

Counting the costs of ageism: Discrimination and COVID-19

Ultimately, ageism influences how all age groups view their own aging and older adults^{1,p.893}

Ageism is not a new phenomenon and would be a familiar topic to regular readers of the *Australasian Journal on Ageing*. A previous editorial by Malta and Doyle² noted the many contributions to the journal from 1982 to 2016 that explored ageism, which they categorised through the lens of Butler's three constructs of ageism—attitudes and beliefs; behavioural; and policies and practices. They concluded that ageism remains a salient problem in Australia and called for more research examining ageism and age discrimination including policy (eg whether training and education initiatives are creating change), and legal, media, arts-based and historical studies.²

Since Malta and Doyle's² editorial, ageism research has continued to expand and some of the needed areas of research they identified are found in later issues of the *Australasian Journal on Ageing*. These topics include workplace age discrimination,^{3,4} ageist attitudes of health-care professionals⁵ and medical students,⁶ sexual health of older adults,⁷ the use of arts-based methods in addressing stereotypes of ageing and older people⁸ and the prevalence of older people's self-reported exposure to discrimination.⁹ In addition, there have been arguments for human rights frameworks for older people,¹⁰ with McGrath's¹¹ editorial drawing attention to human rights failings regarding the inequitable treatment of older people during the coronavirus pandemic (hereafter referred to as COVID-19). While acknowledging the wealth of research already published, it is evident that more research (and action) is needed to address multiple, intersecting forms of discrimination that impact the lives and well-being of older people. It remains contradictory that while longevity is celebrated, older age is not.

From a global perspective, ageism is rampant, with one in two people holding ageist attitudes towards older people.¹² Ageism has been a strong focus for the World Health Organization (WHO), with research as part of their 'Global Campaign to Combat Ageism'¹³ providing evidence that, internationally, ageism as a social determinant of health negatively impacts on the health of individuals structurally (such as exclusion from health research and services) and individually (such as reduced longevity).¹⁴ Ageism also impacts on health-care costs. In the United States alone, ageism-related health conditions in people aged 60 and over—such as cardiovascular disease, injuries, diabetes and mental disorders—cost a

staggering US\$63 billion annually.¹⁵ By addressing ageism, it is therefore possible that the health of older people could be improved while also reducing health-care costs.¹⁴ It is therefore unsurprising that the WHO (along with the United Nations) has declared 2020–2030 as the 'Decade of Healthy Ageing', with a goal of reducing ageism and to 'change how we think, feel and act towards age and ageing'.^{16,p.6}

During COVID-19, the dangerousness and insidiousness of ageism have been strongly evident across care provision, policy responses, and media and political debates. In care provision, this has been witnessed in the questioning of the abandonment and resultant deaths of older people in long term or aged care facilities, and ongoing debates about the ethicality of refusing care and life-saving support to older individuals diagnosed with COVID-19.^{17–19} Extra burdens that have been placed on older people arising from the social measures to address COVID-19 include restricting or limiting access to health-care services,²⁰ physical distancing and lockdown measures that have led to increased mental and physical health problems^{21,22} and a disproportionate impact on mature-aged low-income earners.²³

Such inequalities are also witnessed in policy decisions such as the Australian Federal Government's JobMaker Hiring Credit, which provides incentives to businesses to hire additional employees but only if they are aged 18–35 years.²⁴ This discrepancy between how older and younger populations are viewed and treated is further observed in media discourses that, playing off ageist stereotypes and myths, cast older people as 'vulnerable' and 'at risk' from COVID-19, while younger people are irresponsible 'risk' takers whose actions threaten the social order.^{25,26} These media discourses demonstrate ageism towards older and younger populations and are based on divisionism: creating distinctions between 'us' (those considered to be safe and responsible) and 'them' (those who are threatening society and the community through their behaviours or, in contrast, at threat from coronavirus infection and irresponsible for wanting to live).²⁵ During COVID-19, ageism has thus fuelled discrimination, justified the unequal treatment of population groups and heightened intergenerational divides in Australia.²⁵

Not all ageism during COVID-19, however, has been consciously negative or intended. Vervaecke and Meisner²⁷ explored the rise of compassionate acts directed towards older people that, although well-meaning (and potentially create intergenerational solidarity), may be experienced as

paternalistic and ageist. These COVID-19-related ‘caremongering’ actions include homogenising older people as being vulnerable and in need of protection, thus generalising older population as well as COVID-19 risks; older adults are highly heterogeneous in terms of physical, social and psychological functioning.^{25,27}

As ‘an ageism-related focusing event’^{28;p.502}, COVID-19 therefore provides a ‘breakthrough moment’^{11;p.329} from which efforts to educate about and reduce ageism might be strengthened. Given this, we build on calls by McGrath¹¹ and authors before her, for a renewed focus on ageism. Recognising the differential human rights treatment afforded to older people is a large part of this, but only a start. For example, an online survey undertaken as part of the EveryAge Counts advocacy campaign against ageism found that while 72% of respondents agreed that ageism was an ‘important issue’, 71% did not ‘think a lot’ about ageism and only 16% were involved in ‘doing something’ about it.²⁹ These findings highlight the high level of inertia amongst the population generally towards addressing ageism. However, ageism is never *just* about ageing; ageism also often intersects with other attributes that are associated with social marginalisation and discrimination such as class, sex, race, disability and sexuality.^{1,30} Here, it is relevant to remember that age—like sex and class—is socially constructed,^{25,26} and such constructs are amendable to change. In addition, by confronting ageism, other forms of marginalisation and discrimination that impact people across a continuum of ages and functional abilities can also be tackled.

From ageist discourses to policies that existed prior to and have arisen during COVID-19, it is evident that older people as individuals have paid a heavy price. It also costs organisations and businesses. For example, as the population ages, there are fewer younger workers and more older workers available to employ.³¹ Brooke noted ‘mature age workers [45+ years] are 3.7 times more likely to remain employed with the same employer over a 12 month period than younger workers’^{32;p.4}, which reduces recruitment, induction and training costs. Resultingly, the human resource management benefits from employing mature age workers per annum in Australia are \$6111 per individual or approximately \$27.4 billion in total.³² In addition, the Australian Human Rights Commission reports that by increasing the employment rate of people aged 55 and over by five per cent, the annual benefit to the Australian economy would be \$48 billion.³³ As such, by discriminating against hiring older workers—or failing to support and retain them in the paid workforce where this is an individual's choice—undermines the experience and knowledge older workers bring, as well as their role in the economic prosperity of their communities and the nation-state. As many countries seek to rebuild their economies following (and during) COVID-19, older workers

Policy Impact

Ageism, as a social determinant of health, intersects with other forms of discrimination and negatively impacts older people as individuals. Of relevance to academics, practitioners and policymakers, this article notes what can be achieved by addressing ageism and how this can be achieved through systemic change.

Practice Impact

Recognising the human rights of older people is an important first step in addressing the consequences of ageism for individuals and society. Building on this, and working collaboratively with older people, practitioners and policymakers have a key role to play in challenging ageism and promoting positive change.

can play a vital role.³⁴ Ageism and government disincentives to hire older workers undermine this future economic prosperity.

The entrenchment of ageism in our global society¹² and the internalisation of ageism by older people themselves make it challenging to create change. In naming and addressing ageism and by working *with* older people, positive benefits can be achieved: improved experiences of ageing as a lifelong process, older people experiencing better quality (and potentially quantity) of life, renewed intergenerational solidarity, increased social inclusion, fewer experiences of intersecting forms of discrimination and reduced costs of ageism to individuals, social institutions (such as business and health organisations) and our communities.

Systemic change is possible. It requires dedication and effort by social institutions and local, national and international actors, spanning from the United Nations to individuals.¹² As reported by the WHO,¹² this needs to include implementing evidenced-based strategies (eg revoking ageist laws and policies, developing educational activities to address age-related stereotypes and myths and creating intergenerational contact interventions); undertaking and supporting further research on ageism (including applied and evaluative research, and increased collaborations); and widespread awareness and attitudinal change towards age, ageing and older age.

Ageism is too costly not to address, and all can benefit from its elimination.

KEYWORDS

age discrimination, ageism, coronavirus, COVID-19, human rights

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CONFLICTS OF INTEREST

No conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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