Transcript for Women's Age Lab and gendered ageism with a focus on older women

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Joanne Murphy:

Good afternoon, everyone, and welcome to today's webinar brought to you by the RTOERO Foundation. This is the fifth Webinar in our 2021 series.

The RTOERO Foundation invests in programs, research and training to support healthy, active aging for all Canadians.

Our activities aim to improve senior self care and social isolation and combat ageism.

My name is Joanne Murphy, and I'm the chair of the board of Directors for the Foundation.

I'm very excited for today's webinar, and we'll introduce today's presenters Dr. Paula Rochon and Dr. Rachel Savage in just a moment. Before we get started, I'd like to deliver our land acknowledgement statement.

We acknowledge, recognize and honour the ancestral traditional territories on which we live and work and the contributions of all Indigenous Peoples to our communities and our nation.

[content repeated in French]

Thank you, Miigwech.

So today's presentation will take roughly have time for questions.

When we get to the discussion section after the presentation, we ask you to type your questions into the Q and A, and we'll get to as many of them as we can.

Let's get started with today's Webinar.

We are joined today by Dr. Paula Rochon and Dr. Rachel Savage, who will be delivering a presentation entitled Women's Age Lab and Gendered Ageism with a focus on older women.

This is, I believe, the third time we've had the pleasure of a webinar presentation by Dr. Rochon and her team, so I'm sure many of us are familiar with her background.

Dr. Paula Rochon is a Geriatrician and a senior scientist at Women's College Research Institute.

She is also the inaugural Retired Teachers of Ontario Chair in Geriatric Medicine, University of Toronto since 2015.

Her research career focuses on understanding the unique needs of older adults, particularly women.

She is one of the leading Canadian health services researchers in geriatric medicine.

In particular, her research explores how to promote health and wellbeing in older adults by optimizing their drug subscribing.

Our co-presenter today is Dr. Rachel Savage. Dr. Savage is an epidemiologist and a research scientist at Women's College Research Institute.

She has over ten years of local and provincial public health experience.

Her research aims to improve the health of older adults, immigrants, and women.

She is the principal investigator of a National Sun study funded by the Canadian Institute of Health Research that explores loneliness and social isolation affects how older adults use the health care system.

We're so honoured to have you here today.

Please. I turn it over to you.

Dr. Rochon:

Thank you so much, Joanne.

We really appreciate your lovely introduction as always.

And it's a pleasure to be here with you today.

So we're going to be talking about Women's Age Lab and Gendered ageism.

So for the goals for today's presentation, I'd like to provide an overview of Women's Age Lab, which is a really exciting new centre that has just been launched that focuses on older women and to talk to you a little bit about why this is so important and why it's needed.

We're going to describe our progress and our focus areas of action for this Age Lab and discuss, in particular, how we work together and opportunities that we have to continue to work together so that we can improve the health and wellbeing of older women.

When you think about it, why is Women's Age Lab something that's needed.

Older women clearly encounter challenges in meeting their health needs.

They're impacted, as we will talk about by both their age and by their sex, and they're largely unfortunately invisible and their voices, we don't believe, have really received

the attention that they should.

Yet it's important to know that older women have unique health and social needs.

So it's very important to look at this group and to study this group.

So supporting healthy aging of women by reimagining a society where older women and their distinct health needs and wellbeing are recognized and addressed is something that's incredibly important.

And we believe that together with researchers with health care providers, with community organizations such as yourself, we will be a catalyst to really improve the lives of older women here and not just here in Toronto, but across the country and around the world.

Now, it's important to note that already we've talked a lot about women and that's a very important group, often a lot of the work that we do just talks about older people in general.

And when we focus on women, it's important to know that we're also learning a lot about men.

So for women's age lab, we've put together some things that are really important to us, and this is our commitment, really.

We're really all in this together.

At Women's Age Lab, we're committed to building an inclusive, just and equitable community that values, supports and honours the wisdom, the lived experiences and the contribution of all people.

And we do really aim to cultivate a culture of equity, diversity, inclusion in everything that we do.

So we want to be very welcoming in terms of the work that we're doing and the women that we are studying here.

Now, I'm so excited to talk about Women's Age Lab and it's amazing to think that Women's Age Lab is the first to our knowledge and the only centre of its kind.

And it's just been launched here based at Women's College Hospital, and it's designed to improve the health and wellbeing of older women.

If you think about it a bit, it's probably a bit chilling to think that despite older women representing more than half of the older population, we will to our knowledge, be the first centre of its kind to really focus on older women.

And when I say first centre of its kind, first centre of its kind that we can identify in the world.

So our vision is to have a world where science is used to recognize and address the unique health needs of older women.

And our mission is really to improve the lives of older women by using science as a way to transform care and practice and drive health systems and social change.

So when we talk about older women, that already is sort of a focus, but clearly it's still a vast, vast area.

And for women's Age lab, we've identified a series of areas of priorities for our focused action.

So one of these is addressing gendered ageism as this is an important theme that really runs through all of our work.

And we're going to talk about this more.

But I wanted to put that out there as that's one of our areas of focus.

We're also reimagining aging in place and the idea of congregate care.

And I think we can all imagine that this is especially important.

Now, during the COVID time period.

We're optimizing therapies so that they're tailored to the needs of older women, and we're promoting social connectedness to reduce the major problems of loneliness.

And again, loneliness is something that I think has always been important, but it's even more important during COVID.

And then we have a cross cutting tool, and that is the use of sex and age to segregated data.

It's a starting point for when we're doing studies and when we're talking about aging that we're looking at women, men and different age groups.

So we can really learn about this group.

So again, as we've said, when you study women, you're going to learn a lot about other groups and in particular about men as well.

So when we think about our strategic objectives for women's Age Lab, it's kind of unique.

I think in terms of the work that we're going to be doing, it follows what we call a no do act trajectory.

We're going to be identifying and study issues in the health and social related to health and social care that are all designed to improve the lives of older women.

The no piece is really based on science, and I think this is something that really distinguishes the work that we do.

It's really based in science.

And the do piece is incredibly important because we're not going to be just doing the science, which is incredibly important.

But we're finding ways to put that science into action in our communities so that we can spread and scale that information.

And then the last piece is we need to act on it, and we need to talk about our work.

So in particular, we need to use stories to share information with the objective being really to increase public awareness to drive policy change, not something that we don't do enough and something that we're being very purposeful about doing here at the women's age Lab, and this process will drive health system and social change.

Now, through the research chair that I've had the privilege to hold from the RTOERO, we've already been able to work closely with the RTOERO membership in shaping our research.

And there's excellent alignment with our focus on promoting health and wellness of older women with the RTOERO membership.

So just interesting, just to look at the demographics here,

And when you look at the age group, we have more than 60% of the membership that are in the 65 to 74 year old age group.

So clearly, there's lots of opportunities for us to continue to work together as it relates to our initiative related to older women.

And with that in mind, I'm going to hand it over to Dr. Rachel Savage, who's going to discuss some of the work that we have already been doing with you, and also to discuss some of the opportunities that we will have to work together.

Over to you.

Dr Savage:

Thank you so much, Paula.

So, I've been a part of Dr. Rochon's team since about 2018, when I joined as a trainee, a post doctoral fellow, and one of the first projects I was involved with was such an amazing project, and it was working with RTOERO on a qualitative study.

And what we were really interested in is talking with members to hear about their perspectives of aging both personally and at a societal level and really learn about their experiences.

So I think we can all recognize that it's so important to understand the needs, the values, the priorities of older adults when we think about creating responsive policies, services and research agendas, which are meant to offer kind of meaningful solutions to our aging society.

But I think we all sort of recognize that the voices of older adults themselves don't often get the platform that they deserve.

So in the spring of 2018, we did four focus groups with members to have a discussion about your experiences with aging.

And they were such illuminating conversations, and we identified several themes, and I'm just going to touch on a couple of them today.

So we have presented this work in the past, but for those of you that haven't heard of it, I wanted to share some of our results really briefly.

So the first was really kind of a good news story, and that was that members actually found their experiences with aging to be more positive than what they had expected based on watching and observing their family members as they aged.

There were lots of stories about picturing aging to be like sitting on a rocking chair in the corner of the room and leading this quiet, isolated life.

And members certainly didn't feel like that was their experience.

They were going out and doing all of these things and having really full and fulfilling lives.

But despite that, they had encountered some health challenges, so they weren't immune to sort of the biological process of aging.

And even though they consider themselves a healthier generation compared to their parents and their grandparents, they were still sort of encountering some of those setbacks.

Another theme that we identified was the importance of maintaining health and social connection.

So we kind of weren't surprised that members really valued and prioritized health as they were aging.

But maybe what was a bit more surprising was how equally important social connections were to members as they aged.

And we talked a lot about the importance of social relationships, and yet how challenging it was to maintain those amid loss or changing health status and some of the structural barriers like transportation, access to housing, and things like that.

When we asked at a societal level what people thought were some of the greatest challenges of an aging society.

The first one, I think the most prominent one, was strengthening the health care system.

And I noticed there's a comment about that in the Q and A, which we'll be happy to talk about.

So for male participants, their discussions are really focused on accessibility to healthcare, while female participants talked a little bit more about quality of care and needing to make some improvements with that regard.

So things like having adequate time for patient care, continuity of care, engaging patients and empowering them to manage their own health, cultivating communication and trust between healthcare providers and patients.

Those are all things that were really valued are certainly consistent with the person centered approach to health care and opportunities I think certainly to strengthen the healthcare system in terms of thinking about some of the strengths of an aging society.

I think the biggest one that members identified was that the sheer mass of the current demographic that's kind of going through this transition.

So they talked about being a critical mass of people who are really interested in making a difference, politically self aware, and they recognize the opportunity they have to improve the health and lives of older people.

So Paula already showed a similar slide showing what our four areas of focus are for the women's age lab.

But I just wanted to kind of bring some of these priorities back to the conversations that we had with RTO members to really show you that a lot of your priorities and really align with ours, and certainly what we learned by speaking with members really helped to directly shape some of the things that we've chosen to focus on here.

So in the next few slides, I'm just going to provide some examples.

So the first one is addressing gendered ageism, and I love this quote.

There's a link to the slide at the bottom left that shows where this work has been published.

For people that are interested in reading the full report, we can certainly make it available as well to members.

But it was in the published paper as well, because I just think it really captures the essence that I think of a lot of you and your approach and thoughts around aging.

So this quote says we don't have to age the way our parents did.

So let's get on with it.

I think we heard that older adults really want to be empowered to create new ways for things to be done.

They want to confront outdated ideas of what it means to grow old.

They want to challenge stereotypes, and they want to be active contributors to finding solutions.

And of course, some of these ideas around aging are also linked to sexism and affects the sexism in different ways.

And some of these stereotypes are focused more in older women, which we're going to talk about later in the presentation.

But it's really about bringing everyone together and giving older adults a platform and working together with older adults to really make sure that everyone has an equal opportunity to age.

Well, the next area focuses, as Paula said, reimagining aging in place.

And not surprisingly, many members in our focus groups expressed an overwhelming desire to age in place and remain in the communities where all of their social networks were established.

There is a fear most people hold around having to go into long term care.

This fear has really certainly intensified, I think, for many throughout the pandemic.

So one of our key priorities is helping identify and test new and creative ways to facilitate aging in place and aging in congregate settings.

So here's a quotation from one of the members about where they wanted to age, and that was staying in their home.

Across all the focus groups, participants were really wary of polypharmacy, so that's taking multiple medications at the same time for fear of adverse effects and drug interactions.

So this one participant talked about how scary it was for her to see her friends being put on more and more medications at every physician visit.

And so she talked about some active efforts she made in partnership with her health care provider to manage and limit the number of medications she was on to only those that were really medically necessary.

So she said, I only take one pill.

I took three, and I talked to my doctor into getting me off two.

I said, I really don't think I need to be taking this.

And she said, I agree.

So we've learned that older adults really value medication reviews, learning about alternatives to managing their chronic conditions, and really the importance of thoughtful prescribing.

And we're going to be building on an already well established platform of research that Dr. Rochon has led to look at how we can optimize therapies for older women.

And the last one that's really dear to my heart and an area of my research focus is promoting social connectedness.

And in the focus groups, we discussed that there are really a lot of broader structural challenges older adults face to staying socially connected.

I talked about access to housing, transportation, where senior centres are located, particularly in rural communities, and having enough of them.

This quotation talks about, actually the placement of long term care and focuses on we need to think about where long term care homes are located so it makes sense for people to stay connected.

They really should be in the heart of most communities, but are often located outside of city centres, and that can really disconnect older adults from their social networks and even sometimes from their spouses and make it difficult to stay connected.

So we recognize the importance of advocating for communities and governments to play an active role in addressing loneliness.

Paula Rochon:

So thank you so much.

I think the work and our learnings from working with the RTOERO is so important in shaping our thinking.

So it's very important to look at that work.

So this image talks about, I think one of the huge opportunities we have here with women's age lab is we're taking the area of women's health, and we're taking the area of healthy aging, two important areas where there's been a lot of attention, but we're really bringing them together so that we can look at the intersection of these two and really focus on women and the aging component.

So that's something that's very important and unique.

So I'm going to go through these areas of focus in a bit more detail and just sort of talk about why these things are so important for women, older women in particular.

So women in congregate care, as we've heard, this is something that I think has become more apparent and has had a lot of attention during COVID.

And there's obviously a lot of concerns related to long term care and a lot of need for improvement.

So let's look at this a little bit more as it relates to women.

It's interesting to know that the vast majority of older women live in the community, they're living in their own homes, and clearly that's where they want to stay.

And that was sort of something we saw from one of the quotes that came from your membership.

But it is important to know that older women make up the majority of the long term care home residents.

And in fact, about 70% of these residents are women.

Most of them are 80% of them are over the age of 75, and often they have different chronic conditions.

But this is a piece that I don't think is well enough recognized, and I don't think we've taken the opportunity to think about what should congregate care look like when we're thinking about women being the primary people in there.

So we need to find ways to support older women so they can get the care that they need, and we're appropriate to stay in their homes.

But to make also congregate care something that works well for older women.

Another area of our focus is women in medications, a very important area, something that I've cared about for many years.

It's important for older people and women, when you think of it, two out of three older people are taking five or more medications, and one in four older people are taking ten or more.

But even perhaps more striking, is the use of potentially inappropriate medications is highest in older women.

And it's also important to know that older women are the group that are more likely to develop medication side effects.

So we really need to find strategies to tailor the way we provide drug therapies to meet the specific needs of older women so that they can get the benefit without harm.

Now, this interesting when you think about why is it that we don't necessarily have the information that we need to best provide medications for older women?

This, I think, goes back to some of the policy environment.

I was thinking about one of the very first studies I did as a student when I was in the United States, was to look and I found information that showed that older people and women were really not well included in clinical trials of conditions that really matter to them.

So in this case, I've been looking at arthritis, which is a condition that increases with age and is particularly prominent in women.

And the reason perhaps that women haven't been as well studied, and older women in particular, goes back to the policy environment and back in the 90s, when I was doing this work, it was interesting to know that it wasn't until then that there was the Congress passed an act saying that women needed to be included in clinical trials that were funded by the NIH, which is a major funder of research in the United States.

But it's also interesting to know that it wasn't until 2019 that the NIH also said that we needed to include older people in clinical research funded by their organization.

So you put the two things together, and it's probably not a surprise that we don't have as much information as we should have about older people and especially older women from clinical research.

And so clearly, this is something that we need to address to make sure that we have the evidence that's needed.

Now, women and loneliness is another piece that comes up, and we talked as one of our priority areas and the importance of creating connections.

So in Canada, it's interesting to know that loneliness is something that, of course, impacts everyone, especially women.

And I think all of us, especially during COVID-19, have experienced what this is like and realize the importance of it more than ever.

But among older adults in Canada, women are actually twice as likely as men to live alone.

And 40% of the women who are living alone describe themselves as being lonely.

So you might ask,

Why is loneliness important?

Well, it's important because it really does impact health.

And I think there's a lot of ways to talk about this.

But one that really struck me was that the former US surgeon general said that the impact of loneliness on health is like smoking.

So clearly something that we need to find ways to reduce and so again, I'm going to turn over to Dr. Savage, and she's going to talk about some of the very important work that was done working with the RTOERO to look at loneliness during COVID-19.

Dr. Savage

Thanks.

So we had another wonderful opportunity to collaborate with the team at RTOERO during the pandemic to understand the impact of the pandemic during the first wave.

So kind of seven weeks into our lock down here in Ontario, we wanted to understand the impact to older adults because at the time that we did the survey, there wasn't really any published research that looked specifically at older adults and how the pandemic and the lockdown had been affecting them.

We knew that was really important.

At the time, we knew older adults were at risk for more severe outcomes, so they were probably even more impacted by a lot of the physical distancing measures that were in place.

So we really quickly mobilized and worked collaboratively with the leadership to send out an online survey to members in early May.

So that survey would've gone to anyone who had a registered email address with the RTO and who the address was valid for.

And we looked at a few different things.

I'm going to start by talking first about loneliness during the lockdown, and then next about the use of virtual connection and digital technologies to stay connected with family and friends.

So we were really interested in looking at loneliness because there were concerns, obviously, that this issue would be exacerbated by the physical distancing measures, particularly for older adults who were living alone.

And so we asked members whether they had felt lonely in the preceding week and classified them as lonely if they were reported feeling lonely on one or more days.

You can see from this figure that about half.

So 49% of women respondents reported that they felt lonely, and this is in comparison to about a quarter of men.

So 28% of male respondents reported feeling lonely.

And overall, about 10% reported sort of like severe feelings of loneliness, so that they reported that they were feeling lonely every day in the preceding week or almost every day.

So these findings were actually quite consistent with other studies that were later published in the UK and in the US.

Another thing that was important to us, not just understanding the magnitude of the issue, but also who was at greater likelihood of experiencing loneliness.

So we looked at a number of different factors that we thought probably played a role.

So one of the ones that you could see really had a significant impact or significantly predicted the likelihood of being lonely was living alone.

And this was actually even more significant when we looked at relationships in men and women differently.

So you can see that men who were living alone had more than four times, there were more than four times as likely to report loneliness than men who lived with others.

Whereas for women, that likelihood kind of increased about threefold.

Disruptions to routines were really an important factor as well.

As was being female and regardless of a woman's living situation, whether they lived with others or alone in both circumstances, we found that just being female relative to male increases your likelihood of being lonely.

And there's a number of reasons potentially for this.

But one is that women might just be more likely to acknowledge that they are, of course, feeling lonely and be candid about their feelings.

And then I have on the slide some other factors that have been shown to be important predictors of loneliness in other studies as well.

So being in fear for your health, receiving care, or being a caregiver to others.

And then there were some unique things related to the pandemic that were also important.

So that's kind of feeling hopeless about the current situation, that there weren't really any silver linings of the pandemic.

And then, of course, being anxious, like having a high degree of concern about the pandemic.

And you can see how that would sort of translate into what risks you are willing to take in terms of staying connected with others.

These findings really highlight the need to consider older adults, particularly those that are living alone and women, how we can really support them as the pandemic persists and really make sure that they feel socially connected.

This slide is beyond the pandemic.

We have a program of research that I'm leading that's looking at loneliness and social isolation in older adults and how that impacts health care utilization at a health system level.

And so these are a series of studies that we have currently underway, and the RTOERO is a part of this research.

They're part of our study advisory committee and weigh in on a lot of aspects of this work.

But the first is to really explore the role of sex and gender, and that really hasn't been done in the research on loneliness to date.

We know that there are common contributors to loneliness, like losing a partner or declines in health, but we also know from the few studies that exist that some of the factors affect men and women differently and probably gender diverse people as well.

But we don't really have good information on them, and that's something that we need to advocate for in thinking about furthering this research.

So we're going to be exploring some of these differences.

And we've had a Masters of Public Health student, Mindy Lou, who has done some of this work over the summer looking at older immigrants in particular.

So we'll be happy to come back and maybe share those findings when they are ready.

Other sort of briefly, just to go back to the previous slide, we're also going to be looking at how loneliness and social isolation affects how people use health care services, and we're going to be looking for solutions to loneliness.

And this is an area that certainly hasn't received a lot of attention to date.

So we don't really have good evidence of what works at a population level to address this issue.

And we're going to be piloting and evaluating an inter-sectoral collaboration of which RTOERO will be part.

Paula Rochon:

Thanks.

Thank you.

So the last area that we were focusing on in those areas of focus for women's age lab is addressing gendered ageism.

So this is a term that you've heard the term ageism that was put forward by a famous geriatrician, Robert Butler in the 1960s.

But it wasn't until about 25 years later that the idea of gendered ageism was introduced, which is really the intersection of ageism and sexism.

So basically, when you think about gendered ageism, it's discrimination that's based not only on your age but on your sex.

And this is something that's been increasingly recognized, I would say, as being something harmful, especially to older women.

And it's really, for the most part, not been well recognized.

It's interesting that ageism, for example, like poverty quite recently, has now been determined to be what you call a non medical factor that is shaping your health.

And so therefore, it's been described as a social determinant of health and perhaps a situation that's worse for women than for men.

And it can start in a variety of different ways.

It's the idea of maybe not showing signs of aging.

So, for example, grey hair in older women is maybe considered a sign of aging.

And, of course, people dye their hair and do all sorts of things to change that.

Whereas, for example, in men, it may be viewed quite differently and it may be viewed as distinguished.

So it has a different kind of connotation.

There's been a lot of interest in ageism recently, and there has been a piece written about this.

And so we wrote a comment saying that we shouldn't just be talking about ageism.

We really need to talk about gendered ageism.

And this was published in The Lancet, which was one of the big medical journals that gets a lot of attention.

We did this with ,Surbhi Kalia, our strategy lead, and also with Paul Higgs, who's a well known sociologist from University College London, to talk about this issue.

When we think about gendered ageism, this is sort of a thread that runs through those areas that we discussed, and we've been talking about.

So it may, in part, explain why is it that we don't have the research evidence we should about older people and especially older women, from clinical studies to inform the way we give drugs the very best possible way.

And why is it that there's more women than men in long term care?

Does not relate to their finances?

Does it relate to women traditionally having caregiving roles?

We need to think about these things, and you've just heard a lot about loneliness.

So these are important things that we will be thinking about and all of the work that we do.

And we've talked about how we want to get this work out into the world and get people talking about it.

So the piece that we wrote for The Lancet was picked up by the OECD.

They contacted us and said they were really interested in us writing about gendered ageism as it relates to sort of the economic world.

And so we wrote for them a piece that talked about really what it means in terms of retirement income and how gendered ageism relates to that.

Now the OECD is a big organization that I say involves, I think, almost 40 countries around the world.

And so it has a very different kind of audience, but one where clearly these issues are important as well.

And in that piece, one of the we talk about is what gendered ageism means for older women today in terms of pension gap.

So when you think about it, older women today, when they were in the paid workforce, were perhaps less likely to even enter the workforce.

But when they were in the paid workforce.

They often were paid less than their counterparts, and they often had to take time away from work for childcare responsibilities, so they didn't have as many years of work accrued, so to speak.

And they were probably less likely to advance in their career.

So all of this comes together to lead to less lifetime earnings, which relates to pension.

And that leads to a poverty gap for older women.

And the OECD, which is, as I say, one of the major leaders for economic type thinking in the world have said that that leads to a pension gap of about 26% for women.

This is a beautiful figure that was put together by Joyce Lee, who is a member, a very talented member of our Women's Age Lab team.

And this is important because you think about it.

Women in terms of pensions will have less income, and they also live longer generally than men.

And so as a result, we'll be living longer with less.

And so that's something that clearly needs to be addressed and changed.

So excited to say that the Women's Age Lab officially launched on October 1.

And so we are now really out there starting to do this important work.

And we launched on October 1 because that was the International Day of Older Persons.

And on that International Day of Older Persons each year, they have sort of a celebration of older persons.

And they have a theme.

And this year the theme was on digital equity for all ages.

So in addition to the launch, myself, along with Rachel Savage here and Surbhi Kalia, wrote an op Ed that was published in the Toronto Star on digital inequity.

And what it really points to is some of the issues related to the digital world and how that impacts older people and especially women.

So this clearly relates, for example, to covet and long term care and lockdown when digital technology was one of the few ways that people could connect with family and friends, this was very important, obviously, for older women who make up the majority of the older population and the majority of long term care residents as well.

And it also means, for example, we found some interesting things about how women and men communicate, and women are more likely to use these digital devices for social communication.

But often I don't think that these devices are made in such a way that it's easy to facilitate that sort of thing.

So they haven't really been designed necessarily for women in mind or for older women in mind.

It's also important to remember that technology is expensive, phones are expensive, and computers are expensive, and women may not always have the same resources to be able to purchase these, especially older women.

So we need to think about that.

And I guess one other piece that it relates to the lonely in this piece that we discussed is women are more likely to live alone.

And I think we can all say it's very helpful to have somebody else in your home to help you when you get into inevitable kind of technology challenges.

So something to think about and something that we wrote about.

And I'll ask Dr. Savage, if you want to connect just briefly about some of what we've learned with our work from the RTOERO around connections encoded.

Dr. Savage:

Yeah.

So we looked at this issue actually, in the survey that we administered in May of 2020, and we found that 15% of members were not using social networking sites or apps to communicate with friends and family, and the people who were not using it were more likely to be men to be those who are of advanced age, living alone in poor health and have access to lower social support and to some of the actual hardware that's kind of required to make these connections.

So I think this work just sort of illustrates again, some of the inequities that are in place and thinking about how we can help support members and all older adults to stay connected.

Paul Rochon:

Thank you.

Clearly important to rethink how we can make digital technology accessible.

And so then women's Age Lab Why Women's Age Lab I think we've given you a lot of information about why it's so timely and so important to think about the things that we're able to do here in order for science about older women to have an impact.

Clearly, we need to go beyond the traditional things that we've done from a science perspective.

We need to translate information into practice, put it out there in the community so that people can use it.

We need to think about how do we work with younger people, younger people with older people because it's those younger people that will become older and working together there's so much that we can do.

And clearly we want to work with the community like the RTOERO, to find ways to make sure that this is helpful and useful.

And throughout this, we're looking to make sure that we're creating situations and advance gender equity.

So in terms of our plans going forward, we're going to be working locally within our own hospital to find ways to learn more about the older women that are coming to receive care here.

What are their needs?

What we do to improve their health?

Often, those are things that are not necessarily asked.

Clearly, working with the community, people like the RTOERO to find ways to engage and to come up with information that's important to you and things that will be helpful.

And then globally, we want to connect with important international initiatives.

For example, there's an initiative right now around ageism.

And how do we add to those discussions, all designed to improve health and wellness for older people, especially women aging.

So here we are Women's Age Lab.

We're official.

We're so excited to be able to share with you our work and our priority areas as we strive to improve health and wellbeing for older women through this first and only centre of its kind in the world.

So we certainly welcome your input and support.

I want to, of course, thank the Women's Age Lab team that have been working so hard to get this launched.

They're really quite exceptional.

And to thank you the RTOERO for all of your ongoing contributions, your support as we continue to work together to improve the health and wellbeing of older women.

So thank you.

It's been a wonderful opportunity for us to present about the work that we've been doing and the work that we've been doing with you.

And I believe now we'll have a bit of time for questions.

Joanne Murphy:

Thank you so much.

Doctor Rochon and Dr. Savage.

My apologies about the sneezing. I didn't get the opportunity to tell you how honoured and thankful we are that you took the time to be with us today.

This introduction to the Women's Lab Age Lab is very illuminating and exciting for us as well as for you.

I know that we'll all be interested in knowing what happens as you move forward because as you pointed out at the very beginning, we are all in this together.

Okay, I'm going to go to the Q and A box.

We don't have time for all the questions I'm sorry to say, but we'll do some.

The idea of shared living situations for elder women helping each other and providing companionship and care to a certain extent, how can we build facilities, homes like this younger seniors helping older living in same house?

Not LTC.

Paula Rochon:

So maybe I'll start and then I'll hand over to Rachel as well.

Such an important question that really relates to this idea about how do we promote aging in the community and how do we support that?

We talked about conquering care.

But women have taken into sort of their own hands the idea of how do they build the kind of care that they want?

And there's certainly examples of women coming together with friends, colleagues and creating communities where they can have shared resources and have places designed in the way they want them to be.

There's also been examples because we know that the vast majority of people are

living in the community and want to stay there, where there have been some very interesting sharing programs where women actually open up their homes and students, for example, who are in need of housing and maybe have trouble affording housing, can come and live in the home.

And it's very much sort of a situation where both people benefit.

The older person can have company and help with some various different kinds of things that they need around the house that may be difficult for them to do.

They get to stay in their home, but at the same time, the students get some amazing accommodation and a chance for new friendship.

Rachel, did you want to add to that?

Dr. Savage:

Maybe just to say that that's a formal program.

Now it's called Home Share, and it's being expanded across the nation.

So it started in Toronto and they're doing a pilot in Barrie, but it's going to be moving across Canada.

So if you go to Canada, Home Share and Google that, I think you can find some more information.

Paula Rachon:

Thank you.

Joanne Murphy

Is it true most drug studies like cholesterol were done on men and not women?

Paula Rochon:

I don't know if that's an absolute, but I think one of the pieces that we've been talking about is the need in all of the work that we do to include, you know, you need to have women.

You need to have men and you have different age groups.

And it's not just including those people in the studies, but one of the pieces we've been talking a lot about is no matter what kind of research you're doing, you need to have age and sex to segregated data, so you can start to see, for example, patterns.

What does it look like for women who are in the younger age groups as opposed to women in the older age group or men in the older age group as opposed to women in the older age groups?

We need to start looking for these different patterns so that we can understand where differences might exist.

And if everyone started doing this and the work that they are producing from a research perspective, there'll be a lot of new information coming forward, and we'll be able to learn.

So we make sure that whatever drug or whatever therapy is being evaluated, we have the kind of information that we need.

Joanne Murphy:

Thank you.

It seems that the onus is largely put in the care of the patients.

Great for women that are used to advocate for themselves, but health professionals also need to develop skills in dealing with women who, for many reasons do little advocating but trust their doctors to help them manage their care.

Does this fall in your approaches to better serving older women in particular?

So these are great questions.

I think this gets at the idea of some of the sort of the gender differences, the idea perhaps that maybe women may be more likely to be assertive and less likely to be maybe, for example, risk taking or ask questions of their physicians or things like that.

And likewise, the physicians need to think about that, and they need to think about how they may be treating their patients differently unintentionally based on their sex.

And so I think you're right that this is clearly something that there is much more attention being given this issue and something that not only the patients need to think about, but the providers need to be thinking about this as well because they need to make sure, for example, that they're engaging women in the conversation and getting the information that they need from the women to make the best decision with them and for them.

Joanne Murphy:

Thank you.

Is there any scientific data that sheds light on why more women than men are susceptible to Alzheimer's?

Paula Rochon:

These are all amazing questions and probably not quick answers.

So I'll just start with this one.

I don't know that people necessarily know what those answers are.

There's some very interesting work that's being done that talks about what are some of the things that might go into potentially looking at preventing or delaying the development of dementia, but at a simple level, one of the things to think about it is sometimes this can be related to age, and women tend to live longer than men.

So in part, there's that, but it's much more complicated than that.

One of the good things about this is there's a huge interest now in women, women's brains and looking at dementia and how they might differ between women and men.

And also what are the pieces that we might be able to put in place to prevent and delay them?

But very important issue.

Joanne Murphy:

Thank you.

Addressing ageism for women is a wonderful goal.

I wasn't very clear about how you see that being addressed.

How and where would that start?

How can younger women, retired, help with this issue?

Paula Rochon:

So maybe I'll start.

And, Rachel, you might want to think about it, too.

So in terms of how younger women can help, I think that's really important because it's the younger women today that will be the older women in the future.

And so I think they can help in a number of ways so they can advocate for changes that are going to be beneficial for women in the years to come.

So, for example, basic things like in the workplace, issues around time off for child care and maternity leaves and what can you do to optimize your pension as one example is something where it's important to take action now for younger women for when they're older.

But I think it's also important for younger women to advocate as well for the older women.

Two, by recognizing some of the situations that may have been the results of gendered ageism that perhaps could be addressed and looked at differently.

So, for example, elevating the issues of some of the disparities that exist and think about what could be some of the strategies that could be done to mitigate.

Rachel, did you want to comment on that?

Dr. Savage:

Maybe just to add that there are different ways to kind of tackle these issues.

So one is through advocacy.

And Paula had shared that really nice article that got published about even just letting people know and building awareness of what ageism is and what gendered ageism is.

We did ask some questions on the survey to RTO members during the pandemic about ageism and a few people, well, more than a few said, I don't know what this is.

Like.

You should have defined it.

And so I think there is a lot of awareness that needs to be built about what that is and that's really the Foundation then that we can build upon to start tackling the issue.

And in terms of how can we tackle it?

Intervention research has shown that actual educational programs can be really helpful and then intergenerational programs are also so helpful.

So exposing younger adults and having them work alongside with older adults is one of the best ways right to build empathy and that's so important for having awareness of others and being empathetic to their needs and experiences.

Joanne Murphy:

Thank you.

We just have time for one more question moving forward.

How will this information be shared in order to build change in our society and provide alternative living accommodations for senior women?

Paula Rochon:

So sharing is a major priority for women's age lab.

And so therefore we will have communications individual that will be devoted to finding ways to get this information and to mobilize it, to bring it out to the public and to policymakers and people that need to hear about it.

So this communication piece is going to be very big and we'll do it in a variety of different ways.

It will be working with communities directly as we are with RTOERO, but it will be using other mechanisms of getting information out.

They go beyond the traditional science route that we've talked about.

So it'll be getting things in the newspapers in op eds, having it on our website, using social media, anything we can do to raise awareness and get people familiar with this kind of information because as you pointed out, communication is going to be really key.

Thank you so much, Dr. Rochon and Dr. Savage, and thank you, everyone who took time to take part in pay attention to this very great discussion.

If you'd like to support the Foundation, you can reach us by phone or mail what you're seeing on your screen right now or you can visit us online to get more information about our work or make a donation.

Thank you so much in advance for your support.

I want to mention to everyone in attendance that a very short survey will pop up on your screen as soon as this webinar ends.

Your feedback is very important to us.

So please take just 1 minute to let us know how we did today again from everyone at the Foundation and all those in attendance.

A huge thank you to our presenters for taking the time to join us today and deliver such an important presentation.

Is there anything that you would like to add, Doctor Rochon or Dr. Savage before we finish?

Paula Rochon :

I just want to say it's such a pleasure to be able to work with the RTOERO, and your work has been so important to help inform our thinking and we just greatly appreciate your support.

Thank you.

The RTOERO Foundation has one more webinar planned this year, so keep an eye out for registration emails for those upcoming events and that today concludes our webinar from the RTOERO Foundation and our guest Dr. Paula Rochon and Dr. Rachel Savage.

Please, everyone stay safe and healthy until I see you again.

Goodbye.