

Ageism and Age Equality

IMPLEMENTING
THE W.H.O.
GLOBAL REPORT
ON AGEISM

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AgeAction
Age Equality

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INTRODUCTION

While ageism is not a new concept,[1] the World Health Organisation (WHO) published a landmark study on ageism in 2021.[2] The report brings together the findings of hundreds of scientific papers to demonstrate the deep impact of ageism on our societies, not least in terms of health and wellbeing. Additionally, while it was not the primary focus of the report, which was in development before the pandemic, there were also extensive findings of ageism in relation to how countries reacted to COVID-19.

Age Action has written this briefing paper to present a sample of the global report's findings to an Irish audience, to highlight the reality of ageism in Ireland and the need for decisive action from Government, business and society to address ageism.

What is Ageism?

Ageism refers to the harm done through how we think (stereotypes), how we feel (prejudice) and how we act (discrimination) towards others or ourselves based on age. Ageism can be conscious or unconscious.

Ageism occurs when people interact with one another (interpersonal), when organisations interact with individuals (institutional) and when people direct ageism towards themselves (self-directed).

Why is Ageism a problem?

The 2021 WHO Global Report on Ageism shows that:

- Ageism is one of the most pervasive prejudices across societies around the world.
- Ageism damages health and wellbeing, and it is a barrier to effective policies on healthy ageing.
- Ageism characterises and divides people in ways which are unjust, and which lead to disadvantage and the undermining of human rights.

What is Age Equality?

Age equality is the opposite of ageism. It involves making a conscious, active effort to overcome stereotypes, prejudice and discrimination based on age, in order to remove all age-related barriers to equality of outcome for older people.

1. See, for example: Bytheway, B (1995) Ageism Open University Press; Palmore, E P (1999) Ageism: Negative and positive, 2nd edition. Springer Publishing; Bowling, A (1999) 'Ageism in cardiology', BMJ 319:1353; and Minichiello, V, Browne, J and Kendig, H (2000) 'Perceptions and consequences of ageism: views of older people', Ageing and Society, pp.253-278.

2. WHO (2021) Global Report on Ageism <https://www.who.int/publications/i/item/9789240016866>



Age equality promotes policies and laws that address discrimination and inequality based on age. Age equality promotes educational activities, including self-directed learning, to enhance understanding and empathy about ageing, and to transmit knowledge and skills to overcome ageism. Age equality promotes intergenerational activities, where people of all ages interact, to contribute to mutual understanding and cooperation between people of different ages.

GLOBAL REPORT ON AGEISM

The following citations illustrate the findings of the Global Report on Ageism. These findings summarise the findings of many academic studies on the impact of ageism across a range of settings, including healthcare, services and employment.

Institutional Ageism: Ageism when individuals interact with organisations

A systematic review [of published studies] in 2020 showed that in 85% of 149 studies, age determined who received certain medical procedures or treatments.

Several studies also show that mental health professionals are not adequately trained to work with older patients, lack the clinical skills needed to diagnose and work with older patients who have mental health problems, hold negative attitudes towards this population and are less willing to work with them. The few studies that exist report clear manifestations of ageism in long-term care.

A systematic review of 60 studies found that employers were less likely to hire older applicants than younger applicants; that once employed, older workers had less access to training; and that those who faced ageism in the workplace were more likely to retire early.

A meta-analysis, which quantitatively summarized the effect of ageism on older workers in the workplace, found that the process of hiring older workers, their career advancement, performance appraisals and evaluations of interpersonal skills were all affected by ageism. Ageism against older people in the legal system has been studied with regard to the use of arbitrary age limits in legislation, and in court proceedings and their outcomes. Examples of arbitrary limits include [...] legislation that mandates retirement from work based solely on chronological age.

Ageism manifests across a range of other institutions and sectors, including housing, technology, finance, responses to emergencies and in the way statistics and data are collected and compiled, all of which have received less attention in research.

Interpersonal Ageism: Ageism when people interact with one another

A survey of more than 83,000 people from 57 countries covering all six WHO Regions of the world, conducted between 2010 and 2014, showed that at least one in every two people held moderately or highly ageist attitudes (i.e. stereotypes and prejudice). The prevalence of highly ageist attitudes was slightly higher among younger people and males, and it was markedly higher among people who had less education.

Across 28 countries in Europe, more than one in three people aged 65 years or older reported being a target of ageism (i.e. insulted, abused or denied services because of their age). The only age group to report higher rates of ageism were those aged 15–24 years.

Self-Directed Ageism: When people direct ageism towards themselves

Ageism is widespread in the media. Representations on television and social media and in print are crucial because they influence our everyday

perceptions and interactions, including how we relate to older people, and they shape how we each see ourselves growing old.

A review of 25 empirical studies, conducted from 1982 to 2020, that analysed the visual representations of older people in print and television advertisements and programmes in Europe and North America found that until the 1990s, older adults were underrepresented and portrayed negatively. In the 1990s, although older adults continued to be underrepresented, there was a shift from negative stereotypes.

Ageism and sexism interact in the media. An analysis of 2000 Hollywood films found that women are given less dialogue the older they get.

Self-directed ageism can have a serious impact on people's health. People with higher incomes and education appear to have more positive self-perceptions of ageing than people with lower incomes and education.

DAMAGED

You should never have to feel like this because of your age.



GLOBAL
CAMPAIGN
TO COMBAT
AGEISM

JOIN THE MOVEMENT

The Global Report on Ageism provides a toolkit of resources to support people to join the campaign.

COVID-19: The pandemic's impact on ageism

This pandemic has not only taken a devastating toll on the lives of many older people around the world but also has exposed ageist stereotypes, prejudice and discrimination against older adults. There have been reports of discriminatory practices in access to health services and other critical resources in several countries, especially among older people living in long-term care facilities.

In some contexts scarce resources, such as ventilators or access to intensive care units, have been allocated according only to chronological age. This can be considered unethical and ageist in the context of this pandemic, given that chronological age is only moderately correlated with biological age or short-term prognosis, and that older people have been most affected in terms of severe outcomes in this pandemic.

Chronological age has also been used to determine physical isolation measures in different countries. [...] Strategies for lifting lockdown measures in many countries also made distinctions by chronological age. [...]

Using chronological age as the sole criterion for physical isolation measures and for extending periods of confinement is discriminatory because it fails to account for the very diverse capacities and needs of older populations. Such measures can increase the risks of social isolation and loneliness, limit older people's ability to engage in self-care behaviours and challenge the ability of health and social care systems to respond to older peoples' pre-existing medical and social needs, which can ultimately have a detrimental impact on older people's health and well-being.

The physical isolation of older people from their traditional social network (i.e. family, friends, care professionals) in the midst of the pandemic has also put them at greater risk for discrimination and abuse, be it in long-term care settings or at home.

In addition, portraying the disease as an "older person's illness", by requiring only older adults to physically isolate or recommending that younger people stay home to protect their grandparents, may discourage younger people and others from following public health guidelines.

Ageism has also manifested in news and media coverage of the pandemic, with older adults being generally portrayed as a homogeneous, vulnerable group that is substantially different from other age groups. Portraying older adults as frail, vulnerable and in need of protection ignores the great diversity that is evidenced in older age. Such messaging can also have serious impacts on the health and wellbeing of older adults.

Although it is necessary to identify and inform the populations who are most at risk, the ageist narrative around younger and older people runs the risk of pitting generations against each other, as illustrated by the rapid spread of the hashtag “boomer remover” in reference to the virus severely affecting older adults. In fact, nearly a quarter of all Twitter communication concerning older adults and COVID-19 has been classified as ageist.

The mathematical models of COVID-19 that have been used to guide the response to the pandemic have also often failed to consider populations in long-term care, an omission which is a form of ageism in statistics and data, given that the risk of spread of COVID-19 is higher in these facilities than in the general population.

The COVID-19 pandemic has not only exposed ageism in different settings but it has also presented the opportunity for many positive initiatives, reflective of solidarity and cohesion. For example, online information has been specifically developed for older adults, campaigns about older people’s mental health have been conducted, and digital technologies and support for their use have also been developed to help older people communicate during confinement.

The Impact of Ageism on Health

Ageism shortens lives; leads to poorer physical health and worse health behaviours; impedes recovery from disability; results in poorer mental health; exacerbates social isolation and loneliness; and reduces quality of life.

A global systematic review on the impacts of ageism on health commissioned for this report, which included 422 studies from 45 countries, found that in 405 (96%) studies, ageism was

associated with worse outcomes in all of the health domains examined. The association between ageism and health outcomes was strongest for self-directed ageism. The effects of ageism on health are seen in all parts of the world, have increased over time, and are most likely to impact disadvantaged groups. Furthermore, older people with lower levels of education are more likely to experience the health consequences of ageism.

Many of the health consequences of ageism found in the systematic review appear to be increasing. Ageism is associated with earlier death.

Ageism is linked to poorer physical health, and it impedes recovery from disability. A total of 50 (96%) of the 52 studies that investigated the impact of ageism on physical illness found a link.

Ageism increases risky health behaviours. In all 13 studies of this topic, people who had experienced ageism were more likely to adopt risky health behaviours, such as eating an unhealthy diet, not taking their medication as prescribed, drinking excessively or smoking, or some combination of these.

A study of older people in Ireland that examined the relation between self-directed ageism and cigarette and alcohol use, showed that greater awareness of, and stronger emotional reactions to, ageing increased the likelihood of smoking.

Ageism contributes to poor sexual and reproductive health and is associated with an increase in rates of Sexually transmitted diseases (STDs). Epidemiological research from around the world indicates that rates of STDs are increasing in older people, and ageism may have a part to play in this.

Largely due to inappropriate prescribing, some 25% of patients aged 70-79 years suffer from adverse drug events compared with about 4% among those aged 20-29 years.

Ageism is also associated with poorer mental health. Some 96% (42/44) of the studies that examined the relationship between ageism and mental health found evidence that ageism influenced psychiatric conditions.

In 16 studies, ageism was associated with the onset of depression, increases in depressive symptoms over time and lifetime depression.

Ageism accelerates cognitive impairment. Four of the five studies (80%) in the review that investigated a possible link between ageism and cognitive impairment found a relationship. One of the studies, in Germany, followed up 8000 people over several years and revealed that negative self-perceptions of ageing accelerated cognitive decline as measured by cognitive processing speed, whereas positive self-perceptions slowed it down.

The Impact of Ageism on Social Wellbeing

All 29 studies included in the 2020 systematic review that looked at ageism and quality of life found that ageism had a negative impact on quality of life.

Ageism increases social isolation and loneliness in three main ways. First, ageism can result in feelings of being undesired, unwanted, betrayed and socially rejected, which can lead to social withdrawal.

Second, as in a self-fulfilling prophecy, older people can internalize ageist stereotypes – for instance, that old age is a time of social isolation and low social participation – and then act accordingly, by withdrawing from society.

Third, ageist society-wide laws, norms and practices, such as mandatory retirement or design features of the living environment (e.g. inaccessible transport, cracked or uneven sidewalks), can act as barriers to older adults' participation in social activities, leading to social isolation and loneliness.

In a 2020 review, ageism was found to be a risk factor for poor social relationships in all 13 studies that examined this association.

Rates of loneliness and social isolation are high among older people. In Finland and the United Kingdom, 40% of older adults living in the community reported experiencing some degree of loneliness.

Multiple studies and reviews have shown that social isolation and loneliness have serious impacts on the mortality of older people, on their physical health and functioning (e.g. heart disease, diabetes, mobility, activities of daily living) and on their mental health (e.g. depression, anxiety and cognitive decline).

Research shows that older people often internalize ageist stereotypes and myths regarding sexuality in later life. They are reluctant to express their sexuality and are often hesitant to discuss sexual issues with their doctors for fear of being met with disapproval. Older women have been found to internalize ageist cultural norms of beauty and to view themselves as unattractive.

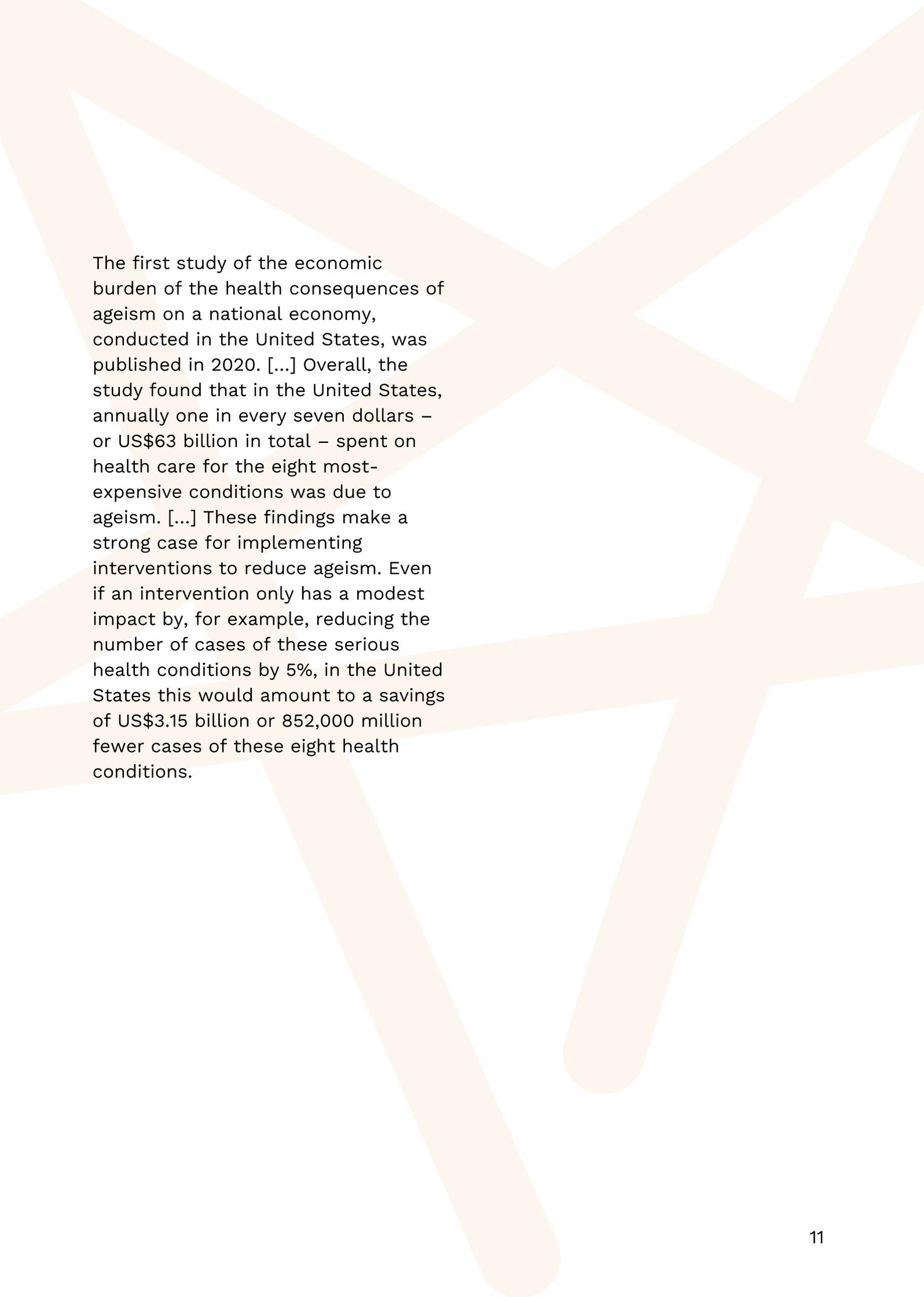
Health-care providers' education and training often does not prepare them to adequately address sexual health in older people, and many consider the topic to be outside their scope of practice. In long-term care facilities, staff knowledge about sexuality among older people is often limited, and they are uncomfortable discussing sexuality with older people. The privacy required for sexual expression is rarely provided; clear policies regarding sexuality are often lacking; and prospective residents are seldom given information about how their sexual and intimacy needs will be respected.

According to a recent global review of the prevalence of violence against older people, some 15.7% of older people – or almost 1 in 6 – are victims of abuse. Some 11.6% of older people are victims of psychological abuse, 6.8% of financial abuse, 4.2% of neglect, 2.6% of physical abuse, and 0.9% of older people are victims of sexual abuse.

The Impact of Ageism on the Economy and Public Finances

Ageism takes a heavy economic toll on individuals and society, contributing to financial insecurity and poverty and costing society billions of dollars.

Evidence of the economic impact of ageism is extremely limited, both for individuals and whole societies. What evidence exists, however, suggests that the economic costs of ageism may be high.



The first study of the economic burden of the health consequences of ageism on a national economy, conducted in the United States, was published in 2020. [...] Overall, the study found that in the United States, annually one in every seven dollars – or US\$63 billion in total – spent on health care for the eight most-expensive conditions was due to ageism. [...] These findings make a strong case for implementing interventions to reduce ageism. Even if an intervention only has a modest impact by, for example, reducing the number of cases of these serious health conditions by 5%, in the United States this would amount to a savings of US\$3.15 billion or 852,000 million fewer cases of these eight health conditions.

How Ageism Occurs

Ageism occurs when people interact with one another (**interpersonal**), when organisations interact with individuals (**institutional**) and when people direct ageism towards themselves (**self-directed**).

A comprehensive, systematic review of studies on ageism in the period 1970-2017 reviewed the determinants of ageism identified in 199 separate papers.^[3] Combining this information with other studies, the Global Report identifies a range of determinants as having a clear association with ageism or its prevention (see Table 1). The report also notes that the lack of research into institutional ageism limits available evidence.

As the Global Report states, “Ageism starts in childhood and is reinforced over time. From an early age, children pick up cues from those around them about their culture’s stereotypes and prejudices, which are soon internalized. People then use these stereotypes to make inferences and to guide their feelings and behaviour towards people of different ages and towards themselves.”

In addition “Ageism often intersects and interacts with other forms of stereotypes, prejudice and discrimination, including ableism, sexism and racism. Multiple intersecting forms of bias compound disadvantage and make the effects of ageism on individuals’ health and well-being even worse.”

The Global Report also examines the determinants of ageism directed against younger people. “...there is some evidence that it occurs in the workplace and in legal and political systems. In Europe, the only region for which data are available, attitudes towards younger people are often more negative than they are towards older people”.

Table 1. Determinants of ageism against older people (modified from WHO Global Report, p.68)

Type of Determinant **Pink bold = risk of ageism** **Blue italic = protective**

Key Indicator	Activity / Project
Individual-Level (perpetrator)	<p>Younger Age Male Lower level of education Higher anxiety about or fear of death</p> <p><i>Personality traits like agreeable, extrovert, conscientious or a collectivistic orientation</i> <i>Higher quality contact with older age groups (including grandparents and intergenerational friendships)</i></p>
Individual-Level (target)	<p>Older age Poorer health status and greater care dependence</p>
Contextual Level	<p>Lower healthy life expectancy of the country Some professions and occupational sector (including high technology)</p> <p><i>Positive presentation of older people with more information</i></p> <p>Comparison with younger people</p>
Individual-Level (Self-Directed Ageism)	<p>Poorer mental health</p> <p><i>More contact with grandchildren</i></p>

Strategies Against Ageism

The determinants of ageism point to solutions as well as problems. For example, “There is considerable evidence that having contact with people in older age groups, particularly higher quality contact, reduces the likelihood of ageism”.

The Global Report identifies three strategies against ageism:

1. Policy and law
2. Educational interventions
3. Intergenerational contact interventions

Policy and law

The Global Report notes that “Ageism pervades many institutions and sectors of society, including those providing health and social care, the workplace, the media and the legal system”.

There are four ways that policies and laws can reduce ageism:

- 1) Outlawing a given behaviour or practice can reduce that behaviour to the extent that sanctions are consistently imposed.
- 2) By creating a clear social norm that ageism is socially unacceptable.
- 3) Government-level policies and laws, by forcing people to change their behaviour, can eventually change most people’s underlying attitudes too.

4) Increasing diversity in the surrounding population (e.g.in the workplace) and shaping the physical and sensory surroundings can affect the degree of implicit bias that individuals exhibit.

For example in Ireland, age discrimination has been recognised in the Equal Status Acts since 2000 and in the Employment Equality Acts since 1998 as one of nine grounds or characteristics to be protected against discrimination.

Despite these laws, there is evidence that older workers (55+) find it harder to gain employment and are more likely to become long-term unemployed than younger workers. Some policies reinforce ageism, such as the widespread practice of mandatory retirement ages in employment contracts, which have been banned in other jurisdictions.

More research is needed on ageism to understand the full extent of the problem in Ireland. In addition, there is often a lack of appropriate data or statistics collected, which makes it more difficult to determine how policies affect older people. More age-sensitive practices are required in official data collection.

AGEISM

Ageism refers to **HOW WE THINK (STEREOTYPES), FEEL (PREJUDICE) and ACT (DISCRIMINATION)** towards others or ourselves based on age

AGEISM IS EVERYWHERE

1 IN **2** PEOPLE
WORLDWIDE ARE AGEIST
AGAINST OLDER PEOPLE
and, in Europe, there is
more ageism against
younger than older people

Ageism affects us
THROUGHOUT LIFE
and exists in our institutions,
our relationships and ourselves

DISABILITY
RACE
AGEISM
SEX
Ageism
EXACERBATES OTHER
DISADVANTAGE

AGEISM IS HARMFUL

PHYSICAL HEALTH

MENTAL HEALTH

SOCIAL WELL-BEING

Ageism takes a
**HEAVY
ECONOMIC TOLL**
on individuals
and society

Ageism has far-reaching
IMPACTS ON ALL ASPECTS
OF PEOPLE'S HEALTH

AGEISM CAN BE COMBATTED

POLICY AND LAW
can protect human rights and address
age discrimination and inequality

EDUCATIONAL ACTIVITIES
can transmit knowledge and skills
and enhance empathy

**INTERGENERATIONAL
INTERVENTIONS**
can connect people of different generations

AGEISM CAN BE COMBATTED



POLICY AND LAW
can protect human
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**EDUCATIONAL
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and enhance empathy



**INTERGENERATIONAL
INTERVENTIONS**
can connect people
of different
generations

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Strategies Against Ageism

The Global Report suggests the following future direction for work on law and policy:

- Develop and enforce national anti-discrimination laws and policies.
- Modify or repeal existing laws and policies that may be ageist.
- Improve access to justice for those making complaints on the grounds of age discrimination or ageism more broadly.
- Develop protections from intersectional and cumulative discrimination through policies and laws (e.g. discrimination based on both age and disability).
- Increase public awareness about anti-discrimination and human rights laws and policies.
- Conduct research to improve understanding of the effectiveness of existing and new anti-discrimination legislation and policies.
- Improve estimates of the costs of policy and legislation interventions.

Educational interventions

According to the Global Report, “providing accurate information and counter-stereotypic examples, dispelling misconceptions about a particular age group and teaching more complex thinking skills allow people to consciously reconsider and update their beliefs, feelings and behaviours and lead to a decrease in ageism.”

And “Empathy-enhancing activities aim to generate identification with, and awareness of, another person’s or group’s suffering.”

A systematic review of 23 educational interventions aimed at reducing ageism found that they had a modest but beneficial effect on attitudes towards ageing and older people, including on stereotypes and prejudice.

The Global Report suggests the following future priorities for educational interventions:

- Develop, test and scale up educational interventions in all countries to reduce ageism against older people.
- Develop, test and scale up educational interventions that reduce self-directed and institutional ageism, few of which are available.
- Describe the characteristics of the interventions in a standardized way, so the interventions can be replicated more easily and their essential characteristics be better identified.
- Estimate the cost and cost-effectiveness of educational interventions where such estimates are lacking.

Strategies Against Ageism

Intergenerational contact interventions

Fostering interaction between people of different ages is an important strategy to tackle ageism.

The Global Report presents evidence intergenerational contact works to reduce ageism against older people. A systematic review, including evaluations of 21 different intergenerational contact interventions aimed at reducing ageism, found a modest effect on attitudes, including on stereotypes and prejudice, and a moderate effect on knowledge, including on information and misconceptions about the ageing process.

Intergenerational contact has other benefits in addition to reducing ageism. For older people, it can, for example, lead to improved health and psychosocial well-being, and increased self-esteem, and it can reduce distress, decrease loneliness, lead to a greater sense of social connectedness and strengthen intergenerational solidarity.

The Global Report suggests the following future priorities in relation to intergenerational contact interventions:

- Develop, test and scale up intergenerational contact-only and combined educational- and intergenerational-contact interventions to reduce ageism.
- Identify the essential characteristics of intergenerational contact interventions and the right mix of intergenerational and educational components in combined interventions.
- Develop interventions that aim to reduce self-directed and institutional ageism.
- Estimate the costs of intergenerational contact-only and combined educational- and intergenerational-contact interventions.
- Research the optimal conditions under which contact between grandparents and grandchildren and intergenerational friendships lead to reductions in ageism. This should be followed by the development and testing of interventions to foster these relationships and reduce ageism.

Age Equality: Age Action's Campaign Against Ageism

Age equality is about a vision of society where age is no longer a barrier to everyone participating and living full, independent lives.

Differential treatment on the grounds of age must not undermine the human rights principles of dignity, autonomy and participation. Any justification for using age as a decision-making criterion must not be contaminated by ageist stereotypes, assumptions and prejudice.

Achieving age equality involves removing age-related barriers to the achievement of equality of outcome for older (and younger) people.

Examples of Age Action's Work on Age Equality

The Global Report suggests three approaches for the future, to prevent and respond to ageism, all of which inform Age Action's work:

- Invest in evidence-based strategies to prevent and respond to ageism
- Improve data and research to gain a better understanding of ageism and how to reduce it
- Build a movement to change the narrative around age and ageing.

The focus of Age Action's advocacy work is on policy and law, with the aim of removing the age-related barriers that prevent equality of outcome for older people. For example, Age Action publishes budget submissions, briefings, submissions on legislation and policies affecting older people, and proposals for new laws or policies.

Age Action engages with Government, civil servants, public agencies, the Oireachtas, political parties and other civil society organisations, as well as the media, to increase awareness of the issues facing older people.

All of Age Action's work is rooted in the lived experience of older people, and we provide regular opportunities to participate through surveys, focus groups and other means.

Recommendations for Immediate Action

As a first step to implementing the WHO Global Report on Ageism, Age Action calls for the following five actions, which are actions for Government but are also relevant for all political parties, for businesses, for civil society organisations and for all of us living in Ireland:

1. Acknowledge that ageism is a real and present threat to our health and wellbeing, and recognise ageism in our own lives.
2. Commit to eliminating the negative effects of ageism.
3. Commit to listening to the voices of older people and empowering their participation, including through establishing a Commission for Ageing and Older Persons.
4. Ensure that older people are not digitally excluded, including taking positive steps to include those not using the Internet.
5. Update and recommit to the National Positive Ageing Strategy, with concrete actions across Government and society to promote age equality.

About Age Action

Age Action is the leading advocacy organisation on ageing and older people in Ireland. Age Action advocates for a society that enables all older people to participate and to live full, independent lives, based on the realisation of their rights and equality, recognising the diversity of their experience and situation. Our mission is to achieve fundamental change in the lives of all older people by eliminating age discrimination, promoting positive ageing and securing their right to comprehensive and high-quality services.



Rialtas na hÉireann
Government of Ireland

