



Intergenerational Civics Programs to Combat Structural Ageism in Canada

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Abstract

Intergenerational civics programs that offer high school graduates a reduction in college or university admissions fees, or rental fees, can stimulate the formulation of a new wave of social impact initiatives. Provided that each program is accredited externally for quality, this approach could attenuate tensions between generations, diminish social isolation among seniors and help young people with housing and higher education affordability, both of which are provincial priorities. It could provide valuable assistance to the elderly in need while also fostering a sense of civic responsibility and community engagement among young people.

Active Virtue to Fight Ageism

“When You Are Old” by William Butler Yeats is a poem widely misunderstood. Rather than signifying that age is to be feared, the poet urges readers to imbue aging with beauty and awe. In this verse, Yeats writes:

How many loved your moments of glad grace,
And loved your beauty with love false or true,
But one man loved the pilgrim soul in you,
And loved the sorrows of your changing face.
– *The Collected Poems of W.B. Yeats* (Finneran 1989)

Yeats was a lyric poet who championed “active virtue,” a belief that individuals could transform themselves and their communities and create a more just and harmonious society (Harper and Gould 2013: 8). I share this belief.

In 1969, psychiatrist Robert Butler coined the term “ageism” to refer to our ingrained bias toward the elderly (Ayalon and Tesch-Römer 2018: 1). This is a cognitive bias that, as a society, we need to acknowledge.

Recognizing ageism is the first step to combatting it. By expunging it, we would see improvement in certain health system challenges previously noted in this column (Seeman 2022, 2023): the social isolation of our elderly, a lack of options for those wanting to age at home and the shearing of our healthcare workforce.

Structural Ageism: The Data

By *structural ageism*, I mean explicit or implicit policies, practices or protocols in our institutions that discriminate against older persons. This concept can also include discriminatory actions of managers, such as ageist attitudes expressed by a hospital’s public relations or human resources team members, who act as decision makers for their institutions (Chang et al. 2020).

The cognitive bias of ageism is a risk factor for senior abuse and can lead to reports of such abuse not being given the attention they deserve. Ageist policies and practices can also limit the opportunities for and contributions of older adults in society. The accumulated experience and wisdom of our elders is ignored or too readily dismissed by the young. A Government of Canada (2022) discussion guide on ageism identified younger people, healthcare professionals, government policies and employers as the most often identified groups exhibiting age-based discrimination.

A cross-national representative survey in Canada and the US examined ageism toward older individuals during the first year of the COVID-19 pandemic. The survey found that both young and middle-aged Canadians perceived older individuals as significantly less approachable and less companionable than younger people (Sutter et al. 2022).

According to a report by the National Institute on Ageing and Environics Institute for Survey Research (2022), ageism

is stark in Canada. Almost one in three (31%) Canadians aged 50 years and older report perceiving acts of ageism directed toward them. Experiences of ageism are more common among immigrants or first-generation Canadians and among those in relatively poor health and facing income fragility. The most common settings for experiencing ageism are in the workplace (31%), on the street (21%) and in stores or restaurants (20%).

Ageism in Healthcare and the Workplace

Canadians aged 80 years and older perceive ageism most frequently in hospitals and other healthcare settings (20%) (National Institute on Ageing and Environics Institute for Survey Research 2022). Healthcare providers, for example, may show impatience toward an elderly person's difficulty with hearing, unfamiliarity with online systems or apps to book appointments or difficulty adhering to a medication regimen.

There are structural and policy issues in healthcare that discriminate on the basis of age. One example is exclusion from participation in health research, such as oncology trials or Parkinson's disease trials, for conditions that are more prevalent in the elderly than in the young (Chang et al. 2020). Such practices are associated with a wide number of negative outcomes for older adults, such as poor health outcomes, reduced longevity and an increase in health anxiety. Ageism also leads to discrimination against older healthcare workers, who often face barriers to career advancement or may be forced into early retirement (Kang and Kim 2022). This worsens Canadians' already poor access to limited healthcare providers, especially to primary care physicians, and decreases the elderly's financial security and self-esteem.

To test the degree of ageism in Canada's healthcare workplace, I scanned the job recruitment ads. Of the 17,169 hospital-based jobs listed on Indeed.com (as of September 4, 2023), there were 10,824 open job descriptions encouraging applications from historically disadvantaged groups or marginalized populations. About 2% (362) of hospital jobs sought out "energetic" candidates, an adjective that implicitly codes for "young." Only 119 encouraged applications from "all persons," meaning those who self-identify on the basis of any of the conditions listed in the *Canadian Human Rights Act* (1985), which includes age in section 3(1). Over 73% (7,939 jobs) of the 10,824 job descriptions encouraging specific groups to apply included language that welcomed applications from "people with disabilities." None of the 10,824 jobs expressly encouraged older Canadians, older adults, seniors or retirees to apply.

Ageism in the healthcare workforce can manifest in diverse ways that harm both healthcare workers and patients. On average, Canadian seniors spend less time talking to their healthcare professionals than any other age group. In part, this may be attributable to the seniors themselves, who feel

awkward divulging their problems to care providers the age of their grandchildren. In part, however, the fault may be the realization on the part of providers that if they ask about problems, there will be so many that the time they have accorded to the consultation will never suffice. A lack of time and a lack of understanding of the unique needs and concerns of older patients result in disrupted care, poor continuity of care and inadequate care.

Many companies have policies in place to prevent discrimination based on age or other protected grounds. But, as the data noted here suggest, discrimination toward older workers may be structurally embedded into systems of recruitment, hiring and promotion. In other words, the structural bias against older workers and older patients may be so hardwired into daily workplace routines that it goes unnoticed.

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Combating Structural Ageism in Canada: Intergenerational Programs

The high prevalence of structural ageism in Canada invites us to seek out policy solutions from analogous contexts. From the results of studies on bias and stigma, we know that spending time with stigmatized groups can, paradoxically, draw us closer to an understanding of their needs and also of our own (Batson et al. 2002). The approach I suggest, therefore, is to encourage diverse civics programs for high school graduates that promote meaningful and sustained interactions between younger and older Canadians.

Intergenerational programs, such as "buddies" programs, arts or pottery classes and mentorship and skills-sharing programs, can promote affinity between older and younger generations. When paired with educational interventions, these programs evoke intergenerational empathy.

The Government of Canada's (2022) *A Discussion Guide on Ageism in Canada* points to exemplars of these types of initiatives. One is GeriActors (<https://geriactors.ca/>), an intergenerational theatre company in Edmonton, AB, which allows older adults and younger students to bond while performing together. Participating in the GeriActors program has been shown to reduce ageist attitudes and foster intergenerational relationships. Another example is Canada HomeShare (<https://www.canadahomeshare.com/>), which matches older adults who have a spare room with students seeking affordable housing. The student provides up to seven hours a week of companionship and/or assistance with completing light household tasks – such as preparing and sharing meals, tidying up, carrying groceries or walking a pet – in exchange for a reduction in rent.

In keeping with the concept of active virtue introduced at the outset of this essay, these intergenerational programs can, with time, serve as models for a coordinated national strategy to eliminate structural ageism in Canada. Provincially funded intergenerational civics programs that offer high school graduates a reduction in college or university admissions fees, or rental fees, can stimulate the formulation of a new wave of social impact initiatives, such as GeriActors or Canada HomeShare. Provided that each program is accredited externally for quality, a game plan such as this could attenuate tensions between generations, diminish social isolation among seniors and help young people with housing and higher education affordability, both of which are provincial priorities. It could provide valuable assistance to the elderly in need while also fostering a sense of civic responsibility and community engagement among young people.

When planning such a program, program design demands critical consideration. This might include (1) program structure

and requirements – notably, the specifics of the program, such as its duration, the type of work involved and any training or preparation required; (2) funding and resources to ensure sustainability; (3) partnerships and collaboration with community organizations, healthcare providers and other relevant stakeholders to help ensure that the program meets the needs of the elderly and at-risk communities; and (4) evaluation and assessment to measure the program's impact and effectiveness.

There are always unintended or unanticipated consequences to the implementation of widespread change. To evaluate impact, pilot programs are important, as are rigorous evaluation and devotion to the cause of intergenerational empathy. In this, again, William Butler Yeats is an inspiration. He was among the most prolific poets, playwrights and writers of all time until his death in January 1939 (Britannica 2020). His principle of active virtue rested on a foundation of experimentation and continuous learning. **HQ**

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