Fall Prevention Community of Practice
ADULT+JUNIOR

The impact of ageism on physical inactivity and fall prevention among older adults: What do we know? What needs to be done?

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Evidence Summary
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Quick links

This Loop Evidence Summary was written by Brian Hyndman, PhD for the Loop, Fall Prevention Community of Practice and the Ontario Fall Prevention Collaborative.

Key messages

- **Ageism** refers to stereotypes, discrimination and prejudice directed towards people on the basis of their age. Ageism against older adults is considered to be one of the more socially acceptable forms of discrimination.
- There are three types of ageism: **institutional** (embedded in the laws, norms and practices of institutions, **interpersonal** (ageism expressed in everyday actions of individuals) and **self-directed** (individuals internalize ageism following repeated exposure to ageist discrimination and messages).
- For older adults, ageism is associated with shorter lifespans, poorer physical and mental health, higher levels of social isolation, cognitive decline and a lower quality of life.
- At a structural level, ageist assumptions held by health care providers and the fitness industry may be a contributing factor to lower levels of physical activity among older adults. Self-directed ageism (e.g., an older adult believing they are too frail to be physically active) may also account for this trend.
- Ageism may discourage older adults from discussing fall prevention with their health care providers or participating in fall risk screening and assessment.
- While the relationship between ageism and fear of falling (FOF) has not been extensively studied, there may be some association given the negative health outcomes related to both the lived experience of ageism and FOF (e.g., higher risk of chronic diseases, depression and anxiety).
- Three strategies that have proven to be effective in addressing ageism are policies and laws, educational interventions and inter-generational contact interventions.
- Research indicates that meaningful reductions in ageism are most likely when interventions combine education about ageism and positive inter-generational contact.
- Key knowledge gaps about ageism include a lack of research on the diverse population of older adults, limited evaluation of anti-ageism interventions and little understanding of the mechanisms perpetuating ageist stereotypes and discrimination.
- There is a significant lack of research on the association between age, falls in older adults and fall prevention.
- Meaningful progress to combat ageism against older adults requires a greater investment in public awareness campaigns to change prevailing beliefs, programs combining education and inter-generational contact interventions, Age-Friendly communities and policies combatting systemic ageism in key sectors of society including health care.

Purpose

The World Health Organization (WHO, 2021 p. xv) defines **ageism** as *"*the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards people on the basis of their age*"*.[1] For older adults, ageism is associated with shorter lifespans, poorer physical and mental health, cognitive decline, decreased quality of life and increased social isolation.[1-3] Ageism also poses a major barrier to effective programs and policies that enable healthy aging.[1, 3]

The purpose of this Loop Evidence Summary is:

1. to increase awareness and knowledge of ageism by describing main types of ageism, the determinants of ageism, and the impacts of ageism on the health, well-being, and quality of life of older adults.
2. to assist practitioners with the planning and development of programs and policies addressing ageism, with an emphasis on interventions focused on increasing physical activity levels and preventing falls among older adults.
3. to summarize gaps in the current body of knowledge regarding ageism against older adults and
4. to provide recommendations for researchers, practitioners and policy makers to reduce ageism.

Types of ageism

One unique aspect of ageism is that it is the most socially acceptable form of discrimination: ageism does not receive the same level of public attention as racism and sexism.[4] This often results in policies and practices that implicitly endorse ageism, such as the Facebook policy banning hate speech based on race, ethnicity, gender, sexual orientation and other characteristics that omits age as a criterion.[4]

The widespread acceptance and practice of ageism enables both individual acts of age-based discrimination as well as the creation of ageist programs, policies, and legislation. Researchers have noted that ageism occurs because society is set up in a way that systematically excludes older adults.[5,6]

The Centre for Ageing Better, a UK-based charitable foundation devoted to tackling inequalities in aging and building a more age-friendly society, defines three main types of ageism.[3]

Institutional ageism occurs when ageism is embedded in the laws, regulations, social norms and practices of institutions. One of the most common manifestations of institutional ageism is employment practices that make it less likely for older adults to be hired and more likely to be subject to stereotypes concerning their ability to learn new skills. Institutional ageism extends to ageism by omission, whereby the needs of older adults are ignored in the design of parks, retail outlets, homes and entire communities.

Interpersonal ageism takes place in everyday interactions between individuals. Interpersonal ageism can take the form of people patronizing and infantilizing individuals older than

themselves, making negative assumptions about people based on their age, or making pejorative remarks about their older appearance.

Self-directed ageism takes place when individuals internalize ageism following repeated exposure to ageist discrimination and messages. As a result, their own thinking and behaviour is modified to conform to ageist stereotypes. For example, people with self-directed ageism may feel that they are too old to advance in the workplace or to learn new things. Self-directed ageism is also associated with a belief that aging inevitably results in impaired health status, which can cause individuals to abandon health promoting behaviours, such as being physically active and seeking preventive health care.

Determinants of ageism

Factors that increase the risk of discriminating against older adults based on their age are being younger, being male, having high anxiety about death, or having lower levels of education completion. Conversely, factors that increase the risk of being a target of ageism include being older, being care-dependent, having a lower healthy life expectancy, and being employed in certain professions and occupations, such as the high tech or hospitality sector.[1]

Like other forms of discrimination, ageism is not unidimensional. A number of studies document the intersectionality of ageism with discriminatory attitudes against other attributes, most notably gender and ethnicity.[4]

Gendered ageism is associated with a range of discriminatory beliefs and practices. These include older women being more negatively judged on youth-based physical attractiveness than their aging male counterparts,[6] facing greater age discrimination in hiring[7], and being excluded from employment training opportunities.[8] Studies focusing on the intersectionality of age and ethnicity have found that older adults from minority ethnoracial backgrounds face a greater range of ageist discrimination, especially in hiring practices.[9]

Ageist beliefs and assumptions are reinforced by the depiction and representation (or, more accurately, non-representation) of older adults in the media. Older adults are under-represented in mainstream media in comparison with younger adults.[4] For example, 2022 data from the United Kingdom reveal that 76 per cent of television ads feature individuals between 19 and 49 years of age, while only 25 per cent of television ads feature individuals over 50 years of age, down from 29 per cent in 2020.[10]

Media depictions of older adults reinforce negative age-based stereotypes, such as frailty, vulnerability, and dependency.[11, 12] In addition, media portrayals of aging contribute to intra-generational and self-directed ageism by directing older adults to focus on how well they are aging in comparison to older adults who look middle-aged or younger.[12, 13]

In recent years, ageism towards older adults in Canada and elsewhere has been intensified by the COVID-19 pandemic. Public frustration about lockdowns and other pandemic restrictions

fuelled open expressions of hostility towards older adults, such as the use of the hashtag #BoomerRemover on social media.[14] Systemic ageism in the health and social services sectors, which was evident in the perennial neglect of long-term care homes in Canada, was identified as a major contributing factor behind the significantly higher number of deaths experienced by older adults living in these homes during the pandemic.[15] In addition, the pandemic underscored the value placed upon the lives of older adults, with the open discussion of age as a reason to deny older adults critical care when health care resources were strained by demand.[15]

Health impacts of ageism

The prevalence of ageism against older adults was documented in a 2019 survey of 2,046 randomly selected, stratified 50- to 80-year-olds conducted by the US National Poll on Healthy Aging.[16] Eighty-two per cent of respondents reported regularly experiencing at least one form of ageism in their everyday lives. Two in three older adults (65%) reported exposure to ageist messages, and 45 per cent of older adults reported experiencing ageism in their interpersonal interactions. These reported experiences included people assuming they have difficulty using technology (computers or cell phones) because of their age (22%), difficulty hearing and/or seeing (17%), or difficulty remembering or understanding (17%).[16]

Survey results highlighted the negative impacts of ageism on the health and well-being of older adults. Respondents reporting three or more forms of ageism in their everyday lives were less likely to rate their overall health as excellent or very good compared to those reporting fewer incidents of ageism (34% vs 49%). In addition, older adults experiencing more manifestations of ageism were also more likely to have a chronic disease, such as diabetes or heart disease than their counterparts who were less affected by ageism (71% vs 50%). Older adults experiencing three or more forms of ageism in their everyday lives were also less likely to rate their mental health as excellent or very good than those experiencing fewer forms of ageism (61% vs 80%), and were more likely to report symptoms of depression (49% vs 22%).[16]

The findings of the US National Poll on Healthy Aging build upon a large body of research linking ageism to poor health outcomes for older adults. A 2020 systematic review found that 95.5% of the 422 included studies revealed that ageism negatively impacted the health of older adults through both structural (e.g., delayed access to health care) and individual effects (e.g., a greater likelihood of engaging in high-risk health behaviours).[17]

Levy identifies three pathways through which ageism can directly impact the health status of older adults:[18]

- **Psychological**: Older adults undergo a self-fulfilling prophecy, believing that ageist stereotypes are true.
- **Behavioural**: The belief that poorer health outcomes due to age are inevitable causes older adults to stop engaging in health promoting behaviours.

- **Physiological**: Continued exposure to ageism triggers cardiovascular stress responses (e.g., high blood pressure), which negatively impact health.

The psychological and behavioural reactions to ageism comprise what the UK Centre for Ageing Better refers to as self-directed ageism (see page 4)[3]. Studies have found associations between self-directed ageism and a range of unhealthy behaviours, including smoking,[19, 20] alcohol consumption,[19,20] unhealthy eating,[20, 21] noncompliance with medication,[20] physical inactivity,[20, 22] and not accessing preventive health services.[23, 24]

At a structural level, the ageist attitudes and behaviours of health care providers combined with systemic ageism in the health care system compromises the quality of health care for older adults. Examples include:

- Health care providers may be impatient, dismissive and less attentive to older patients.[25]
- Health care providers speaking in condescending terms to older adults through the use of 'elder speak' (e.g., speaking slowly with exaggerated intonation, using simpler vocabulary, repetition and elevated pitch and volume).[26,27]
- Ageist assumptions about symptoms experienced by older adults (i.e., symptoms are a normal part of aging) resulting in misdiagnoses of health conditions.[28, 29]
- Health care providers lacking the requisite training to recognize health conditions in older adults, as their symptoms may differ from younger people.[28, 29]
- Health care providers not recommending treatment options to older adults that are available to younger adults with the same health issues.[28, 29]

Ageism, physical activity and fall prevention

In spite of the numerous benefits of being physically active in later life, Statistics Canada data lists adults age 65 and older as the least active segment of the Canadian population: in 2021, only 40% of adults over 65 reported engaging in 150 minutes or more of moderate physical activity a week compared to 58% of adults aged 35 to 49 years and 56% of adults aged 50 to 64 years.[30] There is some evidence that ageism, in its various forms, may be partially responsible for the relatively low levels of participation in physical activity among older adults.

Qualitative studies of barriers and enablers to participation in moderate to vigorous levels of physical activity among older adults found evidence of self-directed ageism.[31, 32]For example, physically inactive older adults discussed their ability to engage in vigorous physical activity in a series of online focus groups organized by Thøgersen-Ntoumani and colleagues. These older adults questioned whether it was worth the effort given their age, while others thought being physically active could be harmful for them at their age.[32]

Ageist assumptions held by health care providers and the health care sector may also be a contributing factor to lower levels of physical activity among older adults. A survey of 347 health care professionals, including physicians, nurses, physiotherapists and occupational therapists, in Ireland and Northern Ireland found that assessments of the physical activity levels

of older adults were not incorporated into routine practice, and referrals to physical activity supports and resources were uncommon. Less than one third of respondents reported a clear plan to discuss physical activity with their older adult patients, and only thirty percent of respondents indicated that they had received training to initiate these discussions.[33]

There is also some evidence that ageism may influence health care providers' recommendations for physical activity by older adults. A 2013 US study of physicians' recommendations for physical activity for adults with arthritis found that older adults (age 65 and older) were significantly less likely to be advised to engage in physical activity than middle-aged adults (age 45 to 64).[34] When presented with hypothetical case studies of patients with prediabetes, a sample of 356 kinesiology students prescribed significantly lower levels of physical activity duration and intensity for older adults.[35]

Ageist beliefs and assumptions extend to the providers of structured activity programs. A review of the literature on ageism in the fitness industry conducted by Jin and Harvey found evidence of both 'self imposed' and 'other directed' ageism. Examples of the latter included fitness instructors steering older adults towards mild intensity or 'senior type activity' exercises.[36]

Fall prevention is an area where ageism tends to manifest due to clinicians' reliance on age as the primary measure of fall risk.[37] While age is widely recognized as a risk factor for falls, it is not a sufficient explanatory predictor. This was confirmed by the validation study for the Hendrich II fall risk model (HIIFRM), which found that, after adjusting for other risk factors, a younger and older person with the same HIIFRM score had the same risk of falling.[38]

Inflating the importance of age as a predictor of fall risk status can contribute to older adults holding defeatist beliefs that they are incapable of improving their balance. Moreover, by attributing fall risk solely to age, health care providers may overlook the opportunity to address modifiable risk factors, such as sleep, diet, exercise, sensory training, and medication management.[37]

Ageism may also dissuade older adults from proactively discussing fall prevention with their health care providers. Older adults may refrain from raising the topic of falls or participate in fall risk screening and assessment because they believe that little can be done to help them, or that their concerns about fall risk will be dismissed as inevitable consequences of aging.[37, 39-40]

Fear of falling (FOF) is the persistent concern about sustaining a fall that, in turn, causes an individual to avoid daily activities.[41] FOF has been linked to abnormal gait and a loss of confidence in walking ability.[42, 43] Increasing age appears to be the predominant risk factor for FOF, with a considerable proportion of older adults reporting FOF regardless of whether they have experienced a fall or not.[44, 45] While studies have not explicitly linked ageism with increased risk of FOF, a scoping review of the FOF literature found that some of the health outcomes associated with the lived experience of ageism, such as a higher risk of chronic diseases and higher levels of depression and anxiety, were also associated with FOF.[46]

Interventions addressing ageism

The WHO Global Report on Ageism states that three strategies have proven to be effective in combatting ageism: policy and law, educational interventions, and intergenerational contact interventions.[1] This section defines each of these strategies, provides illustrative examples and summarizes evidence on their efficacy as mechanisms for reducing ageist beliefs, attitudes and practices.

Policy and law

Policies and laws can be used to reduce ageism directed at older adults. They include policies and legislation prohibiting age discrimination and inequality and human rights laws.[1]

Whaley (2021) [47] explains that in Canada's provisions prohibiting discrimination on the basis of age are grounded in the *Charter of Rights and Freedoms* (the "Charter"), which applies to all jurisdictions and governmental entities. Section 15(1) of the Charter contains the following equality clause:

> *"Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex,* ***age*** *or mental or physical disability."*[47]

In its *R v. Kapp* decision, the Supreme Court of Canada specifies the test (i.e., legal standard) for age discrimination in Canada by requiring that discrimination be motivated by or perpetuate stereotyping or prejudice.[48] In addition, the Supreme Court has also ruled that it is no longer acceptable to structure systems in a way that assumes everyone is young and policies should aim to accommodate those who do not fit this assumption.[49]

Enforcement mechanisms against age discrimination differ across Canadian jurisdictions. Some jurisdictions allow complaints to a Human Rights Commission (e.g., Alberta, Manitoba, Nova Scotia) which will investigate the alleged incident before deciding whether to refer the complaint to an adjudicative process. In other jurisdictions (e.g., Ontario and British Columbia) individuals can apply directly to the administrative tribunal which will accept, screen, mediate and adjudicate the complaint.[50, 51]

At the local level, Age-Friendly initiatives have emerged as bottom-up policy development processes to mitigate ageism.[4] Although Age-Friendly initiatives are not designed to focus solely on ageism, they promote social inclusion by enabling adults to actively participate in decisions affecting their communities and society at large.[4, 14]

In Canada, Age-Friendly initiatives (e.g., maintained and well lit sidewalks) are often premised on the Age-Friendly Cities framework developed by the World Health Organization.[52] Age-Friendly Community initiatives are supported in all ten provinces.[53]

For example, Age-Friendly Ottawa, a partnership between the City of Ottawa and the Council on Aging of Ottawa, engages older adults and community partners in the development of age-friendly community action plans. In addition, they have created an evaluation framework for assessing progress that includes an indicator of ageism.[54]

Allies in Aging is an age-friendly initiative operating in British Columbia. Funded by the New Horizons for Seniors Program (NHSP), *Allies in Aging* trains volunteers and service providers to better meet the needs of older adults, increases transportation options for older adults, and engages with older adult leaders and community organizations to create more welcoming spaces for older adults.[55]

In spite of their widespread implementation, the evaluation of Age-Friendly initiatives is limited.[14] A report by Lagacé and colleagues, commissioned by the Federal/Provincial/Territorial Ministers for Seniors, states that it is reasonable to conclude that Age-Friendly initiatives contribute to a reduction in age-based stereotypes and discrimination through the participation and inclusion of older adults in decisions affecting their well-being.[4]

Educational interventions

Educational activities play a role in combatting ageism through enhancing empathy, dispelling misconceptions about older adults, and reducing prejudice and discrimination by providing accurate information and examples that counter stereotypes.[1] The WHO Global Report on Ageism recommends that educational interventions to reduce ageism should be implemented across all levels and types of educational settings, from primary to post-secondary, as well as non-formal educational contexts.[1]

Many of the educational initiatives against ageism sponsored by governments and older adult organizations take the form of campaigns to increase awareness about ageism and dispel ageist assumptions and stereotypes. Messages about ageism can also be incorporated into broader campaigns that celebrate older adults (e.g., Seniors' Month), or campaigns addressing specific issues related to ageism (e.g., senior abuse).[14]

One of the more creative Canadian campaigns against ageism was the *Best Before Date* campaign, a city-wide social marketing campaign that ran in Peterborough, Ontario in 2013-2014. The campaign was highlighted as a promising practice in the WHO Global Report on Ageism.[1]

Launched as part of Seniors' Month, the campaign included television spots, YouTube videos, print and radio ads that showed people of all ages with "best before dates" printed on their foreheads to highlight the stigma related to aging. The campaign also set up an interactive website where users could look up their own "best before" date and upload a photo of

themselves to have the date printed on their forehead. The campaign aimed to reduce ageism through challenging negative perceptions about older adults in Peterborough (e.g., out of touch with technology, a drain on resources), while concurrently emphasizing the valuable knowledge and experience that older people bring to the community.[1]

In the United States, the American Association of Retired Persons (AARP) created *Disrupt Aging*, a multi-component education campaign that challenges prevailing myths about aging. Disrupt Aging includes an interactive website, social media channels (e.g., #DisruptAging), and a curriculum offered at no-cost to higher education institutions.[56]

The main limitation of most educational campaigns against ageism in Canada and elsewhere (including the aforementioned *Best Before Date* campaign) is that they have not been adequately evaluated to determine the extent to which they impact individual behaviours or decrease ageism.[4, 14] Moreover, a preliminary review of these initiatives by Lagacé and colleagues point to a potentially serious shortcoming. Rather than targeting other age groups that may be perpetrators of ageism, many of these campaigns focus on older adults or organizations that involve them. This could limit the impact of these educational initiatives as they do not change the perceptions of people in other age groups.[4]

However, there is some evidence for the efficacy of educational initiatives designed to reduce ageism among adolescents and young adults. A 2019 systematic review and meta analysis conducted by Burnes and colleagues assessed 63 studies published between 1976 and 2018 comprised of 6,124 participants.[57] Their goal was to evaluate the effectiveness of three types of interventions: educational interventions providing instruction to reduce ageism, intergenerational contact interventions that facilitate contact between younger and older people (see next sub section for more information), and combined interventions that pair the two approaches.[57]

The results indicated that all three types of interventions had a significant effect on attitudes towards aging (including age-based stereotypes), but not on anxiety about the aging process or interest in working with older adults. Combined interventions incorporating education and intergenerational contact had the largest effect on positive attitudes towards aging, which were stronger for females as well as adolescents and young adults.[57]

Fewer educational initiatives have focused on reducing self-directed ageism as a barrier to physical activity. The US AgingPLUS program combines small group educational sessions with structured physical exercise sessions to target motivational behaviours, including negative views of aging as a barrier to physical activity. A randomized control pilot study of AgingPLUS found partial support for the program.[58] Follow up tests found more positive views of aging and increased physical activity in both the treatment (AgingPLUS) and control group (which received an educational program on successful aging). However, older adults assigned to the AgingPLUS program had significantly lower blood pressure and significantly higher grip strength by the end of the pilot.[58]

A 2022 study by Menkin, Smith and Bihary tested the impact of anti-ageism messages on older adults' motivation to engage in physical activity.[59] 349 adults aged 50 or over (mean age = 72) attending seniors' centres were randomly assigned to read or not read one of three messages addressing views on aging. Analysis of the data indicated that recipients of the intervention messages indicated increased motivation to participate in physical activities compared with the control group. The fact that all three messages had similar levels of effectiveness suggests that some degree of flexibility can be used in the framing of messages addressing ageism.[59]

Intergenerational contact interventions

Intergenerational contact interventions are designed to provide opportunities for direct interaction between people of different generations. They are premised on the assumption that direct contact between different age groups can reduce ageist prejudices and stereotypes.[1]

One innovative example of an intergenerational contact intervention is *GeriActors*, an intergenerational theatre company in Edmonton, Alberta that brings together older adults and students. An evaluation of the initiative found that participation in *GeriActors* increased participant skills, reduced ageism and nurtured inter-generational friendships.[60]

Intergenerational contact programs can also involve cohabitation of people from different age groups. *Canada Homeshare*, a program administered by the National Initiative for Care for the Elderly, matches older adults with a spare room with students seeking affordable housing. The student provides up to seven hours a week of companionship and/or assistance in exchange for reduced rent.[61]

As was noted previously, the systematic review and meta analysis conducted by Burnes et al found that intergenerational contact programs are most effective at reducing ageism when they are delivered in tandem with educational interventions.[57] This finding was confirmed by a 2023 systematic review and meta-analysis of 152 studies conducted by Apriceno and Levy, which found that meaningful ageism reduction is most likely when programs include both education about aging and positive intergenerational contact.[62]

Knowledge gaps

There are a number of critical gaps in the current state of knowledge about ageism. Some key knowledge deficits include:

- Most of the current research on ageism does not reflect the diversity of the older adult population (e.g., Indigenous elders, newcomers and immigrants, 2SLGBTQIA+). Different subgroups of older adults may experience ageism in different ways, and these differences are not captured and reflected in current research.[14] In particular, the extent to which ageism affects Indigenous elders in Canada and older adults age 80+ is under-documented.[4]

- In Canada, governments and organizations representing the interests of older adults provide the majority of initiatives addressing ageism.[4] But most of these initiatives have not been evaluated or tested on a large scale.[4, 14] Therefore, it is not possible to make conclusions about the impact of Canadian initiatives addressing ageism and the efficacy of anti-ageism strategies these initiatives use.[14]

- While the negative impacts of ageism on older adults have been widely documented, the underlying reasons (i.e., the 'why and how') for the perpetuation of ageist stereotypes and discrimination is not fully understood.[4, 14]

- There is a significant lack of research about the association between ageism, falls and fall prevention. For example, a PubMed search (no filters or medical subject headings (MeSH) applied) conducted for this evidence summary using the terms "ageism and fall prevention" only generated four results; a PubMed search using the terms "ageism and falls" generated 18 results. Only a small minority of these articles directly addressed ageism, falls and/or fall prevention.

Implications for research

In its Global Report on Ageism, the WHO cites the need for improved research and data collection to increase understanding of all aspects of ageism, including its scale, impacts and determinants, as a prerequisite for meaningful reductions in ageism against older adults.[1] Specifically, the WHO recommends enhanced data collection on ageism, particularly in low and middle-income countries, using valid and reliable measurement scales, and a greater focus on applied research assessing the effectiveness of anti-ageism strategies, as the current evidence base, while developing, falls short of what is needed to guide investments in programming and policy making.[1]

The report on the social and economic impacts of ageism prepared for the Federal/Provincial/Territorial Ministers responsible for seniors includes a number of recommendations to guide further research on ageism in Canada[4]. Two recommendations relevant to the relationship between ageism, physical activity and falls/fall prevention include:

- Research aging and ageism needs to adopt a more diverse, inclusive and heterogenous perspective to better understand the needs and lived experience of older adults who are under-represented in ageism studies, such as Indigenous elders and older adults aged 80+.

- Further research is needed to better understand the mechanisms underlying ageist stereotypes and discrimination and the factors facilitating acts of ageism.

Greater attention needs to be given to the specific measures of ageism used in research, including their validity and reliability. Few studies assessing anti-ageism interventions have used

multiple measures of ageism, and few studies assessed key outcomes, such as level of comfort interacting with older adults, aging anxiety, and interest in careers working with older adults.[62]

Lastly, research is needed to fill the significant knowledge gap on the associations between ageism, falls and fall prevention. Further research on this topic is critical, given the high degree of convergence between the psychological (e.g., anxiety and depression), behavioural (e.g., noncompliance with medication) and physiological (e.g., high blood pressure) consequences of ageism faced by older adults and the modifiable risk factors for falls.

Implications for policy and practice

Greater investment in public awareness campaigns is needed to change the mindset on ageism, the ageist beliefs and attitudes held by adolescents and younger to middle-aged adults. As was noted previously, ageism is the one form of discrimination that is considered socially acceptable, and as a result it is often expressed unconsciously.[4] Raising awareness about the negative impacts of age discrimination is a necessary first step towards reducing ageism and building a more age-inclusive society.

Interventions aimed at reducing ageism by younger people should utilize a combination of educational initiatives and intergenerational contact programs, as systematic reviews of the literature have demonstrated that this intervention mix has the greatest impact.[57,62] Self-directed ageism as a barrier to participation in physical activity by older adults can be effectively addressed through a combination of small group educational sessions that increase motivation and counter prevailing myths about aging[58] as well as targeted anti-ageism messages directed towards older adults.[59]

At the policy level, the UK Centre for Ageing Better's report on Ageism includes a six-point plan of action. Recommendations include:

- measures to increase the number and diversity of older age groups in the media;
- the elimination of ageist stereotypes in media depictions of older people;
- ensuring all residential dwellings are built to the highest accessibility standards;
- encouraging all local jurisdictions to become Age Friendly Communities that enable people of all ages to live active and healthy lives;
- education and policy measures in the health care system that ensure that the standard and quality of patient care provided to older adults is based on an objective assessment of their health needs rather than their age.[3]

Conclusion

Ageism poses a significant threat to the health, well-being and quality of life of older adults. Yet ageism persists in large measure because it is regarded as a socially acceptable and socially sanctioned form of discrimination. Going forward, meaningful reduction in ageism directed against older adults requires a greater investment in public awareness campaigns to change prevailing beliefs, programs combining education and inter-generational contact interventions,

Age-Friendly communities, and policies targeting interpersonal and systemic ageism in key sectors of society including health care.

Key Loop Resources on Ageism

Loop Discussion Threads

Ageism as it relates to equity, health and ultimately fall prevention
https://www.fallsloop.com/discussions/11700?viewcomment=2217#CM2217

Written by a public health nurse at Simcoe Muskoka District Health Unit, this post is a call for interest in the development of a province-wide anti-ageism campaign. The goal of this campaign would be to raise awareness of the increasing population of older adults, and the need to fund programming to increase health, wellness, independence, and quality of life while decreasing frailty, falls hospital and institutional admissions.

Are there existing staff e-learning modules on ageism that support preventing the impact of ageism on the healthcare system?
https://www.fallsloop.com/discussions/10267?viewcomment=424#CM424

A Loop member requested examples of e-learning modules addressing ageism, with an emphasis on how ageism impacts the quality of health care received by older adults. Several resources were suggested, including **L'âgisme, c'est assez!**, a recent Francophone resource produced by the Centre collégial d'expertise en gérontologie (CCEG|CCTT) du Cégep de Drummondville. See https://issuu.com/villendo/docs/agisme_cceg_issuu

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