022. <https://www.canadahomeshare.com/#FAQ>
- <sup>56</sup> Encore Careers (55+). Douglas College. Accessed March 23, 2022. <https://www.douglascollege.ca/programs-courses/training-group/employment-services-career-development/encore-careers-55>
- <sup>57</sup> Wage subsidy. Government of Quebec. Updated October 18, 2021. Accessed March 26, 2022. <https://www.quebec.ca/en/employment/wage-subsidy>
- <sup>58</sup> Combatting ageism. World Health Organization. Updated 2022. Accessed March 26, 2022. <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism>
- <sup>59</sup> Let’s Stop Ageism Campaign Overview. Alberta Council on Aging. Accessed March 3, 2020. <https://acaging.ca/lets-stop-ageism/>
- <sup>60</sup> Every Age Counts. Every Age Counts. Accessed March 3, 2020. <https://www.everyagecounts.org.au/>
- <sup>61</sup> Ageism & Media. Saskatchewan Seniors Mechanism. Accessed March 3, 2020. <https://skseniorsmechanism.ca/resources-programs/media-ageism/>
- <sup>62</sup> Anti-ageism in the Workplace. City of Toronto. Published 2020. Accessed March 3, 2020. <https://www.toronto.ca/community-people/get-involved/community/toronto-for-all/anti-ageism-in-the-workplace/>
- <sup>63</sup> Future us. Canadian Network for the Prevention of Elder Abuse. Accessed March 26, 2022. <https://futureus.cnpea.ca/roadmap/en/section-2>
- <sup>64</sup> World Health Organization. *Global age-friendly cities: A guide*. Published 2007. Accessed March 3, 2020. [https://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf)

<sup>65</sup> Age-Friendly Communities. Government of Canada. Updated March 29, 2016. Accessed March 3, 2020. <https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html>

<sup>66</sup> Age-friendly Communities. BC Healthy Communities Society. <http://bchealthycommunities.ca/programs/age-friendly-communities/>

<sup>67</sup> Age-Friendly Ottawa. Council on Aging of Ottawa. Accessed March 3, 2020. <https://coaottawa.ca/afo/>

<sup>68</sup> About Allies in Aging. Allies in Aging. Accessed March 3, 2020. <https://alliesinaging.ca/about/allies-in-aging/>

<sup>69</sup> University of Washington. Age-Friendly Healthcare: Interprofessional Training Program. Accessed March 26, 2022. <https://collaborate.uw.edu/student-portal/age-friendly-healthcare-interprofessional-training-program/>