



An Examination of the Social and Economic Impacts of Ageism

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*Québec contributes to the Federal/Provincial/Territorial Seniors Forum by sharing expertise, information and best practices. However, it does not subscribe to, or take part in, integrated federal, provincial, and territorial approaches to older adults. The Government of Québec intends to fully assume its responsibilities for older adults in Québec.

The views expressed in this report may not reflect the official position of a particular jurisdiction.

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Executive Summary

Ageism is “the stereotyping, prejudice and discrimination against people on the basis of their age” (World Health Organization [WHO], 2019). As the number of older adults¹ in Canada continues to grow, it is important to address ageism, document its negative effects, educate Canadians about these effects and find ways to counteract it. Promising initiatives are underway, including campaigns from the WHO and the European Union (EU). There is a need for further action, especially in Canada, as ageism remains the only type of discrimination perceived as acceptable and socially tolerated (Ayalon & Tesch-Römer, 2018).

This report examines social and economic impacts of ageism through a review of literature to better understand a) the impacts of ageism related to employment², health and health care, social inclusion, safety and security, media and social media; and b) initiatives to counteract age-based discrimination against older adults.

Sources include academic and non-academic documents (produced by governments and organizations that represent and/or support older adults) published between 2014 and 2019, available in French or English. Of 346 relevant documents reviewed, 258 are discussed (136 relating to impacts and 122 relating to initiatives³). Most documents relating to the impacts of ageism stem from scholarly publications, and the psychosocial impacts of ageism are far more documented than economic impacts. Most studies on the impacts of ageism relate to health, health care, and employment. There has been a marked increase in the number of large empirical studies in the last five years.

Main findings from the analysis of the economic impacts of ageism reveal that, until recently, interest in understanding and measuring impacts of ageism was somewhat indirect – driven by concerns related to an aging population and the labour market, rather than ageism. More recent publications point to a deeper understanding that negative consequences of ageism on people’s health and finances ultimately impact society as a whole.

France and the United States (US) are among the few countries that have estimated the economic costs of discrimination. Findings from the French study suggest that a partial elimination of gender- and ethnic-based discrimination would increase Gross Domestic Product (GDP) by up to 14.1 percent, improving the fiscal balance of the French

¹ The term “seniors” is defined by Statistics Canada as 65 years and older, and for the purpose of this report, we do not want to limit the findings to research pertaining to that age group.

² Stereotypes related to older workers are explored in the FPT Seniors Forum report: *Older Workers: Exploring and Addressing the Stereotypes* (2020).

³ The 258 documents reviewed for this report is a saturation point beyond which same themes are recurring, and no new insights are given by additional sources of data.

government by 5.1 percent of GDP. Eliminating age discrimination in the labour market is likely to generate significant numbers as well. In the American study, researchers sought to calculate the cost of ageism on health conditions for all persons aged 60 years or older in the US over the course of one year. They estimated that exposure to age-based stereotypes and negative self-perceptions of aging aggravated older adults' medical condition resulting in a one-year cost of \$63 billion. This cost represents 15.4 percent of US funds spent on eight medical conditions common to older adults.

Canadian and international initiatives to address ageism, led by governments, older adult organizations and scholars, mostly focus on the dimensions of social inclusion and employment. Interestingly, many initiatives undertaken by governments in Canada and abroad are not labelled under the term "ageism" yet still address, at least indirectly, the negative outcomes of age-based stereotypes and discrimination. For instance, initiatives related to finances and employment designed to increase older worker participation in the labour market or update mature workers' skills, address ageism indirectly. The same can be said about initiatives to address elder abuse: ageism is often included as one of the factors that needs to be tackled.

Key Findings

Findings show how the physical and mental health of older adults suffers from ageist stereotypes. This includes ageist practices of others, such as caregivers and employers. Much of the literature demonstrates how older adults and older workers internalize ageist stereotypes and how this, in turn, can lead them to act in ways that endorse these stereotypes.

Compounded effects of age-based, gender-based and ethnicity-based discrimination put older women and visible minorities at the front of workplace ageism. Increasing documentation on intersections between ageism and other forms of discrimination, especially within the context of work and employment, show that older women, older immigrants and older racialized persons are more likely than others to face ageist stereotypes and discrimination in hiring and training opportunities.

The extent to which ageism is a concern among Indigenous communities in Canada continues to be under-documented.

Governments and organizations that either represent or support older adults account for most initiatives to address ageism. While most of these initiatives have yet to be tested on a large scale, those that combine education with higher levels of intergenerational interaction are shown to be the most promising in changing attitudes.

The literature review shows research is at a turning point in how it looks at the impacts of ageism. While the negative psychosocial impacts of ageism have been widely documented, there is less information on its negative economic impacts. With respect to those psychosocial impacts, the dimensions of health and work account for most of the literature on this subject. Findings on the psychosocial impacts of ageism are paving the way to measuring economic costs.

Introduction and Structure of the Report

The last three decades have seen an increase in research on ageism from academics, governments and policy makers as well as stakeholders and older adults. For example, academics have taken on research demonstrating the negative outcomes of ageism while governments and organizations that represent and/or support older adults have undertaken initiatives to address ageism. Rapidly aging populations, especially among Organization for Economic Cooperation and Development (OECD) countries, are plausibly a major reason for the interest in better understanding ageism. In addition, the uniqueness and complexity of ageism, when compared to other forms of discrimination such as sexism and racism, call for more research to understand and counter age-based discrimination.

A number of jurisdictions, including federal, provincial, and territorial governments, have undertaken research on ageism to document its impact and develop initiatives to address it.

As part of the FPT Seniors Forum's 2018-2021 Work Plan, the Forum is examining the social and economic impacts of ageism; promising domestic and international anti-ageism practices; and consulting with stakeholders on the topic. This report is the first deliverable under the Ageism priority. It includes a quantitative and qualitative analysis of 258 sample documents – 136 focusing on the *impacts* of ageism and 122 on *initiatives* to counteract ageism – as well as an observation and gap analysis.

This report reflects the search and analysis of documents (n = 258) completed from August 23 to November 22, 2019. Appendix A describes each step underlying the search, selection, and analysis of the documents.

This report has eight sections. Section 1, entitled *Understanding the Unique and Complex Nature of Ageism*, describes the different types and expressions of ageism, as well as its changing targets. This section also provides a conceptual filter through which impacts and initiatives related to ageism can be better understood. Section 2 offers an overview of preliminary findings related to psychosocial and economic impacts of ageism. Sections 3 and 4 describe main findings on the psychosocial and economic impacts of ageism. Section 5 includes an overview of initiatives undertaken to counter

ageism, in Canada and abroad. Section 6 looks at how initiatives put in place to address ageism build on evidence-based impacts. Section 7 addresses the gaps in research on the impacts of ageism and offers potential responses to such gaps. Finally, Section 8 summarizes key findings related to the impacts of ageism, as well as initiatives to address it.

Section 1: Understanding the Unique and Complex Nature of Ageism

Ageism is similar to other forms of discrimination such as gender-based and ethnicity-based discrimination in terms of intergroup dynamics. In these contexts, in-group members are favoured and outgroup members are negatively biased. What makes ageism toward older adults unique is that it is targeting members of groups who at one point were not the “Others,” but who at another point will be. In other words, age-based social groups have permeable boundaries such that the young will eventually become old, if they live long enough (Levy, 2017). But since aging is culturally constructed mostly as a process of loss, especially within Western cultures, many individuals do not want to belong to or be associated as a member of older age groups.

In 2005, ageism researcher T.D. Nelson argued the negative cultural connotations around aging pave the way for stereotyping individuals who either belong, or are perceived to belong, to older age groups. He conceptualised ageism as a “prejudice against our feared future self.” Now, nearly 15 years later, research findings suggest this conceptualisation of ageism is still relevant. The stereotyping process around aging and older adults seems to be expressed by both younger adults and older adults as well. For example, in their book titled *Rethinking Old Age: Theorising the Fourth Age*, Paul Higgs and Chris Gilleard (2015) argue that ageism among older adults is often revealed as a divide between individuals who belong to the “third age” group versus those who belong to the “fourth age.” The latter refers to individuals who are in their 80s and older and who exhibit aspects of old age that are the most feared.

Although negative stereotypes and attitudes toward older adults and the process of aging do not always result in discriminatory acts, the two are strongly correlated. There is a wealth of academic literature suggesting that individuals who endorse stereotypes, often act in ways that reflects these prejudices. For example, believing older adults cannot learn and/or adapt to new technologies because of their age (one of the most pervasive ageist stereotypes) can easily translate into age-based discrimination, among both individuals and organizations. Examples include a manager who does not provide training opportunities to an older employee due to his or her age, and workplace policies, services and programs that are structured in a way that excludes older workers from such training. Ageism can also intersect with other discriminatory attitudes based

on gender and race. This process refers to intersectionality, the process where multiple forms of discrimination (for example, racism, sexism and ageism) combine or overlap to impact individuals or groups.

Another aspect that makes ageism unique is that it continues to be the most socially condoned form of discrimination. Ageism does not get the same level of public attention as racism and sexism, and this *laissez-faire* practice is often subtle. For example, in the area of social media, while Facebook prohibits hate speech based on race, ethnicity, national origin, religion, sex, gender, sexual orientation, disability, or disease, age is simply absent. This socially condoned nature of age-based discrimination can pave the way for ageism to be expressed individually and structurally through government policies, programs, legislation and services. Many scholars have observed that ageist stereotypes and discrimination do not occur in a void, but are often facilitated by a social context that structurally excludes older adults (Rosales & Fernandez-Ardevol, 2019; Twigg & Martin, 2015).

The last decade has witnessed a substantial increase in research from scholars, older adults' organizations and governments to document, not only the prevalence of ageism, but also its negative outcomes for individuals and society.

Section 2: Psychosocial and Economic Impacts of Ageism: Overview

Scholarly literature accounted for most of the documents related to the impacts of ageism analyzed for this report (n = 136). Older adults' advocacy groups, organizations and governments have tended to focus more on initiatives to counter ageism (see Section 5). The psychosocial impacts of ageism are far more documented compared to its economic impacts. This is true for all five dimensions: social inclusion; health care; safety and security; media and social media; workforce and employment.

Scholars, governments and older adults' organizations warn about the negative impacts of ageism mostly in relation to health care, finances and employment. The dimensions of media and social media, and safety and security, are discussed to a lesser extent. The dimension of social inclusion is broadly defined and appears to be a cross-cutting theme discussed in all five dimensions. It is worth noting that most of the documents focus on the detrimental effects of ageism on older adults. This speaks to the need for more research to better understand how and why ageism is perpetuated by individuals and embedded in systems and social structures, consciously or unconsciously. In other words, although there are numerous studies assessing the negative impact of ageism from the perspective of individuals who are the target of such stigma, there is a growing need for studies that document how, by whom and under what circumstances is ageism expressed.

The following sections will discuss how this reveals the uniqueness of ageism as a form of discrimination and the difficulty of measuring it. These findings suggest that ageism is a form of discrimination whose study continues to be neglected by researchers.

Section 3: Psychosocial Impacts of Ageism: Main Findings

As noted above, there is an important body of work, especially scholarly work, on the psychosocial impacts of ageism as opposed to its economic impacts. Within the context of employment, health care or social inclusion, the negative psychosocial impacts of ageism include low self-esteem, self-exclusion, lack of self-confidence and loss of autonomy. Many scholars explain the negative outcomes of ageism as a process of long-term exposure to ageist stereotypes and the internalization of such stereotypes by older adults, i.e. self-ageism. The following sections review large field studies related to the psychosocial impacts of ageism in health and health care, finances and employment and media.

3.1 Health and Health care

Ageist Communication – Care Providers

In 2015, the academic journal *Generations* dedicated an entire edition to the issues and impacts of ageism, related to issues including health and health care. Authors argued that ageism “*permeates the attitudes of medical providers, the mindset of older patients, and the structure of the healthcare system, having a potentially profound influence on the type and amount of care offered, requested, and received*” (Ouchida & Lachs, 2015).

Relying on secondary data stemming from surveys and clinical observations, Ouchida and Lachs (2015) argued that during medical encounters, care providers communicate – verbally and non-verbally – in different ways with older adults than with younger adults. In particular, physicians are more impatient and less engaged with older patients. They are also less likely to respond to the issues raised by older patients.

Along the same lines, a substantial number of scholarly studies have documented the use of patronizing language during medical encounters with older patients (Atkinson & Sloan, 2016; Keaton & Giles, 2016). Health care providers may unknowingly patronize older adults by the use of “elder speak.” This includes speaking slowly, with exaggerated intonation, using elevated pitch and volume, repeating oneself, and using simpler vocabulary and grammatical structures. The source of ageist communication seems to lie with care providers who may have subconscious misconceptions and

stereotypes that older patients are frail, helpless, irritable and dependent. In turn, older patients perceive elder speak as demeaning and studies show it can result in lower self-esteem, withdrawal from social interactions, and depression. This reinforces dependency and increases social isolation. In patients with dementia living in long-term-care settings, elder speak has also been shown to increase resistance to care.

In sum, when caregivers endorse ageist stereotypes, it paves the way for patronizing communication. Since effective communication between older patients and care providers is a key component to avoiding medically under- or over-treating older patients, it is crucial that caregivers become more aware of ageist issues during medical interactions. One way to do so would be to require that geriatrics be included in all health care providers' education. Many authors also argued that such training could reverse the shortage of geriatricians in North America.

Under/over diagnosis of physical and mental health issues

In addition to looking at ageist communication during medical encounters, scholarly studies contained in the 2018 book *Contemporary Perspectives on Ageism* (Ayalon & Tesch-Römer), suggest that ageist attitudes from healthcare providers may result in *under-diagnosis or over-diagnosis*. Genuine medical problems such as heart disease may be assumed to be normal symptoms of aging and as such, are under-diagnosed in terms of prevention, investigation and intervention. Ageism can also impact the types of treatments considered for older patients where pharmaceutical solutions are favoured to the detriment of surgical procedures (Wyman et al., 2018).

Mental health is also an area where ageism is manifested. One of the most common stereotypes around aging and older adults relates to “resistance to change” and “cognitive rigidity.” This can explain the over-use of psychiatric medication instead of psychotherapeutic treatment for older adults' mental health issues. Researchers including Bodner, Palgi and Wyman (2018) argue that older adults living in long-term care facilities are especially at risk for such practices. These authors also raise the issue of a double-stigmatization process whereby older adults internalize ageist stereotypes based on age and on mental health, the outcome being a reluctance to seek help from professionals.

Stereotype Embodiment – Self-Ageism and Mental Health

Many of the documents consulted, including reports from senior advocacy groups, argue that stereotype embodiment, a process where individuals come to believe that stereotypes are true and endorse them, partly results from ageist communications and practices on the part of health care providers.

The stereotype embodiment hypothesis has been largely tested with respect to different forms of stereotypes – racial, gender, and sexual orientation, for example – and yields robust findings. That is, long-term exposure to negative stereotypes leads to a *self-fulfilling prophecy* whereby older adults' negative expectations about aging become true simply because they believe in them and have internalized them. In the area of ageism, scholarly work – from Levy and Banaji (2002) among others – suggests that older adults who were primed with negative words about aging (for example, “dependent” and “incompetent”) performed worse on a memory task than those primed with positive words about aging. These findings were confirmed regardless of the individual's age, gender or level of education. Levy et al. (2002) also found aging self-stereotyping has detrimental effects on physiological functions, such as increased cardio-vascular stress.

Stereotype embodiment, which is actually a form of self-ageism, has also been closely linked to mental health issues. Levy et al. (2002) have suggested that aging self-stereotypes can influence the will-to-live among older individuals. Older people who are subconsciously exposed to negative stereotypes are less likely to accept medical treatment that may help prolong their life. Along the same lines, studies show that older adults who have internalized ageist stereotypes are less hopeful about their future and tend to isolate themselves and feel lonely.

In the context of work and employment, which is discussed further below, being exposed to negative ageist stereotypes and subscribing to such stereotypes has been significantly correlated with older workers feeling less confident about their employability value (Peters et al., 2019; Cracium et al., 2019).

Promising Neuroscience Studies: Ageism and Biomarkers of Alzheimer's Disease

Studies conducted by Becca Levy and colleagues in early 2000 suggest that ageism may be associated with short- and long-term physiological health consequences. Findings reveal heightened cardiovascular stress responses (i.e. increased blood pressure, heart rate and skin conductance) among older adults subliminally exposed to negative aging stereotypes, compared with those exposed to positive stereotypes. Researchers explain these findings by the mediating effect of stress. Stereotypes contribute to stress, which in turn induces cardiovascular reactivity and is closely linked with physiological diseases, such as diabetes.

Although negative age stereotypes have long been found to predict adverse physiological outcomes among older individuals, it was unknown whether the influence of stereotypes extends to brain changes associated with Alzheimer's disease. To test this hypothesis, Levy and colleagues conducted a major experimental study in 2015, drawing on 232 dementia-free participants from the Baltimore Longitudinal Study of Aging (USA).

Participants' exposure to and endorsement of age stereotypes were measured through a questionnaire. Magnetic resonance imagery was done annually for up to 10 years. Brain autopsies were also performed. Findings demonstrate that those who were more exposed to negative age stereotypes earlier in life and who subscribed to these stereotypes, revealed brain patterns of Alzheimer's disease biomarkers (for example, accumulation for amyloid plaques).

Studies in neuroscience offer an avenue for the objective measurement of physiological reactions to ageism and the impact of long-term exposure to ageist stereotypes. These findings offer promise since the social attitudes and behaviours that underpin ageism can be changed. Reducing ageism at a societal level could therefore potentially reduce a risk factor contributing to Alzheimer's disease. The identification of a culture-based environmental risk factor that contributes to Alzheimer's disease, such as ageism, could be particularly important because such a factor would be potentially modifiable.

3.2 Employment and Workforce

Employment and Workforce was one of the top dimensions – aside from Health and Health care – where documents examined the psychosocial impacts of ageism. Many of these documents assess the outcomes of ageist attitudes as *perceived* by older workers. This was true for studies done by older adults' organizations, government and scholars. However, an emerging body of research documents the impact of ageist behaviours as *expressed* by employers (i.e. reported behaviours beyond intentions, toward older workers). One of the revealing trends in these studies is that although employers may not systematically agree with negative ageist stereotypes, they can nevertheless discriminate against them in terms of recruiting and training them.

Finally, it is worth noting that there is an emerging literature on intersectional discrimination⁴ in the work place that underlines the double stigma that female older workers and immigrant older workers face in comparison to male and non-immigrant older workers.

Perceptions of Older Workers

⁴ Intersectionality can be defined as the combination of various manifestations of discrimination that together, produce something unique and distinct from any one form of discrimination standing alone. An intersectional approach takes into account the historical, social and political context and recognizes the unique experience of the individual based on the intersection of all relevant grounds (Eaton, 1994; Aylward, 2010).

A large body of work consulted for this report examined how older workers are perceived, the extent to which these workers feel they are the target of ageist stereotypes and beliefs, and most importantly, how they react or intend to react to it.

A scoping review conducted by Harris and colleagues (2018) included 43 research articles and summarized the most common ageist stereotypes conveyed by employers towards older workers; they are perceived to possess soft skills, and as loyal and reliable employees. Notwithstanding these qualities, older workers are negatively portrayed as being less capable of adapting to change – especially to new technologies – less capable of learning, less competent and having decreased performance activity.

As previously argued by Posthuma and Campion (2009), positive ageist stereotypes such as loyalty and reliability do not outweigh the outcomes of negative ageist stereotypes such as resistance to change, decreased capacity to learn and decreased productivity. In a rapidly changing workplace, employers place a high value on fast learning and multitasking, and associate such skills mainly to younger workers. When combining these works with the work of Susan Fiske (2018) on older adults, older workers are often depicted as “doddering but dear,” i.e. friendly but not competent.

Many studies have documented older workers’ reactions to these characterizations, and to the negative psychosocial outcomes resulting from their perception of being the target of ageist stereotypes by employers. Similar to medical encounters between health care providers and older patients, older workers may internalize ageist stereotypes. Such a process leads to higher stress and lower work self-esteem, paving the way for older workers to exit their professions and retire.

For example, findings from an empirical study (Peters et al., 2019) conducted among Dutch workers involved the comparison of three groups of workers (those under than 30, those 30 to 49, and those 50 to 67) for their perceptions of being the target of ageist stereotypes in the workplace. Findings suggest that perceptions of negative age-based stereotyping have a significant and negative effect on older workers’ (in this case, those aged 50 to 67) self-perceived employability, which may in turn have an impact on career decisions.

Beyond Perceptions: Employers’ Ageist Recruiting and Training Practices

Much research on ageism within the context of employment consulted for this report relates to older workers’ perceptions. Now, emerging studies are empirically documenting the behaviors – not only the perceptions – of employers towards older workers. Findings from these studies echo the perceptions of older workers. The growing body of research in this area suggests that ageist behaviors impact recruitment as well as training opportunities for older workers. For example, Erik Solem’s study *Ageism and Age Discrimination in Working Life* (2016), which looked at a sample of

1,003 Norwegian employees, sheds new light on how ageism is subtly expressed by employers.

Relying on a tripartite model of ageism, comprised of cognitive, affective and behavioral dimensions, Solem measured employers about 1) their thinking (cognitive dimension) about workers aged 50 and above; 2) the extent to which they like or appreciate older workers (affective dimension) and 3) their decision to hire or not hire older workers (behavioral dimension). The results show that the conceptions of older workers are in some ways positive, although information communication technology abilities and learning abilities of older workers are less trusted than the abilities of younger workers. Yet, managers tend to hesitate to call applicants in their late 50s to job interviews. Their hesitation is associated with a reluctance to recruit older adults indicating that the affective dimension of ageism needs attention to prevent age discrimination.

Along the same lines, Neumark, Burn and Button (2019) designed and implemented a large field experiment study to test how age-based discrimination permeates employment, namely through hiring practices. Based on evidence from more than 40,000 job applications for administrative jobs, submitted by young applicants (aged 29 to 31), middle-aged applicants (aged 49 to 51) or older applicants (aged 64 to 66), they found stronger evidence of discrimination (i.e. call back rate) against applicants near retirement ages than middle-aged applicants. Findings from this study are particularly relevant since they reveal the importance of including older workers nearing the normal retirement age when addressing age-based discrimination. Past studies have mostly focused on middle age and young applicants.

Participation in training is another area where ageist practices on the part of employers have been documented. While lifelong learning is one of the means to support an aging workforce and retaining older workers, there is still uncertainty among managers regarding the desirability and feasibility of training older workers. One of the outcomes is that employers generally provide less training to older employees, starting at age 50, than they do to younger employees. Findings from a 2015-2016 study (Lössbroek & Radl, 2019) involving nine European countries and 2,517 employees and their managers spread over 228 organizations, confirmed that, with regard to training opportunities, people are treated differently based on their age, and that employers provide more training to younger employees than they do for older ones. According to the authors, the reason for such practice relates to prejudice and stereotypes about aging in the workplace, where older workers are considered less willing and less able to be trained. Consequently, managers consider the return on investment in training older workers too low.

It is interesting to note that although studies have shown the falsity of stereotypes related to aging in the workplace (Posthuma et al., 2009), managers continue to rely on them (either in a conscious or unconscious manner) for decision making, here again,

paving the way for systemic ageism. Furthermore, according to Gosselin Caldera (2013) the limited actions by governments against age discrimination can be pointed out as evidence of systemic ageism and interpreted as a license for employers to “terminate (older employees), demoting them to lower positions, denying them promotions and not inviting them to participate in training workshops” (p. 11).

Intersectionality: Gendered and Ethnic Ageism

Like any form of discrimination, ageism does not exist in a void. A growing number of studies demonstrate how ageism intersects with other discriminatory attitudes, including sexism. For example, reinforced by a popular culture that displays aging women more negatively than aging men, gendered ageism translates into women being more strongly judged on youth-based physical attractiveness (Twigg & Martin, 2015).

In the case of employment, while negative ageist stereotypes may be partially counterbalanced by positive stereotypes that value experience, studies suggest that this appreciation is far stronger for older men than it is for older women. Findings from a 2019 field experimental study conducted by Neumark, Burn and Button – see Section 3 – support this gendered ageism hypothesis. Based on evidence from more than 40,000 job applications, they found robust evidence for significantly greater age discrimination against hiring older women compared to hiring older men. In this same study, women aged 64 to 66 – the oldest participants – were the ones most targeted by age discrimination in hiring.

Gendered ageism is also expressed in terms of access to workplace training opportunities. Here again, as suggested by Lössbroek and Radl (2019), older female employees are significantly more likely to be excluded from training opportunities than male colleagues of similar age. Therefore, despite their higher life expectancy, women are generally deemed to be “old” at a younger age than men. More so, women often internalize this gendered age norm and believe they are “too old to work” at a significantly younger age than men.

When examining the intersection of age and ethnicity, more and more studies suggest that being an older worker with a minority ethnic background places individuals at greater risk of stigmatization, especially with respect to the hiring process. For example, Drydakis, MacDonald, Chiotis and Somers (2018) conducted a study to see whether older people in the UK labour market have less access to vacancies, i.e. invitations to interviews, than their young counterparts. Relying on large field experiments, the researchers sent pairs of matched applications to firms with a variety of vacancies. In one case, 894 pairs of applicants consisted of a younger and an older white male; in the second case, 898 pairs of both the younger and the older males were black. The results suggest that older applicants faced reduced access to interviews when compared to

their younger counterparts, but older black applicants were the most penalized in comparison to the three other groups.

3.3 Media Discourse and Representations of Aging

In comparison to the volume of studies and documents on ageism and its impacts on employment and health care, fewer address the role of the media. Those that do focus on the way aging and older adults are represented and depicted in mainstream media have found the following: 1) older adults are under-represented in mainstream media in comparison to younger adults, and older women are under-represented compared with older men; 2) the media remains a powerful channel of negative age-based stereotypes, depicting older adults in terms of frailty, vulnerability, disempowerment and dependency; and 3) the media attributes positive age-stereotypes to older individuals who look and act middle-aged or younger.

According to Rudman (2016); Rozanova, Wada & Clarke (2016) and Lagacé & Laplante (2015), media representations reinforce the divide between younger and older people, as well as between older adults themselves by “judging” how well they are aging in comparison to others. In other words, media portrayals of aging contribute to *intergenerational ageism* but also *intra-generational ageism*. For example, in a *Globe and Mail* study examining how older adults are portrayed, Rozanova and al., (2006) found that the theme of “successful aging,” while providing positive examples of aging, can also contribute to the marginalization of older adults who do not meet the expectations of such a notion. This notion of “successful aging” has been criticized by many gerontologists but is still part of the public discourse, notably in the media.

Lagacé et al. (2015) also tested the impact of media discourse about aging on a sample of Canadian older workers. Findings suggest that the more older workers internalize aspects of media discourse about them, the less satisfied they are and the more likely they will be to disengage from their workplace. These findings are similar to the *Modèle de façonnement des normes par les processus médiatiques*⁵ (Renaud, 2004) which found the media played a powerful role in shaping personal experiences and society’s perceptions as a whole around aging.

Section 4: Economic Impacts of Ageism: Main Findings

Until recently, interest in understanding and measuring the economic impacts of ageism was somewhat indirect – mediated by concerns related to an aging population and its impact on the labour market. The motivation to study ageism and age discrimination

⁵ Medias Influence on the Emergence of the Social Norms Model.

related almost exclusively to increasing the participation rate of older individuals in the labour market. The idea was to reduce the number of persons not engaged in paid employment compared to the number of employed individuals. In other words, population aging and labour markets have remained a core driver of studies related to the economic costs of ageism.

More recent publications contribute to a growing understanding of the negative consequences of ageism on older adults' health and finances, which ultimately impacts society as a whole. For example, ageism is not only a barrier to labour force participation among older adults, it is also a major loss for employers in terms of productivity. Along the same lines, the negative outcomes of ageism on a person's health ultimately impact the entire health care system's sustainability. This explains the growing interest in methodologies that can be used to measure and quantify the economic impacts of ageism.

4.1 From Individuals to Society: The Indirect Economic Costs of Ageism

Many publications combine the dimensions of social exclusion and health care when discussing potential economic costs of ageism. One hypothesis is that social exclusion leads to a lower quality of life and negative health outcomes as a result of risky health habits such as drinking, smoking and sedentary behavior (Nicholson, 2012). For instance, Fratiglioni et al. (2012) argue that a lack of a supportive social network is associated with a 60 percent increase in the risk of dementia and cognitive decline. When correlated with social exclusion, ageism affects the quality of life and the well-being of individuals. However, trying to put a dollar value on this remains challenging and subject to many assumptions.

Chronic illness and mental health issues also involve direct personal and economy-wide costs. If the extent to which ageism leads to social exclusion and health problems at an individual level is established, then economic costs could be estimated. With the exception of a recent American academic study conducted by Levy, Slade, Chang, Kannoth & Wang in 2018 (discussed further), the literature offers few such estimates, although there is a clear interest for this kind of costing.

With respect to safety and security, the most important economic impact discussed in the literature reviewed to date relates to housing needs for older adults and older adult-led households. One preoccupation is the lack of housing projects that are affordable and adapted to older adults' conditions. Entrepreneurs in the construction industry are not sensitive enough to older adult's conditions.

Access to housing may also be hindered by ageism in other sectors of the economy. For instance, retirees who feel obliged to supplement their pensions by going to work in order to afford high housing costs, but who then face age discrimination in the labour market. Older women are more vulnerable in this regard as they are more likely to live alone and have lower incomes. The option of intergenerational living seems to be one with great potential as a response to the impact of ageism according to scholars. For instance, in France, Salingue (2012) reports more and more older adults are considering sharing their house with younger people such as students or young professionals, as a way to improve social life, reduce social isolation and maintain cognitive and intellectual stimulation.

Studies on the Employment and Workforce dimension of ageism are mostly focused on how to increase the participation of older workers in order to alleviate the impacts of an aging population, i.e. to increase the share of employed individuals aged 55 to 64. The goal is to increase the participation of older people in the labour market and thereby mitigate the perceived burden of non-employed groups on employed groups. Here, the discussion is mostly related to institutional barriers such as pension plans and fiscal impediments including income supplements and taxes. Few documents explicitly address age discrimination, even though it is recognized that ageist attitudes of employers and an ageist environment in the labour market can make it more difficult to achieve the objective of increasing the participation rate of older individuals.

In fact, a large number of surveys undertaken in Canada and abroad (Denmark, France, Australia) suggest there is plenty of evidence pointing to ageism in the labour market. Barslund (2015) reports that 26 percent of workers had either witnessed discrimination or had been discriminated against in the workplace due to age. The Attorney General of British Columbia (2016) reports age discrimination in the housing sector and in the workplace. The National Seniors Council (2014) discusses the widespread presence of social isolation, largely due to ageism. A survey by the Australian Human Rights Commission (2016) found that 27 percent of people over the age of 50 had recently experienced discrimination in the workplace. One-third encountered it when applying for a job. Meanwhile, one-third of those who experienced age discrimination gave up looking for work.

Individuals in their late 50s who lose their jobs face the risk of long-term joblessness (Sonnet, Olsen & Manfredi, 2014). The Australian Human Rights Commission (2016) reports that in 2015, people over the age of 55 faced an average duration of unemployment of 68 weeks, compared to 30 weeks for those aged 15 to 24, and 49 weeks for those aged 25 to 54. This would represent a chaotic transition to retirement, where individuals are too young to retire but too old to find new jobs.

Eliminating discrimination and removing barriers to older workers also benefits business. Organizations that are inclusive and diverse report tangible benefits in terms

of productivity, performance and innovation. Moreover, employers who develop inclusive workplaces and who implement recruitment and retention strategies to support older people, have access to a broader talent pool, while improving their own reputations. Finally, such inclusive strategies may also increase an enterprise's ability to respond to the changing age profiles of customers and the need to reflect this in the workforce.

4.2 What We Really Know About the Direct Economic Impacts of Ageism

As shown above, manifestations of ageism and its psychosocial impacts are well documented in the literature. Such is not the case for its economic costs which are usually not measured empirically. Many studies investigate the economic impacts of *population aging per se* – but not ageism. They do so from multiple perspectives that cover almost everything from sector-specific impacts to the health care system, for example, to fiscal effects including pensions and unemployment insurance. Many of these studies analyze the impacts of population aging on employment and wages. Others discuss the overall impact on government budgets. Estimates of the macroeconomic impacts of population aging on indicators such as production, economic growth and interest rates are common.

Within the literature reviewed, there are very few attempts to measure the economic costs of ageism in the workplace or in the health care system. This is unfortunate since such costs can be substantial. For instance, a recent study demonstrates that, in France, a partial elimination of gender and race discrimination would increase Gross Domestic Product (GDP) by up to 14.1 percent. Further, it would improve the fiscal balance (revenues minus expenditures) of the French government by 5.1 percent of GDP (France Stratégie, 2016). These percentages represent many billions of dollars.

In 2016, the Australian Human Rights Commission argued that an increase in the mature-age labour force (aged 55 and older) would raise Australia's GDP in 2022 by approximately \$25 billion. Closing the gap between Canada (with a participation rate of 54 percent after age 55) and top performing countries (with participation rates of 62 percent after age 55) would add \$56 billion to the Canadian GDP (Advisory Council on Economic Growth, 2017). Even if the labour-market costs of ageism are only a fraction of these numbers, the amount in dollar terms would still be substantial. There is, therefore, a need for more evidence-based knowledge about the factors driving or hindering the labour market participation of older workers, particularly in Canada.

From the literature reviewed for this report, only one academic paper quantified the costs of ageism in economic terms. The study conducted by Levy, Slade, Chang, Kanno & Wang (2018) sought to calculate the cost of ageism on health conditions for all persons aged 60 years or older in the United States over the course of one year.

Levy et al., (2018) relied on cross-estimation techniques⁶ applied to 2013 data from the Institute for Health Metrics and Evaluation about health care spending, as well as from the Health Retirement Study about age stereotypes and discrimination. More precisely, researchers assessed the extent to which health care costs related to eight common medical conditions among American older adults (cardiovascular disease, chronic respiratory disease, musculoskeletal disorders, injuries, diabetes mellitus, mental disorders, non-communicable diseases, and treatment of smoking) increased as a result of age-based stereotypes and discrimination as well as negative self-perceptions of aging.

The findings reveal that the one-year cost of ageism was \$63 billion, which represents 15.4 percent of funds spent on the eight medical conditions. As there are 17 million cases of these health conditions in the U.S., a reduction of ageism would result in a substantive monetary and health benefit for older persons in United States. Of the total amount of \$63 billion, \$11.1 billion relates to age discrimination, \$28.5 billion to negative age stereotypes and \$33.7 billion to negative self-perceptions of aging. Finally, authors estimate that a 10 percent reduction in the prevalence of ageism could lead to 1.7 million fewer cases of the health conditions.

4.3 Methodological Challenges of Quantifying the Direct Economic Impacts of Ageism

In the literature review, three different approaches are used to measure age discrimination: surveys and consultations; experimental or testing; and indirect. Each of these approaches has its own advantages and limitations.

Studies based on surveys and consultations that directly ask individuals if they have been victims of age discrimination are subject to biases. They are based on “perceived ageism,” meaning respondents are asked to assess their own experience with age stigma. Such studies need to be complemented with non-subjective measurements. For instance, in the labour market, the perception of age discrimination by older workers is likely to be higher when the probability of losing employment increases, for instance, in the case of a recession, when individuals are preparing for retirement, or when they believe their salaries are increasing less rapidly than their colleagues.

⁶ Cross-estimation techniques are statistical tools for assessing how the results of a statistical analysis can be generalized to other data sets. Cross-estimation techniques improve prediction power and reliability.

The experimental approach⁷ is considered the most reliable in detecting age discrimination since it is a direct measurement of real-life practices and not subject to other data. However, these studies are demanding of both time and money. Consequently, they usually involve small samples in terms of size, geography or categories of subjects.

With respect to the labour market, many experimental studies concentrate on discrimination at the stage of the hiring process, especially at the first step when candidates are selected for interviews. While these studies do not investigate other forms of labour market discrimination such as access to training, career development or salary discrimination, their findings are still relevant. For instance, women and individuals close to retirement age seem to be the most likely to face discrimination in hiring processes.

Another finding from experimental studies is that the perception that older individuals are not up to date with respect to technology is also a major contributor to discriminating hiring practices. Indeed, when older candidates submit CVs listing aptitudes in technology – computers and software, for example – the probability of their being called for an interview increases significantly.

In contrast to surveys, consultations and the experimental methodology, the indirect approach does not test individuals directly. The indirect approach is based on statistical observations with respect to various indicators and uses large data sets to identify and explain differences in the data. For instance, the indirect approach has been used for differential in earnings: assume a labour data set reporting a gap in the hourly wages of employees from one racialized group compared to another. The indirect or statistical approach will aim at identifying the source of that gap. If the gap is explained only partially by differences in levels education, experience and economic sectors, then the indirect approach may suggest the presence of racism. This approach works less well for age discrimination, as experience is correlated to age, and experience has a direct impact on productivity.

Ageism in the labour market may also take the form of lower salaries for older workers when they change employment. For instance, older workers who lose their jobs but find ones with another firm are likely to be hired with a lower salary (Flamand, Gilles & Trannoy, 2018; Employment and Social Development Canada, 2018). Ageism may be one of the reasons for that decrease in salary, but studies show it may also be due to a loss in human capital, specific to the firm, or to the depreciation of knowledge due to

⁷ The experimental approach aims at testing the impact of discriminatory practices or behaviors reported in a survey by replicating real world conditions. The approach is often used for testing labour market discrimination. A classic experimental approach consists of sending identical curriculum vitae (except for the variable age) and assess if that same age variable has an impact on which applicants get an interview.

technological change. According to this approach, if a difference in an indicator exists between two groups after controlling for other factors, it claims discrimination is quantified by that difference. Consequently, such an approach does not allow for a direct measure of age discrimination. It is therefore difficult to pinpoint if ageism is the primary cause of discrimination that leads to lower salaries, given that there may be a number of other factors, which would need to be examined to better determine the cause of lower salaries. Despite these statistical challenges, this should not forbid researchers to pursue efforts in establishing causal links between ageism and workplace conditions.

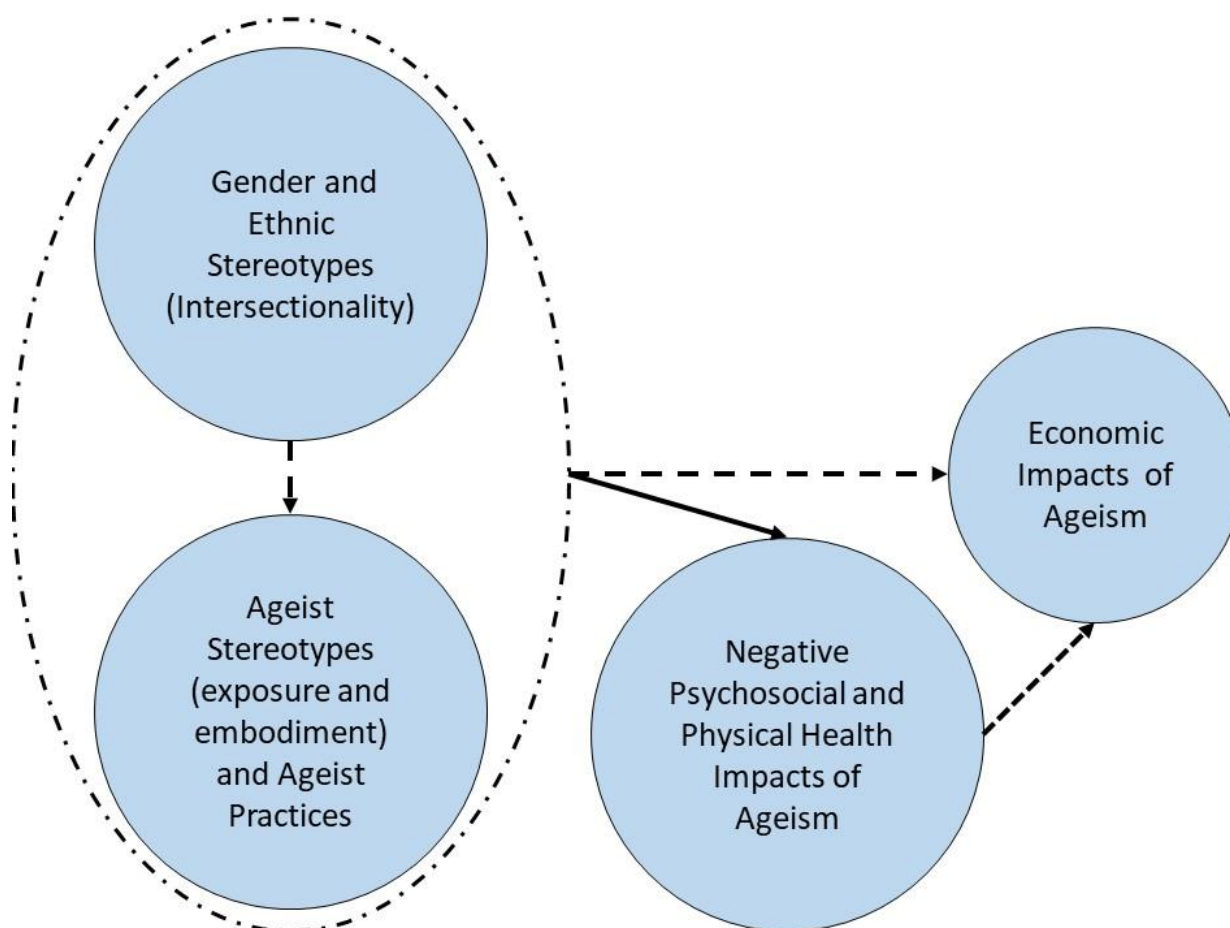
Until recently, the economic impact of ageism was not a prominent topic in the literature. However, in the last five years interest in measuring the economic costs of ageism has increased. As with any new issue in social policy, the first discussion is about methodological and data challenges. Consequently, the current interest in ageism, combined with the increasing availability of big data and the refinement of estimation techniques should soon lead to new results.

In summary, the literature reviewed for this report suggests the negative psychosocial and physical outcomes of ageist stereotypes and practices are well documented. The many surveys, focus groups and interviews conducted with older adults (including older workers) all point to detrimental effects on physical and mental health. Recent studies also warn about the intersecting effects of age-based, gender-based and ethnic-based stigma, which exacerbate the negative outcomes of ageism. However, as stated above, there is a need for more research that documents how ageism is expressed at the individual or systemic level.

These observations can be made about the economic costs of ageism:

- 1) Until recently, these costs have been examined indirectly through the lens of population aging and labour market concerns;
- 2) Taking into account the unique nature of age-based discrimination compared to other forms of discrimination, the economic costs of ageism continue to be a challenge to quantify;
- 3) In the face of a large number of studies that show the detrimental effects of ageism on people's health and on society as a whole, there is growing interest in developing new methodologies to quantify the economic costs of ageism.

Figure 1. Psychosocial and economic impacts of ageism



Section 5: Canadian and International Initiatives to Address Ageism: Main Findings

The project team identified and reviewed a total of 122 initiatives that address ageism either directly or indirectly. Of these, 41 have been produced by national and international governments, 13 by academics, and 67 by associations, i.e. by NGOs, older adults' organizations, and other non-profit organizations.

The geographical location of the 122 initiatives reviewed is as follows:

- *Australia: 4*
- *Canada: 58*
- *European Union countries and EU institutions 45*
- *European countries outside EU: 7*
- *United States: 8*

Among the 58 documents reviewed that focused on initiatives developed in Canada, the geographic breakdown is as follows:

- British Columbia: 2 documents
- Alberta: 18 documents
- Manitoba: 2 documents
- Saskatchewan: 2 documents
- Quebec: 16 documents
- Ontario: 2 documents
- New Brunswick: 4 documents
- Prince Edward Island: 1 document
- Nova Scotia: 1 document
- Newfoundland and Labrador: 2 documents
- Federal or pan-Canadian: 8 documents

The research team also contacted provincial and territorial governments across Canada to obtain more information about key initiatives implemented in their jurisdiction.

5.1 Dimensions Addressed by the Initiatives

Most initiatives undertaken by associations focus on one dimension, with the Social Inclusion / Accessibility dimension ranking first, followed by Financial/Employment, and Health and Health Care. However, many organizations target more than two dimensions at once. The reason so many initiatives focus on social inclusion and accessibility relates to the large number of programs and advocacy groups dedicated to supporting age-friendly communities and environments, and aimed at tackling issues of social isolation, loneliness, and healthy/active aging. For instance, AGE Platform Europe has an entire section of its programming focused on age-friendly environments. There are also sub-initiatives in areas like urban planning, intergenerational programs, and awareness campaigns. The World Health Organization (WHO) also has an age-friendly section, as does the European Commission.

The Financial / Employment dimension is especially prevalent in government initiatives, put in place to increase the participation of older workers in the labour market. Their main objective is to address the impacts of aging in Canada by increasing the ratio between the number of workers and the number of those who are not currently engaged in paid work.

5.2 A Wide Variety of Initiatives

Table 1 in this section, entitled “Summary of Initiatives,” illustrates the diversity of government, association, organization, and academic initiatives.

Governments enact legislation against discrimination and undertake measures to help people live independently and at home, reduce elder abuse, and encourage older people to participate in the labour market and social activities. These measures significantly support the public and private initiatives listed below. They also help institutions and groups including human rights coalitions, commissions, and tribunals to act against various forms of discrimination in Canada.

Governments and associations address the issue of the employment of older adults by providing incentives for people to work longer, thereby increasing the employability of unemployed older workers. In particular, governments implement wage subsidies, tax credits and pension reforms to change the behaviours of older workers and employers, which help improve the participation rate of older people in the labour market.

These measures are supported by training programs (such as those previously conducted by the Targeted Initiative for Older Workers⁸) and complement initiatives by associations that provide training programs and other services. Examples include: *Experience Works* by the Vancouver YMCA (n.d.); *Génération au travail, réussir ensemble !* by l’Association québécoise de gérontologie (n.d.); *Workplace Fairness* by AARP (1994); *Main D’oeuvre 50+* by FADOQ (2016) and *Emploi Silver Eco* (2008). While some government initiatives have been evaluated, there is no evidence that initiatives conducted by associations have been scrutinized.

Many initiatives undertaken by governments and associations involve events, awareness campaigns or awards to celebrate and show support to older adults and older workers. Examples include:

- *Seniors’ Week* (Government of Alberta) and the *Day of Older Persons* proclaimed by the Government of Alberta in 2018;
- *Semaine parisienne de lutte contre les discriminations* from the city of Paris (2016); and
- *Let’s Stop Ageism* campaign initiated by the Alberta Council on Aging;
- *Anti-Ageism in the Workplace* (City of Toronto, 2019).

The awareness campaign “*Un aîné sur cinq*” run by the Quebec branch of the *Little Brothers* is a good example of a successful initiative in terms of exposure. The campaign was advertised on the website “duProprio” in 2019, resulting in 2,000 shares and 8 million views in Canada (Les Petits Frères, 2019). Despite the high level of

⁸ The Targeted Initiative for Older Workers was a federal-provincial/territorial cost-shared initiative that expired in March 2017.

exposure of these initiatives, there is no evidence of their effectiveness in addressing individuals' behaviours, or in decreasing the prevalence of ageism.

Various associations have also undertaken intergenerational initiatives to complement campaigns and events. Some of these initiatives have been evaluated and demonstrate very positive results (see Section 6). Intergenerational programs can provide spaces and incentives for meetings between older people, other adults, the young and the very young. Examples include: the Seniors Association of Greater Edmonton & University of Alberta's *GeriActors* (2001); the *LINKages Society of Alberta* (2013), the *Friendship Center* at Schooley's Mountain in the United States (1990); and the TV experiment *Old People's Home for 4-Year-Olds* on Channel 4 in UK (2018). Other examples include *Messages pour la Vie* from AGE Platform Europe, which provides a voice for older people on social media channels, and the *Humanitas* residence in the Netherlands, which promotes shared lodging for students and older individuals. These initiatives are designed to improve the well-being of older adults by reducing dementia, improving health and decreasing loneliness, while also heightening the awareness and well-being of younger people.

Associations and other organizations, and governments to a lesser extent, undertake initiatives to advise and influence government policies. In Canada for instance, the *Canadian Medical Association*, *CARP* and *la Fédération de l'Âge d'Or du Québec* (FADOQ) have robust government relations programs that put forward priorities for consideration by governments. They also play an active role in the creation of policy and legislation that impacts older Canadians, and advocate for national plans.

These initiatives are also useful in providing information about the needs and wishes of older people. For instance, the AGE Platform Europe, as described by Perek-Bialas (2019), is "the voice of older persons at the EU level." Among its actions, the AGE Platform Europe builds links within the Council of Europe, the United Nations and the European External Action Service to ensure these organizations take into account the views of older people (2013).

Governments, associations and other organizations provide information to the general public on important issues like elder abuse. The goals of these campaigns are to inform, train and educate various audiences to recognize, prevent, and intervene in situations involving violence against older persons. Examples include *The Respecting Aging Project* from the Government of Newfoundland and Labrador (2008), *Dans la peau d'un aîné : vieillissement et bienveillance* (2013) and *Senior Aware* (2010) by FADOQ.

The preliminary review of these initiatives showed that they usually target older people or organizations involving older people, and only rarely do they target other age groups that might be the source of ageism. This could limit the impact of these initiatives, in as much as they do not change perceptions among people in other age groups.

Intergenerational programs can promote a broad consideration of all of society by providing information to older people and people in other age groups.

Table 1. Summary of Initiatives

	Governments	Older adults' organizations	Academic	Total
Intergenerational program	3	20	1	24
Incentives to work longer & Increase the employability of unemployed older workers	7	10	0	17
Event, campaign or award	8	13	0	20
Research & knowledge on ageism	1	2	12	15
Advising and influencing governments	2	11	0	13
Age-Friendly program	5	5	0	10
Action & Strategy plan	6	2	0	8
Information program to older persons & to other individuals	4	4	0	8
Legislative act & Human Rights Coalitions, Commissions, and Tribunals	3	0	0	3
Growing Older at Home	2	0	0	2
Other	1	0	0	1
TOTAL	42	67	13	122

5.3 Are Initiatives Explicitly Targeting Ageism?

Fewer than half of the initiatives from national and international governments explicitly target ageism, with the majority making no explicit reference to ageism. For instance, while initiatives related to the Financial/Employment dimension are designed to increase the participation of older workers in the labour market or to update the skills of mature workers, these initiatives address ageism only indirectly. These initiatives are designed to address population aging, and in particular, to reduce shortages in the labour market. At the same time, they attempt to improve incentives and the desire of older employees and employers to improve the contributions of older workers to production. Achieving these goals would help reduce the negative perception of older people in the labour market.

The following are examples of initiatives that explicitly targeted ageism:

- WHO's global campaign to combat ageism (International)
- European Research Group on Attitudes to Age (Europe)
- Intergenerational Care Project (Australia)
- Age UK: Love Later Life (United Kingdom)

The initiatives directly targeting ageism seem to favour intergenerational programs – such as those combining nurseries with retirement homes – over large-scale awareness campaigns, media coverage, and awareness programs that bring attention to the issue of age discrimination.

Section 6: Initiatives Addressing Ageism: Building on Evidence-Based Impacts?

The literature review showed that less than one third of government initiatives are fully or partially evidence-based; meaning they would be based on evidence from the academic research, or from surveys from institutions, and, further, that they explicitly provide this evidence on their website or in public reports. Without further investigation with organizations and governments that have implemented initiatives, it would be difficult to assess how evidence-based the remaining initiatives are, which represent the majority of those assessed. Financial/Employment initiatives seem to be more evidence-based than other initiatives, in the sense that they were put in place because of quantitative and/or qualitative data supporting their transformative capacity. However, for many of the documents reviewed on initiatives to counter ageism, explanation and/or information as to why such initiatives have been undertaken is not provided. More precisely, for half of these initiatives it is unknown whether they are based on evidence or not.

Moreover, the literature review shows that while initiatives may be justified, i.e. that statistics provide evidence of discrimination that needs to be addressed, the initiatives themselves usually come from the top-down rather than from the bottom-up. Furthermore, it is particularly difficult to determine from the literature whether research was conducted beforehand to determine the needs of older people.

Canada has a few interesting bottom-up approaches, including the Age-Friendly initiatives conducted worldwide and in Canadian provinces and territories. For instance, the City of Edmonton Age-Friendly initiative in Alberta updated its work plan in 2018. This involved stakeholder workshops, public drop-in events, and an online survey. These consultations helped design the plan which saw actions organized around four themes: Aging in Place; Intergenerational; Diversity; and Ageism. One of the guiding principles of Age-Friendly Initiatives relates to participation and inclusion of older adults

within communities and society in general, therefore it is reasonable to think that they can effectively reduce age-based stereotypes and discrimination toward older adults.

Regarding the initiatives related to employment, it should be noted that many countries have conducted institutional reforms of their pension plans in order to make them more sustainable, and also to improve incentives to work longer, into older age. Other initiatives include: awareness campaigns against ageism; training opportunities for older individuals and job training grants for older employees; matching programs to facilitate finding and applying for jobs with financial incentives to hire older displaced workers; more flexible hours; and work incentives such as partial retirement provisions. Evidence regarding the impact of these different initiatives is limited.

Wage subsidy programs are conducted around the globe in order to increase the participation of older workers in the labour market. Evaluations of wage subsidy programs show mixed results (Employment and Social Development Canada, 2019). Those with the most rigorous methodologies have concluded that wage subsidies are mostly ineffective. Subsidized work may displace unsubsidized workers, with little net gain in employment of older workers. Large and properly targeted subsidies may have positive effects, but the price of these measures limits their cost effectiveness.

Anti-discrimination laws to protect older workers in the U.S. seem to have protected older workers who have a job, but not those looking for employment. These laws also seem to work better within the context of a growing economy, rather than during a recession. On a more positive note, the evaluation of the Targeted Initiative for Older Workers (TIOW) program⁹ in Canada shows that program participants were six percent more likely than non-program participants to find employment (Employment and Social Development Canada, 2014). Moreover, no differences in employment earnings were found between participants and the comparison group of older workers.

On the international scene, Denmark has initiatives that prolong working life. The most innovative one is for employers, called “age management,” supported by several campaigns to encourage employers to focus on age management. Denmark also runs a survey that asks companies if they have requested that employees delay retirement. There is evidence that directly encouraging workers to stay longer in the job is a powerful motivator. Another original initiative is a senior network, which offers a job-seeking environment for and run by older workers. Evidence on the results of these initiatives has yet to be determined.

Regarding initiatives from associations and other organizations, only a quarter of those under examination have been measured using a scientific method and have reported the results of these evaluations publicly. A 2019 WHO report attests to this, noting, in

⁹ Expired in March 2017.

the evaluation of its own Age-Friendly certification program, that only four percent of members undertook an evaluation of their own progress (WHO, 2018). The impacts of other initiatives from older adults' organizations have yet to be evaluated. The launch of CARP's National Policy Platform in Lead Up to Federal Election, *The FACES of Canada's Seniors* (2018) is an example.

Some intergenerational programs initiated by associations provide examples of good evaluation practices. Two are worth noting:

- The University of Alberta's *Geriatrics* theatre group has been evaluated by researchers, with results published in *Health Promotion Practice* (Anderson et al., 2017). Researchers found the intergenerational theatre group "reduced ageism and improved intergenerational relationships." The researchers also found participation in the group "increased older adults' and university students' well-being by building social networks, confidence, and self-esteem and developed a sense of social justice, empathy, and support for others."
- Another example is the *Dementia Friendly Community Initiative* from the Brenda Strafford Foundation in Alberta that teaches students how to recognize and help people living with dementia by providing them with hands-on simulation activities to encourage understanding and empathy. The foundation conducted a sample evaluation to compare changes between pre-session and post-session participants (Brenda Strafford Foundation, 2018). The evaluation showed significant improvement in terms of: 1) the collective awareness of dementia resources within the community; 2) a dementia-friendly physical environment; 3) the collective ability to assist someone with dementia; 4) the collective ability to communicate with someone living with dementia; and 5) a collective understanding of dementia. With respect to the collective ability to communicate with someone living with dementia, the results showed a score of 4.3 after the program, compared to 1.7 before.

This study also found initiatives that promoted intergenerational home-sharing, either from a small customer base (such as the program the University of Toronto launched in 2018 for 12 post-secondary students) or at the country level (for example, the *Contrat de cohabitation intergénérationnelle solidaire* launched in France in 2018).

Intergenerational initiatives to combat ageism seem to be growing in numbers but most have not been tested to measure how they effectively reduce negative age-based attitudes and discrimination. Further, in some instances, intergenerational initiatives can lead to negative outcomes if not properly implemented. This was the case for the *Contrats de générations* that were introduced in 2013 in France with the goal of increasing the participation of older workers in the labour market. The contracts allowed a company with fewer than 300 employees to benefit from public financial assistance (4,000 euros per year for a three-year period), provided that the company hired an

employee under 26-years-old while retaining an employee aged 57-years-old or more. The objectives were to increase older workers' participation and to promote knowledge transfer from old to young workers. However, the number of contracts was much lower than the original targets: 40,300 contracts in comparison to a target of 85,000 contracts (Cour des Comptes, 2016). Moreover, peer-reviewed articles showed that these contracts caused important windfall effects: employers would have to hire young people and keep older workers even without the financial subsidy (Allègre et al., 2012; Ballot et al., 2016).

Among the few academic papers that discussed the efficiency of initiatives addressing ageism, Burnes, Sheppard, Henderson, Wassel, Cope, Barber & Pillemer (2019) did so by conducting a thorough systematic review and meta-analysis as part of an initiative coordinated by the WHO to understand ageism. The paper, published in the peer-reviewed journal *The Gerontologist*, is based on the analysis of 63 studies published between 1976 and 2018, comprising a total of 6,124 participants. The goal was to assess the relative effects of three types of interventions designed to reduce ageism among adolescents and young adults:

- 1) Educational interventions that provide instruction of some kind designed to reduce ageism;
- 2) Intergenerational contact interventions that facilitate contact between younger people and older people;
- 3) Combined interventions that pair the two approaches.

The extent to which these interventions reduced ageism related to: 1) attitudes toward aging, including negative age-based stereotypes; 2) knowledge on aging; 3) comfort and types of behavioral interactions with older adults; 4) anxiety about one's own aging process; and 5) interest in working in the field of geriatric or gerontology.

Findings revealed that the three interventions had a significant effect on attitudes but not on anxiety about one's own aging process nor on interest in working with older adults. More so, combined interventions with education and intergenerational contact showed the largest effects on attitudes, which were stronger for females as well as adolescent and young adult groups. Notwithstanding the limitations of this paper (one of these relates to the fact that most of the 63 studies reviewed were conducted in the U.S.), it offers promising avenues for addressing ageism. Namely, it highlights the importance of providing more space and opportunities for younger and older adults to interact (within and outside the family setting). The findings of Levy et al.'s study also outline the importance of integrating an educational component in young adults' curricula related to age-based stereotypes and the aging process more generally.

Section 7: Gap Analysis and Potential Responses

Research on ageism is at a turning point. While much has been done over the last decade in terms of documenting the psychosocial and economic impacts of ageism and addressing these impacts, the current report reveals major gaps that need to be addressed. They are summarized in the following:

Research on aging and ageism needs to rely on a diverse, inclusive and heterogeneous perspective

A good number of studies in the field of aging and gerontology underlie a homogeneous view of older adults. This in itself may reveal an ageist approach and calls for research that takes into account the different paths of aging and the different groups of older adults, consequently, the different impacts of ageism. For example, research on ageism is silent about Indigenous older adults. The current review identified only one Canadian peer-reviewed paper addressing ageist stereotypes amongst Indigenous communities. The same can be said in relation to intersectionality and ageism: the work on how age-based stigma often interacts with other stigmas (related to gender, skin color, sexual orientation, etc.) is only emerging. Finally, very few papers address the issue of ageism as it relates to the oldest individuals, revealing here again the downfalls of a homogenous view of aging and older adults. This is critical as the manifestations and impacts of ageism are not the same for individuals in their 80s compared to older adults in their 60s. Findings from the few studies addressing ageism among the oldest individuals actually suggest that they are now the target of ageism more so than their younger peers. In summary, research on aging and ageism needs to rely on a diverse, inclusive and heterogeneous perspective.

The “why and how” of the prevalence of ageist stereotypes is not fully understood.

Although the negative impacts of ageism on older adults' well-being have been largely documented, the “why and how” of the prevalence of ageist stereotypes and discrimination is not fully understood. Hence, future research should aim at understanding the mechanisms that underlie ageism and the factors that facilitate its expression. Surely, negative stereotypes are amongst these factors but there is a need for a deeper understanding of the sources of such stereotypes and of the channels through which they are conveyed in order to better address ageism.

More research is needed on the economic impacts of ageism

The psychosocial impacts of ageism on older individuals' health (at a physical and/or mental level) have been widely studied. The same cannot be said about the economic impacts of ageism. The very few studies measuring the costs of ageism have done so somewhat indirectly, mediated by concerns related to an aging population. Recently

however, there is a growing motivation among researchers in quantifying the psychosocial impacts of ageism that ultimately imply a cost for society as a whole.

A shift in public awareness is needed to change the mindset on aging and ageism

Changing the mindset in regards to aging and ageism requires an increase and shift in public awareness. Ageism, as stated in the introduction of this report, is not taken as seriously as other forms of stereotypes and discrimination. It is often socially condoned and expressed unconsciously. Ensuring that younger and older adults are aware of the negative impacts of ageism and of the benefits of building age-based inclusive societies is a necessary step in addressing ageism.

On a more granular level, education campaigns (in the form of workshops) targeting managers, employers and healthcare providers can also support ageism awareness efforts. Here again, the argument as per the economic costs of ageism may prove to be convincing, especially to managers who subscribe to negative stereotypes and age-based discrimination toward older workers. Managers set the tone in building an inclusive age-based work culture and as such should be aware of ageism as a threat to workers' well-being, engagement and productivity.

Intergenerational initiatives are showing promise in countering ageism

The current review has also identified intergenerational initiatives, involving older adults, young adults and teenagers, as promising means in countering ageism. Although few studies have assessed the impact of such initiatives in reducing age-based stigma, studies conducted in the context of racism and sexism have empirically documented the positive effect of such initiatives.

There is a need for more evidence-based research and initiatives

Finally, as noted previously, many initiatives undertaken to counteract ageism are not evidence-based and the impact of such initiatives has yet to be tested.

Section 8: Conclusion

The literature reviewed and analyzed for this report has indicated that Canada is at a turning point in documenting and quantifying the impacts of ageism.

Over the last decade, most research on the impacts of ageism was conducted from the perspective of older adults, especially their perceptions of being the target of ageist stereotypes and attitudes. The same can be said for most of the research on the experience of ageism within the context of work. In other words, the bulk of the research on the outcomes of ageism has been conducted by surveying older adults for their opinions and perceptions.

Findings from existing cross-sectional studies point to detrimental effects of ageism on the physical and mental health of older adults and older workers. Recently however, there is a growing body of research – mostly scholarly research – aimed at understanding the impacts of ageism on objective indicators of ageist practices and outcomes, going beyond the perceptions of older adults. For example, recent workplace experimental studies have allowed for objective measurements of employers' ageist practices, again, going beyond their beliefs and opinions about older workers.

Along the same lines, findings from emerging neuroscience research reveal the negative impact of long-term exposure to ageist attitudes in terms of changes in the brain structure of older adults. These promising experimental studies allow researchers to establish a cause-to-effect relationship between ageism and the mental and physical health of older adults. Moreover, these studies now seem to be a catalyst in coming to a better understanding of the economic impact of ageism.

Until recently, the economic costs of ageism have been examined primarily as a collateral factor in population aging and labour market studies. However, in the face of multiple studies that demonstrate the negative outcomes of ageism on people's health, there is a growing push to quantify the costs of ageism and its impact to society as a whole. Scholars are now developing new measurement techniques to put a dollar sign on age-based discrimination.

The documents consulted for this report also reveal the importance of understanding how the impacts of ageism intersect with other forms of discrimination, including those stemming from gender and ethnic-based stereotypes. Here again, the few experimental studies conducted in the context of work suggest that older women and visible minorities are significantly more likely to be the targets of age-based discrimination during the hiring process and in gaining access to training than their white, male counterparts.

As stated previously, it is important to note that almost no literature has been produced to examine the expression and impacts of ageism among Indigenous peoples and their communities. To date, only one scholarly paper was found. It reports on a study, undertaken by Ontario's Laurentian University in 2017, aimed at understanding how

Indigenous youth perceive elders in their communities. The study's findings suggest Indigenous young people have positive perceptions of both aging and older adults.

The many initiatives being undertaken by either governments or older adults' organizations in Canada and abroad to address ageism appear to indicate that age-based discrimination is a serious public policy concern. Moreover, such initiatives point to a better understanding of the negative outcomes of ageism on individuals and society in general. This was not the case just two decades ago, even though ageism was as pervasive then as it is today.

While the many initiatives being undertaken to address ageism seem to generate a positive impact, it is important to note the following observations about the focus, nature and approach of such initiatives:

- 1) Most are not evidence-based, or at the least do not precisely provide a rationale as the way they are aiming to counteract ageism and its negative outcomes.
- 2) Most do not explicitly and solely target ageism and its negatives outcomes. Rather, ageism is just one of many components being addressed by the initiative or it is placed within the broader context of population aging and labour markets.
- 3) Many target their messages and actions towards older adults, but are less likely to speak to younger individuals.

The exception to these points are intergenerational initiatives that take a more inclusive approach to address ageism and its detrimental impacts. Based on recent research, these account for some of the most promising initiatives since they are based on a logic of "all of us" rather than "them," i.e. older adults. Getting the buy-in of younger individuals in the fight against ageism seems to be one of the key conditions for yielding concrete changes in the way aging and older adults are negatively depicted. For example, awareness campaigns that address ageism should convey the message that younger and older adults all benefit from living in an age inclusive society and that ageism is detrimental to all citizens.

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APPENDIX A: Overview of Work Completed and Methodology

A.1 Search and selection of documents

Team members undertook two major online searches to identify academic and non-academic documents published within the last five years – 2014 to 2019.¹⁰ One targeted the psychosocial and economic impacts of ageism; the second focused on initiatives to address ageism.

Searches were conducted in both official languages and included keywords such as "ageism / ageist attitudes / ageist stereotypes / age-based stigma / age discrimination / ageist discrimination / age-based discrimination / (social and-or economic) impact(s)-effect(s)-costs-consequence(s) of ageism" / *âgisme * contrer * combattre * lutter (contre) * réduire / âgisme * inclusion * diversité / âgisme * modèles * pratiques * initiatives * politiques (publiques) / intersectionnalité * âge * âgisme / discriminations * âge * marché du travail * politiques (publiques) / retraite involontaire * âgisme * politiques (publiques) "*.

Initial searches were conducted through broad engines such as Google Scholar in order to capture publications from governments, older adults' advocacy groups and organizations, and academia, at the provincial/territorial and international levels. Targeted online databases, such as peer-reviewed journals on aging, were then searched. These specific databases allowed for a more refined search of social arenas whereby ageism may have an impact, and where it is important to undertake initiatives. Five social dimensions were included in each search: *social inclusion; health care; safety and security; media and social media; workforce and employment.*

A.2 Organization and analysis of documents

The two searches resulted in 346 relevant documents, from which 258 documents were analyzed for this report. Documents were listed in two Excel spreadsheets – one dealing with the social and economic impacts of ageism; the other with initiatives addressing ageism. Each spreadsheet was divided according to the type of publication – government, older adults' organizations and academic publications.

Documents related to the impacts of ageism were coded into categories such as:

- *Type of Impact* (social, economic or both);
- *Level of Impact* (individual, systemic/social or both);
- *Dimension of Impact* (social inclusion; health care; safety and security; media and social media; workforce and employment or a combination of these);

¹⁰ Exceptionally, some documents published before 2014, considered by authors to be highly relevant were included in the report.

- *Expressed vs. Perceived of Ageism* (i.e. are the indicators of ageism of behavioural or perceptual nature?);¹¹
- *Measured (or not) Impact of Ageism*; has the impact been measured, either qualitatively or quantitatively; and
- *Type of Methodology* (for example, survey, interviews, focus groups, observation, lab experiments, etc.).

Documents related to initiatives undertaken to address ageism were also coded into categories such as:

- *Goal of the Initiative*;
- *Dimension of the Initiative* (social inclusion; health care; safety and security; media and social media; workforce and employment or a combination of these);
- *Evidence-Based Nature of the Initiative* (i.e. relying on an empirical data – either quantitative or qualitative);
- *Centrality of Ageism in the Initiative* (i.e. the extent to which ageism is the central factor addressed in the initiative); and
- *Resulting Impact of the Initiative*.

This coding process aimed to identify existing and emerging themes and trends in the literature on the impacts of ageism and promising initiatives to counter it. Coding also helped to determine if and to what extent initiatives to address ageism build on evidence-based impact.

¹¹ This category allowed for a better understanding of how ageism and its impact, are operationalized in the literature, for example, through measurements of perceptions of being the target of ageism, measurements of intentions to express ageism and measurements of ageist behaviors.

SUB-REPORT: CASE STUDY ON AGEISM DURING THE COVID-19 PANDEMIC

This study of the social and economic impacts of ageism was followed by a 2021 case study on the manifestations of ageism in public discourse during the COVID-19 pandemic. The purpose of this sub-report was to analyze whether and how ageism emerged as an issue in media discourse, in research, among older adults and organizations that support older adults, as well as in federal, provincial and territorial government ministerial communications and media briefings during the first and second waves of the COVID-19 pandemic. The sub-report also examined whether and to what extent this public discourse contributed to strengthening ageist attitudes toward older adults or, conversely, to challenging those attitudes. As such, it contributes to a better understanding of ageism, targeting how it manifested through public discourse in the specific context of a health crisis.