



Ageism: a challenge for a society of longevity



HIGHLIGHTS

- The 'longevity transition' is a new stage of social change, where a significant portion of the population is living longer and there is an increasing number of older people in the population. It brings both opportunities and challenges.
- As the EU transitions into a longevity society, it needs a new vision that can exploit the advantages of longer lives, and which aims for the wellbeing, active participation and personal fulfilment of all age groups.
- In order for society and individuals to benefit from the additional time that longevity brings, deep-rooted notions of ageing should be challenged.
- Ageism, i.e. *stereotypes, prejudice and discrimination based on age*, is a major challenge for a longevity society, because it prevents older persons from being an active part of society and limits the options that are available as people age.
- Addressing ageism is crucial for ensuring that active and healthy ageing policies are inclusive, equitable and successful in promoting the well-being and participation of older individuals in society.
- Addressing ageism should become a key component of policies addressing the consequences of an ageing population. This should include:
 - Raising awareness about ageism.
 - Implementing policies to address ageism in the workplace.
 - Supporting programmes that promote intergenerational contact.

‘Longer lives create new opportunities and usher in a shift from an ageing society to a longevity society. We would like to change our narrative from Europe being an ageing continent to a Europe of longevity.’ Vice-President Šuica, 11 October 2023

Introduction: from an ageing society to a society of longevity

The world population is living longer than ever. For more than a century, life expectancy has been increasing in most countries worldwide. In the European Union (EU), life expectancy has increased by more than two years per decade since the 1960s, reaching 80.6 years in 2022.¹ This is a remarkable societal achievement, reflecting improvements in overall living and health conditions.

Increased life expectancy and declining birth rates are contributing to population ageing in the EU. On 1 January 2023, over one fifth (21.3 %) of the EU population was aged 65 years and over, and the median age of the EU population reached 44.5 years. This means that half of the EU’s population was older than 44.5 years, while the other half was younger.² Eurostat projects that there will be close to half a million centenarians in the EU-27 by 2050.³

The term ‘demographic transition’ refers to a shift from a society with high birth rates and high mortality rates to a society with lower birth rates and declining mortality rates. During the earlier phases of the demographic transition, increases in life expectancy are driven by declining mortality rates in the younger age groups. In later stages, increased life expectancy is due to declining mortality rates in the older age groups. Many high-income countries have passed through this demographic transition. They have achieved very low levels of mortality - especially child mortality - so that the biggest gains of further improvement in life expectancy come from the older age groups.

This ‘longevity transition’ could be described as the arrival of a society in a demographic situation, where life expectancy is high and there is an increasing proportion of older people in the population. This comes with both opportunities (e.g. innovation and market opportunities in healthcare and technology catering for the needs of an older population) and challenges (e.g. sustainability of our social welfare systems). In order for society and individuals to benefit from the additional time that longevity brings, deep-rooted notions of age and ageing

should be challenged. This includes shifting the perspective from an ‘ageing society’, where focus is on the changes in the population structure, to a ‘longevity society’, where the focus is on how we age and on the exploitation of the gains stemming from longer life expectancy [33].

As the EU transitions from an ageing society into a longevity society, it needs a new vision that can exploit the advantages of longer lives, and which aims for the wellbeing, active participation and personal fulfilment of all age groups. This requires substantial changes to how we see ageing and the contribution of older persons to society. It includes an increased focus on healthy life expectancy, possibly longer working lives, and ensuring that policies adapted to an ageing society do not work against older people [33]. It also requires addressing the widespread ageism (i.e. stereotypes, prejudice and discrimination based on age), which poses a major obstacle to achieving the goals of a longevity society, because it prevents older persons from being an active part of society and limits the options that are available as people age [33, 38].

This Science for Policy Brief summarises the latest scientific evidence on the prevalence and impact of ageism in the EU and reflects on the challenges that ageism poses for the EU as longevity society, including the implications for active and healthy ageing policies. The Science for Policy Brief is based on a selection of scientific articles and reports by international organisations on longevity and ageism. It is the first in a series of Science for Policy Briefs on ageism.⁴



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1 83.3 for women and for 77.9 for men; [Mortality and life expectancy statistics](#), Eurostat, data of March 2024

2 [Population structure and ageing](#), Eurostat, data of February 2024

3 [Ageing Europe - statistics on population developments](#), Eurostat, data of July 2020

4 See also “Ageism: a challenge for health and healthcare JRC138117” and “Shifting perspectives: addressing ageism in media narratives JRC138090”

Defining ageism

The term 'ageism' was first coined by the American Gerontologist Robert N. Butler in the late 1960s. According to Butler, the underlying basis of ageism is the *'fear of growing older, becoming ill and dependent, and approaching death'*. Years later, Butler also invented the term 'longevity revolution'. He noted that during his own lifetime, the longevity revolution had added 30 years to the average life expectancy of high-income countries, but that this had had an unfortunate consequence: ageism. The increased life expectancy had exacerbated the "three great fears of longevity", in other words, that there will be an unprecedented number of economically dependent older people, that older people will drag down the economy, and that this will lead to intergenerational conflict [1, 6].

The World Health Organization (WHO) defines ageism as the *stereotypes, prejudice and discrimination directed towards others or oneself based on age*. According to WHO, ageism is about how we think (stereotypes), how we feel (prejudice) and how we act (discrimination) towards others or ourselves based on age [39].

The different faces of ageism

Ageism is often considered the third "ism", just after racism and sexism. It can take many forms, including prejudice, discriminatory practices or institutional policies that perpetuate stereotypical beliefs. Ageism affects all age groups. This Science for Policy brief focuses on ageism towards older adults.

Ageism can manifest at individual or at structural level, or it can be self-directed. At individual level, it influences how people perceive and interact with different age groups in their personal lives, communities and workplaces [39]. Structural level ageism, including organisational ageism, refers to the broader societal and institutional systems that perpetuate ageist attitudes and practices. This includes practices within organisations that disadvantage certain age groups and limit their opportunities [3, 25, 39].

Self-directed ageism occurs when individuals internalise negative beliefs about ageing, leading to self-devaluation, reduced self-esteem and limited self-efficacy as they grow older [36, 39]. This internalisation of ageist attitudes can have

detrimental effects on older individuals' mental well-being, self-perception and their ability to be an active part of society. Internalised ageism can manifest as a barrier to learning new skills and contribute to feelings of loneliness, insecurity and powerlessness [33, 36].

Ageism towards others and self-directed ageism are inseparably linked. Children grow up with societal age stereotypes and internalise them without reflection [20]. As these stereotypes first apply to other persons, there is no need to scrutinise their content or defend against them. Rather, these age stereotypes are continuously reinforced over time, because individuals are continuously exposed to the age stereotypes of their culture [27]. As individuals grow older, age stereotypes become increasingly self-relevant [31] and not only shape self-perceptions of ageing, but also lead to age-related self-discrimination.

Ageist attitudes are shaped and perpetuated by various societal, institutional and cultural factors. Societal factors include the prevailing norms, values and behaviours within a society, which can influence perceptions of ageing and older individuals. Cultural factors, including beliefs, traditions and representations of ageing and older individuals within a culture, also have an impact on the formation of ageist attitudes. Cultural attitudes and representations of ageing in media, literature and popular culture can influence societal perceptions and contribute to the perpetuation of ageist stereotypes and prejudices [25, 26].

Ageism can be explicit (conscious) or implicit (unconscious), and therefore people may not always be aware of being ageist. Explicit ageism refers to deliberate and intentional acts of discrimination or prejudice against individuals based on their age. This can include making derogatory remarks, enforcing discriminatory policies or deliberately excluding older adults from activities. Implicit ageism involves subtle and unintentional biases or prejudices against older adults, without individuals being fully aware of their impact. Implicit ageism can manifest through tacit stereotypes, micro-aggressions or subtle forms of discrimination. It often requires a deeper level of awareness to recognise implicit ageism. Both explicit and implicit ageism contribute to the marginalisation of older adults [22, 39]. The WHO's Global report on ageism points out that while ageism has been present in societies for centuries, the concept does not yet exist in every language, which can make it challenging to raise awareness about it [39].

Finally, ageism can be motivated by compassion or a desire to protect someone. This type of “benevolent ageism” may be perceived as caring or well intentioned, but results in patronising attitudes or actions towards older adults [3]. Benevolent ageism is associated with the oversimplified idea that all older adults are vulnerable. It can lead to unwanted measures - such as the social exclusion of older persons during the COVID-19 pandemic - often implemented without consulting the persons concerned [10, 13, 37].

Ageism intersects with other forms of discrimination, such as sexism and racism. These various forms of discrimination exacerbate each other. For instance, older women may experience compounded discrimination due to their age and gender, and older individuals with migrant background based on their age and ethnic background. Research highlights that the intersectionality of discrimination underscores the need to address ageism within the broader context of social inequality and injustice [21, 30, 39].

Prevalence of ageism

Research consistently emphasises the widespread nature of ageist attitudes and discriminatory practices. Ageism is found to be a global issue, prevalent in every social, economic, ethnic and geographic sphere and in different contexts, including the workplace, media, healthcare and public discourse [2, 22, 32]. According to the WHO, one in two people are ageist against older people globally.⁵

Round 4 of the European Social Survey (ESS) conducted in 2008 and 2009 contained a module on experiences and expressions of ageism. The survey revealed that a large majority of Europeans consider it important to be unprejudiced against other age groups but that age discrimination was seen by many as a serious issue in society. The survey also revealed that on average, across the 29 participating countries (which of the EU-27 excluded Austria, Italy, Lithuania, Luxembourg and Malta), the respondents considered that old age begins at 62.⁶

The results of the 2023 Eurobarometer Report on Discrimination in the EU indicate that 45% of Europeans are convinced that age discrimination (being perceived as too old or too young) is widespread in the EU. Additionally, 52% of Europeans mention age as the main criteria that may put a candidate at a disadvantage during a recruitment process. The latter

represents a five percentage point increase compared with the previous Eurobarometer survey in 2019.

Research highlights that ageism is deeply rooted in societal beliefs, behaviours and culture and more socially accepted than other forms of discrimination [3, 16, 24, 36]. The COVID-19 pandemic further normalised ageism, leading to increased social acceptability of ageist beliefs and prejudices [9].

Impact of ageism on individuals and societies

Ageism has a universal impact as it affects everybody over the course of their life [17]. It has wide-ranging impacts on both individuals and societies, influencing health, well-being, economic productivity, intergenerational solidarity and the quality and fairness of policies and practices at multiple levels.

At individual level, ageism is associated with:

- 1. Physical health:** Ageism is linked to worse health outcomes, including increased prevalence of chronic and physical illness, slower recovery from disability and reduced longevity [8]. Older adults may forgo, postpone or be denied medical appointments and treatments due to age-based discrimination.
- 2. Mental health:** Ageism contributes to higher depression scores, reduced life satisfaction, increased anxiety and stress. It is also associated with cognitive decline and reduced memory performance. Older adults may experience marginalisation, devaluation and infantilisation, affecting their dignity, self-esteem, self-confidence and overall quality of life [8, 35]. These negative self-views affect the capacity and willingness of older adults to engage with more complex tasks, such as the use of digital technology [18].
- 3. Social well-being:** Ageism can contribute to social exclusion, loneliness as well as reduced social networks [12, 19]. The COVID-19 pandemic exacerbated both ageism and social isolation of older adults, leading to increased feelings of loneliness, psychological distress and depression among the older generations [34].

⁵ WHO, Ageism, https://www.who.int/health-topics/ageism#tab=tab_1

⁶ ESS4 - integrated file, edition 4.6 (Austria and Lithuania not included) | ESS - Sikt

At societal level, ageism has multifaceted and far-reaching impacts, ultimately affecting social cohesion, economic prosperity and the overall well-being of communities. In particular, research highlights the importance of ageism on:

1. **Social cohesion:** Ageism exacerbates intergenerational tension, erodes social cohesion and undermines solidarity across age groups, potentially leading to social conflict. This can ultimately lead to violations of human rights for older individuals [4].
2. **The labour market:** A considerable body of research demonstrates the prevalence of ageist attitudes in the workplace, particularly toward older workers. Ageism is considered one of the most common forms of discrimination experienced in work settings [14, 35]. Ageism leads to barriers in accessing employment, disparities in hiring and promotions and challenges for older workers, including forced early retirement and unemployment [35].
3. **Healthcare services and provision:** Ageism affects access to and quality of healthcare services for older adults, contributing to disparities in care and treatment. Ageism can lead to workforce shortages in aged care sectors [15].
4. **The economy:** Ageism imposes economic burdens on societies due to increased healthcare costs, potential decline in GDP and inefficient use of human resources, which affects productivity and use of skills in the labour market [2, 23]. A study from the US estimated that the cost of ageism for the US healthcare system amounts to \$63 billion annually [25].
5. **Public policies:** Ageism can influence policy decisions, legislation and institutional practices, potentially leading to inadequate or discriminatory policies that overlook the needs of older adults, and in disparities in allocation of resources [28].

Addressing ageism in a society of longevity

Active and healthy ageing, with a greater focus on prevention and individual needs, creating opportunities for older workers to thrive as part of a multigenerational workforce, promoting social connections across generations and addressing inequalities are cited as key priorities for achieving a longevity society [31, 38]. Ageism poses a major challenge, because it influences negatively each of these priorities, prevents older persons from being an active part of society and limits the options that are available as people age.

In particular, research highlights that ageism may have a significant impact on “healthy and active ageing” policies, potentially undermining current efforts to support older adults in maintaining their well-being and quality of life [12]. Ageism can hinder the development and implementation of these policies by:

1. Limiting older persons’ access to healthcare, employment and social activities.
2. Influencing policymakers’ perceptions and decision-making, potentially leading to policies that do not fully consider the needs and experiences of older adults.
3. Undermining societal support to initiatives that promote the well-being of older adults.

Research emphasises that in a longevity society, active ageing needs to be approached from a life span perspective. This means focusing on a preventative approach that promotes well-being across the entire life span, with the aim of improving physical and mental health in older age [33].

Addressing ageism is crucial for ensuring that active and healthy ageing policies are inclusive, equitable and successful in promoting the well-being and participation of older individuals in society. Addressing ageism should become a key component of policies addressing the consequences of an ageing population. This should include:

1. **Addressing ageism in the workplace:** Policymakers can implement policies and collaborate with the private sector to actively address ageism in the workplace, and to create conditions that enable older workers to thrive.
2. **Supporting awareness raising campaigns:** Ageism remains widespread in society largely due to a general lack of awareness. Awareness raising campaigns can help people recognise and challenge ageist stereotypes in different contexts and at various levels of society.
3. **Supporting programmes that promote intergenerational contact:** Using the individual resources of different age groups should be encouraged. Research points to intergenerational contacts as the best way to address ageism and promote understanding and solidarity across different age groups.

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