



CANADIAN NETWORK *for*  
the PREVENTION of ELDER ABUSE

RÉSEAU CANADIEN *pour la* PRÉVENTION  
du MAUVAIS TRAITEMENT des AÎNÉS

# Webinar



Elder Abuse Prevention (ON)

Stop Abuse - Restore Respect

Maltraitance des personnes âgées Ontario

Maltraitance des personnes âgées Ontario

A photograph showing two hands, one younger and one older, clasped together in a supportive grip. The hands are positioned over a blurred image of a globe, symbolizing global unity and care for the elderly.

## Human Rights of Older Persons:

## Social Costs of Ageism

March 18, 2021



# WEBINAR HOUSEKEEPING

## Communication

All attendees will be muted during the webinar.

## ASL Interpreter:

Image and name of Interpreters will be visible during the webinar.

You can view all speakers by clicking gallery view..

## Recording

A recorded version of this webinar will be available on EAPO and CNPEA's website.

## Adjusting Speaker Image Size:

Drag the line between the video frame and slides to the left (adjust at beginning of the webinar).



# WEBINAR HOUSEKEEPING

## Speakers

Will be visible while presenting and for the Question/Answer session.

## Chat Box:

Post comments during the session.

## Questions

Type your questions in **Question/ Answer box**. A response will be posted during the webinar or asked to speaker after the presentation.

## Evaluation

After the session, a pop-up screen will appear to complete survey. Your feedback and suggestions for future webinars is appreciated.

A close-up photograph of two hands clasped together. The hands are weathered and have a reddish-brown skin tone. The person is wearing traditional jewelry, including a wide, multi-colored beaded bracelet on the left wrist and several necklaces with red, blue, and green beads. The hands are resting on a dark, patterned fabric with a fringed white border. The text "LAND ACKNOWLEDGEMENT" is overlaid at the bottom in white, serif, all-caps font.

LAND ACKNOWLEDGEMENT



WEBINAR

# HUMAN RIGHTS OF OLDER PERSONS



*The Social Costs of Ageism*



## Presentation Flow

- **Opening Remarks**
- Health care and mental health
- Access to information and technology
- Discrimination in the work place
- The era of Covid-19
- **Questions & Answer Period**



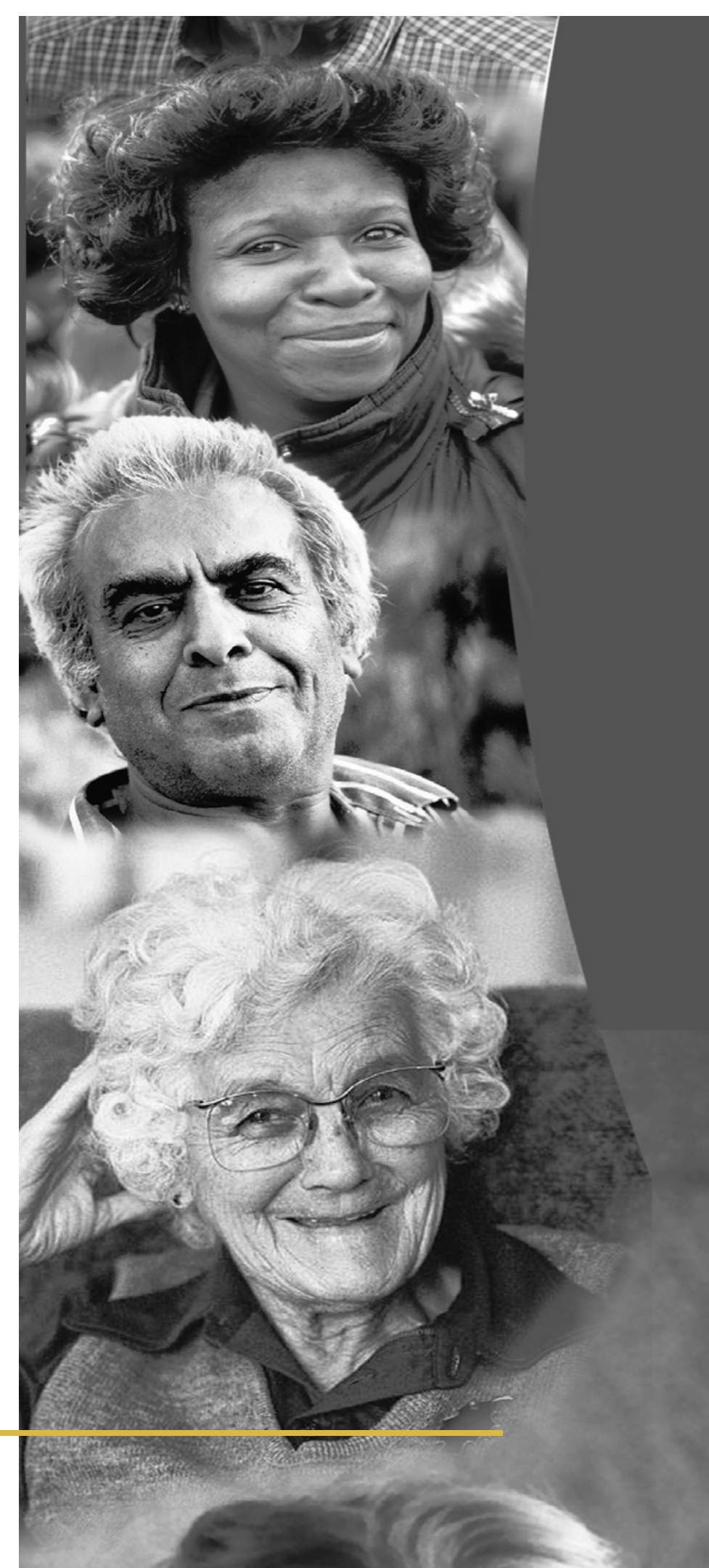
# Elder Abuse Prevention Ontario (EAPO)

## MISSION

EAPO envisions an Ontario where ALL seniors are free from abuse, have a strong voice, feel safe and respected.

## ACTION

Building that requires raising awareness, delivering education and training, working collaboratively with like-minded organizations and assisting with service coordination and advocacy.





# Canadian Network for the Prevention of Elder Abuse (CNPEA)

## MISSION

CNPEA connects people and organizations, fosters the exchange of reliable information, and advances program and policy development on issues related to preventing the abuse of older adults. We do this work at the local, regional, provincial/territorial, and national levels..

## VISION

We envision and work toward a Canadian society where older adults are valued, respected, and live free from abuse.

We strive to be the Canadian leader in our field—sharing information and coordinating resources for the prevention of elder abuse.





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**MARGARET YOUNG**

**Founder, Age Knowble;  
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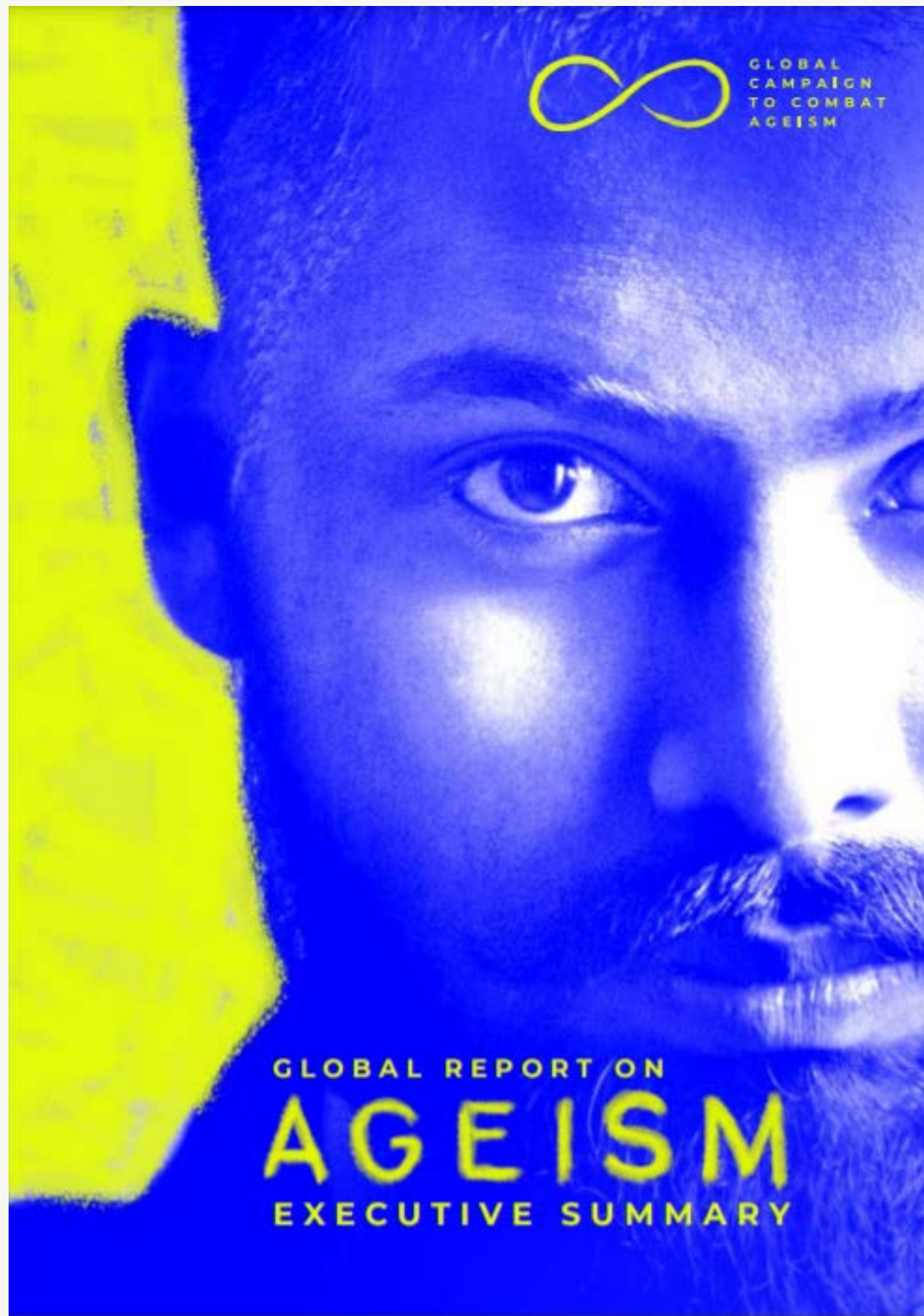
**MARGARET GILLIS**

**President,  
International Longevity Centre Canada**

**GUEST  
SPEAKERS**

**WEBINAR  
PARTNERS**





<https://www.who.int/publications/i/item/9789240020504>

## Overview

The *Global report on ageism* outlines a framework for action to reduce ageism including specific recommendations for different actors (e.g. government, UN agencies, civil society organizations, private sector). It brings together the best available evidence on the nature and magnitude of ageism, its determinants and its impact. It outlines what strategies work to prevent and counter ageism, identifies gaps and proposes future lines of research to improve our understanding of ageism.

# Ageism and Human Rights at times of the Pandemic

**Liat Ayalon, Ph.D.**  
**Bar Ilan University, Israel**

This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 764632



# AGEISM DURING COVID-19:

- This is an ageist virus!
- Older adults have been portrayed as weak and vulnerable
- Older adults as a burden to society
- Generations pitting against each other
- Disregard instructions- “this is not my disease”
- Disregard the impact on younger populations



# Age in COVID-19 policy measures

- Media and communication
- Lockdown
- Exit
- Triage
- Long term care
- Vaccination





# Long term care settings

- Residents locked for months

Risks: Isolation, Depression, Anxiety

# RESIDENTS IN CONTINUING CARE RETIREMENT COMMUNITIES (CCRCs) (Ayalon & Avidor, 2021, Age and Ageing)

- CCRCs-independent upon entering, preserve/foster a higher level of autonomy
- Confined to their units for months



# What we found:

**A rupture- life before described as ideal vs. life after COVID- autonomy was taken away and power imbalance**

**Use of downward comparisons:**

*“Those who are alone, my friends who are alone, they are simply jealous of us, because they are saying - ‘you are in a cage, but a cage of gold, because you are being spoiled.’”*

" Initially, no one spoke (about the effects of the outbreak in the CCRC). They (staff) knew that one died.

## **Power imbalance**

But, no information in order not to...No information on the notification system, nothing. But, by a coincident, my room is here, right above the balcony and all staff meetings were underneath..."



# Past-present trauma:

- “From that period, when I was 7-8 years old, all alone, among strangers, in a threatening world. I have learnt how to block my feelings when I needed to. So - that girl has become my counselor during lockdown. Even now, the girl is saying: ‘I am getting over this. I am not thinking about this, I am shutting this out.’ I reorganize things.”



# Based on interviews with family members:

- **Rupture**
  - **Physical disconnect between family members and residents**
  - **Disruption in routine treatment to residents**
  - **An abrupt decline in the satisfaction with and trust in the setting.**



# Based on interviews with family members:

- **Response**
  - **An active attempt to share viewpoints and to become involved in decision making**
  - **Intense ambivalence**
    - **in relation to keeping their loved ones in an institution**
    - **in relation to the best response considering the extreme situation faced by LTC settings.**





## Conclusions:

- CCRCs were successful in physically protecting older adults at the price of compromising their wellbeing.
- CCRC residents' defense mechanisms were successful to some extent, but as time went by and the rest of the country returned to a new routine, these mechanisms collapsed, and older residents experienced high levels of stress, anxiety, depression, despair and anger.

A photograph of an elderly couple sitting outdoors in a grassy area. The man is on the left, wearing a red and white checkered shirt, and the woman is on the right, wearing a light blue shirt. They are both smiling and looking towards the camera. The background is a soft-focus green field.

# Recommendations:

- Management and staff play a major role which can be used for the better or worse
- Greater flexibility and maintenance of physical and emotional routines are essential
- The more transparent the measures, the more satisfied are the residents

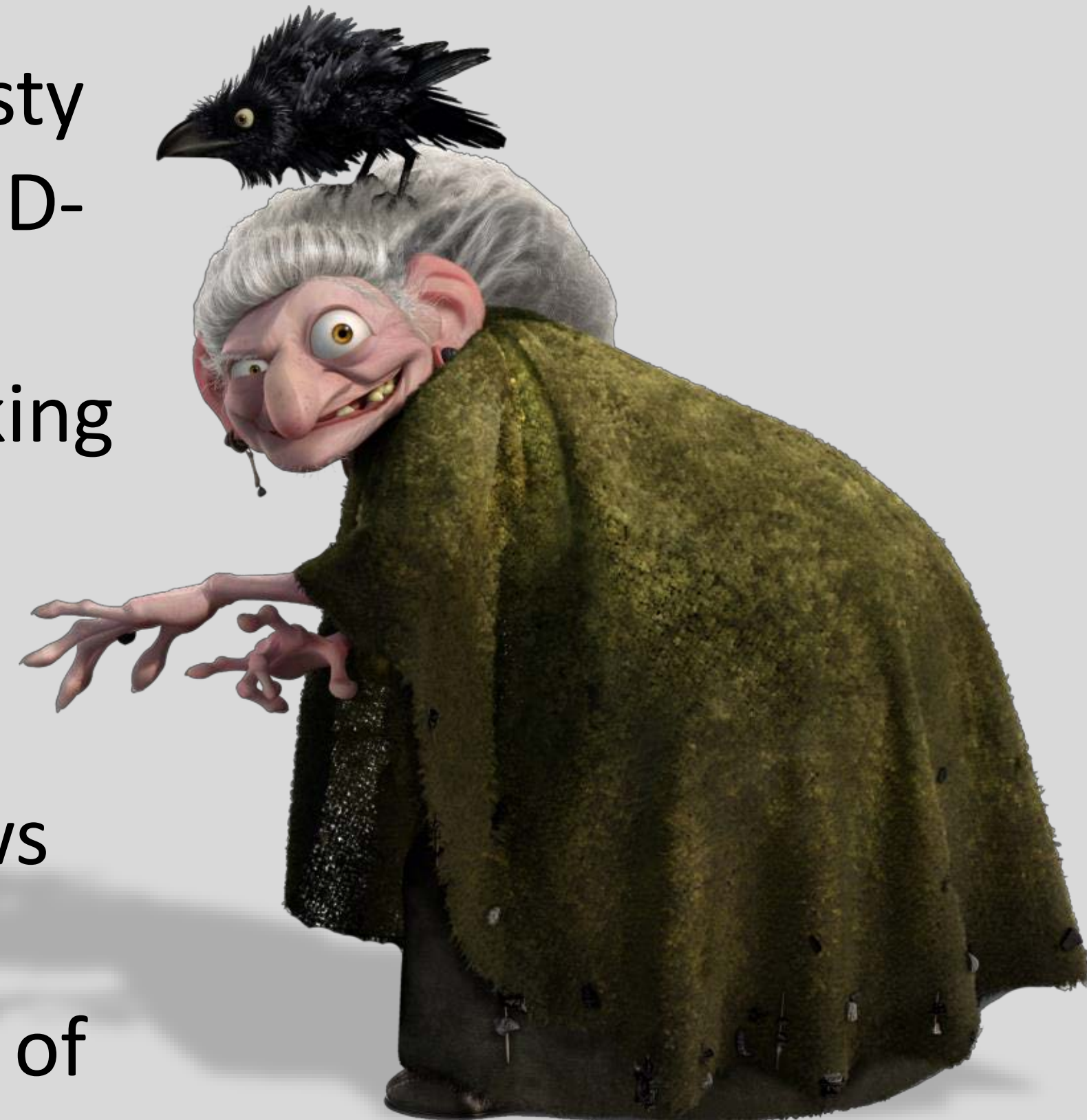
## **Nursing homes in U.S. news paper articles:**

- Residents' voices are excluded and superseded by others
- Literary elements are used to portray residential care as shockingly dangerous, deceptive, and problematic
- Blame is often assigned to an individual or group according to political tendencies of the newspaper.



# Conclusions

- A cultural model of panic and dishonesty begins to take shape through the COVID-19 pandemic.
- The portrayal of residential care as lacking transparency will likely create future mistrust of the industry.
- The depiction of vulnerability and the illusion of resident inclusion in the news coverage enable paternalistic decision-making and care practices in the name of supposed protection.



# Vaccination (Allen et al., under review)



- A newspaper article published on December 1, 2020 in the New York Times, "Who Will Get the Coronavirus Vaccine First?" (Goodnough, 2020), detailed a recommended vaccination framework.
- We sought to understand how commenters frame old age within the context of a limited vaccine and how commenters determine what is the right, morally justified priority order.

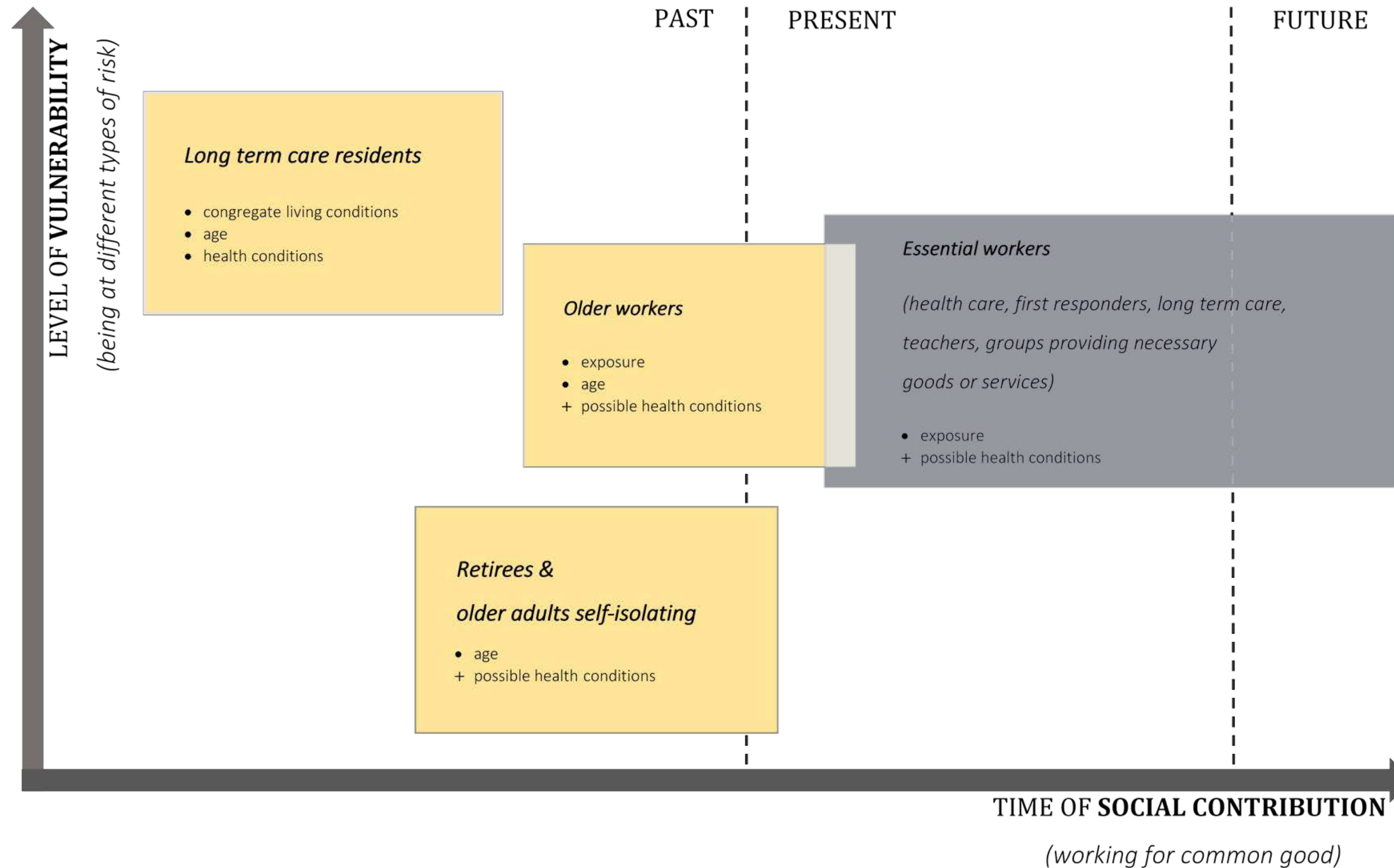


# Main findings

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- Social contribution vs. vulnerability
  - “that is why my parents deserve to be first so that they can enjoy their very limited number of years left to live. My parents have sacrificed their lives for me and my sister.” (199:24).
  - “[President] Biden needs to be first. He’s very old and frail.” Someone cynically replied, “if he makes it that long without breaking a hip.” (D71).





Allen et al. under review

# Conclusions

- Calls for generational sacrifice during the pandemic (Barrett, et al., 2020).
- Self-ageism (generational sacrifice) as well.
- The neoliberal framework in the United States.



# Recommendations:

- **We are all in this together.**
- **Susceptibility does not equal vulnerability**
- **There are multiple incidents of intergenerational solidarity that must be acknowledged**
- **A pandemic is not a reason for human rights violations**
- **We should not throw away the baby with the water**





# W.H.O CAMPAIGN TO COMBAT AGEISM



## VISION

A world for all ages



## GOALS

Change the way we feel,  
think and act towards age  
and ageing.

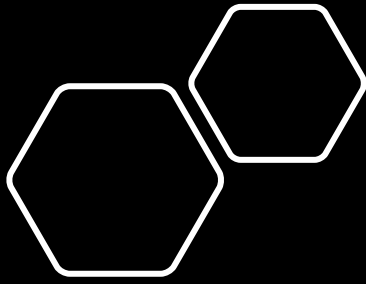
# Thank you

Liat Ayalon, Ph.D.  
Bar Ilan University, Israel

Bar-Ilan  
University

אוניברסיטת בר-אילן





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**Elder Abuse Prevention (ON)**  
Stop Abuse - Restore Respect  
**Prévention de la maltraitance envers les aînés (ON)**  
Arrêtez les mauvais traitements - Restaurez le respect



**CANADIAN NETWORK for  
the PREVENTION of ELDER ABUSE**  
**RÉSEAU CANADIEN pour la PRÉVENTION  
du MAUVAIS TRAITEMENT des AÎNÉS**



# Human Rights of Older Persons: The Social Costs of Ageism

**March 18, 2021**  
**1:00pm - 2:30pm EST**

**Raeann Rideout**  
Director of Partnerships & Outreach  
Elder Abuse Prevention Ontario

**Bénédicte Schoepflin**  
Executive Director, Canadian Network for  
the Prevention of Elder Abuse

# Importance of mental health & physical health



Mental health  
is  
fundamental  
to health

In October 2020, COVID-19–related health funding announced by FPT levels of government amounted >\$29 billion

In 2019, total health expenditure in Canada was expected to reach \$265.5 billion, \$ 7064 per person, 11.5% of Canada's GDP



How we all want to look when we are 80 years old!



# Getting old

- Ageism
- Normal Aging

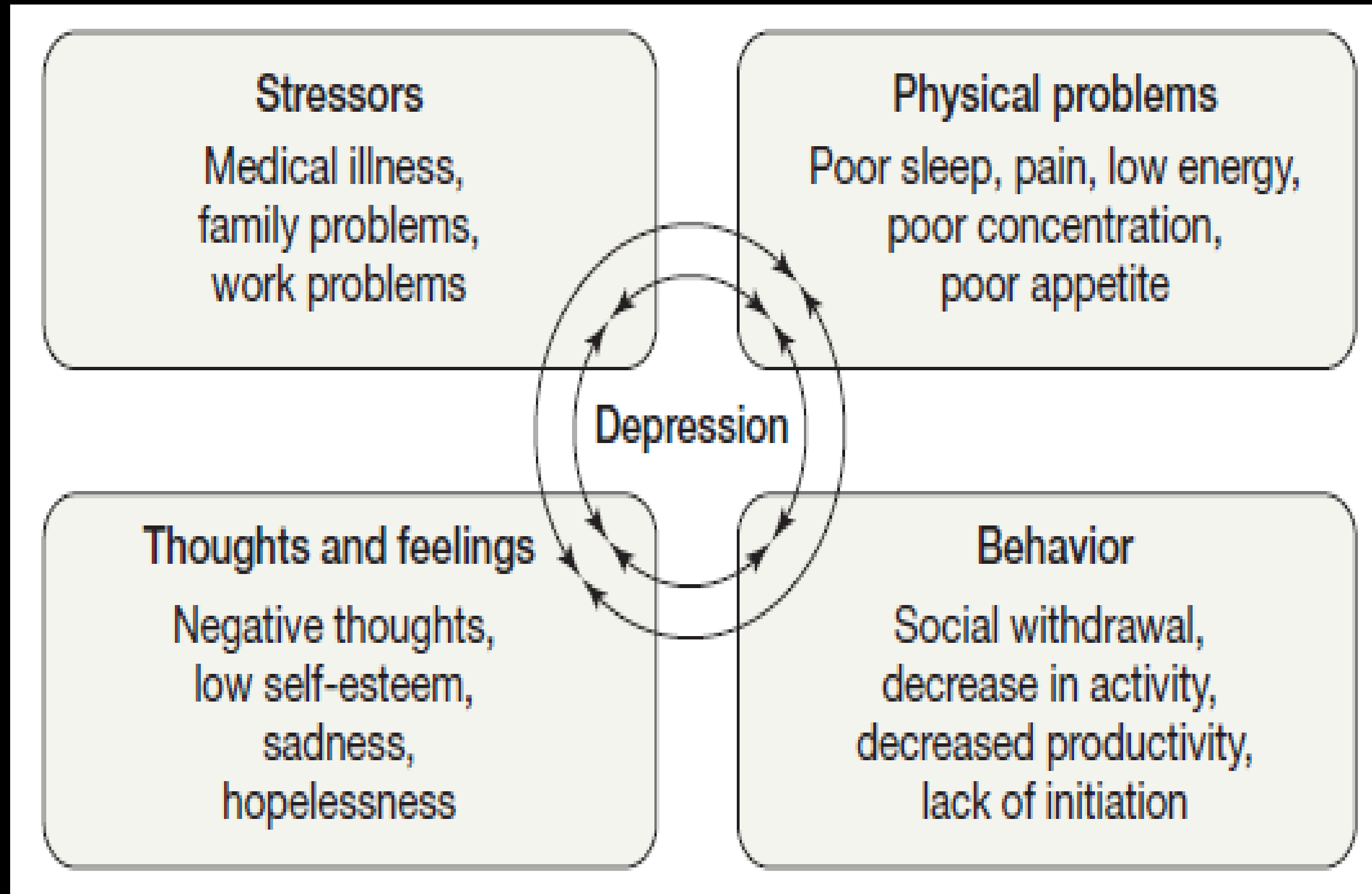


# Late-life stressors

- Physical Illness
- Surgery
- Immobility
- Sensory deprivation
- Social isolation
- Economic
- Loss of significant other
- Retirement



# The Cycle of Depression



Psychosocial  
disability & global  
functioning

Level of anxiety &  
depression

**Asymptomatic**   **Subsyndromal**   **Minor**   **Major**  
**Status**                      **Symptoms**                      **Disorders**

# GFTT: Generalized Failure to Thrive

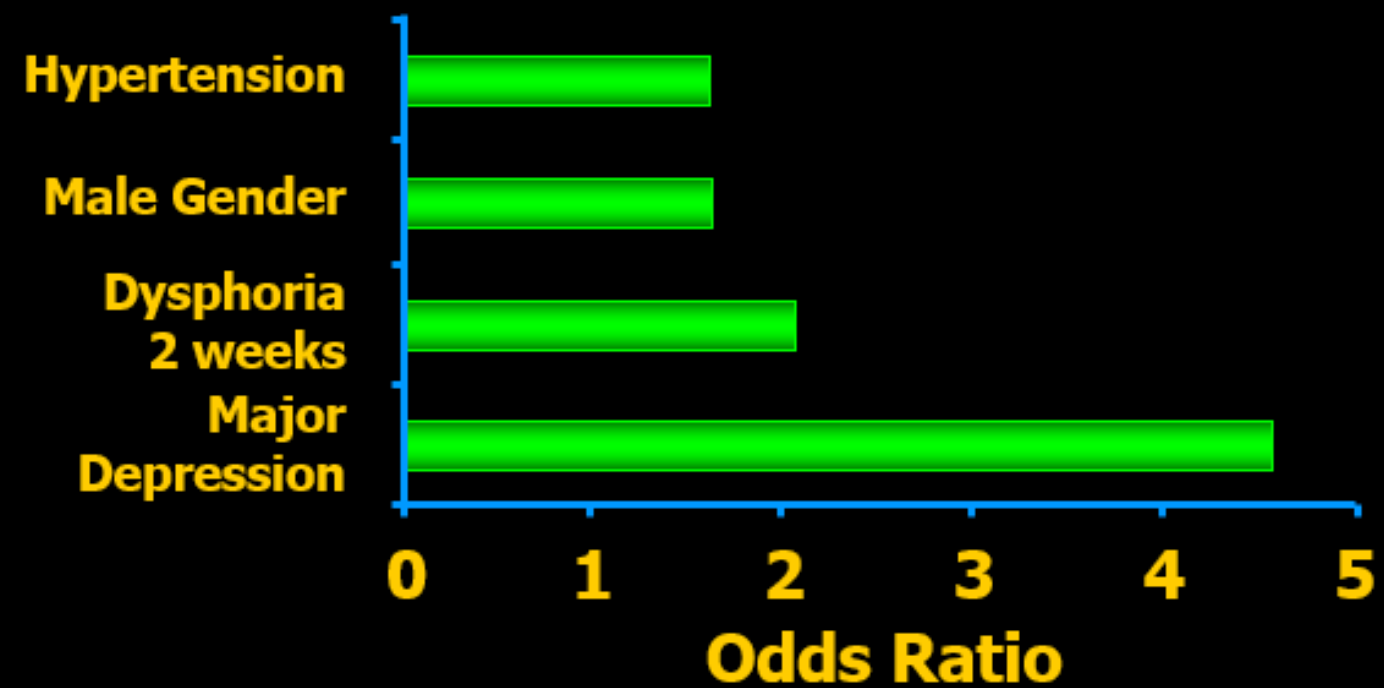
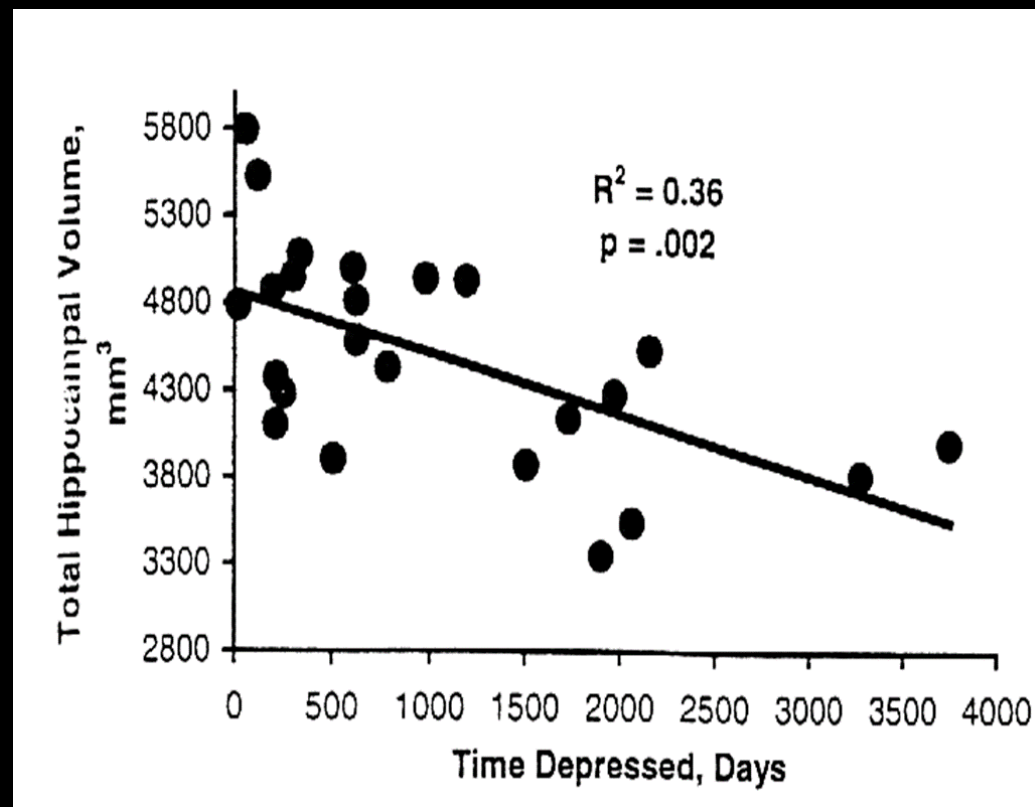
- Complex
- Comorbidity
- Access to Care
- Don't seek help
- Adherent
- Downward Spiral
  - Decreased appetite, Weight loss, Malnutrition, Frailty  
Depression, anxiety, physical, mental, and cognitive impairment

1. Mitchell AJ, Malone D, Doebbeling C. Quality of medical care for people with and without comorbid mental illness and substance misuse: a systematic review of comparative studies. *Br J Psychiatry* 2009; 194:491–499.
2. Bartels J. Caring for the whole person: integrated healthcare for older adults with severe mental illness and medical comorbidity. *J Am Geriatr Soc* 2004; 52:S249–S257
3. Rocchiccioli JT, Sanford JT. Revisiting geriatric failure to thrive: a complex and compelling clinical condition. *J Gerontol Nurs*. 2009 Jan;35(1):18-24; quiz 26-7.

# Depression increases risks of

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- coronary artery disease
  - Heart attacks
  - stroke
  - dementia





- Anxiety, depression, frustration, conflict

Is it Mild Cognitive Impairment-  
MCI?

Is it normal grief?

Is it a medical condition?

Is it a side effect of medication?



# COVID-19 amplifies ageism

- Risk: severe illness & death increases with age
- Social isolation and loneliness which is in itself a killer
- Fear the disease, worry of infecting others, not receive adequate care
- Problematic policy –underlying - ageist attitudes
- Disvalued & expendable → severe detrimental effects on their physical and mental health
- Self perceptions → self fulfilling prophecy → poor health, well-being, and longevity via biopsychosocial mechanisms
- Plunging into depths of depression, suicide, and worsening medical / physical status

# Massive negative health impact of ageism

- A 2020 meta-analysis: ageism in 96% of studies : internalized negative representations of old age and higher prevalence of psychiatric conditions
- A systematic review in 2020, >7 million participants, >13,000 papers & 422 studies analyzed: ageism linked to significantly worse health outcomes in 95.5% of studies
- In 45 countries, 11 health domains, over 25 years studied
- Disproportionately under represented in clinical trials
- 6.33 million cases of older people experiencing depression globally → ageism

# Massive financial cost of ageism

- Ageism in the USA (>age 60 / 1 year) amplified cost and the prevalence of health conditions. 17 million cases of health conditions were due to ageism.
- The highest cost was cardiovascular
- Calculated to \$63 billion/1 year, 1 / every 7 \$ spent on the 8 most expensive health conditions studied
- Even a 10% reduction in the prevalence of ageism could lead to 1.7 million fewer cases of health conditions
- Reducing ageism will improve health care for all & be more cost effective.

Age with Rights!

Solution:  
A United Nations  
convention  
on the  
rights  
of  
older persons



Human Rights do not have a best before date  
Support a U.N. Convention on the Rights of Older Persons

[ilccanada.org](http://ilccanada.org)



[rightsofolderpeople.org](http://rightsofolderpeople.org)

# Join the *Age With Rights* Campaign!

Our rallying cry – “Age with Rights!” – was formed with input from members of our Global Alliance. Join this global campaign for a UN convention on the rights of older people to ensure equal protection of our human rights in older age.

What are the learnings along the journey toward rights for older people that strengthen our commitment towards a convention?

- Human rights are rights inherent to all human beings throughout life no matter where in the world.
- As we age, our need for rights protection evolve with the complexity of ageing issues.
- Universal Declaration of Human Rights document was drafted at time when the “100 year” life was beyond imagination.
- Existing human rights frameworks provide fragmented and inconsistent coverage on the human



# Call To Action

**SUPPORT OUR  
EFFORTS FOR THE  
HUMAN RIGHTS  
OF OLDER PEOPLE**



# Upcoming Event



**30**  
**March 2021**  
01:15PM - 02:45PM EDT  
**REGISTRATION OPEN**

INTERNATIONAL LONGEVITY CENTRE CANADA PRESENTS:  
**THE IMPACT OF COVID-19 ON THE HUMAN RIGHTS OF OLDER PERSONS: AN INTERNATIONAL DIALOGUE**

## THE SPEAKERS



THE HON. PATRICIA BOVEY  
SENATOR, SENATE OF CANADA



DR. ANN COLLINS  
PRESIDENT  
CANADIAN MEDICAL ASSOCIATION



H.E. MS. MARIA DEL CARMEN SQUEFF  
AMBASSADOR OF ARGENTINA  
TO THE UNITED NATIONS



MS. MARGARET GILLIS  
PRESIDENT  
INTERNATIONAL LONGEVITY CENTRE  
- CANADA



H.E. MR. OMAR HILAIE  
AMBASSADOR OF MOROCCO  
TO THE UNITED NATIONS



DR. ALEXANDRE KALACHE  
PRESIDENT  
INTERNATIONAL LONGEVITY CENTRE  
- BRAZIL





**QUESTIONS**



EVERYONE HAS A ROLE TO PLAY IN #RESTORINGRESPECT FOR SENIORS.



**DONATE TO CNPEA**

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# Speaker Contacts

Continuing the Conversation



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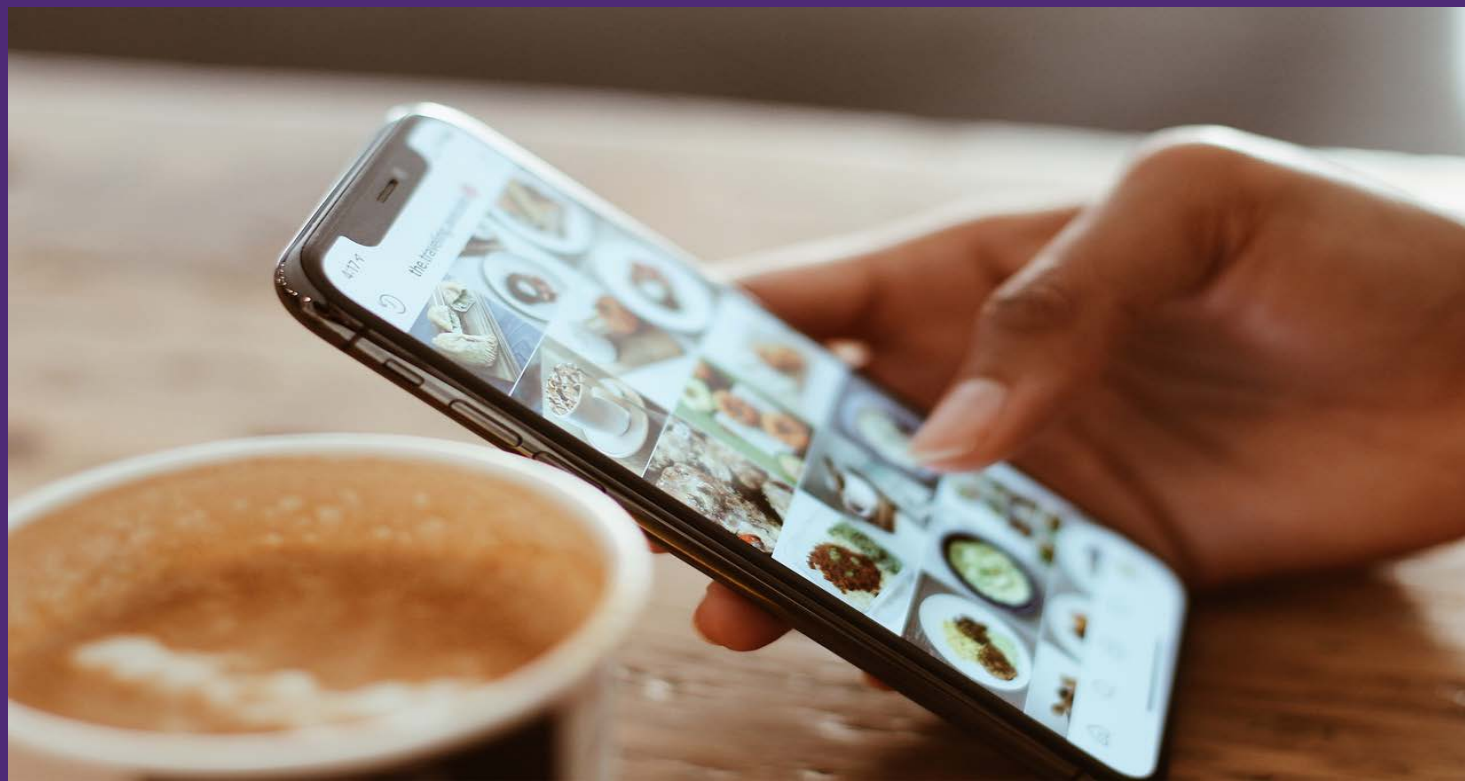


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Comments? Questions?  
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**EVALUATION**

Please take a few  
minutes to complete  
our survey !

A purple rectangular tag with a hole on the left side is attached to a light-colored string. The tag is placed on a corkboard surface. Three white daisies with yellow centers are scattered around the tag. The text 'Thank you!' is written in a black, cursive font on the tag.

Thank  
you!