



# **The nuances of ageism: How intersectionality can impact the experience of aging**



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Ageism has significant individual and societal consequences. When ageism intersects with other forms of bias, individuals' implications can worsen.

Canada will soon be a super-aged society—20 per cent of the population will be over age 65 by 2024—the majority of the group will be women. There's never been a more urgent time to address ageism and look at ageism alongside other biases.

## Big ideas



- Ageism, like other forms of bias, is pervasive in society. Children are exposed to ageist ideas from an early age.
- Ageism can be institutional, interpersonal and self-directed. It's explicit and implicit. Everyone is susceptible to ageism. Much of what we think of about older age is socially constructed.
- Age intersects with other categorizations—for example, race, disability and gender. Intersectionality can worsen the implications of ageism.
- There's a need for more primary research on ageism to fully understand it and create a national strategy to shift the culture.

# How RTOERO is addressing ageism

Eighty-six per cent of our 81,000 members across Canada agree that RTOERO deeply cares about the future of retirees in Canada. Understanding ageism in its various forms and working to prevent and eliminate ageism in Canadian society is key to achieving our vision of a healthy, active future for every member of the education retiree community.

## Diversity, equity and inclusion focus area

Diversity, equity and inclusion is embedded in our [strategic plan](#) as part of our goal to be the trusted voice for the broader education community.

## Imagery and stories support healthy aging

Through our award-winning magazine [Renaissance](#) and other communication materials, we're intentional in sharing imagery and stories showing a range of aging experiences that talk about both the individual and societal role in healthy aging.

## Accessibility

We're committed to treating people in a way that allows them to maintain their dignity and independence. We work to ensure our information and communications are accessible to all.

## Advocacy

Through our [Vibrant Voices advocacy program](#), we advocate for critical policy improvements to address urgent needs now and create a more secure and compassionate future for everyone. Our advocacy issues directly connect to reducing ageism and addressing the consequences of ageism.

## RTOERO Foundation

Addressing ageism is a priority for the [RTOERO Foundation](#). This includes supporting social inclusion and funding training for health care practitioners working with older populations.

## Intergenerational focus

As an organization supporting retirees and workers from the education sector, we naturally have an intergenerational focus. We continue to speak up about issues affecting young Canadians and maintain strong connections within Canada's education community. Research shows that education and intergenerational contact are effective interventions for reducing ageism against older people.

## What is ageism?

Ageism is stereotypes (thoughts), prejudice (feelings) or discrimination (actions) on the grounds of a person's age. According to the WHO's Global Report on Ageism released in 2021, *ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity across generations.*

Although ageism can happen across the lifespan, it's perhaps the most insidious and widespread as individuals reach older age. Ageism exists within institutions and communities, within interpersonal relationships and can even be self-directed as people adopt limiting beliefs based on stereotypes.

Ageism, like other forms of bias, can be explicit and implicit. Stereotypes are learned from our culture and internalized. Ageism is ingrained in us from an early age.

*"We don't know how prevalent ageism is, and the only way we're going to know is by doing studies on it. The vast majority of studies look at secondary data. That's because research isn't being funded."* Gail Low, Associate Professor at University of Alberta

*"We need to study the whole spectrum of what it's like to grow old. Get numbers. Good evidence. Research. We must look at what everyone needs along the way to change perspectives around aging."* Dr. Paula Rochon, initially quoted in the [RTOERO advocacy position paper on seniors strategy](#).



# Impact of ageism

The COVID-19 pandemic brought to light the impact of ageism in Canada. During the pandemic's first wave, Canada's proportion of COVID-19 deaths in long-term care was the highest of all OECD countries. By spring 2021, more than 14,000 long-term care residents had died from COVID-19, making up 69 per cent of all COVID-related deaths in Canada.

*"If the same number of people who have died in long-term care had died in daycare, the institutions would have shut down. The government responses would likely have been very different. Indifference or inaction is a reflection of ageism at its worst."* RTOERO [response to the 2021 Canadian federal budget](#)

There's an erosion of human rights as we age. But the widespread death and suffering in long-term care is the tip of the ageism iceberg. Below the surface is a myriad of consequences, costly to society and the individuals and families directly affected.

Here are some impacts of ageism:

- Worse mental health outcomes
- Premature retirement
- Less access to medical treatment and lesser quality of treatment
- Adoption of risky health behaviours, including unhealthy eating habits, drinking excessively, not taking medications as prescribed and more
- Poorer sexual health, including increased rates of sexually transmitted diseases
- Accelerated cognitive impairment
- Increased violence and abuse
- Increased social isolation and loneliness

We can hypothesize that the economic impact of ageism is significant, but few studies exist to quantify the societal cost of the problem. It's one of the gaps in the understanding of ageism. A 2020 study from the United States that looked at costs of ageism related to health conditions found that one in every seven dollars spent on those conditions annually was due to ageism.

*"It's really disappointing that this issue isn't on people's radar. Maybe the issue is it's such a deep-seated issue in society, and where do we begin? But you can't know that unless you start funding research in this area. It's something that's not going to turn around easily."* Gail Low

*"Our population is aging. So when you're thinking about ageism, it's probably never been more important than it is now. Canada is about to become one of those super aged-societies with 20 per cent of our population over 65. This is a very large percentage of the population potentially impacted by ageism."* Dr. Paula Rochon



# Age as a social construct

What does it mean to be old? There are biological processes that occur with age – grey hair, wrinkles and other physical changes. But how young, middle or older age are defined and celebrated, and some of the perceived limits of aging, are socially constructed.

Here are some negative stereotypes about aging that exist in society:

- become less competent
- become frail, disabled or forgetful
- can't take care of ourselves or make our own decisions
- can't learn new skills or be trained
- don't have sex anymore
- become incompetent in the workplace, especially when it comes to technology
- resistant to change
- no longer attractive
- no longer providing value to society

These and other unexamined beliefs permeate our culture and feed the ageism that exists, helping to make ageism the most socially accepted prejudice. The word 'old' is often used as a synonym for something negative; for example, when people say, "you're so old", they don't usually mean "you're so wise, valuable, strong and adaptable."



## Pervasiveness of ageism

A study conducted by Revera in 2012 showed:

- One in three Canadians admit they have treated someone differently because of their age
- 89 per cent of Canadians associate aging with something negative
- 71 percent of Canadians agree that society values younger generations more than older generations

Ageism is unique from other biases because everyone is susceptible to it—it's a universal bias. As a result of intersectionality with different biases, some individuals will face worse situations than others.

*"You don't stop being a person. You don't stop having an identity because you're advanced in age. That's something that needs to be brought to peoples' attention. It's a simple concept, but seems so hard for people to grasp."* Gail Low



# Age intersectionality

Intersectionality describes the interconnected nature of various categorizations, including race, age, class, gender, and how they overlap and impact discrimination or privilege for individuals or groups. When ageism intersects with other biases, disadvantages increase, worsening the impact on health and well-being.

But the relationship between biases and aging is complex and starts well before we reach older age. The WHO states that, *"A large proportion (approximately 75%) of the diversity in capacity and circumstance observed in older age is the result of the cumulative impact of advantage and disadvantage across people's lives."* This highlights the importance of eliminating inequity across the lifespan.

## Age, sex, gender and sexual orientation

The intersection of ageism and sexism is sometimes called gendered ageism and is a term that is used to indicate differences in ageism experienced by people depending on their gender. Evidence shows women are disproportionately affected by ageism.

With sexual orientation, the Ontario Human Rights Commission heard about the exclusion of older gay men, lesbians and bisexual persons in the context of the gay community and broader society—there's a stereotype that people who are LGBTQ are all young.

*"We often talk about women and men, but we also need to think about gender diverse individuals. There are very different kinds of circumstances we need to think about."* Dr. Paula Rochon



Here are some factors to pay attention to with the intersection of age, gender and sexual orientation:

- Women have a longer life expectancy and therefore make up a higher proportion of frail older adults. This makes them more susceptible to elder abuse.
- Women were routinely excluded from clinical trials—there wasn't a law in the United States requiring the inclusion of women until the 1990s. Beyond that, data resulting from trials is not typically reported by sex or by age.
- Women are more likely to be unpaid caregivers. They're also more likely than men to have faced ageism in the workplace and more likely than men to retire due to issues with their health or their partner's health.
- Workplace ageism for all genders is compounded by homophobia, and homophobia also creates barriers to advancement in the workplace, particularly for older lesbians.
- There's evidence of homophobia in the health care system and residential care system, worsening barriers to appropriate care.
- The reliance on family and friend caregivers can create barriers for older LGBTQ individuals who may not have access to familial support.

*"Women have always been the group that takes on more of that caregiving role throughout their lives. When we think of older women, they may have roles with grandchildren, but they may also be caregiving for a spouse or another relative. So, caregiving is a really important piece for older women. This also has implications for another piece—long-term care—whereas a man may be able to rely on a woman to provide for their caregiving needs, a woman may not have someone to rely on. We see that about 70 per cent of people in long-term care are women. These things don't happen by chance." Dr. Paula Rochon*

# New Women's Age Lab will focus on improving health and social care for older women

In fall 2021, Dr. Paula Rochon, RTOERO Chair in Geriatric Medicine at the University of Toronto, and her research group launched the Women's Age Lab to advance health and social care for older women through science and advocacy. The Lab is the only center of its kind in the world and it provides a collaborative space for older women and individuals across the lifespan to come together with scientists, policy-makers and health care providers to make meaningful change. Tackling gendered ageism is one of four action areas.

## Age and race, language and religion

The Ontario Human Rights Commission heard that there's little recognition of diversity within older populations. Here are some factors to pay attention to with the intersection of racism, religious discrimination and age.

- The Ontario Human Rights Commission reports concerns about the lack of response to some older peoples' cultural and religious needs in residential care settings. This includes food, social and recreational activities.
- The WHO Global Report on Ageism highlights that research on intersectionality has primarily focused on ageism with ableism and sexism. More research is needed to understand the intersection of age with race, religion, ethnicity and language, and so, it's an area to watch and amplify as evidence becomes available.
- Although this white paper is focused on ageism against older adults, ageism exists at other life stages. A Canadian study showed the intersection of ageism, racism and sexism impacts the experience of mental health stigma by young Black women.



## Age and disability

Prejudice and discrimination against people with disabilities is called ableism. Ageism and ableism can reinforce each other. Here are some factors to pay attention to with the intersection of age and disability:

- An emphasis on maintaining able-bodiedness and ablemindedness as markers of successful aging may reinforce ageism and ableism.
- Most people with disabilities are older, and so it's necessary to make sure our health care and social service systems respond to the needs of older people with disabilities, including appropriate training for health care providers.
- Disabilities can exacerbate workplace discrimination against older people – for example, in Canada, individuals between the ages of 52 to 64 who are deaf are much more likely than the average Canadian to experience a shift from employment to unemployment
- Disabilities can cause individuals to experience further barriers to full participation in society and can compound impacts of isolation. Barrier-free design is necessary in communities as we strive to support aging in place and create age-friendly neighbourhoods.





## Big questions

Everyone has a responsibility to help prevent and address ageism. These big questions can support reflection on the topic and can be used by individuals, teams within workplaces, or volunteers in organizations.

- To what extent do I use my platforms and influence to call attention to, reverse and prevent ageism?
- What are my own biases when it comes to aging?
- Does my organization's portrayal of older adults via messages and imagery reinforce negative stereotypes of aging, including frailty, reduced cognitive ability and dependence?
- When I think and communicate about COVID-19, do I portray older adults as a homogenous group that is frail and in need of protection?
- Do I share stories involving older adults that showcase positive depictions of aging, including stories of personal reinvention, wellness in older age, and ongoing societal contributions of older people?
- When working with data or survey results, do I group all older adults together into a single group (e.g. 65+) or do I break the age groups up further to allow for more patterns and information to emerge?
- Am I careful not to frame healthy aging as the responsibility solely of the individual, but rather something that's influenced by inequality and access to resources?
- If sharing stories of older adults, do I represent a range of people and diversity? When including imagery showing various forms of diversity, do I consider age? For example, an older same-sex couple.
- Is the workforce of my organization reflective of our society? Does my team include older people?
- Is my workplace accessible to people with disabilities? Is accessibility part of the planning stages of new projects?

RTOERO is a bilingual trusted voice on healthy, active living in the retirement journey for the broader education community. With 81,000+ members in 51 districts across Canada, we are the largest national provider of non-profit group health benefits for education retirees. We welcome members who work in or are retired from the early years, schools and school boards, post-secondary and any other capacity in education. We believe in a better future, together!

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