Shaping the Future:

A National Forum's Call to Action to Eliminating Ageism in Care and Support

United Way British Columbia

ILC
International Longevity Centre Canada
Centre international sur la longévité – Canada (ILC Canada)

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

Les droits humains à tout âge.
Appuyez une Convention des Nations Unies relative aux droits des personnes âgées

Canadian Coalition Against Ageism
Coalition canadienne anti-âgisme

About the Ageism Forum Hosts

International Longevity Centre Canada: International Longevity Centre Canada (ILC-C) is a registered, independent, non-profit non-governmental organization, which uses a human rights lens to approach all its work, including knowledge development and exchange, recommending evidence-based polices, social mobilization, and networking. ILC-C's mission is to propose ideas and guidance for policies addressing population aging based on international and domestic research and practice with a view to bettering the lives of Canadians.

Canadian Coalition Against Ageism: The Canadian Coalition Against Ageism (CCAA) is a nation-wide social change movement to eliminate ageism against older persons while protecting and strengthening their human rights. CCAA's vision is a Canada free of ageism. Guided by the leadership of ILC-C, the Coalition has forged partnerships with 14 prominent Canadian non-governmental organizations. The CCAA advocates for laws, policies and practices that support the human rights of older adults, including a UN Convention on the Rights of Older Persons.

United Way British Columbia: United Way British Columbia's mission is to strengthen vital community connections and build community capacity to address social issues. Our areas of focus include Emergency Response, Children & Youth, Seniors, Poverty, Mental Health, and Food Security. Through collaboration with the Community-Based Seniors' Services sector, we support the delivery of programs designed to help older persons remain active, connected, and engaged in their communities. United Way British Columbia is a founding member of the CCAA.

Ageism Forum Planning Partners

We would like to acknowledge the contributions of the Ageism Forum Planning Committee Members who guided the organization of this event and supported the preparation of this report:

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Executive Summary

In June 2024, a half day forum on "Ageism and Health Care, Community Care, and Support" was hosted in Ottawa, Ontario by the Canadian Coalition Against Ageism, International Longevity Centre Canada, United Way British Columbia, and our Ageism Forum Planning Partners. The forum brought together a diverse group of participants to discuss ageism, including older persons, researchers, health care professionals, and community organizations.

In World Café discussions, participants discussed critical topics related to ageism issues, interventions, and equity, diversity and inclusion. Participants highlighted the tendency to treat older persons as a homogenous group and the importance of recognizing the diversity of aging experiences. They emphasized the need to spark societal change to reframe current narratives about aging. Addressing self-directed ageism (i.e., the internalization of ageist thoughts and attitudes by older persons) was also identified as an important priority. Within health care settings, concerns were raised about ageist attitudes and behaviours by health care providers, as well as about how ageist policies, practices and norms lead to health care systems failing to meet the needs of older persons. Overall, there was a broad consensus on the need for education on aging and ageism, both for health care providers as well as the general public. Intergenerational approaches and needed changes to policies and laws were also discussed.

Ageism Education Priorities

Participants identified health care, social care, and community-based providers as the top priority for ageism education. Government and policy-makers were the next highest priority group. Participants identified four key strategic approaches for educating people about ageism: 1) Reform of educational curriculum, 2) Workplace and professional development initiatives, 3) Intergenerational approaches, and 4) Education and awareness strategies. Core content proposed for ageism education included defining what ageism is and why it matters, providing information to reframe aging narratives and dispel common myths, and practical strategies for non-ageist practice.

Ageism Research Priorities

Key priorities identified for research were addressing current gaps in the inclusion of older persons in research studies and creating meaningful ways for older persons to guide research. Participants also emphasized the need for research that has tangible benefits for older persons and can be used to support ageism advocacy, education, and awareness efforts. Funding opportunities were the main support identified by participants as necessary to build capacity for ageism research.

Next Steps

Building upon the ageism forum discussions and identified research and education priorities, we plan to form working groups to advance work in four priority areas:

1. Including older persons in research plans
2. Embedding ageism education in health care professional training
3. Promoting positive framings of aging and increasing public awareness of ageism
4. Seeking partners and funding opportunities to support intergenerational work

Crucially, the ageism forum emphasized translating discussions about ageism into concrete actions and mobilizing a diverse range of partners to engage in collaborative, multi-pronged efforts to eliminate ageism across Canada.

1. Background on Ageism Forum

What is Ageism?

The World Health Organization (WHO) defines ageism as "the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age."[1] Globally, it has been estimated that over half of individuals hold moderately or highly ageist attitudes.[1]

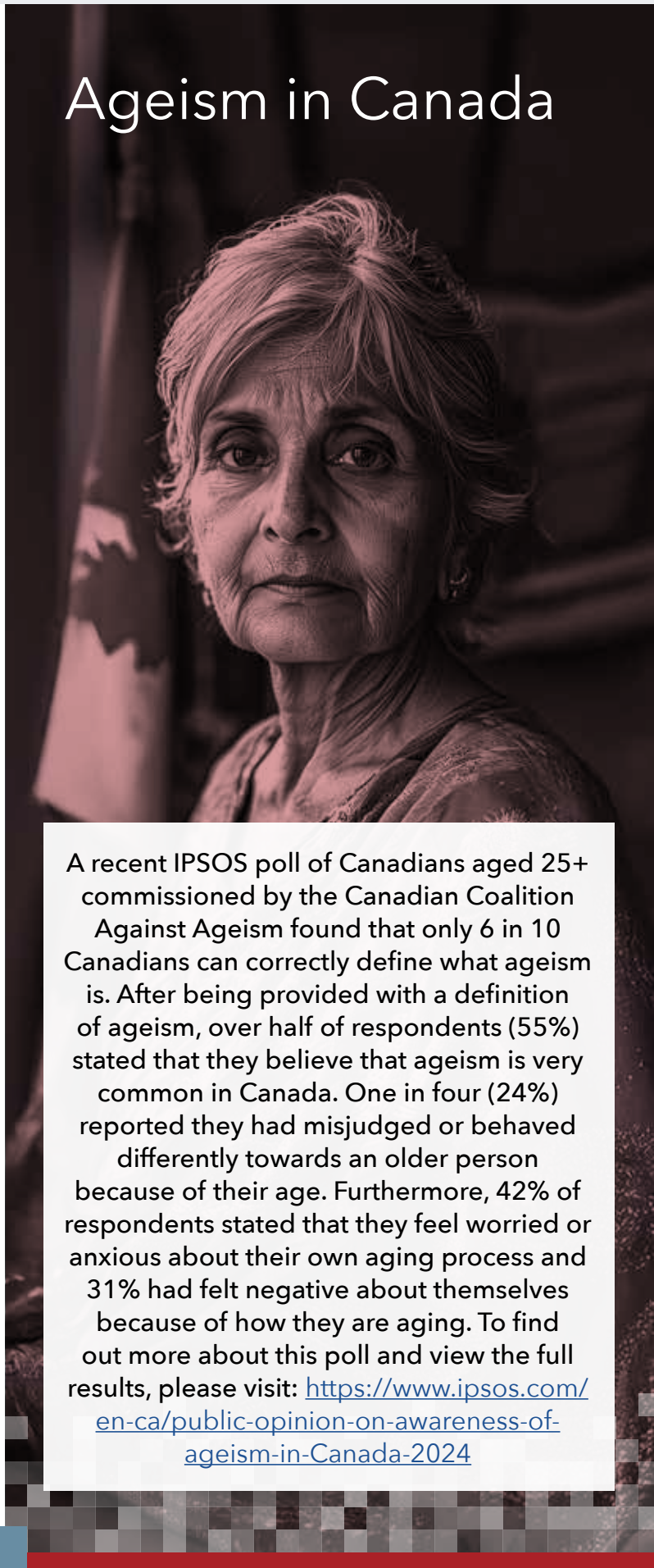
Ageism can manifest in various contexts,[1] including:

1. **Institutional**: Policies, practices, and norms within organizations and institutions that disadvantage older adults.
2. **Interpersonal**: Direct interactions between individuals where ageist beliefs are expressed.
3. **Self-directed**: Internalized ageism where older adults accept and apply negative stereotypes to themselves.

Ageism also can intersect with other forms of discrimination such as racism, sexism, and ableism.

Research has shown that ageism can negatively impact the lives of older persons in many ways, including contributing to a lack of work opportunities, decreased life expectancy, physical and mental illness, and poor quality of life and wellbeing.[2]

In the United States, the economic impact of ageism on annual health care costs is estimated to be $63 billion.[3]



Ageism in Canada

A recent IPSOS poll of Canadians aged 25+ commissioned by the Canadian Coalition Against Ageism found that only 6 in 10 Canadians can correctly define what ageism is. After being provided with a definition of ageism, over half of respondents (55%) stated that they believe that ageism is very common in Canada. One in four (24%) reported they had misjudged or behaved differently towards an older person because of their age. Furthermore, 42% of respondents stated that they feel worried or anxious about their own aging process and 31% had felt negative about themselves because of how they are aging. To find out more about this poll and view the full results, please visit: https://www.ipsos.com/en-ca/public-opinion-on-awareness-of-ageism-in-Canada-2024

In recent Canadian consultations on ageism, addressing ageism in health care settings was identified as the most important priority by participants.[4] In these consultations, many Canadians shared stories of themselves, or their loved ones, being denied treatments or receiving poor quality care due to their age. Multiple studies have shown age is associated with being denied access to health services and treatments.[2]

The WHO has identified education, intergenerational contact, and changes to policy and law as the most effective strategies for combatting ageism.[1] Due to the significant health and human rights implications of ageism, combatting ageism is one of the action areas of the United Nation's Decade of Healthy Ageing and a Global Campaign to Combat Ageism has been launched.[5]

Forum on Ageism and Health Care, Community Care, and Support

On June 5th, 2024, a half day forum on "Ageism and Health Care, Community Care, and Support" was hosted in Ottawa, Ontario by the Canadian Coalition Against Ageism (CCAA), United Way British Columbia, International Longevity Centre Canada, and our Ageism Forum Planning Partners. This forum brought together a range of partners from across Canada, including older persons, health care system partners, researchers, and community organizations to discuss ageism education and research priorities. To ensure everyone was starting the discussions on common ground, at the beginning of the forum there were brief presentations on ageism, including a presentation of the findings of an environmental scan conducted for this project (see next section).

A total of 69 people participated in the forum and engaged in small group discussions (~8 persons per table). Groups were strategically assigned to ensure a mix of different perspectives were present at each table. Each group had a discussion leader and notetaker. Groups first participated in World Café style discussions on three topics related to ageism and health care, community care, and support: 1) Issues, 2) Interventions, and 3) Equity, Diversity, and Inclusion (EDI). Following the World Café discussions, groups engaged in more structured nominal group discussions to identify ageism education and research priorities. In these discussions, each participant was able to provide an idea in response to the question and then the groups discussed the ideas and members voted on which they believed were the most important. In sections 3, 4, and 5 we summarize key themes that emerged from these discussions.

2. Environmental Scan Findings

An environmental scan was completed for this project to help inform the discussions at the ageism forum and future strategic planning. This scan had three primary goals: 1) identifying organizations that are engaging in initiatives or programing to eliminate ageism in Canada, 2) searching for examples of ageism education or training being offered by relevant health and social service professional associations or university programs as a part of their curriculum, and 3) finding information on Canadian ageism researchers.

The development of the environmental scan was done in consultation with individuals who have expertise in ageism, including those involved in research, non-profits, and people with lived experiences. Data was collected from January – April 2024, and included data obtained from publicly available information through internet-based searches, consultation with stakeholders, and surveys. This data was collected in both English and French.

The results from the data collection are presented under each respective goal of the environmental scan. Overall, there were promising findings that suggest ageism is a growing priority in the Canadian zeitgeist. It is important to note that the data presented is based on a series of defined inclusion criteria using publicly available information, so it is not an exhaustive collection though does provide us with preliminary information that can strengthen our understanding of the ageism landscape in Canada.

Organizations

The organization component of the scan consisted of identifying organizations conducting ageism-related work in the last 5 years. Overall, 30 programs were captured across Canada with

representation from all provinces and one territory (Yukon). The province of Quebec was a leader in having the most organizations identified, followed by a tie between Alberta and Ontario. There were three main types of interventions offered, workshops, online resources to combat ageism, and art-based campaigns.

Ageism Education and Training

To locate ageism education and training opportunities searches were conducted on any university program relating to these fields: medicine, kinesiology, social work, physiotherapy, occupational therapy, speech language pathology, nursing, dentistry, pharmacy, and gerontology. Based on publicly available information, 38 programs with relevant content were identified consisting of mainly social work, nursing, and kinesiology programs, with more substantial coverage of ageism in the first two. Further, many of the relevant courses offered were elective (56%).

Canadian Researchers

The last component of the scan involved identifying Canadian researchers conducting work on ageism. This section primarily focused on principal investigators, professors, and professionals who conducted recent ageism research and have a defined interest area in ageism. The researchers identified mainly conduct their work in the fields of sociology, psychology, or nursing. For sociological researchers, their work is primarily related to themes of EDI, and accessibility. Psychological researchers focused on social or cognitive areas of psychology. Lastly, research in nursing was conducted primarily in understanding patient care and nursing education.

3. Summary of Key Themes from World Café

Topic 1. Issues

The first World Café topic focused on exploring critical issues related to ageism. There are five main themes that emerged from this discussion topic: reframing aging narratives, addressing self-directed ageism, ageist attitudes and stereotypical beliefs of health care providers, health care systems not meeting the needs of older persons, and an overall need for more education.

Reframing Aging Narratives

Participants identified the need to reframe how we talk about aging. The use of ageist language was identified as a significant issue and prevalent across a multitude of levels. Participants discussed the negative connotations associated with aging in everyday media. An example of this was the sentiment that older people are a burden on society, using terms such as "tsunami" to describe the older population, which connotes a disaster. Participants described the root of this sentiment lies in the structure of society where value stems from economic productivity, that is "older adults are not productive members of society."

Furthermore, participants noted the influence of language and stereotypes in modulating the type of ageism experienced. Negative forms of ageism can manifest through assumptions about aging such as thinking an older person is not competent. These beliefs can in turn lead to behaviours such as being talked down to or ignored. Contrastingly, there were also comments

about how language contributes to benevolent, or pseudo-positive forms of ageism. Groups highlighted that using terms such as dear, honey, or "our seniors," are examples of paternalistic views towards older people.

Lastly, the semantics of the word "ageism" was called into question, as the public may have difficulty conceptualizing what it means. It was suggested that we need to clearly frame and describe the concept of ageism so it is understandable to the general public.

Addressing Self-Directed Ageism

Self-directed ageism was a common issue raised by groups and is a challenging type of ageism to address as it is difficult for people to observe and recognize. Self-directed ageism involves the internalization of ageist thoughts and attitudes by older persons themselves. This internalization may be related to associating abnormal aspects of aging (e.g., significant cognitive decline, chronic pain) with "normal" aging. Participants described how this internalization then contributes to behaviours. Behaviours may start small such as providing a disclaimer before you speak, "well I may be 65 but…" However, they can also lead to assuming one is too "old" to start new activities or avoiding seeking health care due to beliefs that they should save resources for others. Self-directed ageism can be reinforced by past experiences of interpersonal or institutional ageism. Self-directed ageism needs to be addressed in order to be able to provide older persons with true person-centred care that meets their needs.

Ageist Attitudes and Stereotypical Beliefs of Health Care Providers

At the interpersonal level, concerns were expressed about ageist attitudes and behaviours of health care providers. Participants commented that health care providers may lack knowledge about aging or have stereotypical or negative perceptions of older patients (e.g., referring to older individuals as "bed blockers"). Furthermore, many groups discussed inadequate provider-patient relationships. Participants provided examples of instances of health care providers addressing the accompanying individual rather than the older person. When health care providers speak to older persons, there were examples provided of elder speak or the person not being listened to.

Overall, groups cited a difference in the quality of care received once a person is 65+ whereby their health concerns are often belittled or dismissed as a "normal" part of aging. An example from one participant highlighted how their older relative's health concerns were neglected by health care providers, as they had falsely assumed they were experiencing arthritis – a condition normally associated with age. These types of behaviours can then contribute to older persons having reduced confidence in seeking help. Another issue highlighted was that medical assistance in dying or end-of-life care conversations may be raised inappropriately due to a person's age. For example, a health care provider initiates a do not resuscitate conversation prior to having conversations about potential forms of treatment (e.g., rehabilitation).

Health Care Systems Not Meeting the Needs of Older Persons

Participants discussed the implications of institutional ageism within health care systems and how ageist policies, practices and norms lead to health care systems failing to meet the needs of older persons. There was significant discussion on the inadequate resources (e.g., lack of funding, health human resource shortages) available to support older persons, particularly in the community care and long-term care sectors. This lack of funding starts at the governmental level where participants highlighted there have been cuts to social supports and health care in favour of other priorities. It was commented that community care is typically seen as a part of family caregivers' jurisdiction and not the responsibility of the government. However, increased community supports contribute to more older people aging in their community which can result in cost-savings for the health care system. Additionally, there were concerns about the health care system's orientation towards treating illness rather than providing care, the lack of preventative and health promotion programs for older persons, poor coordination of health care services, and the triaging of resources based on age.

Education

Many of the issues related to ageism that were raised in the discussions can potentially be ameliorated by educational opportunities – including education for health care providers, community-based providers, volunteers, older persons, children/youth, and the general public. Participants highlighted the need for more education on both ageism and aging as a part of the normal life course. For example, it was noted that while ageism is an educational gap for many health care providers, they also often lack training opportunities related to aging and geriatrics. Participants noted how ageism internalization can begin in early childhood and highlighted the need to broadly address the pervasiveness of ageism within society. They discussed the importance (and difficulty) of socializing the concept of ageism to the public, with one group commenting "Most people don't know about ageism, the term, but they know the experience of ageism. So much can happen when people don't even notice."

Topic 2. Interventions

After the first World Café question established key issues pertaining to ageism, participants were then tasked with thinking about interventions to address them. There were four main areas that the discussions focused on: education, intergenerational, laws and policy, and reframing narratives.

Education

Building upon the previous World Café discussions on issues, participants highlighted a broad need for educational interventions. There was a particular focus on reforming curriculum/courses for health care professionals. For instance, making ageism education courses non-elective, including compassionate learning modules for medical students. Overall, participants called for education that begins early and crosses many different areas (e.g., pre-school and kindergarten, elementary, secondary, post-secondary, and all health professions). Further, there were concerns about the exclusion of ageism in the EDI frameworks of organizations, institutions, and regulatory bodies.

Intergenerational Opportunities

Intergenerational contact provides the opportunity for experiential learning and positive interactions between generations. Participants highlighted the importance of intergenerational opportunities for people of all ages and emphasized these opportunities should be mutually beneficial. For example, participants highlighted examples such as children visiting care facilities (though it is important that this is done in a thoughtful way to avoid reinforcing stereotypes about older people), older persons volunteering at schools, and pen pal programs.

While often there is a focus on younger children, intergenerational programming can also extend to other age groups such as high school students and may be particularly influential at this age as exposure to older persons can influence their career plans. At the post-secondary level, there were discussions of intergenerational educational experiences and shared housing models for students and older persons. Additionally, participants suggested it would be beneficial to interview individuals who work with older persons to find out more about their career paths and learn how to encourage students to consider these careers.

Laws and Policy

Participants discussed gaps in laws, policies, and legal education that hinder the protection of older persons' rights. First, participants noted a lack of education about the legal system, which can lead to difficulty understanding concepts such as capacity, power of attorney, and substitute decision-making and can hinder access to services. Second, they highlighted the need for legal reforms such as embedding elder abuse into the criminal code as currently it is not a criminal act federally or provincially (though some types of elder abuse may be covered by other criminal laws). Lastly, there was a call for more accountability and better enforcement of protections for older persons. The deaths that occurred in Canada's long-term care facilities during the pandemic and the lack of accountability for them was provided as a clear example of this gap.

Reframing Narratives

Participants emphasized that there must be a societal change in the way that aging is framed and discussed. One example would be a shift from focusing on the deficits associated with aging to focusing on opportunity and the value of increased longevity. A suggested strategy to support this is creating media guidelines to shift ageist language and narratives used in public discourse. These guidelines can also apply to other areas as well, such as government programs and policy.

Topic 3. Equity, Diversity and Inclusion (EDI)

The last discussion topic was EDI, a topic that was also raised by groups in their discussions of topic 1. To avoid repetition, we have combined the discussion points from topics 1 and 3 here. Some groups reported inadequate time to fully discuss topic 3, therefore more fulsome discussions of ageism and EDI should be held in the future.

Participants across the groups discussed the importance of recognizing the diversity of aging experiences. They noted the significance of understanding the contextual nuances of ageism (e.g., experiences can differ by geographic region, time,

place). The importance of intersectionality in understanding the plurality of lived experiences of ageism was emphasized. Participants discussed how ageism compounds with other social locations (e.g., gender, sexual orientation, immigration status, language) to create multiple jeopardies for an individual. For example, one group highlighted:

> ***It is often women who work in care-providing jobs i.e., personal support workers, or foreign trained workers often work in this field. The field has a very low pay rate. This highlights ageism and the intersections in multiple layers – gendered, immigrants/migrants, low socioeconomic status – low value and attitude towards working with/for older people.***

Overall, participants shared the importance of implementing diverse and intentional anti-ageism strategies. Furthermore, participants suggested that age needs to be more explicitly incorporated into EDI frameworks that are informed by individuals with lived experience. Participants also called out tokenism and the disparity in age representation in research and tendency to treat older persons as a homogenous group. The older person population group typically consists of a single category based on chronological age (i.e., 65+), compared to the child and adolescent population group which includes multiple categories to study (e.g., toddlers, pre-schoolers, teenagers). Further, there was a call for more representative samples in research and to specifically capture the lived experiences of underrepresented or excluded older person groups (e.g., gender diverse older persons, older immigrants, rural residents, etc.).

4. Summary of Ageism Education Priorities

Priority Groups for Ageism Education

In the discussions on priority groups for ageism education, two clear priorities emerged. As might be expected given the focus of the forum, the top priority group identified was health care, social care, and community-based providers. Participants emphasized how it is important to target frontline and direct care providers, as well as administrative, support, and other staff (e.g., custodial, food services) working in these sectors. Policy-makers and government were the next most important target group identified. Additional target groups included students/youth, the media, older persons, the general public, and the technology sector/ artificial intelligence programs.

Strategies for Ageism Education

Participants identified four key strategic approaches for connecting with and educating target groups about ageism: 1) Reform of educational curriculum, 2) Workplace and professional development initiatives, 3) Intergenerational approaches, and 4) Education and awareness strategies.

Reform of Educational Curriculum

As participants highlighted in the earlier World Café discussions, there is the need for content on ageism to be incorporated into the formal education provided to health care, social care, and community-based providers, as well as people working in other sectors that interact with or influence the lives of older persons. Participants proposed that aging and ageism educational content should be incorporated into the educational curriculum required for students studying to be physicians, nurses, journalists, etc. A potential system-wide strategy is to modify accreditation standards to explicitly include anti-ageism training as a curriculum requirement. Participants also suggested that there needs to be a call to action for the federal and provincial governments to develop an education strategy to broadly integrate ageism education into educational curriculum.

Workplace and Professional Development Initiatives

Participants also identified the need to incorporate ageism education into workplaces and to offer professional development opportunities for individuals who have already completed their initial professional studies. It was recognized that workplaces, professional organizations, and regulatory bodies are well-positioned to influence people working in health care, social care, and community-based settings. Workplaces and professional organizations can take an active role in supporting anti-ageism education through their employment or licensure requirements by requiring completion of accredited anti-ageism courses or trainings. Specifically, participants identified they can intervene through:

- ***Employee Onboarding and Training Processes:*** In most workplaces new employees are required to complete training activities to familiarize themselves with their role and organization. Educational modules about ageism could be incorporated into training for new employees (and also offered as required training for existing employees).

- ***Continuing Professional Development Opportunities:*** Many health and social care professions (e.g., physicians, social workers, nurses) require or encourage a certain number of continuing education hours to be completed by members each year to maintain licensure. For regulated professions, completing education on ageism (e.g., workshop, webinar, courses, conferences) could be a post-licensure requirement introduced by the regulatory colleges. For non-licensed professions, education on ageism could still be offered as mandatory professional development requirements.
- ***Embedding Age into EDI:*** Often institutional EDI frameworks and trainings include limited acknowledgement of age as a source of diversity or area where efforts are needed to strengthen equity and inclusion. However, EDI was recognized by participants as a key pathway through which ageism could be incorporated into training requirements.

Intergenerational Approaches

Participants stressed the importance of intergenerational approaches and how they can be leveraged to educate people about ageism. Roots of Empathy – an evidence-based program designed to promote social and emotional learning for young children through visits by a baby to the classroom – was provided as an innovative model that we can learn from. Similarly, a program could be developed where children or adolescents interact with older persons to allow them to learn about aging and develop empathy towards older persons. Career mentorship programs were also highlighted as an opportunity for children or youth to interact positively with, and be mentored by, older persons.

Education and Awareness Strategies

Participants also discussed strategies that can be used for education and awareness campaigns targeting the general public or specific priority groups. Proposed strategies included:

- ***Media Campaigns:*** The media can be leveraged to counter stereotypical and negative narratives about older people and highlight the positive aspects of aging and the contributions of older persons.
- ***Storytelling:*** Storytelling is a powerful tool that can be used to present new narratives about older persons as well as help to illustrate examples of ageism and its impacts. For instance, health care providers could share stories with their peers of examples of ageism they have witnessed.
- ***Developing a Council and Community Champions:*** Having a leadership body and community champions to advocate for ageism education and awareness within your community or institution can help to drive change and shift attitudes.
- ***Anti-Ageism Charter of Rights:*** Developing an anti-ageism charter of rights could raise awareness about the topic and lay out a vision for how older people should be treated.

Educational Content

Participants also discussed potential content for education on ageism, and a wide variety of educational topics and approaches were proposed. Table 1 provides a high-level summary of the key topic areas identified, as well as specific examples of content and approaches that were proposed.

Table 1. Key Areas of Content Proposed for Ageism Education

Ageism: What it is and why it matters	Basic information on ageism is a necessary component of ageism education. Participants highlighted the need to include tailored messaging that makes a compelling case to the audience about why ageism matters. Historical examples, case studies, and personal examples were suggested as ways to help people relate to and understand the impacts of ageism. Participants also emphasized the importance of incorporating human rights and social determinants of health perspectives into discussions about ageism and older persons.
Reframing aging narratives	Participants identified the need to provide information and messages that highlight aging as a universal experience, reframe current attitudes towards aging, and debunk stereotypes and misconceptions. Specifically, they identified the need to: • Positively frame aging and provide messages on the value of older persons • Highlight the diversity of older persons and aging experiences • Debunk stereotypes and challenge common media portrayals of older persons
Skills and tools for non-ageist practice	Participants identified the need to provide practical information and tools that can be used to help people to develop the skills and perspectives needed to avoid ageism in their work and everyday life. In particular, participants suggested the need for guidance around: 1. Age-friendly and inclusive language, 2. Self-reflection on ageism (i.e., reflection on your own thoughts, feelings, behaviours, and their impacts), 3. Tools to identify biases in practice and policy, and 4. Navigating available resources related to aging and ageism.

5. Summary of Research Priorities

Priorities for Research

While groups identified a diverse array of research priorities, three main overarching themes emerged. The first two themes related to how research should be conducted, emphasizing the participation of, and meaningful roles for, older persons in research. The third theme related to the need to conduct research that has tangible benefits for older persons and can be used to support ageism advocacy, education, and awareness efforts. These three themes are described in more detail below.

Addressing Gaps in the Inclusion of Older Persons in Research

Groups identified gaps in the inclusion of older persons in research that need to be addressed. First, groups observed the need to address the fact that older persons sometimes are excluded or underrepresented in certain types of research (e.g., clinical trials). Second, groups noted that when older persons are included in research, the diversity of the older Canadian population often is not represented (e.g., studies that recruit primarily younger older adults).

When conducting research, participants highlighted that older people should not be treated as a homogenous group and the unique experiences and needs of different populations must be recognized. We need to consider the intersections of age, gender, race, and other forms of identity and how they shape our aging experiences. Approaching research with an EDI lens was proposed as one approach to better ensure the representativeness of older Canadians in research. To facilitate these types of approaches, participants noted we need large inclusive datasets that allow us to separate the data by different identity characteristics (e.g., age, gender, race, etc.) to consider the needs of different groups of older people. There also is the need for research that focuses specifically on the experiences of different populations of older persons (e.g., older residents in rural areas).

Creating Meaningful Opportunities for Older Persons in Research

Beyond just including older persons in research as participants, there is also the need for the adoption of participatory research approaches. The group discussions recognized that opportunities for older persons in research need to be meaningful (i.e., opportunities to participate at different stages of the research process, inclusion in decision-making), but also that older persons may vary in terms of how they want to participate and the level of involvement they desire. Examples of approaches to include older persons in research highlighted at the forum included:

- ***Lived Experience Roles:*** People with lived experience share their insights to help guide the research so it meets their needs. This can be a practical way for older people to be incorporated into a variety of types of research.
- ***Co-Design and Research Partner Roles****:* Older persons take on a quasi-researcher role and are integrated into all stages of the research process as a member of the research team.
- ***Co-Constructing Research Agendas:*** Bringing together different partners such as older persons, health care providers, and family caregivers to identify research priorities in an area (e.g., see James Lind Alliance for information about this approach in health care).
- ***Community-Led Research****:* Older persons or community lead the research projects themselves.

Overall, there was a consensus among participants that older people should be included in meaningful ways in the research process.

Research that Supports Ageism Awareness, Education, and Advocacy Efforts

Finally, a third theme emerged regarding what types of research should be prioritized. While groups identified a variety of types of research that would potentially be beneficial, a common thread among the priorities was the need to focus on research that can be used to counter ageist discourses within society and positively inform programs, practice, and policy.

Groups emphasized the importance of ageism research that clearly articulates the negative impacts of ageism within society and that can be effectively translated to the public to increase awareness (e.g., storytelling, awareness campaigns). The call to action for researchers is that ageism research should be directly supporting ageism advocacy, education, and awareness efforts.

Specific ageism-related topics that were identified as research priorities by groups included:

- Ageism in health care settings
- Self-directed ageism (e.g., impacts on older persons' wellbeing and feelings about themselves, how it can influence expectations for care)
- Effective anti-ageist teaching practices
- Implementation of anti-ageism interventions (e.g., implementation science and evaluation research)
- Use of technology and specifically artificial intelligence in equitable and non-ageist ways to eliminate ageism (e.g., who is the technology being developed for, how are older persons' needs being considered)

Groups also highlighted the need for research that can shift current narratives in society about aging and older people. Research on the economic returns on investment or social returns on investment of programs or policies can be used to quantify the many benefits for society of programs or policies that support older people. Social determinants of health perspectives can highlight the interplay between older persons' health and wellbeing, social determinants of health (e.g., housing), and ageism.

Priorities for Building Research Capacity

Two main actions were identified by the groups as necessary to build capacity among the research community for research that will help to eliminate ageism in Canada. First, funding opportunities for ageism research are required. In the group discussions, it was noted that funding opportunities are needed for career researchers at academic institutions, as well as for students, post-doctoral fellows, and community-based researchers. Second, in alignment with the research priorities identified in the last section, older persons (but also the broader community, including younger people) need to be meaningfully included in research.

Several additional actions were proposed by groups in order to strengthen the capacity for, and focus on, age and ageism in research:

- Policy changes can be introduced to require age as an intersectional element that is considered in the review or research process. This could be similar to the requirement in many research applications that gender is considered.
- Researchers can be encouraged to use interdisciplinary lenses for examining any topics related to aging.
- To prioritize ageism research, a national anti-ageism research strategy and centres of excellence could be established.
- Training can be provided to the research community on ageism.

Finally, more support is needed for knowledge translation and mobilization activities to ensure that the research is positively impacting our society and the lives of older adults.

6. Conclusion

Summary

On June 5th, 2024, a large group of diverse participants gathered to discuss ageism education and research priorities. The discussions that took place were full of rich insights and offer the beginnings of a roadmap for ageism education and research priorities in Canada. Some of the key points that emerged from the discussions included:

- The older person population is heterogenous and research, education, and ageism intervention strategies need to acknowledge this diversity and complexity. Intersectional perspectives are essential as the aging (and ageism) experiences of older persons are shaped not just by their age, but also by their other social locations (e.g., gender, sexual orientation, race, immigration status, language).
- Ageist language, stereotypes, and narratives are pervasive within society, and efforts are needed to reframe these narratives and shift perspectives on aging.
- While the need for education on ageism was particularly emphasized for health care providers in the forum discussions, there is a broad need for education for the general public and across all levels of education.
- A multi-pronged approach for ageism education is needed, including 1) Reform of educational curriculum, 2) Workplace and professional development initiatives, 3) Intergenerational approaches, and 4) Education and awareness strategies.
- For researchers, key calls to action include addressing current gaps in the inclusion of older persons in research studies and creating meaningful ways for older persons to guide research.

Before describing the next steps that have arisen from the forum discussions, it is important to acknowledge some of the limitations and gaps in our understanding. While the half day forum allowed us to elucidate key issues and priorities related to ageism education and research, many of the topics raised are complex and merit further in-depth conversations. Particularly, as was noted previously some groups reported not having enough time for their discussions on EDI. Additionally, the forum discussions centred around the topics of health care, community care, and support. Ageism, however, can impact all aspects of life, therefore it would be beneficial for additional forums to be held focusing on ageism and other topics of interest (e.g., employment). Finally, while a diverse array of participants attended the forum, there are more voices that need to be included in these discussions, including more representation from equity deserving groups (e.g., Indigenous elders, older immigrants).

Next Steps

Building on the forum discussions, we propose four key actions to advance the education and research priorities identified through the ageism forum. Each proposed action aligns with at least one of the three intervention areas outlined by the WHO: education, intergenerational contact, and changes to policy and law. While these actions represent the starting point of a longer journey to eliminate ageism in

Canada, we acknowledge that further steps will be required. However, we recommend these as initial priorities.

Recognizing the need for continued dialogue on the topics raised during the ageism forum, we plan to establish working groups to drive progress in these key action areas. Participants from the ageism forum, as well as additional older persons, subject matter experts, CCAA members, and other partners, will be invited to join these working groups.

Table 2 outlines the priority actions, their alignment with the WHO intervention areas, and key potential partners to engage with in support of this work. Following the table, each action is discussed in further detail.

Table 2. Priority Actions from Ageism Forum

Priority Action	WHO Intervention Area	Key Groups to Engage with to Support this Work
Including Older Persons in Research Plans	• Education • Policy	• Older persons • Academics and researchers • Research funders
Promoting Positive Framings of Aging and Increasing Awareness of Ageism	• Education	• Older persons • Community organizations • Academics and researchers • Educators • Communications experts
Embedding Ageism Education in Health Care Professional Training	• Education • Policy	• Older persons • Students • Health care and social service providers • Educational institutions • Professional organizations and regulatory bodies
Seeking Partners and Funding Opportunities to Support Intergenerational Work	• Intergenerational contact	• Older persons • Younger persons • Intergenerational groups • Community organizations • Schools and educational institutions

Including Older Persons in Research Plans

A key priority emerging from the forum discussions was the need for clear guidance on the appropriate inclusion of older persons in the research process. To address this, we will establish a working group tasked with developing a set of recommended practices for involving older persons as lived experience advisors in research projects. While there are many ways older persons may wish to engage in research and it is essential to support diverse forms of involvement, lived experience advisor roles offer the most accessible way for older persons to contribute, allowing their insights to shape research outcomes.

As one older person on the ageism forum planning team aptly stated, "We do not want to train them to be researchers; we want them to understand the value of their lived experience and how it enriches research and benefits those being researched." Clear guidelines are needed to help researchers effectively integrate lived experience advisors into their teams, while also preparing older persons for these roles. Equally important, we must learn from older persons themselves about how they perceive their role in research and how best to support their contributions.

Promoting Positive Framings of Aging and Increasing Awareness of Ageism

Forum participants underscored the need to develop strategies that promote positive perceptions of aging while increasing public awareness and education on ageism. To address these priorities, a working group will be established to develop targeted tools and strategies. This group will complement the ongoing efforts of the CCAA in promoting ageism awareness across Canada.

A key focus for the working group will be creating publicly accessible educational modules and resources on ageism. These modules will aim to increase understanding of what ageism is and its negative impacts, reframe aging by dispelling common myths, and provide practical strategies to prevent ageism in both professional settings and everyday life.

To ensure the success and broad impact of this initiative, we will invite other organizations, individuals, and agencies to participate in the development process. Their contributions—whether through intellectual, human resource, financial, or in-kind support—will be crucial in maximizing the reach and effectiveness of this project. Additionally, the International Longevity Centre Canada has secured a small CIHR Voluntary Sector Outreach Grant to further support these efforts.

Embedding Ageism Education in Health Care Professional Training

Another key priority that emerged from the forum discussions was the need to embed aging and ageism education into the curriculums and professional development programs for health care professionals. Moving ageism education from inconsistent and optional offerings to a required component of training is essential. To achieve this, targeted strategies must be developed to advocate for the inclusion of ageism education and secure the support of key partners, including academic institutions, professional organizations, and regulatory bodies.

A working group will be formed to spearhead this effort, identifying specific strategies to promote the integration of ageism and aging knowledge into health care education and professional development. This initiative will benefit from collaboration with partners like the Equity in Health Systems lab, which has an established model for transforming health care professional education. To support this work, funding will be sought through grants and quality improvement projects.

Seeking Partners and Funding Opportunities to Support Intergenerational Work

Intergenerational approaches emerged as a central theme during the ageism forum discussions, with the WHO recognizing that

ageism education is often most effective when combined with intergenerational interventions. While the forum only briefly touched on this topic, there is a clear need for deeper exploration. As a first step, we will seek partners and funding opportunities to conduct an environmental scan of the intergenerational landscape across Canada. This will help us better understand the key actors, scope, and impact of intergenerational work, laying the groundwork for future initiatives.

Conclusion

The forum on "Ageism and Health Care, Community Care, and Support" identified four key research and education priorities essential for addressing ageism in Canada. These priorities underscored the importance of including older persons in research, addressing gaps in health care professional education, increasing public awareness of ageism, and fostering intergenerational interactions. The rich discussions revealed the complexity and multifaceted nature of ageism, highlighting the need for ongoing dialogue across various sectors. Crucially, the forum emphasized translating these discussions into concrete actions and mobilizing a diverse range of partners to engage in collaborative, multi-pronged efforts to eliminate ageism across Canada.

Appendix 1. Ageism Forum Participants

- Alison Chasteen, University of Toronto
- Alixe Ménard, University of Ottawa
- Alyssa Brierley, National Institute on Ageing
- Anita Newling, Volunteer Canada
- Annwen Loverin, Silver Harbour Seniors' Activity Centre
- Ariane Geerts, Canadian Institutes of Health Research - Institute of Aging
- Barbara McMillan, Men's Sheds Canada
- Benedicte Schoepflin, Canadian Network for the Prevention of Elder Abuse
- Betty Good, GoodLinks Intergenerational Practice
- Beverley Pitman, United Way BC
- Bizav Jaffer, Equity in Health Systems Lab
- Bobbi Symes, United Way BC
- Bonnie Cooke, Speech-Language and Audiology Canada
- Brad Meisner, York University
- Carine Bétrisey, Université de Sherbrooke
- Cindy Grief, Baycrest/University of Toronto
- Daisy Au, M.O.S.A.I.C.
- Deborah Simon, Ontario Community Support Association
- Diane Wood, Council of Senior Citizens' Organizations (COSCO BC)
- Elizabeth Sian, Equity in Health Systems Lab
- Erica Botner, CHSSN Community Health and Social Services Network
- Gloria Gutman, ILC-Canada/INPEA/SFU Gerontology
- James Janeiro, Canadian Centre for Caregiving Excellence
- Jayne Beselt, Bruyere Research Institute
- Jenna Wickens, CFS Counselling and Wellbeing
- Jerry Maniate, University of Ottawa
- Joanna Drake, BC Ministry of Health
- Josée Seguin, Canadian Association of Occupational Therapists
- Ju Eun Lee, University of Toronto
- Judy Beranger, SeniorsNL and Family Mediation Canada
- Jumobi Omolade, Equity in Health Systems Lab
- Kahir Lalji, United Way BC
- Karen MacInnis
- Kimberly LeBlanc, Canadian Nurses Association
- Kiran Rabheru, International Longevity Centre Canada
- Laura Kadowaki, United Way BC
- Leah Clement, International Longevity Centre Canada
- Louise Belanger, University of Ottawa

- Lyn Sonnenberg, Equity in Health Systems Lab
- Lynn Ashdown, Equity in Health Systems Lab
- Marcy Cohen, BC CBSS Leadership Council
- Margaret Gillis, International Longevity Centre Canada
- Marie Howell, International Longevity Centre Canada
- Marta C Hajek, Elder Abuse Prevention Ontario
- Martine Lagacé, University of Ottawa
- Matthew Le, York University
- Moira Teed, Canadian Medical Association
- Olive Bryanton, International Longevity Centre Canada
- Olivia Bornik, United Way BC
- Paula Rochon, Women's Age Lab
- Raza Mirza, HelpAge Canada
- Rea Devakos, University of Toronto Libraries
- Rupsha Mutsuddi, CAG-SC
- Robert Goluch, Men's Sheds Canada
- Sandi McCreight, Castlegar & District Community Services Society
- Sarah Fraser, University of Ottawa
- Sarrah Storey, United Way BC
- Sayward Montague, National Association of Federal Retirees
- Sharon Johnson, BC Association of Community Response Networks
- Sheila McDonald, Kxeen Community Services Society
- Shirley Ann Burdock, Community Links NS
- Simone Powell, United Way East Ontario
- Talia Bronstein, National Institute on Ageing
- Terry Donovan, National Pensioners Federation / Nova Scotia Federation of Seniors
- Vivian Welch, Bruyere Research Institute
- Wendy Chong, Equity in Health Systems Lab
- Woroud Alghazali, Bruyère - Hôpital Saint-Vincent Hospital
- Zannat Reza, SE Health
- Zohra Asefi, Equity in Health Systems Lab

Endnotes

1 World Health Organization. *Global Report on Ageism*. Published 2021. https://www.who.int/publications/i/item/9789240016866

2 Chang ES, Kannoth S, Levy S, Wang SY, Lee JE, Levy BR. Global reach of ageism on older persons' health: A systematic review. *PLoS One*. 2020;15(1):e0220857. doi:10.1371/journal.pone.0220857

3 Levy BR, Slade MD, Chang E-S et al. Ageism amplifies cost and prevalence of health conditions. *Gerontologist*. 2020; 60: 174-181 https://doi.org/10.1093/geront/gny131

4 Kadowaki, L., McMillan, B., & Lalji, K. (2023). *Consultations on the social and economic impacts of ageism in Canada: "What we heard" report*. https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/reports/consultation-ageism-what-we-heard.html

5 World Health Organization. UN Decade of Healthy Ageing. https://www.who.int/initiatives/decade-of-healthy-ageing. Published 2023.