



Funded by
the European Union



Policy Brief

Tackling ageism during a global health crisis: multilevel, intersectoral & transnational collaboration for active and healthy ageing

By Gülin Öylü & Christian Ernst Heinrich Boehler



ASTAHG is co-financed by the by the European Regional Development Fund through the Interreg Alpine Space 2014-2020 programme, grant agreement No. ASP601

Lead Partner: Autonomous Region Friuli Venezia Giulia

<https://www.alpine-space.eu/projects/astahg/>

astahg@regione.fvg.it



EuroAgeism has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 764632.

Lead Partner: Bar-Ilan University

<https://euroageism.eu/>

liat.ayalon@biu.ac.il

This policy brief reflects only the authors' views, the funding authorities are not responsible for any use that may be made of the information it contains.



Tackling ageism during a global health crisis: multilevel, intersectoral and transnational collaboration for active and healthy ageing*

Gülin Öylü and Christian Ernst Heinrich Boehler

Gülin Öylü is Early Stage Researcher at Linköping University, Christian Ernst Heinrich Boehler is Researcher at the European Centre for Social Welfare Policy and Research
gulin.oeylu@liu.se
boehler@euro.centre.org

1. Introduction

Demographic change constitutes a major societal challenge in most industrialised countries, and in order to address this challenge, we need to build bridges, define common goals and implement mutually beneficial strategies, policies and initiatives. Concomitantly, we need to tear down still prevalent prejudices, stereotypes and age-related discrimination.

Keywords:
Active and Healthy Ageing (AHA), Ageism, Age-inclusive Societies, COVID-19

In this context and especially during the ongoing COVID-19 pandemic, ‘ageism’ constitutes a barrier to an age-inclusive society, whilst Active and Healthy Ageing represents an opportunity to reshape governance and decision-making within and across all areas of public policy-making. The major recommendation for policy-making is to tackle the demographic challenge through combining efforts of all relevant actors across different societal sectors, including science, public policy, civil society and industry. Bringing together these actors and moving towards common objectives and an age-inclusive society thus requires the identification of and engagement with all relevant stakeholders and new and inclusive models of governance. To foster transnational, intersectoral and multilevel collaboration, novel tools and methods for rational decision-making across traditional policy silos are needed. Perhaps this has never been more important than in times of a global pandemic that, though not exclusively, disproportionately affects older people.

An age-inclusive society requires new models of governance

This Policy Brief portrays two large-scale international projects which take on the ageing challenge, one focusing on tackling ‘ageism’, and the other one on improving multilevel governance and evidence-based decision-making for

* The Brief is based on the findings from the EuroAgeism project funded by the European Union’s Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 764632 (<https://euroageism.eu/>) and the Alpine Space Transnational Governance of Active and Healthy Ageing (ASTAHG) project co-financed by the European Regional Development Fund through the Interreg Alpine Space programme (www.alpine-space.eu/projects/astahg/en/home). The opinions expressed in this Policy Brief are those of the authors and do not necessarily represent those of the funding organisations. We are grateful for comments received from Anette Scoppetta, Kai Leichsenring, and Sonila Danaj, and would also like to thank Willem Stamatou for editing and layout.

‘active and healthy ageing’ (AHA). The EuroAgeism-project responds to ageism by conducting multidisciplinary, intersectoral and transnational research and providing academic training for future scientists, policy advocates, decision-makers and legislators in the field of ageing. The Alpine Space Transnational Governance of Active and Healthy Ageing (ASTAHG) project aims at connecting regions across national borders and to develop and implement methods for multilevel and intersectoral governance and evidence-based decision-making for AHA. Both projects emphasize the multidimensional character of the ageing challenge and try to build bridges between different societal actors in the field.

2. Ageism in times of COVID-19

Tackling ageism should help improve the quality of life of older people. The term has first been proposed by Butler (1969) as prejudice by one age group towards other age groups. He later identified aspects which, in combination, lead to ageism, namely: prejudicial attitudes towards old age; discriminatory practices against older individuals; and institutional practices and policies (Butler, 1980). Currently, there appears to be a surge in ageism related to the ongoing COVID-19 pandemic which does not just put older people at higher risk but, at the same time, seems to amplify prejudicial attitudes and discriminatory practices against older people.

Ever since the term ageism was coined, researchers and policy-makers have continued to develop it further. A more comprehensive and consistent definition, which builds on the various ways ageism has been conceptualised, comes from Iversen and colleagues (2009) who define it as “*negative or positive stereotypes, prejudice and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of a perception of them as being ‘old’ or ‘elderly’*. Ageism can be implicit or explicit and can be expressed on a micro-, meso- or macro-level.” Whilst implicit ageism refers to ‘*automatic or unconscious stereotypes and prejudice*’ (Levy and Banaji, 2002), explicit ageism is conscious, and it may be persistent on interpersonal (micro-) level, within social networks (meso-level), or on institutional and cultural (macro-) level (Iversen et al., 2009).

Ageism describes prejudicial attitudes towards old age

Ageism can be observed in various societal domains including employment, health and social care, media and everyday life. Individuals have less chances to be hired, are less likely to be promoted or more likely to be unemployed based on their chronological ages in working life. Older adults may be misrepresented, represented negatively or underrepresented in the media, and they may face higher access barriers to relevant health, care, and social services (Ayalon and

Tesch-Römer, 2018). Ageism may also emerge at the interpersonal level or at the level of institutions or organizations. On an interpersonal level, ageism may transpire through individual attitudes, ideas or practices towards older people such as ageist jokes and remarks at the workplace and/or the social sphere (Stypińska and Turek, 2017). The ongoing COVID-19 pandemic undeniably led to a surge in this regard. Institutional ageism refers to biased practices, rules and regulations in institutions, such as schools or hospitals, based on individuals' age (Dennis and Thomas, 2007). It requires combined efforts to avoid that the current health crisis translates into further prejudices and discriminative practices against older people on institutional and cultural levels.

**The ongoing
COVID-19 threat
amplifies ageism**

Sadly, there is now ample evidence for a surge in ageism due to COVID-19 on various levels, and as Declercq and colleagues (2020) put it, some may have *'espoused the view that these frail older people had had their life, and were no longer productive'* and that *'the disregard for the role and the value of older people in society was used as a basis for downplaying the importance of the pandemic'* (Declercq et al., 2020: 9). The ongoing COVID-19 threat may therefore amplify negative consequences of ageism, which may lead to additional psychological distress, financial deprivation, unemployment, lower health status as well as deteriorating quality of life. Society may also suffer on multiple levels, as companies lose their experienced workforce and may be faced with productivity losses due to ageism, particularly in times of the pandemic. Also, governments may have to face both income- and expense-related budgetary consequences due to lower active contributions of individuals and increased need for health and social services. Ageism, especially during this devastating global health crisis, therefore directly contributes to inequality, poverty and exclusion from society. As a consequence, there has been no time in history when tackling ageism was more important!

3. Multilevel, multisectoral and transnational governance for AHA – The ASTAHG-Project

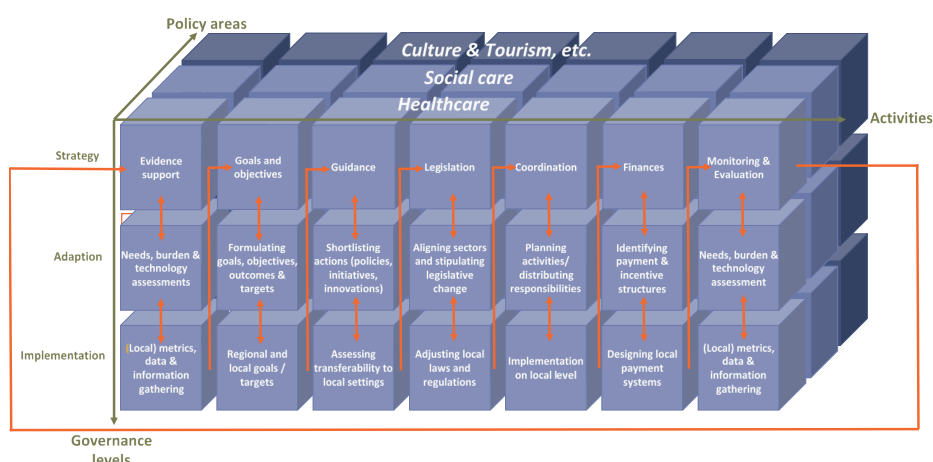
Whilst ageism constitutes a barrier to an age-inclusive society, Active and Healthy Ageing represents an opportunity to reshape governance and decision-making within and across all areas of public policy-making. The World Health Organization (WHO) defines AHA as *"the process of developing and maintaining the functional ability that enables wellbeing in older age"* (WHO, 2017: 4) and AHA is understood as *"the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age"* (WHO, 2002: 12). Key domains of AHA across the life course include physical and cognitive capability; psychological and social well-being, mental health and

quality of life; and physiological functioning and prevention or delay of chronic disease, frailty and disability (e.g. Bousquet et al., 2015).

A multisectoral, transnational, and multilevel approach to improve AHA in the Alpine Space

Accordingly, the Alpine Space Transnational Governance of Active and Healthy Ageing (ASTAHG) project aims to tackle the ageing challenge by following a multisectoral, transnational, and multilevel approach to improve AHA in the Alpine Space (AS). The project's *multilevel* approach aims at cooperation between stakeholders on local, regional, and national levels to identify, implement, evaluate and improve upon successful AHA policies and to harvest potential synergies through efficient cooperation along all stages of the policy cycle (Figure 1). It follows a *transnational* approach as it brings together stakeholders from different regions of the AS to exchange experiences, ideas and innovations, streamlining strategies to address the ageing challenge and to share knowledge and best practices across geographically and/or politically defined contexts. The project is also *multisectoral* as it aims to facilitate innovation across sectors, such as social care, healthcare, long-term care, independent living, mobility and transport, as well as culture and tourism.

Figure 1: ASTAHG multilevel and multisectoral governance for AHA



Source: Geyer and Boehler et al., 2019.

A network of public policy-makers and other AHA-stakeholders across traditional governance silos

Hence, ASTAHG aims at building bridges between AHA stakeholders across regions, governance levels, policy sectors, and other actors of society. It does so by: developing and implementing an AHA stakeholder classification; a portfolio of good practices in AHA governance and AHA governance models; tools and methods for evidence-based decision-making in AHA; and an AHA innovation observatory. The ASTAHG Transnational Governance Board (TGB) for AHA brings together public policy-makers and other AHA stakeholders in the Alpine Space, to develop a network, and to foster the exchange of successful AHA policies,

initiatives and innovations. The TGB's main objective is *"to promote an 'age-friendly' Alpine Space Area by creating synergies between interested stakeholders and governance levels and helping the Alpine Space local, regional and national authorities and other stakeholders to collaborate in promoting innovative solutions that address the needs of the ageing population"* (ASTAHG Memorandum of Understanding, in Geyer and Boehler et al., 2019).

Box 1: Cross-sectorial decision-making within the ASTAHG Transnational Governance Board for AHA

The tools and methods that have been developed as part of the ASTAHG project aim to support effective cross-sectorial decision-making for AHA within the ASTAHG TGB, where representatives of various societal sectors, different governance levels and several geographic regions across national borders meet regularly to consider the value of AHA innovations with multiple, diverse, and sometimes even conflicting outcomes for their respective target populations.

As a first response to the pandemic, ASTAHG partner organisations have started to collect evidence on how AHA stakeholders in the AS respond to the pandemic, how demand and supply for goods and services for older people have changed, and how AHA governance in the AS reacts to the crisis. A survey is currently underway, with the aim to identify good practices, to support mutual learning, and to foster timely and cost-effective responses to drastically changed needs of older people. Results of this exercise will determine not just the activities during the remaining project duration, but also the work of the Transnational Governance Board for AHA in the AS, which has been established as a permanent decision support body as part of ASTAHG.

4. A multidimensional and participatory approach to tackle ageism: The EuroAgeism Project

The need to tackle the demographic challenges on all levels, sectors and dimensions of society has also been recognised in the EuroAgeism project, which, too, follows a multilevel, multidimensional and intersectoral approach. This is also reflected in the design of the EuroAgeism project, which, in line with the European Commission's Active and Healthy Ageing initiative, aims to improve the quality of life of older people by

- exploring ways to improve the active participation of older adults in the workforce;
- addressing ageism in relation to access to goods and services; and
- promoting an age-friendly society, which helps older adults to realize their full potential.

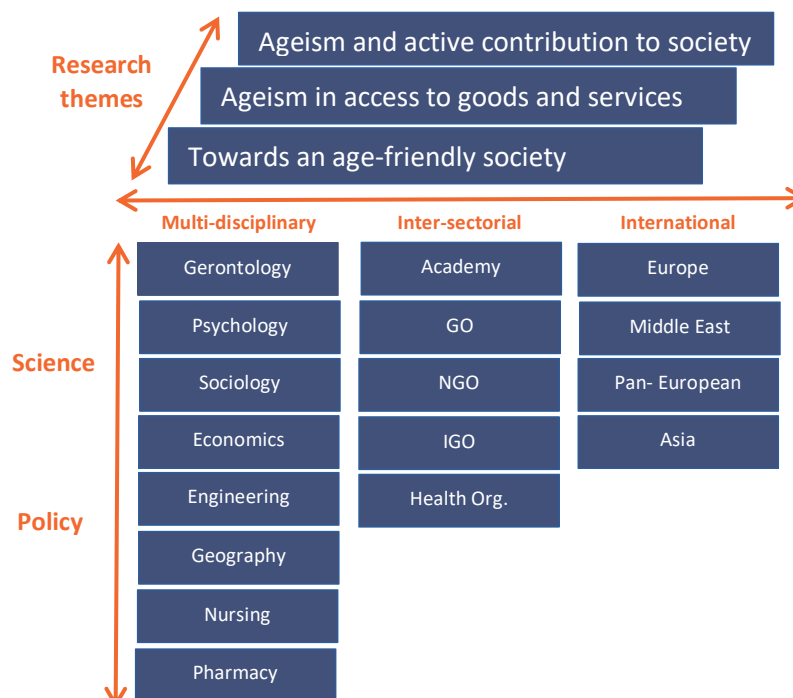
Combining different academic disciplines, sectors and regions to foster exchange and mutual understanding

The project brings together different disciplines, sectors and regions so as to allow and foster exchange, mutual understanding, and to identify common goals and cooperative ways to achieve them. Fifteen early-stage researchers (ESRs) are trained in eight participating institutions and in collaboration with eight additional partner organizations. After their training, ESRs are expected to become scientists, advisors, policy advocates, lobbyists, or legislators in the field of ageing and they are expected to take up key roles in overcoming demographic challenges through the expertise they have gained within the project.

Early Stage Researchers (ESRs) are trained to take up key roles in overcoming demographic challenges in the future

Although the EuroAgeism project has a strong focus on academic training, the project also aims at policy development and implementation. The policy dimension of the project is not only supported by the research conducted by ESRs, but also through dedicated dissemination activities and active engagement with key stakeholders, policy-makers, scientists, and the public. In this regard, EuroAgeism bridges not just the perceived gap between policy and science when tackling the ageing challenge, it also builds bridges between academic disciplines, the private and the public sector, different areas of public service provision as well as different geographic contexts (Figure 2).

Figure 2: Multi-dimensional structure of the EuroAgeism project



Source: Own drawing based on EuroAgeism, 2020.

The ongoing COVID-19 crisis also refocused the work conducted within the EuroAgeism project. For instance, in the light of the current public discourse and policy measures in response to COVID-19, EuroAgeism researchers re-assessed the role of chronological age with respect to policy-making and intergenerational fairness. In this context, Previtali and colleagues (2020) argue that the current focus on chronological age in response to the crisis constitutes an unjustified threshold for policy-making which reinforces stereotypes and age-related discrimination with all their negative consequences for the individual and the society as a whole. EuroAgeism researchers also participate actively in the current public debate, publishing blogs about COVID-related impact on older people's lives in dimensions such as teleworking, unemployment, or internet usage (Box 2). More details can be found at <https://euroageism.eu/policy/>.

Box 2: COVID-19, rising unemployment, and ageism

Katri Keskinen and Maria Varlamova (EuroAgeism) published a blog on the impact of COVID-19 on unemployment and argued that sectors particularly affected by the pandemic also employ a significant share of workers aged 50 years and older. These workers may therefore be at higher risk of unemployment due to COVID-19 and, at the same time, find it harder to return to employment because of existing ageist structures that grew even further since the start of the pandemic.

https://euroageism.eu/policy_projects/covid-19-and-rising-unemployment-where-are-we-now/

5. Discussion

The COVID-19 crisis discloses the pervasive character of ageism on all societal levels

Both ageism and AHA are multidimensional concepts, spanning across various societal domains, and they may yield consequences on individual, interpersonal, institutional and societal levels. Ageism refers to a set of stereotypes, prejudice and/or discrimination, and therefore provides a key obstacle for AHA. Indeed, the WHO (2017) states that *“a fundamental step in fostering Healthy Ageing is to combat ageism”* (WHO, 2017: 8). As ageism reinforces the challenges that older individuals experience, such as poverty, the difficulty to participate in the labour market and in society, as well as lacking access to health, care and social services, this may yield deteriorated health and mental wellbeing. For this reason, the WHO further states that, *“unless ageism is tackled and these fundamental beliefs and processes are changed, our capacity to seize innovative opportunities to foster Healthy Ageing will be limited”* (WHO, 2017: 8).

**The need for
comprehensive actions
involving all
societal actors**

The current pandemic provides evidence for the pervasive character of ageism on all societal levels, which reinforces the need for comprehensive and differentiated actions involving all levels of policy-making, spanning all relevant sectors of public service provision, and joining forces between all relevant stakeholders, including governance, industry, academia and civil society. Unfortunately and paradoxically, however, the need to protect exactly those groups at higher risk appears to have triggered a new wave of ageist stereotypes and prejudice against older people. Even though older people seem to be hit disproportionately hard during this global health crisis, we now start to understand that age is only one of many risk factors associated with higher progression to more severe consequences of COVID-19. Therefore, Ayalon et al. (2020), for instance, argue against policies which are predominantly based on chronological age, such as age cutoffs, without appropriately differentiating between individuals on a basis of various risk factors. Indeed, arbitrary thresholds based on chronological age may be counterproductive in several ways such as:

**Poorly designed
responses to the
COVID-19 crisis based
on chronological age
will reinforce ageism**

- they may unnecessarily limit personal freedoms of older people who may not all be at elevated risk to suffer from more severe consequences during this pandemic;
- they most likely fail to protect individuals which may encounter more negative consequences but do not fall into the respective age cohort;
- they leave the false impression that older people, who contribute in many ways to society, are *per se* vulnerable, dependent and helpless; and
- conversely, they reinforce the false impression that younger people may be immune to the virus, thereby encouraging health behaviours that put themselves and others at risk.

Hence, the paradox is that, if poorly designed, measures which are supposed to protect older people, actually contribute to the abovementioned surge in ageism, with stigmatization that ultimately leads to negative consequences such as additional psychological distress, financial deprivation, unemployment, lower health status as well as deteriorating quality of life. In response to the pandemic, we need to depart from approaches which focus on chronological age, we need to enhance our understanding of the virus and individual risk factors, and we need to design policies accordingly (Ayalon et al., 2020). More broadly, however, we need to focus our efforts on strengthening societal cohesion across age groups. Ageism, which already existed before the pandemic, will most certainly persist thereafter – both implicitly and explicitly as well as across different areas and levels of society. Tackling ageism and improving AHA is a societal challenge and therefore requires combined efforts from a broad alliance between different societal actors.

6. Conclusion

More projects like EuroAgeism and ASTAHG are needed to effectively tackle the challenge of age-inclusive societies

Both EuroAgeism and ASTAHG have picked up on the ageing challenge as they aim to understand the obstacles that people face because of their age, try to improve the overall quality of life of older people, and to remove barriers for their active participation in an age-inclusive society. Their multidimensional, multisectoral and multidisciplinary approach and explicit aim to build bridges between relevant actors in society places them well in the combat against ageism and to improve AHA. The relevance of projects like ASTAHG and EuroAgeism has been well recognized even before the pandemic, but their importance has risen drastically since it started. Nevertheless, we urgently need more projects of their like, as the COVID-19 pandemic just added considerable gravity to the challenges of age-inclusive societies.

References

- Ayalon, L. & Tesch-Römer, C. (2018). *Contemporary perspectives on ageism*. Springer International Publishing.
- Ayalon, L., Chasteen, A., Diehl, M., Levy, B., Neupert, S. D., Rothermund, K., ... & Wahl, H. W. (2020). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology: Series B*.
- Bousquet, J., Kuh, D., Bewick, M. et al. (2015). Operational definition of Active and Healthy Ageing (AHA): A conceptual framework. *J Nutr Health Aging*, 19, 955-960.
- Butler, R. N. (1969). Age-ism : Another form of bigotry. *The Gerontologist*, 9(4): 243-246.
- Butler, R. N. (1980). Ageism: A foreword. *Journal of Social Issues*, 36(2), 8-11.
- Declercq, A., de Stampa, M., Geffen, L., Heckman, G., Hirdes, J., Finne-Soveri, H., Lum, T., Millar, N., Morris, J. N., Onder, G., Szczerbińska, K., Topinkova, E. & van Hout, H. (2020). *Why, in almost all countries, was residential care for older people so badly affected by COVID-19?*. OSE Working Paper Series, Opinion Paper No. 23. Brussels: European Social Observatory.
- Dennis, H. & Thomas, K. (2007). Ageism in the workplace. *Generations*, 31(1), 84-89.
- EuroAgeism (2020). *EuroAgeism*, February 3.
- Geyer, L., Boehler, C.E.H., Müllauer, A., Kapferer, E. & Koch, A. (2019). *ASTAHG Alpine Space Transnational Governance on Active and Healthy Ageing – Report on the AHA Governance Model (D.T2.1.2)*. ASTAHG and European Centre.
- Iversen, T. N., Larsen, L. & Solem, P. E. (2009). A conceptual analysis of ageism. *Nordic Psychology*, 61(3), 4-22.
- Levy, B. R. & Banaji, M. R. (2002). Implicit ageism. In: Nelson, T. D. (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 49-75). The MIT Press.
- Previtali, F., Allen, L. D. & Varlamova, M. (2020). Not only virus spread: The diffusion of ageism during the outbreak of COVID-19. *Journal of Aging & Social Policy*, 32, 4-5, 506-514.
- Stypinska, J. & Turek, K. (2017). Hard and soft age discrimination: The dual nature of workplace discrimination. *European Journal of Ageing*, 14(1), 49-61.

WHO (2002). *Active Ageing: A policy framework*. A contribution of the World Health Organisation to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002.

WHO (2017). *Global strategy and action plan on ageing and health*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

About the European Centre for Social Welfare Policy and Research

The Policy Briefs series of the European Centre is edited by Sonila Danaj and Rahel Kahlert

The European Centre for Social Welfare Policy and Research is an intergovernmental organisation affiliated to the United Nations. Its purpose is to foster the collaboration between governments, research and other stakeholders in the field of social welfare.

Core Functions

- Providing applied social science and comparative empirical research on social policy in the UN-European Region
- Forging the evidence-base for social policy making and mutual learning on social welfare issues
- Initiating future-oriented public policy debates on social welfare issues by networking across the UN-European Region

Research Focus

The European Centre provides expertise in the fields of welfare and social policy development in a broad sense – in particular in areas where multi- or interdisciplinary approaches, integrated policies and inter-sectoral action are called for.

European Centre expertise includes issues of demographic development, work and employment, incomes, poverty and social exclusion, social security, migration and social integration, human security, care, health and well-being through the provision of public goods and personal services. The focus is on the interplay of socio-economic developments with institutions, public policies, monetary transfers and in-kind benefits, population needs and the balance of rights and obligations of all stakeholders involved.

European Centre Publications

- ‘Policy Briefs’ contain recent research and policy advice results
- ‘European Centre Reports’ expose results of studies or research carried out in the context of national or international projects
- ‘European Centre Working Papers’ comprise preliminary findings or innovative ideas to be shared with a wider public
- The European Centre Newsletter is published in English on a monthly basis and synthesizes the news published regularly on our website

Furthermore, scientific staff of the European Centre regularly publish books, peer-reviewed articles or contributions to books.

Please contact us (stamatiou@euro.centre.org) if you want to get informed on a regular basis about our activities and publications.

Contact

Berggasse 17
A – 1090 Vienna
Tel: +43/1/319 45 05 -0
Email: ec@euro.centre.org

More information:

<http://www.euro.centre.org>