

Shifting the Paradigm of Ageism

Strategies for Positive Active Aging

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The supposition that the culture of ageism is prevalent in our society and there is a need to address the clichés, myths and stereotyping of the elderly (ageism) was tested, and validated. Strategies to create a more supportive, enabling and senior-sensitive society were explored by 147 participants who came to learn about this subject matter and gain a common understanding of the multidimensional aspect of aging. Ten (10) priority issues were identified with recommendations for action. The findings will be shared with key stakeholders, policy influencers and policy makers in order to address perceptions of aging that may create negative systemic and cultural barriers to the complexities of the aging process. This is in addition to inclusion of the strategies in OCSCO Strategic Plan 2012-2016 which identified ageism as a potential barrier.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

1. Introduction

"Aging is not lost youth but a new stage of opportunity and strength."

Betty Friedan (1921-2006)

The Ontario (Society) Coalition of Seniors Citizens Organizations (OCSCO) is a provincial organization "dedicated to improving the quality of life of seniors in Ontario." OCSCO offers educational programs; policy and research analysis; information, referral, and counseling services; outreach and support initiatives; and volunteer/self-help programs. OCSCO membership includes over 140 seniors' organizations and individuals, representing approx. 500,000 senior citizens from across Ontario.

As part of its ongoing mission, OCSCO is continually monitoring events, policies, programs and issues that affect senior citizens across Ontario. One issue that has repeatedly been identified by OCSCO members, staff and the Board of Directors is that ageism is prevalent in our society and ageism creates barriers to positive active aging. OCSCO applied for, and received a New Horizons Grant to hold an activity aimed at examining ageism in Ontario.

This Summary Report is a high level synopsis of the "Positive Active Aging Forum" that was held by OCSCO.

- For an in-depth description of the Forum please refer to the Final Report which is available on the OCSCO website.
- A two page Executive Summary is also available.

2. Background and Planning

After OCSCO received its New Horizons Grant in September 2012, the Positive Active Aging Organization Committee was developed to develop, deliver and summarize the Positive Active Aging Forum. This Committee consisted of seven older adults.

The Committee agreed that the objective of the Forum was ***to examine the negative stereotyping of the elderly (ageism) and to develop strategies to create a more supportive, enabling and senior-sensitive society.*** Using this objective, the organizing committee decided to use the "world café" format that would allow for the description of ageism at the local level, as well as facilitate the development of strategies to address ageism within the broader provincial context.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

"The apocalyptic picture of the future is indeed ageist, because it objectifies people who are ageing and treats them as though they are all alike. They are not people anymore; they are 'the burden'. From this negative point of view, these older people are not capable of contributing creative solutions to meeting their own needs. They have no agency. They are inert, the burden. The sky is falling, and it is falling because there are too many older people. That sounds ageist to me."
(Longino, 2005)

The Positive Active Aging Forum undertook significant efforts to encourage participation in the Forum, from communities across Ontario. The Committee utilized diverse methods to recruit seniors 50 and over for the Forum, including web postings on OCSCO and member websites, and individual invitations by mail and email. In order to gain participation from traditionally marginalized groups, the Committee exerted specific outreach to seniors from low income, ethno cultural, religious and sexually diverse groups. Transportation assistance – in the form of designated buses, paid parking fees and mileage costs, and provided lunch, were organized for participants to remove barriers to participation.

3. The Event

The Positive Active Aging Forum took place on October 1, 2013 – World Seniors Day. It was held at North York Seniors Centre in Toronto. About 150 individuals participated, most of whom were from Greater Toronto and surrounding areas. There were participants beyond this catchment area representing all sections of Ontario. For example Windsor, Ottawa, North Bay, Belleville and Niagara, to mention a few.

The event started with The Honourable Alice Wong, Minister of State (Seniors), The Honourable Monte Kwinter, MPP, and Lauren Bates, Senior Staff Lawyer, Law Commission of Ontario. These presentations served to ensure that all participants had a common understanding of some of the issues affecting seniors.

The participatory part of the event started mid-morning with participants describing ageism in their own communities at 15 tables facilitated by trained senior volunteers.

- i. What does ageism look like in your community? How have you or your family or friends experienced it?
- ii. How could your community be better for older persons? What needs to be done?
- iii. What specific actions can we take – as individuals, groups or associations – to improve?



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

Flip chart notes depicting highlights from the discussions at each table were then posted on the walls. During the lunch break all participants reviewed these notes and “voted” with stick-on-dots for the top three issues/recommendations that were important to them. The top ten issues or recommendations identified by participants through this “dot voting exercise” formed the basis for discussion in the afternoon sessions. Recommendations for further action were developed in the afternoon sessions.

4. Top priorities: Issues and Recommendations

Forum participants identified the following ten priority issues, and attended new round tables about each of these issues. Each table developed recommendations for action – by individuals, groups, associations or governments – to address these issues.

Forum participants recognized that several of the issues (e.g. income, language and culture) were intrinsically linked and that discussions of other issues would undoubtedly involve discussions of income, language, culture, etc.

As well, it was recognized that the theme of intergenerational programming had arisen many times in morning conversations, and that while it was not a specific identified priority, it would be important to consider this avenue when discussing recommendations or solutions.

Each table described how the issue affects seniors, and then developed recommendations to address these challenges:

i. Income

The group explored income adequacy in some depth and developed a range of potential changes that would impact older adults:

- Intergenerational initiatives:
 - Pay seniors for mentoring in the workplace or schools
 - Develop intergenerational exchanges
 - Enhance education about financial planning
- Income adequacy
 - Provide more comprehensive insurance programs
 - Provide more senior discounts
 - Provide assistance with debt relief
 - Reform pensions



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

- Work opportunities
 - Encourage social enterprise among seniors
 - Encourage hiring of senior citizens
 - Expand local information exchange networks

ii. **Affordability**

This group discussed affordability as an issue – separate from income. Their observations and recommendations included the following:

- General observations:
 - Incomes don't keep pace with the cost of living
 - Retirees are often surprised about their retirement income
 - Lower incomes of senior citizens is often perceived as reduced power and influence in society
- Recommendations:
 - Expand education about the realities of pension and government incomes
 - Reform taxation system so that retirees are not taxed at same levels as active workers
 - Reduce incentives for companies that hire from out of the country and increase incentives for companies that hire older adults
 - Ensure that public funds are used responsibly to maximize resources available for supports and services.

iii. **Employment**

Two groups discussed employment issues. Their discussions centred on the fact that senior citizens can make significant contributions in the workplace, provided the conditions are there for them to do so. The groups made the following general observations and recommendations:

- General observations:
 - Some senior citizens need to work past retirement age because they can't afford to retire
 - Some senior citizens work past retirement age because they want to
 - Some seniors are reluctant to advocate for their rights in the workplace
 - The concept of seniority in the workplace has been eroded to some extent.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

- Program and Policy Recommendations:
 - Ensure that legislative tools to prevent discrimination and ageism in the workplace are adequate, and educate employers about the rights of older workers
 - Provide older workers with access to information about their rights in the workplace and provide support to them should they require it (e.g. advocate for older adults who may be performing less effectively than their counterparts by explaining the advantages of employing the worker in terms of experience, understanding and ability to mentor younger employees.)
 - Provide public education about the benefits and rights of older adults in the workplace
 - Promote and provide older workers with accessible and affordable educational opportunities to upgrade their skills and knowledge.
 - Explore opportunities for seniors to work in services which support seniors
 - Explore opportunities for intergenerational exchanges whereby younger people teach older people skills (e.g. computer skills) and older people teach younger people work skills.

iv. Education

The group that addressed the issue of education discussed both education for senior citizens as well as education about aging.

- Strengthen sources of information and education
 - At community centres, colleges, schools, libraries, faith institutions, mall kiosks, etc.
 - Through the media (newspapers, magazines, TV, internet)
 - Through hospitals and health providers (including through programs for disease management, health information brochures, parish nurses)
 - Through provincial organizations like OCSCO and government outreach.
- Make educational material accessible to all:
 - Ensure that education material is available in different languages and through multi-cultural centres (e.g. COSTI, settlement houses, etc.) Provide translation services when needed.
 - Ensure that educational programs reach individuals or communities where literacy in official languages is limited – use radio and TV where possible.
 - Ensure that web sites include contact information and follow up for individuals who need further information
 - Create a senior friendly 211 or 311 line
- Explore intergenerational opportunities for education and information sharing
 - Book clubs, grand parenting programs, co-training, education to young people about aging, etc.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

v. Access to Information

This table agreed that lack of sufficient information prevents older adults from participating in programs that they need or want. Recommendations to address this includes:

- Provide comprehensive and accessible information about all government programs (municipal, provincial and federal)
- Deliver specific targeted and regular information to older adults on programs and policies that affect them.
- Recognize that one size does not fit all older adults and develop a range of methodologies to reach senior citizens (e.g. use full range of traditional and technological outreach channels)
- Develop an inventory of what programs are available in each community → analyze and strategize to fill local gaps
- Harmonize delivery of federal and provincial programs at the local level
- Create a senior friendly 211 or 311 line

vi. Health Care

Three groups worked on the issue of health care. These groups developed a range of observations and recommendations that are shown in the table on the next page. In addition the groups developed the following overarching recommendations:

- Create the position of Provincial Ombudsman for seniors to monitor and mediate services for seniors.
- Advocate for accountability in the health care system – particularly as it applies to services for seniors. Initiate the use of “quality of life” measures as a health care measure/accountability standard.
- Widen the criminal code definition of elder abuse.
- Improve education and communications around health care services to ethnic communities.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

PART OF SYSTEM	OBSERVATION OR PROBLEM	RECOMMENDATIONS
HOSPITAL	Seniors are confused by hospital procedures if they don't have their own advocate.	Designate one person on the medical team to take the lead on a particular individual, to communicate with him/her, and to champion his/her interests with rest of team and other providers.
	Discharge from hospital to home is often problematic for seniors – many need to be readmitted shortly after	<ul style="list-style-type: none"> • Improve hospital discharge process • Ensure that hospitals communicate re patient needs with CCAC and family physician. • Develop transitional care services to mediate transition from hospital to home.
	Seniors get different drugs after they are discharged from hospital	Ensure consistency of drugs in hospital and home.
	Seniors get sicker while waiting to be seen in emergency room	<ul style="list-style-type: none"> • Develop a better triage system in hospital emergency rooms. • Develop senior-specific guidelines for ER waits and practices.
PHYSICIANS	Doctors often don't take the time to listen to seniors and are often poor communicators. (This leads to assumptions about a problem and its causes.)	<ul style="list-style-type: none"> • Develop a team-based care model for seniors in primary care so that the nurse or nurse practitioner can get to know and communicate with the physician's senior patients. • Educate medical professionals on how to communicate with seniors.
	There is a lack of geriatricians in Ontario	Work with the Ontario Medical Association to demonstrate the need for more geriatricians.
	Many MDs are retiring and seniors are losing their MD.	Develop strategy to help seniors find new family physicians.
	Seniors have to travel from one physician to another. This is costly, time consuming and tiring.	Coordinate doctors visits wherever possible so more than one physician can see seniors at the same time, place.
	Seniors heal at different rates – from each other and from younger patients	Provide care and therapies that are customized to the needs of the individual patient – not regulated by a rigid protocol or maximum treatments.
COMMUNITY	Seniors don't know how to navigate the health system	Provide support to seniors who are having trouble getting to the services they need in the health care system.
LTC HOMES	Long waits for LTC beds for seniors in hospital	Advocate for more LTC home beds.
HEALTH CARE COSTS	Seniors are being asked to pay increasing costs for health services – those who can't afford to pay take longer to heal or deteriorate and require additional care.	<ul style="list-style-type: none"> • Reconsider de-listing services for seniors • Provide special rates for hospital parking for seniors • Advise physicians to consider drug costs when prescribing to seniors



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

vii. Language and Culture

This discussion table identified how language and culture can create barriers to active aging. Their recommendations included:

- Increase educational programming with youth and seniors about the similarities between cultures and religions.
- Provide opportunities for cultural sharing (e.g. sharing buildings and programs)
- Develop travelling workshops about cultural similarities and differences
- Develop ESL programs specifically for older adults as they may learn differently from other groups.
- Broaden government funding to include a wider variety of seniors groups.
- Increase the number of cultural interpreters so seniors can access elder abuse, social programs and community safety programs in the language of their choice.
- Some new immigrant groups (e.g. the Roma) face discrimination. Seniors groups can support these population groups through advocacy, education and inclusion.
- Current services may not meet the needs of older women from ethno-cultural groups – efforts should be made to identify the needs of these women and to ensure that programs are designed to meet these needs.

viii. Transportation

The table that discussed transportation issues noted that the challenges are difference across urban, suburban, rural and remote communities:

- Urban transportation issues include
 - Cost and accessibility.
 - Weather conditions
 - Wait times
- It was recommended that public transportation providers in urban areas consider offering free transportation to seniors during non-peak times (10 am to 2 pm).
- Rural transportation challenges include:
 - Distance to services
 - Travel times
 - Lack of public transportation options
 - Reliance on service groups
 - Weather conditions
- It was recommended that rural areas consider adding a “dial-a-bus” service to offer individual rides as needed (not necessarily in a bus)
- It was noted that transportation is key to socialization for seniors in rural and remote areas and that socialization alternatives should be considered for these areas.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

ix. Accountability

The Accountability table was concerned with the need for accountability when spending resources (like grants) on programs to address aging. Their recommendations were as follows:

- Ensure clear criteria for accessing funds.
- Remove politics from funding decisions.
- Ensure that groups that receive grants use the money as they said they would.
- Ensure that results of grant programs are publicly posted and accessible.
- Attempt to distribute money equitably – so that money is not always granted to the same groups.

x. A Framework for active aging

During the morning discussions there appeared to be considerable support for the notion of developing a comprehensive framework for active aging. One table chose to discuss this during the afternoon session. Their discussion took on a looser format than the others. The following are some of the topics that were discussed:

Reasons to develop a senior-specific framework:

- Ageism is prevalent in our society
- The voice of the senior is missing
 - From policy making, law making, regulation development
 - From the corporate world and boardrooms
 - From government planning at municipal, provincial and federal levels
- Seniors are viewed as the “losers” in casino economics, while the young are the winners.
- There is a need to critique current power inequities and corporate agendas

The group discussed the need to learn from other movements and groups (e.g. feminists and the civil rights movement) about how to effect change. They noted that models and tools exist that could contribute to a Framework for Active Aging, such as:

- The social determinants of health
- World Health Organization work on active living and age-friendly communities
- British Columbia’s Seniors Policy Lens and Tools
- The Law Commission Report
- On line resources such as the 8 to 80 Lens.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

Table discussants recommended that the Framework include:

- A definition of ageism
- A definition of diversity
- A positive economic model
- An anti-oppression strategy
- 7 principles contained in the Ontario Law Commission Report.
- An awareness of the roots of ageism and an examination of who benefits from it.

During the daylong activities participants were totally engaged in the world café process. They contributed to round table discussions, “voted” on key issues that were important to them and enthusiastically discussed potential strategies and solutions to problem issues.

5. Additional Recommendations

In addition to the recommendations developed by the priority tables discussed above, the Positive Active Aging Forum developed three additional overarching recommendations as needing follow up and follow through by OCSCO:

- **Improve public transportation for senior citizens in Toronto and beyond.**

Forum participants were disturbed by the limitations in availability and accessibility (both physical and financial) of transportation services and recommended that OCSCO be involved in educating transportation providers in Toronto and across Ontario, about the needs and abilities of senior citizens.

- **Initiate intergenerational discussions and programs.**

Forum participants were distressed by the prevalence of ageism in Ontario communities. It was recognized that ageism needs to be addressed at its root, and that younger generations need to be educated about aging and ageism. Forum participants recommended that OCSCO initiate discussions about the development of intergenerational programs and courses about aging for delivery across the province.

- **Explore barriers to active aging across diverse communities.**

Forum participants recognized the differences in aging and ageism that exists in Ontario’s diverse cultural communities, and recommended that OCSCO take a leadership role in identifying the similarities and differences in the needs of seniors from diverse ethno-cultural, religious and sexual communities.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

OCSCO staff and board members agreed to pursue the activities recommended above and to communicate with participants about findings and further actions.

6. Evaluations

Evaluation Forms which were distributed to all Forum participants.

Most completed forms showed that participants were overwhelmingly pleased with the results of the day because they:

- Had a chance to voice their opinions
- Felt they created the agenda for the day (through the world café format)
- Were able to prioritize issues that were important to them, and
- Were able to contribute to follow up plans and priorities.

A couple of participants did have concerns about the venue and format of the workshop. One participant identified difficulty hearing and discomfort with the open concept agenda.

7. Next steps

The Positive Active Aging Forum concluded with a commitment from OCSCO – and from senior citizen participants - to continue to explore and identify ageism across Ontario, and to work with seniors, seniors' organizations, governments and policy makers to develop strategies that combat ageism and promote positive active aging.

The Defying Ageism Forum Report will serve as a vehicle to achieve these goals. It will be distributed widely – by mail or email – to conference participants and OCSCO members, as well as to a broad range of stakeholders across the country including:

- Policy-makers and government officials at three levels of government
- Universities
- School boards
- Care provider organizations (hospitals, CCACs, LHINs, community support service organizations)
- Associations

The Report and its contents will also form the basis for OCSCO's discussions with key stakeholders across the Province:

- PowerPoint presentations will continue to be used to highlight Forum process and recommendations.



Shifting the Paradigm of Ageism: Strategies for Positive Active Aging

- Talking points derived from the Forum will be given to OCSCO staff, speakers and representatives whenever they are representing OCSCO in the community.

Forum findings will also inform OCSCO's future planning: the examples of ageism and anti-ageism strategies developed at the Forum will provide depth and direction to OCSCO's current strategic plan, which has already identified ageism as a key issue. Follow-up events will also be planned which build on the learnings of the Defying Ageism Forum.

8. Conclusion

The Defying Ageism Forum has undoubtedly achieved its goal, which was *"to examine the negative stereotyping of the elderly (ageism) and to develop strategies to create a more supportive, enabling and senior-sensitive society."* In doing so, the Forum has also demonstrated how senior citizens can take a positive, proactive approach to aging. Participants at the New Horizons-funded event truly epitomized the role of active seniors. They planned, delivered, hosted, facilitated, and evaluated the Defying Ageism Forum.

The participant table summaries from the Forum (Appendix D) provides government, planners and community groups with insight on recommended changes to help an older person remain active, healthy, socially engaged and independent. The recommendations range from style and approach and to reviewing funding or making taxation changes and addressing the lack of long term (greater than 5 years) planning. The outcomes and participant table barriers identification and positive active aging solutions reflected the Fifth Annual International Positive Aging Conference's relevant to five (5) topic areas fundamental to Positive Aging and recommended themes for all future Positive Aging Conferences.