Notes, final policy event, panel 2

Theme 1: Ageism in the work force
Theme 2: Ageism in healthcare and access to services
Presenters: Katri Keskinen, University of Tampere; Abodunrin Aminu, Robert Gordon University and Jovana Brkic, Charles University
Moderators: Atiqur Rahman, Linköping University and Stefan Hopf, National University of Ireland,

External Contributors: Dorothea Schmidt-Klau, International Labour Organization; Annemie Somers, Universitair Ziekenhuis Gent; Prof. Teppo Kröger, University of Jyväskylä; Dr. Elizabeth Mestheneos, 50+ Hellas

Presentation 1: Ageism in the workforce: WP1 recommendations, Katri Keskinen, University of Tampere

- Ageism can be experienced at any age, affects most often 50+ in the labor market
- Ageism is experienced in several spheres and have many negative consequences in the labor market
- Key recommendations:
    - Removing age discriminatory legal and regulatory frameworks
    - Awareness-raising promotional campaigns
    - Rigorous research to understand ageism
    - Age-sensitive legislation and policymaking
    - Engaging relevant stakeholders and older workers in the processes
    - Influencing and supporting age-management practices
    - Investigating and allocating resources for age-diverse management
    - Collecting information and ensuring cyclical assessment and analyses
    - Applying a human capital-centered comprehensive approach
    - Investing in lifelong learning and personal development
    - Building and creating networks and social support systems
    - Awareness and accountability of ageist actions

Presentation 2: Ageism in healthcare and access to services, Abodunrin Aminu, Robert Gordon University

- Frailty is a concept used to describe susceptibility to physical and psychological stressors and can considerably increase the risk of adverse event among older people
- Age discrimination, being women, social isolation and loneliness increases the risk of frailty
- Recommendations:
    - Raising awareness about the detriment of ageism
    - Education and training of health and social care staff and reinforcing positive health behaviors among older adults
    - Pay attention to intergenerational contacts and gendered ageism

Presentation 3: Combating ageism in medication use in older adults, Jovana Brkic, Charles University

- Ageism leads to inappropriate prescribing and exclusion from clinical trials
- This leads to an increase in mortality, morbidity, and health care costs
- Recommendations:
    - Improving coordination and integration of health social care and person-centered approach
    - Holistic education and training of all care professionals
    - Patient empowerment
    - Raising awareness about ageism and medication use
    - Introducing indicators quality of prescribing
    - Tightening regulatory framework for preventing exclusion of older adults from clinical trials

Panel Discussion

Q1 Atiqur Rahman: what are your general comments following the presentations?

Teppo Kröger:

- Concepts of the ageism research also matter. By mentioning normal workers vs older workers, we are already creating discrimination and by this conceptualizing we are indirectly encourage ageism.
- Long term care systems are underfunded, this is due to large extent due to ageism and specifically gendered ageism.

Annemie Somers:

- It would be good to know differences between the countries used in Jovana's study to know what kind of systems and actions lead to more or less inappropriate medication.

Dorothea Schmidt-Klau:

- We need to be aware that in order to combat ageism in the labor market, we need to be clear that this is responsibility of all not only the individuals or governments or enterprise solely. It needs to be each parallel not by individual actors separately. They should work together otherwise efforts could be lost.

Elizabeth Mestheneos:

- We are dealing with systematic age discrimination and individual action is not sufficient to combat with ageism.
- Training is also important for the prevalence of ageism.
- Inequality across the life course is also important, such as entry of age in labor market of high skilled vs manual workers or individuals without a proper career.
- Part-time jobs are also important as full-time jobs in late working life.
- Ageism is increased over the 10 years. This could be due to new generation of employers with professionalism and ageism bias.
- Women are disproportionately in formal or informal care. This also affects inequality in old age.
- Medication should be tested on older people also.

Q2 Atiqur Rahman: Do you think creating inclusive policies are possible and what are disadvantages and advantages of it?

Teppo Kröger:

- Inclusive are possible if it is wished, but some of economic concerns or interest may prevent policy makers to change the policies.

- This needs lots of work, advocacy, disseminations to change the system.
- Change takes all of us to make effort and it is a slow process.

Elizabeth Mestheneos:

- The legislation already has been changed in 2006 but it takes more than legislation to change the attitudes of individuals.

Q3 Atiqur Rahman: What are the main steps that we need to take for inclusiveness?

Teppo Kröger:

- Remove all age limits.
- Level of support in health care services is different for different age groups. This kind of artificial age limits should be eliminated.

Q4 Stefan Hopf: Do you think potential policies at organizational level for ageism at the workplace?

Dorothea Schmidt-Klau:

- We need to let entrepreneurs and employers know that engaging older workers is beneficial and needed for them.
- We need to emphasize that research results that older workers are as productive as younger workers.
- Any kind of discrimination lead to under use of full potential. This is costly for and interest of society, individuals, and enterprises

Q5 Stefan Hopf: What are the good practices for combating ageism?

Dorothea Schmidt-Klau:

- Good ageing policy examples can be learnt from Australia.
- Mixed age-groups is very successful at workplace.
- The equal age representation at organizations and government is very important.
- Life-course approach is very crucial. The learning stops at middle age/career due to other responsibilities and it is too late to continue life-long learning at later ages.

Q6 Atiqur Rahman: What are the possible interventions to tackle the ageism in medication use?

Annemie Somers:

- We need to focus multi-morbidity and heterogeneity in drug needs in old age.

- We should not treat all the patience in the same way, instead we should individualize solutions and implementations in medication
- It is not just drugs should not be used but it is really about individual tailored approaches.
- Communication between prescribers and patients/care givers is also very important.
- We should also focus on multidisciplinary approach on determining type of drugs and doses.

Q7 Atiqur Rahman: What are the problems we face concerning ageism during the covid-19 pandemic?

Annemie Somers:

- This is a big challenge for older individuals and health care workers.
- This was also an eye-opener process for realizing over prescription of medications in the old age.

Q8 Atiqur Rahman: Are there any additional comments?

Teppo Kröger:

- We need to look whether there are policies or not but also look how they implemented and that are the outcomes of the polices.
- The number of patients and expenses are usually considered but the result of these under investigated. We need more outcome indicators for evaluating the consequences of the policies.
- International comparisons are also important for finding out which policies work better.

Elizabeth Mestheneos:

- In some cases, research makes a big difference and it's important to focus on research outcomes and aims for doing research for making a change.