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UNDERSTANDING AND CONFRONTING AGEISM



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BACKGROUND

In 2018, Washington University joined the Age-Friendly University (AFU) Global Network, led by Dublin City University, and endorsed by the Gerontological Society of America's Academy for Gerontology in Higher Education (AGHE). This network encourages institutions of higher education to respond to shifting demographics and population aging. Despite its importance, the implementation of age-inclusive efforts on campuses have been hindered by persistent and overlooked ageism. Bringing learners of different ages together to increase age-diversity and inclusion on campuses, along with improving people's understanding of ageism, can reduce prejudice and discrimination (Montepare & Farah, 2020).

The Harvey A. Friedman Center for Aging at the Institute for Public Health at Washington University in St. Louis developed this background paper to provide foundational information and resources to reduce ageism in institutions of higher education and in the communities that they are located.

WHAT IS AGEISM?

The World Health Organization, in its Global Report on Ageism, defines ageism as pertaining to the stereotypes (how people think), prejudice (how people feel) and discrimination (how people act) directed towards others or oneself based on age. Ageism begins in childhood and is reinforced over the course of one's life (World Health Organization, 2021). Ageism is everywhere – in the workplace, in media, in Hollywood, in schools and in health care, and it is something that most everyone will experience at some point in their lives. Ageism can be directed at people of any age, with young adults and older adults most often the target.

TYPES OF AGEISM

Personal ageism is individuals' ideas, attitudes, beliefs, and practices that are biased against people or groups based on their age (World Health Organization, 2021). Being disrespectful or belittling older and younger people, ignoring their points of view in decision-making, or avoiding contact and interactions are all examples of personal ageism. Using an overly accommodating tone and simple vocabulary and sentence structure when speaking to older adults (elderspeak) increases the likelihood that others will view older adults as incompetent and incapable. Saying that younger people are thoughtless, rude, or selfish because of their age is also a form of personal ageism (World Health Organization, 2021).

Self-directed ageism refers to ageism that is turned against oneself. Examples include people in their twenties who are reluctant to apply for a job because they think that they are too young, or older adults who think that it is not possible to learn new skills later in life and therefore are hesitant to go back to school or learn a new hobby (World Health Organization, 2021). This type of ageism is also referred to as internalized ageism.

Institutional ageism is the rules, practices and policies that discriminate against individuals and or groups because of their age, such as mandatory retirement and the exclusion of older adults in medical research (International Longevity Center-USA, 2006). Institutional ageism occurs across different institutions, including health and social services, employing organizations and the legal system. Ageism also occurs in a range of other institutions and sectors, including housing, technology, and finance (World Health Organization, 2021).

DETERMINANTS OF AGEISM

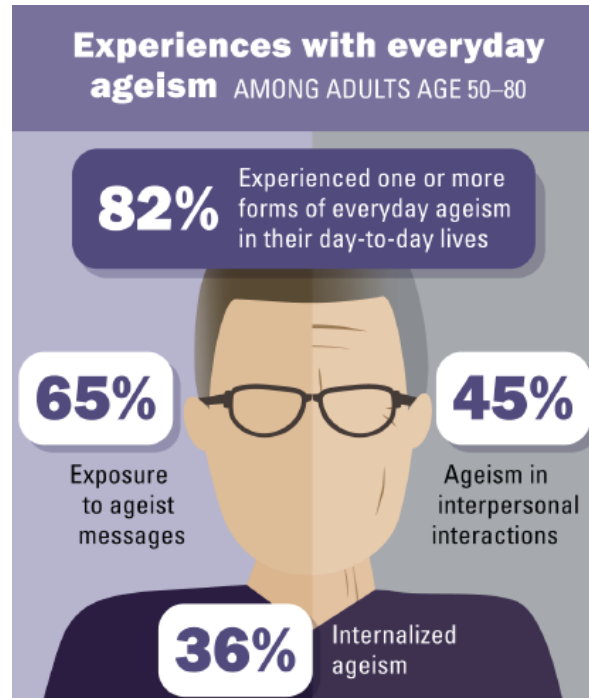
A 2020 systematic review considered the various determinants of ageism (Marques et al., 2020). Studies on other-directed ageism have found that the most prominent determinants of personal ageism are an individual's own anxiety about aging and their fear of dying. At the interpersonal and intergroup levels, the amount of contact with older people is the most important determinant. This study found that the quality of the contact was more important than the quantity and that people are less likely to stereotype older adults of whom they have a positive image. For institutional ageism, the ratio of availability of resources in society to the percentage of older people were strong determinants of ageism. When the number of resources decreases while the number of older people increases, tensions over resource allocation lead to higher rates of ageism. An individual's mental and physical health was strongly correlated with self-directed ageism and these feelings can be reduced by policies and practices that encourage people to live longer, healthier, and happier lives.

AGEISM TOWARDS YOUNGER PEOPLE

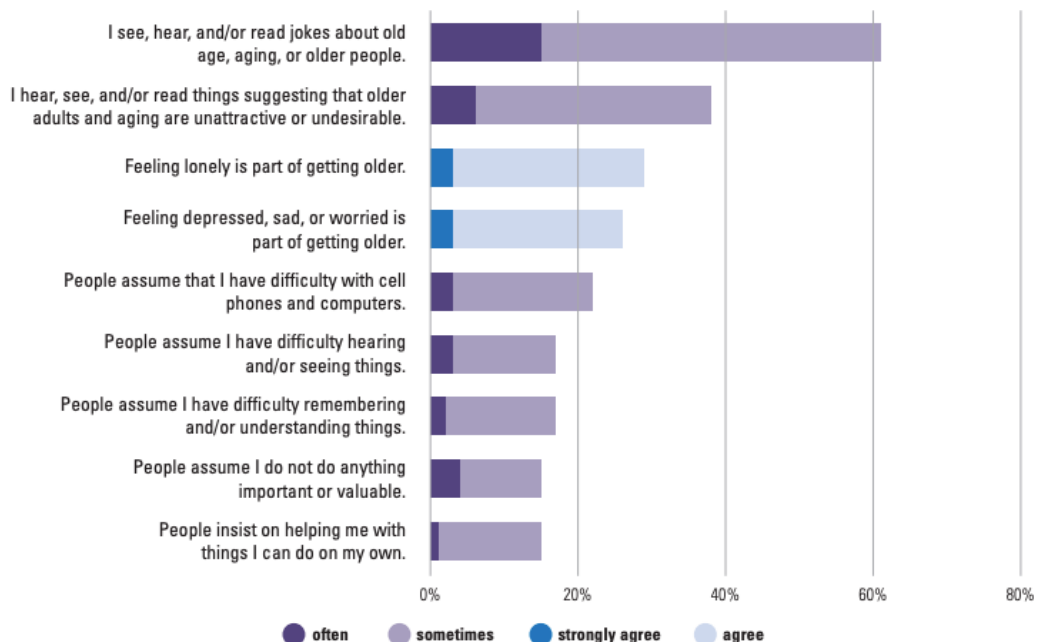
A recent study titled *Youngism: The Content, Causes, and Consequences of Prejudices Toward Younger Adults* found that today's young adults can also be victims of discrimination and can be exposed to more severe social judgments than older age groups (Francioli & Young, 2021). By documenting cognitive, emotional, and behavioral evidence of "youngism," the study demonstrates that ageism affects younger adults. Further, the character of ageism varies across the life span. The negative view toward younger adults due to their generational affiliation, such as Millennial (1981 - 1996) or Generation Z (1997 onward), has serious implications for the economic stability of younger generations. This generation of younger adults is the first to be poorer than their parents' generation, and leaving the economic effects of youth-directed ageism unaddressed could sustain economic instability for future generations and lead to increased economic inequality. Given the objectives this background paper, we focus largely on ageism directed toward older adult; although a few examples of youngism are included.

HOW PREVALANT IS AGEISM?

Older adults may experience ageism in employment, housing, health care, and in their daily lives through social interactions and exposure to ageist beliefs, assumptions, and stereotypes. These are forms of “everyday ageism.” In December 2019, the University of Michigan National Poll on Healthy Aging surveyed a national sample of adults ages 50–80 about their experiences with everyday ageism (Ober Allen et al., 2020).



Supplemental Data: Forms of everyday ageism reported by adults age 50–80



Graphics sourced from the Everyday Ageism and Health Report (Ober Allen et al., 2020).

Overall, 82% of older adults said that they regularly experienced at least one form of everyday ageism (Ober Allen et al., 2020). These forms of ageism included:

- exposure to ageist messages (jokes about aging or messages suggesting that older adults are unattractive or undesirable)
- ageism through social interactions (others assume that because of their age, older people have difficulty using technology, hearing, seeing, remembering, understanding, or need help with tasks that they can do themselves); and
- internalized ageism (thinking that feeling lonely, depressed, sad, or worried are normal feelings associated with getting older.)

Experiencing three or more forms of everyday ageism was more common in

- People ages 65–80;
- Women;
- Adults with annual household incomes below \$60,000;
- Retired persons; and
- People living in rural areas.

AGEISM IN THE WORKPLACE

In 2018, a report on age discrimination against older adults by the Equal Employment Opportunity Commission documents that even though it has been 50 years since Congress outlawed the practice, “age discrimination remains a significant and costly problem for workers, their families and our economy” (Kita, 2019).

Ageism is a significant workplace issue that needs to be addressed, especially considering that by the year 2022, more than one-third of the U.S. workforce will be over the age of 50. In a recent AARP survey of adults over age 45, 61% said that they had seen or had personally experienced age discrimination in the workplace (Perron, 2018). About 25% of the people surveyed experienced hearing negative remarks, from a colleague or supervisor, related to their older age. Sixteen percent said that they were not hired for a job that they applied for because of their age and 12% felt that their age was the reason for being passed up for a promotion or a different chance to get ahead. Despite these concerns, only three percent have made an official complaint regarding age discrimination signifying that the problem may actually be more widespread. A study by the Urban Institute found that out of adults ages 51 to 54 who were employed full-time, 56% had experienced an involuntary job separation, with substantial financial consequences and psychological repercussions (Johnson & Gosselin, 2018).

Ageism in the workplace is not only harmful to working older adults, but also creates a less diverse and inclusive workplace and deprives organizations of talented employees. Young adults often report experiencing more ageism in the workplace than middle or older age adults - in the form of incorrect assumptions from their co-workers (Chasteen, 2021). Therefore, age needs to be included in broader diversity and inclusivity initiatives (Pfeffer, 2019).

AGEISM IN HOUSING

Ageism against both younger and older people occurs in the housing market. Private retirement communities have an exemption under the federal Fair Housing Act, which allows real estate developers to build and sell homes that are advertised as being age-restricted, excluding younger people and children. Many older people find this appealing but living in an age-segregated community may not enhance the well-being of all older people. It has been argued that age segregation in housing is harmful not only for older adults, but for society too. Age-segregated housing, whether in private or public senior housing, can increase loneliness and isolation in older people and may cause older people to feel that they are not worthy of living in the larger community. It also makes older people less visible, diminishes the impact that they might have in younger peoples' lives, and ignores the contributions that older adults can make to their community (Papke, 2020).

In 2019, several housing companies were charged with discriminating against older Americans by using Facebook ads to promote housing opportunities only to younger age groups, denying older prospective tenants the opportunity to see the ads (Kassraie, 2019). A nonprofit watchdog group, The Housing Rights Initiative and a woman living in Washington, D.C. filed the human rights complaint in the District of Columbia and Maryland. The case was dismissed because it was concluded that the woman did not incur any concrete injury from the ads (Willis, 2021).

Other examples of age discrimination in housing, according to Varian Law LLC (2018), include:

- Requiring higher security deposits for younger tenants
- Making repairs only for the older tenants
- Having an “adults only” area or not allowing families with children under the age of 18 in housing complex that is not a senior housing development
- Refusing to let a spouse or disabled child live with the senior resident who qualifies because of age, in a senior housing building
- Rejecting the mortgage application of an older person because of age

AGEISM IN HEALTH CARE

Ageism in our health care system includes age-related biases limiting access or creating barriers to health care. This can result in poorer health care, adverse outcomes, and increased mortality. Access to health care, ranging from routine preventive screenings (mammography, colonoscopy or vaccinations) to expensive life-sustaining treatments is controlled by a person's age (Inouye, 2021). During the Covid-19 pandemic, hospitals were proposing using age-based rationing for ventilators and ICU beds (Inouye, 2021). Ageism comes to play in the assumption that everyone in the same age group is homogeneous. Yet health status, functional ability, social and economic status all factor into the need for health care, beyond chronological age. Although there can be a connection between chronic illnesses and age, being older does not equate to poorer health or a less optimistic prognosis (Previtali et al., 2020).

A position statement by the American Geriatrics Society describes that emergency resource distribution policies must not disproportionately disfavor older people (Farrell et al., 2017). Age exclusions are unethical and violate antidiscrimination law. When assessing the person's chronic diseases as part of resource allocation strategies, care must be taken because all older adults are not homogeneous in regard to their health and functional status.

Additionally, "elderspeak" is widely used by health professionals who treat older adults. A 2018 article in the Chicago Tribune reported that scientists who study the way people age have noticed an increasing tendency by health professionals to talk to older people in a way that "mimics the sugary tones some people use on small children or pets" (Pfitzinger, 2019). "It sounds like baby talk, like simplified speech," says anthropologist Anna I. Corwin, who identifies characteristics that define elderspeak, such as slow speech rate, exaggerated intonation, elevated volume and pitch (speaking as if everything is a question), simplified vocabulary and reduced grammatical complexity, diminutives (calling people 'dear' or 'sweetie'), using the collective pronoun 'we', and lots of repetition (Pfitzinger, 2019). This is problematic because speaking this way can cause older adults to experience lower levels of self-esteem because it is associated with reduced cognitive ability.

While undergoing medical training, physicians spend three times the amount of training in pediatrics compared with geriatrics, and the majority receive no formal training in geriatrics at all (Inouye, 2021). This lack of training leads to unawareness of the unique aspects of disease presentation and treatment in older adults and can result in compromised care.

AGEISM IN THE MEDIA AND MARKETPLACE

According to research conducted by AARP on a random sample of 1,116 images published or posted by popular brands and groups, 46 percent of the U.S. population is age 50 and older, but that population is only represented in 15 percent of media images (Thayer & Skufca, 2019). When adults age 50 and older are shown in ads, they are more likely to be portrayed negatively.

People aged 50-plus in images are represented homogeneously, with similar clothing, hair color and other stereotypical characteristics (Thayer & Skufca, 2019). Homogenization, the process of changing something to make its features the same or very similar, is even more extreme in people 65 and older. Seventy percent of images showed adults age 50 and older alone, with a partner, or with a medical professional, while younger adults were portrayed as much more engaged with society and they were usually shown with coworkers, with groups of friends, and participating in activities.

The greatest differences in media images portraying adults ages 50 and older versus younger adults are in work settings, followed by family relationships, technology, and living situations (Thayer & Skufca, 2019). Older people shown in the images were 27% less likely to be shown at work, 16% more likely to be shown receiving help from family members, nine percent less likely to be shown using technology, and nine percent more likely to be shown at home versus younger people. People ages 50 and older will spend up to \$84 billion on technology products by 2030, but just five percent of images show people 50-plus using technology. When mid-life and older adults are shown with technology, the image is typically of a younger person teaching an older person how to use it, or the younger person is the one using the technology to guide the older adult.

Although one-third of people in the U.S. work force is age 50-plus, only 13% of images are of a mid-life or older adult working, compared to 55% of images of younger people shown in a work setting. When there are people age 50 and older shown attending trade shows or conferences, they are usually portrayed as executives and not mid- or entry-level workers. Images in the media and advertising create and reinforce stereotypes and do not accurately reflect the age 50 and older population as independent, confident, and actively engaged in their communities (Thayer & Skufca, 2019).

In “Ageism Is Alive and Well in Advertising”, Ken Dychtwald (2021) writes that a lack of age diversity among people who create the ads may be a major cause of ageism in the industry. “The median age for a manager in America's advertising agencies is 37, and the average age of a creative person in the industry is only 28; 71% of creative directors are male.”

Although ageism affects both women and men, women face more challenges when society links looking young to looking beautiful. Anti-aging advertisements targeted toward women imply that the natural signs of aging are undesirable. This media representation of the consequences of aging explains why women go to great lengths — like dying their hair or getting Botox — to mask signs of aging.

Allure, an American women's magazine focused on beauty, announced in 2017 that it would stop using the term “anti-aging,” so as not to reinforce the message that aging is a condition to battle (Lee, 2017). However, the anti-aging market is still expected to reach an estimated \$66.2 million by 2023 (Businesswire, 2018).

Hollywood, in addition to the media, often reinforces ageist stereotypes in older women. In 2015, Academy Award-winning actress Maggie Gyllenhaal spoke up about ageism when she revealed that she lost a role at age 37, because she "was too old to play the lover of a man who was 55" (Zhu, 2019). Women at age 60 are seeing the number of roles they are cast in decline faster than their older fellow actors once did, while younger men are seeing their acting careers peak later than their older peers (Zhu, 2019).

AGEISM IN HIGHER EDUCATION

Ageism exists in all aspects of university life. Administrators are affected by age bias in decisions made about hiring, promotion, salaries, and workload (Montepare & Whitborne, 2017). In “The Age(ism) of Diversity,” Robert McKee (2014) writes that colleges and universities in the U.S. are among the most ageist institutions when hiring faculty, regardless of the institution’s statements about diversity. The institutions hire adjunct professors to teach courses for years, but then instead of hiring the instructors when a tenure-track position opens, they hire younger, less-experienced applicants instead (McKee, 2014). To avoid violating the Age Discrimination in Education Act of 1967, institutions give preference to job applicants who receive their doctorate within one or two years of the job listing, which effectively lowers the chance of an older graduate receiving the position. There is a belief with university hiring committees that younger faculty members have more current knowledge on their subject matter and are more likely to use new approaches in their teaching (Montepare & Whitborne, 2017). Stonebraker and Stone (2015) found that student evaluations fall consistently as instructors get past the age of 45. Older faculty can be made to feel that they are a financial liability because of their higher salaries, potentially higher health care costs, and employer matched retirement contributions (Montepare & Whitborne, 2017).

A study published in 2012 examined 59 official university diversity statements and found that only five percent mentioned age (Wilson et al., 2011). A 2017 study of diversity statements found that 49 out of 50 U.S. public flagship universities published diversity statements (Taylor et al., 2019). Within those 49 diversity mission statements, characteristics such as sexual orientation, ethnicity, race, and religion were included in over 50% of the statements. Age, Disability, Socioeconomic Status and Gender were mentioned in a little over 40% of the statements. This might be an indication that colleges and universities are becoming more focused on increasing diversity, including age diversity, in their faculty, students, and staff. When university and college diversity statements neglect to include age in the characteristics that the university promotes, it can allow for age awareness to be unrecognized and for ageist biases and ageism to occur on campuses (Montepare & Whitborne, 2017).

It is interesting to note that age is not mentioned in the Association of American Colleges and Universities' (AAC&U) definition of diversity, which they define as "individual differences (e.g., personality, learning styles, and life experiences) and group/social differences (e.g., race/ethnicity, class, gender, sexual orientation, country of origin, and ability as well as cultural, political, religious, or other affiliations)" (American University, n.d.).

At colleges and universities, the student population is becoming increasingly age-diverse in that the traditional age range of students (18 to 24 year olds) is shrinking, while the nontraditional student population is growing, and in some institutions, twice as fast as the traditional student population (Hittepole, n.d.). By 2028, approximately 40% of college students will be ages 25 and older (Morrow-Howell et al., 2020). This is happening due to the shrinking demographic of 18-year-olds and the increasing number of middle-age and older people seeking to learn new skills for their jobs or extending employment beyond the traditional age for retirement. Due to this demographic shift, there is a compelling need for colleges and universities to improve their age-inclusivity efforts (Morrow-Howell et al., 2020).

Increasing Age-Diversity on College Campuses – Challenges and Opportunities

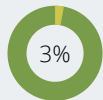
The Harvey A. Friedman Center for Aging at Washington University in St. Louis conducted five focus groups between July 2019 and February 2020, to understand the challenges and opportunities associated with increasing age-diversity on campus. Although focus group participants rarely used the word “ageism” or “ageist,” comments referring to age-related biases were common. Participants identified numerous sources of ageism including potential employers, instructors, and other students. Older students felt that they did not “fit the mold” during interactions with job recruiters visiting campus. Ageism also influences how older students feel in classes. There can be expectations from within the institution that older students do not need the same support as other students because they already have more knowledge and experiences. In medical school there are age biases in admissions and training. One focus group participant reported that academia discriminates against older PhD students due to negative views around starting a tenure-track position “after the age of 45.”

It is challenging for higher educational institutions to embrace age diversity, however, because higher education has been historically age segregated (Montepare & Whitborne, 2017). Ageism is increased in age-segregated environments that do not expose students to the multidimensional nature of aging and the importance of relationships with people of all ages (The Gerontological Society of America, 2019). In university research institutions, ageism research lags behind research in other areas of prejudice, stereotyping and discrimination (Montepare & Whitborne, 2017). More research on implicit ageism is needed and more research studies on biological functioning, physical health, and human behavior need to include older adults (Raposo & Carstensen, 2015). Research on ageism and the aging process is not as prevalent as research on areas that offer potential solutions to the “problems” occurring in older adults and their accompanying mental and physical debilitation (Montepare & Whitborne, 2017).

Another aspect of higher education that contributes to ageism is the scarcity of college programs and courses in adult development compared to child or adolescent development. Additionally, it is important that more students receive education and training in geriatrics and gerontology to prepare them to support an aging population.

<1%

Less than 1% of registered nurses are trained in gerontology.



Less than 3% of medical students choose to take electives focusing on geriatrics.



Less than half of pharmacy schools have a course in geriatrics even though older adults age 65 and older account for most prescription drug use.

<1%

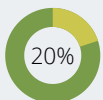
Less than 1% of physical therapists are certified as geriatric specialists



More than 60% of psychologists see older adults, but only 3% treat geriatric patients as their primary professional population. Only 25% of psychologists take a geropsychology course as graduate students

4%

Only 4% of social workers receive geriatrics training.



Less than 20% of dental schools and schools training dental hygienists offer a course in geriatrics

(Eldercare Workforce Alliance, n.d.).

AGEISM DURING COVID-19 PANDEMIC

The Covid-19 pandemic revealed deep-seeded ageism and age-stereotyping in society. Attitudes and actions in response to this pandemic were attributed to reduced concern about and value attributed to older people: countries were slow to respond because of the myth that only older people were at risk of contracting the virus; treatment and mitigation protocols were more adequately developed for children and youth in certain hospitals; and saving the economy seemed to be more important than saving older peoples' lives. There seems to be an assumption that "older adults are expendable" (Inouye, 2021).

Old phrases were heard such as "thinning the herd," along with the new phrase "#boomerremover" (Morrow-Howell et al., 2020). Ageist assumptions fuel intergenerational anger by pitting young against old, especially when reinforced by institutions and policies. People may accept these messages bolstering ageism (Previtali et al., 2020).

An article by the American Psychological Association describes how the assumption that all older adults needed support and protection during the COVID-19 pandemic was a generalization (American Psychological Association, 2021). Some older people were even on the frontline fighting the pandemic. Adults in their 60s were likely to be working or volunteering in their communities. During the pandemic, older and retired health care professionals were providing medical care to people who contracted the disease. Additionally, many older people are caregivers for family members or peers. Over one third of older adults are the main caregivers for their partners or spouses and almost two million are caregivers for their own grandchildren. If their adult children were employed in essential services or health care during the pandemic, they often played an equally vital role in watching their grandchildren to help the parents' ability to work (American Psychological Association 2021).

Stereotypes that portray older adults as warm, but incompetent, often lead to paternalism (Fiske et al., 2019; Vervaecke and Meisner, 2020), or treating older people as if they were children. The COVID-19 pandemic caused “the right conditions” for patronizing thoughts and “helping behaviors” directed towards older adults. This compassionate ageism (also called benevolent ageism) is when “positive or warm” views of older people are combined with traits of incompetence, frailty, dependence, passivity, and victimhood (Cary et al., 2017; Marier & Revelli, 2017; Vervaecke and Meisner, 2020). Awareness of the prevalence and consequences of compassionate ageism during the COVID-19 pandemic was low.

Early in the pandemic, COVID-19 was determined to be an infectious disease that mainly affected older people. The widespread grouping of all older people as “vulnerable” occurred during the pandemic even though it was found that age alone was not a reliable measure of the health consequences of COVID-19 (Ehni & Wahl, 2020; Meisner, 2020; Rahman & Jahan, 2020; Vervaecke and Meisner, 2020). Homogenizing older adults as all being dependent revealed the connections between ageism and ableism during the pandemic. (Ayalon, 2020; Vervaecke and Meisner, 2020).

The effects of compassionate ageism on older people include decreased self-esteem, empowerment, motivation, physical functioning, cognitive and psychological performance, and social engagement (Baltes & Wahl, 1996; Chasteen & Cary, 2015; Hehman & Bugental, 2015; Kemper et al., 1996; Meisner, 2012; Meisner & Levy, 2016; Vervaecke and Meisner, 2020).

“Caremongering”, started in Canada and driven by social media, was intended to help those who are, or who are perceived to be, at highest risk of COVID-19 infection and/or its harmful individual or social impacts (Estrada, 2020; Gerken, 2020; Vervaecke and Meisner, 2020). Unfortunately, caremongering also demonstrated the generalization of COVID-19 risks to a homogenized older adult group during the pandemic (Vervaecke and Meisner, 2020).

It is important to pay careful attention to individual assumptions, the language used, and the actions taken regarding aging and older people and the importance of requesting older peoples’ consent, perspectives, and experiences when deciding to implement public health mandates relating to COVID-19 based on age. Older people are often providers and not only receivers of help through various roles, such as volunteers and unpaid caregivers of spouses, friends, and grandchildren.

OUTCOMES OF AGEISM

Ageism shortens older peoples' lives; leads to poor physical health and worsens health behaviors; delays recovery from disability; affects mental health; increases social isolation and loneliness; and reduces overall quality of life (World Health Organization, 2021).

In a 2018 metaanalysis of the effects of ageism on older people's health, Levy and colleagues (2018) estimated that the yearly cost of ageism in the United States was roughly \$63 billion.

Levy, B. R., Slade, M. D., Chang, E.-S., Kanno, S., & Wang, S.-Y. (2020). Ageism amplifies cost and prevalence of health conditions. *The Gerontologist*, 60(1), 174–181.
<https://doi.org/10.1093/geront/gny131>

Abstract Background and Objectives: The persistent status of ageism as one of the least acknowledged forms of prejudice may be due in part to an absence of quantifying its costs in economic terms. In this study, we calculated the costs of ageism on health conditions for all persons aged 60 years or older in the United States during 1 year.

Research Design and Materials: The ageism predictors were discrimination aimed at older persons, negative age stereotypes, and negative self-perceptions of aging. Health care costs of ageism were computed by combining analyses of the impact of the predictors with comprehensive health care spending data in 1 year for the eight most-expensive health conditions, among all Americans aged 60 years or older. As a secondary analysis, we computed the number of these health conditions experienced due to ageism.

Results: It was found that the 1-year cost of ageism was \$63 billion, or one of every seven dollars spent on the 8 health conditions (15.4%), after adjusting for age and sex as well as removing overlapping costs from the three predictors. Also according to our model, ageism resulted in 17.04 million cases of these health conditions.

Discussion and Implications: This is the first study to identify the economic cost that ageism imposes on health. The findings suggest that a reduction of ageism would not only have a monetary benefit for society, but also have a health benefit for older persons.

The National Poll on Healthy Aging by the University of Michigan found that older adults who experienced three or more forms of everyday ageism in their daily lives were less likely to rate their overall health and mental health as excellent or very good than those adults who experienced fewer forms of ageism (Ober Allen et al., 2020). These adults were also more likely to suffer from chronic health condition such as diabetes or heart disease and more likely to have symptoms of depression.

Researchers at the Yale School of Public Health conducted a review of 422 studies from around the world and found that ageism harmed the health of older people in 98 percent of the studies (Chang et al., 2020). Ageism negatively affected mental health conditions including depression, resulted in a shorter life expectancy, and affected whether older adults received medical treatment and the quality of the care that they received. This study was the first systematic review of ageism that looked at structural-level ageism and individual-level ageism (Greenwood, 2020).

Another study found that adults ages 60 and older were less likely to develop dementia if they maintained positive age beliefs . Participants who held the variant of a gene known to be one of the strongest risk factors for dementia and had positive beliefs about aging were almost 50 percent less likely to develop dementia than those who view aging as negative (Levy et al., 2018).

A brief by NYU's Silver School of Social Work describes a measure for evaluating age discrimination in the workplace among employees. They looked at age discrimination and how it affects employees' health, workplace commitment and intentions to leave or retire, and found that it is negatively related to mental health across all age groups and is financially costly to individuals, the organizations, and to society. In middle-age workers, age discrimination is significantly related to worse mental health, higher job dissatisfaction, and high turnover intentions. Among older workers, age discrimination is significantly associated with worse mental health, and higher general stress, job dissatisfaction, turnover intentions, and desires to retire (Gonzales et al., 2021).

An article titled, "The Negative Effects of Ageism in the Workplace," describes how ageism in places of employment is harmful to its older workers and their co-workers (Belcak, 2021). Age discrimination, along with any other form of discrimination, creates a work environment of tension and hostility. When ageism takes place in a company, it reduces morale and causes stress that hinders performance, reduces productivity and leads to higher employee turnover, not only in the employee who experienced it, but also in those who see it happening. Employees flourish in team-oriented, supportive work cultures.

An age-diverse workforce helps businesses to understand how age-diverse marketplaces and efforts to foster multigenerational workforces, which includes technology training and sharing career experiences and skills, benefit both the employers and the employees. People are living longer and providing incomes to people who want to keep working past typical retirement age generates a population with the resources to continue consuming and positively impacting the economy (Suh, 2021).

When ageism is prevalent in academia, it hinders research and training on topics of aging and ageism. Currently, very few colleges and universities offer classes on age-related expertise in the areas of health policy, finance, law, marketing, the social and natural sciences, and engineering, unless there is a university center on aging or gerontology. Most college students graduate from college and enter an age-diverse workplace with not much knowledge about aging or experiences with older adults besides family members (The Gerontological Society of America, 2019).

WHAT CAN WE DO TO REDUCE AGEISM?

Improving peoples' understanding of ageism is a prerequisite for reducing ageism and for changing the narrative around age and aging. Strategies such as campaigns to reduce ageism need to be developed and evaluated while data and research need to be improved to better understand ageism and how to reduce it. Individuals of all ages, businesses, governments, organizations, and academic and research institutions have a role to play in building a movement to eliminate ageism (World Health Organization, 2021).

A systematic review and meta-analysis were conducted in 2019 to evaluate the effectiveness of three types of interventions designed to reduce ageism among youths and adults—education, intergenerational contact, and combined education and intergenerational contact (Burnes et al., 2019). Twenty studies were analyzed after meeting the following inclusion criteria: Evaluating an intervention designed to reduce ageism, examining at least one ageism outcome in older adults, using a design with a comparison group (randomized or nonrandomized), and was published after 1970. The review demonstrated that interventions significantly reduce ageism outcomes related to attitudes, knowledge, and comfort with older

adults. Interventions that combined both education and intergenerational contact had the largest effect on people's attitudes toward older adults. The interventions had a strong effect on adolescent and young adult age groups and concluded that relatively low-cost, feasible interventions should be used to reduce ageism.

The World Health Organization's Global Report on Ageism (2021) recommends the following three strategies to reduce ageism:

- 1) Strengthening and enforcing policies and laws that address age discrimination and inequality and human rights
- 2) Including educational interventions to reduce ageism that enhance empathy and dispel misconceptions about different age groups, in all levels and types of education, from primary schools to universities, and in formal and non-formal educational contexts
- 3) Implementing intergenerational interventions encouraging interaction between people of different generations, which can reduce intergroup prejudice and stereotypes. These interventions are among the most effective interventions for reducing ageism against older people and show promise for reducing ageism against younger people too.

In a Next Avenue article titled, “The Pernicious Reach of Ageism,” Dr. Christine Nguyen with Stanford University Medical School explains three ways to combat ageism (Nguyen, 2021). The first is to promote quality interactions between younger and older generations. Encouraging children to have meaningful relationships with older people affects their outlook on aging and older adults throughout their life. Additionally, even young adults who had quality or prolonged contact with older people had fewer negative expectations about them and less anxiety about what will happen to themselves when they became old. Second, older people should be encouraged to picture themselves in gyms participating in safe and more vigorous physical activities, which can help improve cardiovascular health. Ageist stereotypes can be instigated by fitness and health companies who only show young people engaged in vigorous physical activity, and physical and occupational therapists often make exercise recommendations based on age instead of evaluating each person’s actual ability. Finally, health professionals should be educated to recognize and eliminate ageism and can model nondiscriminatory behavior.

In *What’s Holding Us Back? Ageism in Higher Education*, Susan Krauss Whitbourne and Joann M. Montepare (2017) list the following ways that college and university can reduce ageism on their campuses:

- Educational campus programs can include discussions on stereotypes and implicit bias, and all institution and on-campus conversations regarding diversity can include ageism while everyone at the college or university can stop including age-bias in their everyday communication.
- Faculty and staff can examine how aging and older adults are portrayed and discussed in their classes and can portray positive images about aging and stress the positives of getting older in the classes they teach while staying away from stereotypes. Stereotypes can be reduced by focusing on individual differences in people rather than looking at all older adults as the same. Older faculty and staff can also stop labeling themselves negatively based on their age and can communicate to their students ways in which they have experienced ageism and how it made them feel.
- Faculty also can be more aware of their own stereotypical thinking and how they communicate about and toward their younger students.
- Older faculty can mentor younger faculty and non-traditionally aged students.
- Colleges and Universities can include age in their diversity and inclusion statements.
- Institutions of higher education can implement organizational level changes such as offering classes for an age-diverse student body and promoting intergenerational interaction among younger and older students and faculty.

The Age Friendly University initiative was launched by Dublin City University in 2012 to bring universities and colleges across the globe together to advance age diversity and age inclusion. An international collaborative of over 75 educational institutions promotes guiding principles that encourage participation of people of all ages in degree and certificate programs; promotes intergenerational exchange; extends aging education and research; engages the retired campus community; and, ensures dialogue with local communities about aging issues. Confronting ageism in higher education has been highlighted as an important part of this movement.

LET'S PUT AN END TO AGEIST ATTITUDES AND AGEISM!

Recent economic analyses have estimated that older people make contributions to our economy of over \$250 billion per year (Inouye, 2021). They provide family support, caregiving, paid and volunteer work, years of experience and expertise to neighborhoods and workplaces, and represent an underutilized source of intergenerational competence and knowledge.

Aging should be celebrated as an accomplishment, and the positive perspectives of aging should be emphasized. Highlighting the benefits of aging and the many contributions of older people in families, communities, and the media can promote more positive views on aging and help protect older adults from the negative consequences of ageism. Ageism is an effect of American culture that needs to be acknowledged, discussed, and addressed. Decreasing ageism may have far-reaching benefits for the health and well-being of older adults and can lead to a better society for people of all ages (Ober Allen et al., 2020).

WashU for Life: Creating an Age-Diverse University

As part of its Age-Friendly University work, the Harvey A. Friedman Center for Aging has created a new initiative, WashU for Life, to become a comprehensive age-integrated research university. Facilitated by the Harvey A. Friedman Center for Aging at the Institute for Public Health and with the help of an advisory committee, WashU for Life has the following aims:

- Create opportunities for students, faculty, staff, alumni, and community members to engage in education throughout the life course through new and existing classes, degree/certificate programs, and campus seminars/lectures.
- Build skills among faculty, staff, and students to thrive in multigenerational teaching, work, and community environments.
- Institutionalize programs that facilitate transitions between jobs and into retirement, with focus on ongoing purpose and meaningful engagement.
- Conduct research on multigenerational education, age-stereotype in academia, and educational pathways for longer life course.

AGEISM RESOURCES

Initiatives and Websites to Improve Understanding of Ageism:

[The Reframing Aging Initiative](#) is a long-term social change endeavor designed to counter ageism by improving the understanding of what aging means and demonstrate the many ways that older people contribute to society by also ensuring supportive policies and programs.

[Disrupt Aging](#) challenges outdated beliefs about aging and encourages people to re-think the negative stories we tell ourselves and each other about growing older.

[How Old is Old? Millennials Show Us What “Old” Looks Like](#) shows what happens when people let go of their outdated beliefs and see aging as growth – not about decline.

[Disrupt Aging Classroom](#) is a two-hour, interactive curriculum presented at colleges and universities that challenges students to examine their aging perceptions and to think about how the aging population is relevant to their personal lives and future careers.

[Changing the Narrative](#) in Colorado builds on five years of national work initiated by eight leading age organizations that recognized a shared challenge: that what they were seeking to communicate about aging and ageism, and the social challenges and opportunities posed by demographic change, was not getting through in the way intended to the general public.

[This Chair Rocks: A Manifesto Against Ageism](#) by Ashton Applewhite. Her TED talk on the subject has been viewed more than 1.3 million times.

[Ageism First Aid](#) is an online multi-module course that supports factual conversations about aging and sparks widespread use of positive aging-related language among people in the health and helping professions. Three one-hour modules; \$30 for GSA non-members; \$20 for GSA members; and \$15 for students

Old School is a clearinghouse of free and carefully evaluated resources to educate people about ageism and help end it. This interdisciplinary collaboration's goal is to help catalyze a movement to make ageism unacceptable.

National Campaigns to End Ageism:

World Health Organization Global Campaign to Combat Ageism – report and toolkit, and infographics

World Health Organization's Ageing Attitudes Quiz

Organizations Devoted to Aging:

The Academy for Gerontology in Higher Education (AGHE) is the educational unit of The Gerontological Society of America and is a membership network of colleges and universities that offers education, training, and research programs in the field of aging. The Gerontological Society of America (GSA), founded in 1945, is the oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging.

Encore.org is working to change societal expectations for the years beyond age 50, and initiated a movement around “second acts for the greater good” - bringing older and younger people together to solve problems, bridge divides, and create a better future for all

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