



Ageism, Stigma, and Assumptions around Frailty

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Healthy Aging - CORE Alberta



Introduction

- It is clearly obvious now, and obvious for about 100 years, that population aging is occurring in Canada.
- Population aging is being recognized more often now because of accelerated population aging. The 2016 census identified this major socio-demographic trend as it found more people aged 65+ than children aged 0-14. In 2030, when the baby boomers (born 1946-1965) are all aged 65+, 25-30% of Canadians will be older.
- What is NOT obvious is what will occur in relation to **ageism** - the negative personal perspectives and larger societal and governmental negative reactions to a greater proportion of the public being “old” (age 65+) or “very old” (85+); as well as a much larger number of older people living in Canada, particularly people who are very-old and may be identified as the “frail” elderly.



CORE Goals

- Bust myths around frailty and uncover related inaccurate or simplistic assumptions about aging.
- Share strategies for building resilience.
- Educate on three major themes:
 - ageism,
 - frailty, and
 - elder abuse.



Objectives

- Clarify the meaning of ageism, population aging, accelerated population aging, advanced aging, and also advanced-age or senescence-based frailty.
- Identify common old age stigmas – generally defined as disapproval of or discrimination against an individual or group based on characteristics that distinguish them from other people.
- Highlight current reactionary ageist policies, practices, and changes that are occurring in relation to population aging and alternate policies, practices, and changes that should occur.
- Answer the question about what can be done about old-age stigma and the two main types of ageism:
 - personal (inwardly focused) ageism, and
 - social or societal and governmental ageism.



Lets Start out with two Questions:

- * How many of you think that you will live to be 100 or more years of age, or close to 100 years of age?



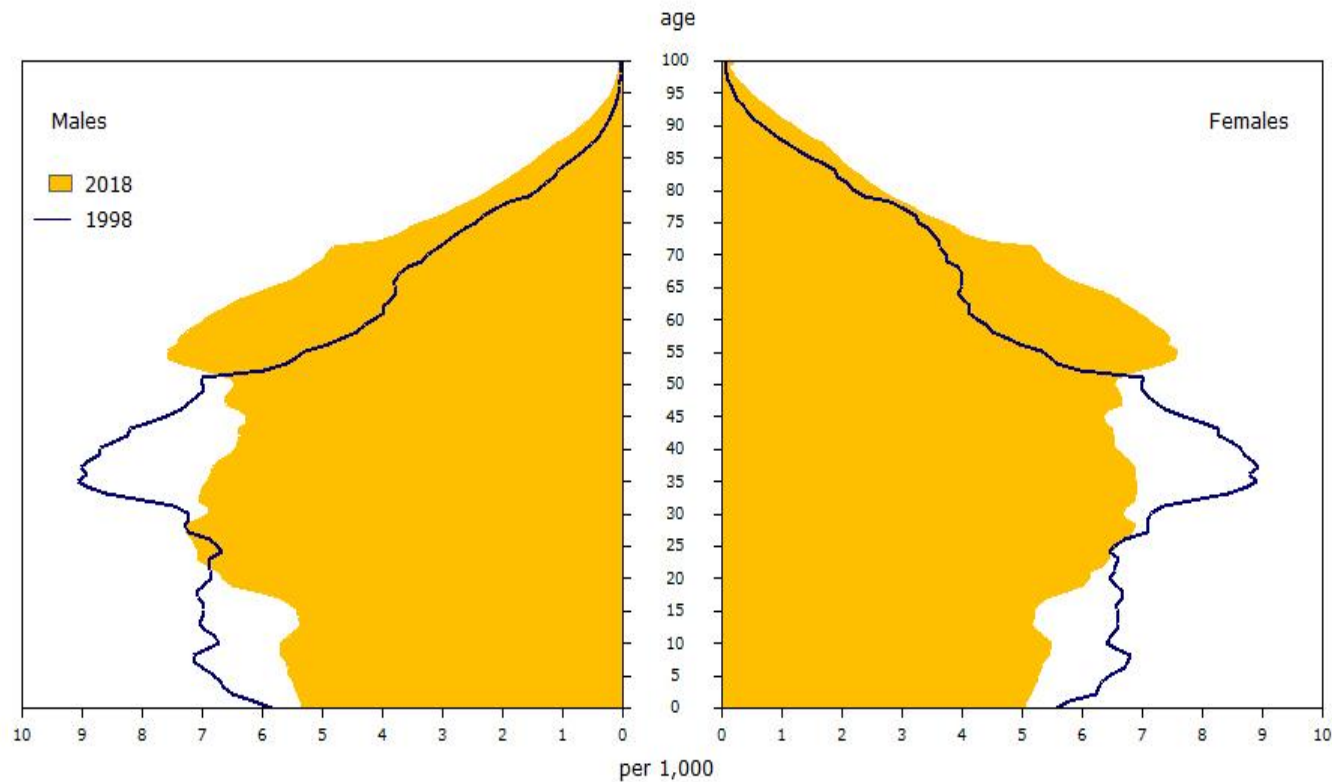
Aging Reality

1. A much larger proportion of the “baby boomers” (a unique cohort as they have had the best education, income, food, safety and security, and health care including vaccines and antibiotics - as compared to all previous cohorts) will live to be 100 years of age or close to it - 10% is best estimate - as compared to 1% now.
2. It is possible, with scientific and other developments, that most people in developed countries could live to be 100 or even 120 (considered the human lifespan boundary).
3. It is also possible, with climate change, this pandemic, widespread childhood and adult obesity, and other issues for a reduction in life expectancy to occur:
 - life expectancy is 82.1 years in Canada, if born in 2019; or 80 for males and 84 for females. (**Statistics Canada**, <https://www150.statcan.gc.ca/n1/pub/91f0015m/91f0015m2021002-eng.pdf>)

Age Pyramid – Shifting Upward

<https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/pyramid/pyramid.cfm?type=1&geo1=01>

Figure 2.1
Age pyramid of population estimates as of July 1, 1998 and 2018, Canada



Source: Statistics Canada, Demography Division.



* **Life Expectancy Calculator (Canadian)**

<http://www.cchwebsites.com/content/calculators/CALifeTime.html>

* This brief (9 question) survey gives you an idea of your own life expectancy based on your current age, gender, family history, height, weight, smoking history, driving accident history, blood pressure, and alcohol consumption history.

* Many other online calculators exist, asking similar and also difference questions, such as activity level...

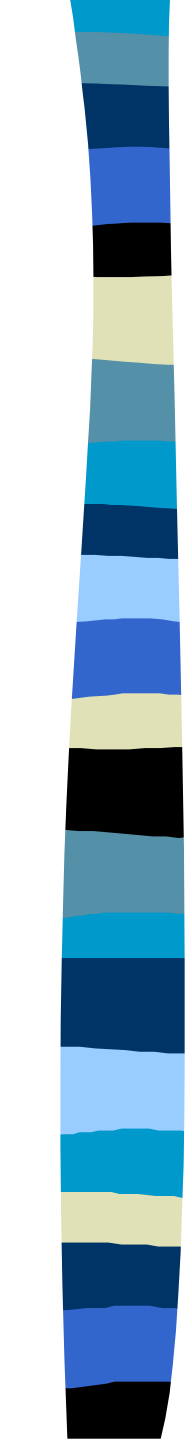
* But FIRST, please consider if you would like to have this longevity estimate for yourself...

YES or NO?

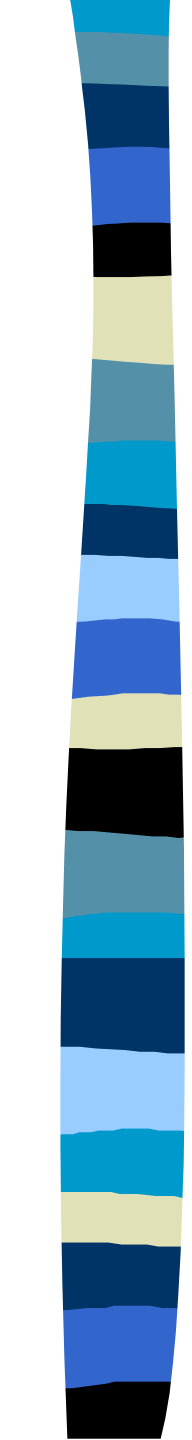


Second and Likely the
MOST IMPORTANT Question:

* How many of you WANT
to live to be 100 or more
years of age?



This is where we
REALLY
begin to explore ageism!



**What thoughts come to mind when you
think about old age or old people?
and
What images come to mind?**

Do these images come to mind?



Known as the 4 Ds of Old Age: Dementia, Depression, Disability, and Death



OR: Do these images come to mind?



Wayne Davis Robert D. Johnson





Clarify what Ageism is

- Most people are afraid that as they age they will become ill, disabled, dependent on others, senile, powerless or without influence, victimized/abused, and poor.
- These fears are justified in some cases, but individual “sad” cases are often considered the norm.
- People and groups, without thinking about or knowing what the norm is, but sometimes with deliberate intent, often choose and use negative cases and inaccurate myths about aging over the facts.
- **Ageism** is the most common and overlooked, if not the most widely accepted, form of discrimination today.



Aging Explained

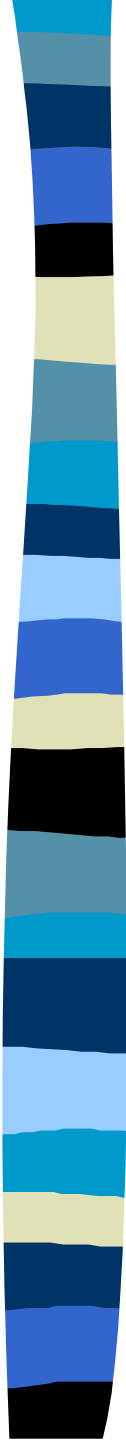
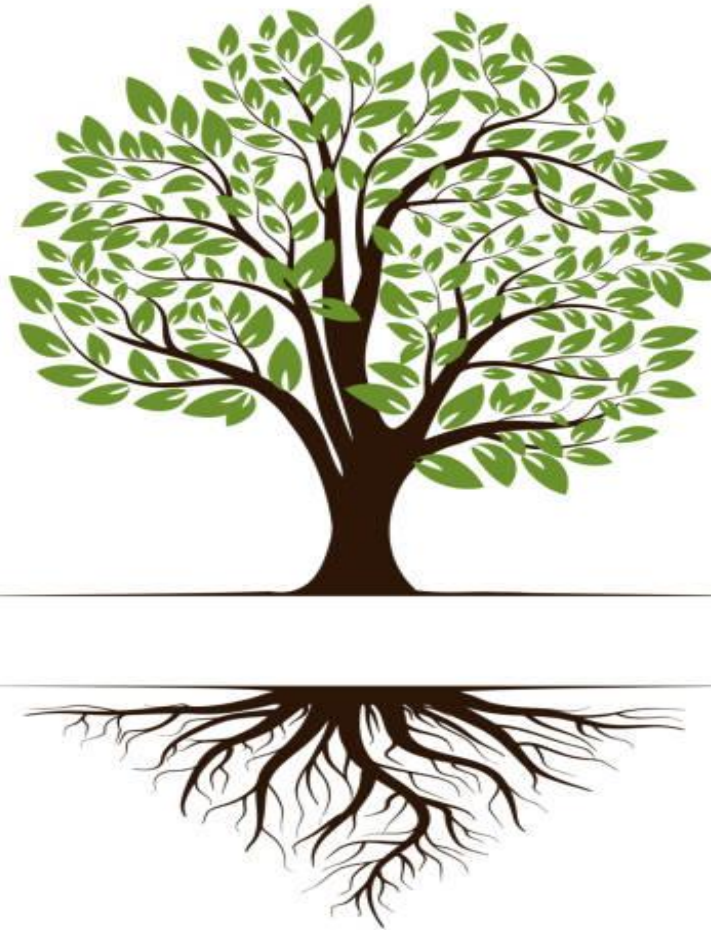
- “At the biological level, ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage over time....
- These changes are neither linear nor consistent, and they are only loosely associated with a person’s age in years....
- Beyond biological changes, ageing is often associated with other life transitions such as retirement, relocation to more appropriate housing and the death of friends and partners”

Source: World Health Organization. (2022). *Ageing and health*.

<https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

- **In other words, there are physical, social, psychological, and other impacts or developments over time that impact how and when a person ages.**

Greater diversity among us as we age...





Aging Explained

- **Senescence or biological aging** includes both a loss of cells and a loss of functioning cells; through reduced cellular power of division, growth, and repair.
- **Frail-elderly** is defined as a clinical syndrome in which three or more of the following criteria are present: unintentional weight loss, self-reported exhaustion, weakness, slow walking speed, and low physical activity. “The overall prevalence of frailty in a community-dwelling population was **6.9%**; it increased with age and was greater in women than men....it was associated with lower education and income, poorer long-term health, and having higher rates of comorbid chronic diseases.... This frailty phenotype was independently predictive of falls, worsening mobility or ADL disability, hospitalization, and death” (Source: Fried, L. P. et al. [2001]. Frailty in older adults: Evidence for a phenotype. Journals of Gerontology A, 56(3), M146-56. doi:10.1093/gerona/56.3.m146).

Kane Tanaka, the world's oldest living person, turns 119

By Sana Noor Haq and Emiko Jozuka, CNN

January 3, 2022

Great granddaughter's wish: "I hope you'll continue to live life cheerfully and to the fullest."





Explaining and Combatting Frailty

Research is now focusing on reversing frailty...

It is important to know what caused the frailty:

- Was it related to a tea and toast diet, as it common to low income older adults who live alone...
- Was it related to a death of a beloved spouse or child...
- Was it related to a fall and fractured bone, with surgery needed, so a major and sudden health issue occurred and with long term healing requirements and impacts...
- Was it related to an undiagnosed illness or a poorly managed health condition or to multiple health conditions that together have a progressive effect on the body and the will to live...

Understanding the cause for frailty for each person, means a plan to reverse or stop the progression can be made.



Test yourself...

There are many tests of ageism:

- Brief ones, such as the WHO's six questions:

<https://www.who.int/ageing/features/attitudes-quiz/en/>

- Longer, more comprehensive tests. Eleven tests were identified and examined in a (free) systematic literature review:

Ayalon, L., et al. (2019). A systematic review of existing ageism scales. *Ageing Research Reviews*, 54, 100919.
doi:10.1016/j.arr.2019.100919

* One of the eleven tests was identified as being the most valid or the best for detecting ageism:

- *Expectations Regarding Aging* (developed by Sarkisian in 2002 with 38 questions, and then reduced to 12 in 2005).

* Lets try that one out!

Expectations Regarding Aging Survey (ERA-12)	Definitely true - 1	Somewhat true - 2	Somewhat false -3	Definitely false - 4
1. When people get older, they need to lower their expectations of how healthy they will be.				
2. The human body is like a car, when it gets old it gets worn out.				
3. Having aches and pains is an accepted part of aging.				
4. Every year that people age, their energy levels go down a little more.				
5. I expect that as I get older I will spend less time with friends and family.				
6. Being lonely is just something that happens when people get old.				
7. As people get older they worry more.				
8. It's normal to be depressed when you are old.				
9. I expect that as I get older I will become more forgetful.				
10. It's an accepted part of aging to have trouble remembering names.				
11. Forgetfulness is a natural occurrence just from growing older.				
12. It is impossible to escape the mental slowness that happens with aging.				
Total score, add up and then subtract 12, multiply by 25 and divide by 9 for overall 0-100 score.				
- Physical health (items 1-4)				
- Mental/emotional/social health (items 5-8)				
- Cognitive function (items 9-12)				
Sarkasian CA et al. (2005). Development of the 12-item expectations regarding aging survey. The Gerontologist, 45(2), 240-248.				



I like this one: The Ageism Survey: First Findings. (2001). By [Palmore, E.](#)
The Gerontologist, 41(5), 572-575. <https://doi.org/10.1093/geront/41.5.572>

20 Questions about Possible "Ageist" Experiences	
1.	I was told a joke that pokes fun at old people.
2.	I was sent a birthday card that pokes fun at old people.
3.	I was ignored or not taken seriously because of my age.
4.	I was called an insulting name related to my age.
5.	I was patronized or "talked down to" because of my age.
6.	I was refused rental housing because of my age.
7.	I had difficulty getting a loan because of my age.
8.	I was denied a position of leadership because of my age.
9.	I was rejected as unattractive because of my age.
10.	I was treated with less dignity and respect because of my age.
11.	A waiter or waitress ignored me because of my age.
12.	A doctor or nurse assumed my ailments were caused by my age.
13.	I was denied medical treatment because of my age.
14.	I was denied employment because of my age.
15.	I was denied promotion because of my age.
16.	Someone assumed I could not hear well because of my age.
17.	Someone assumed I could not understand because of my age.
18.	Someone told me, "You're too old for that."
19.	My house was vandalized because of my age.
20.	I was victimized by a criminal because of my age.
* Which ones have you experienced or seen?	



The Ageism Survey: First Findings. (2001) [E. Palmore](#)

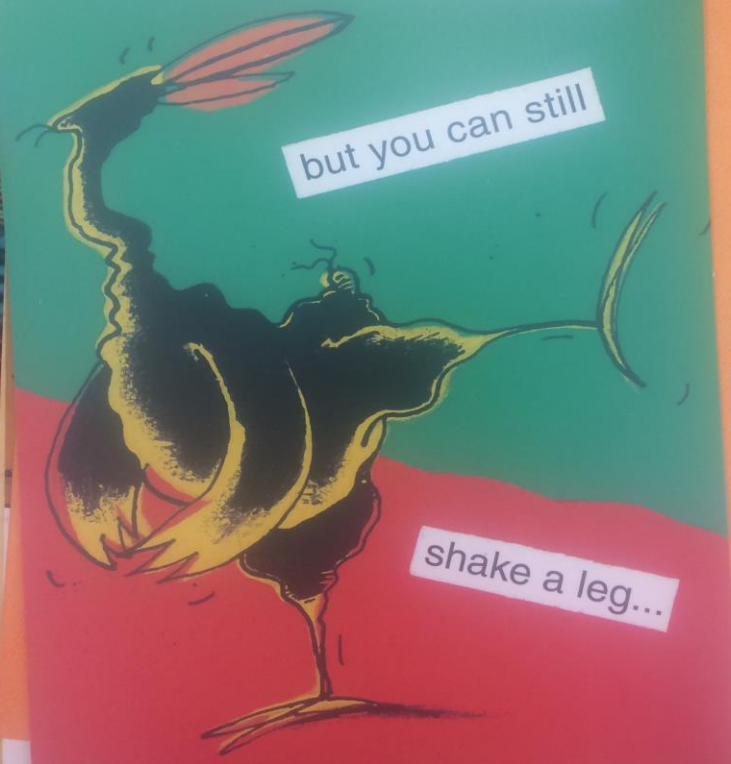
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18.	Someone told me, "You're too old for that."
19.	My house was vandalized because of my age.
20.	I was victimized by a criminal because of my age.
	* 4 most common experiences, as identified in a study involving American and Canadian citizens

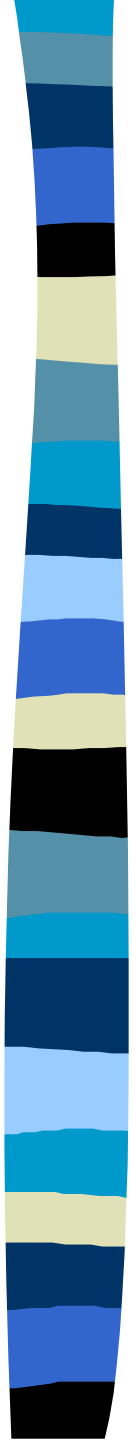
Sure, you're a little older,

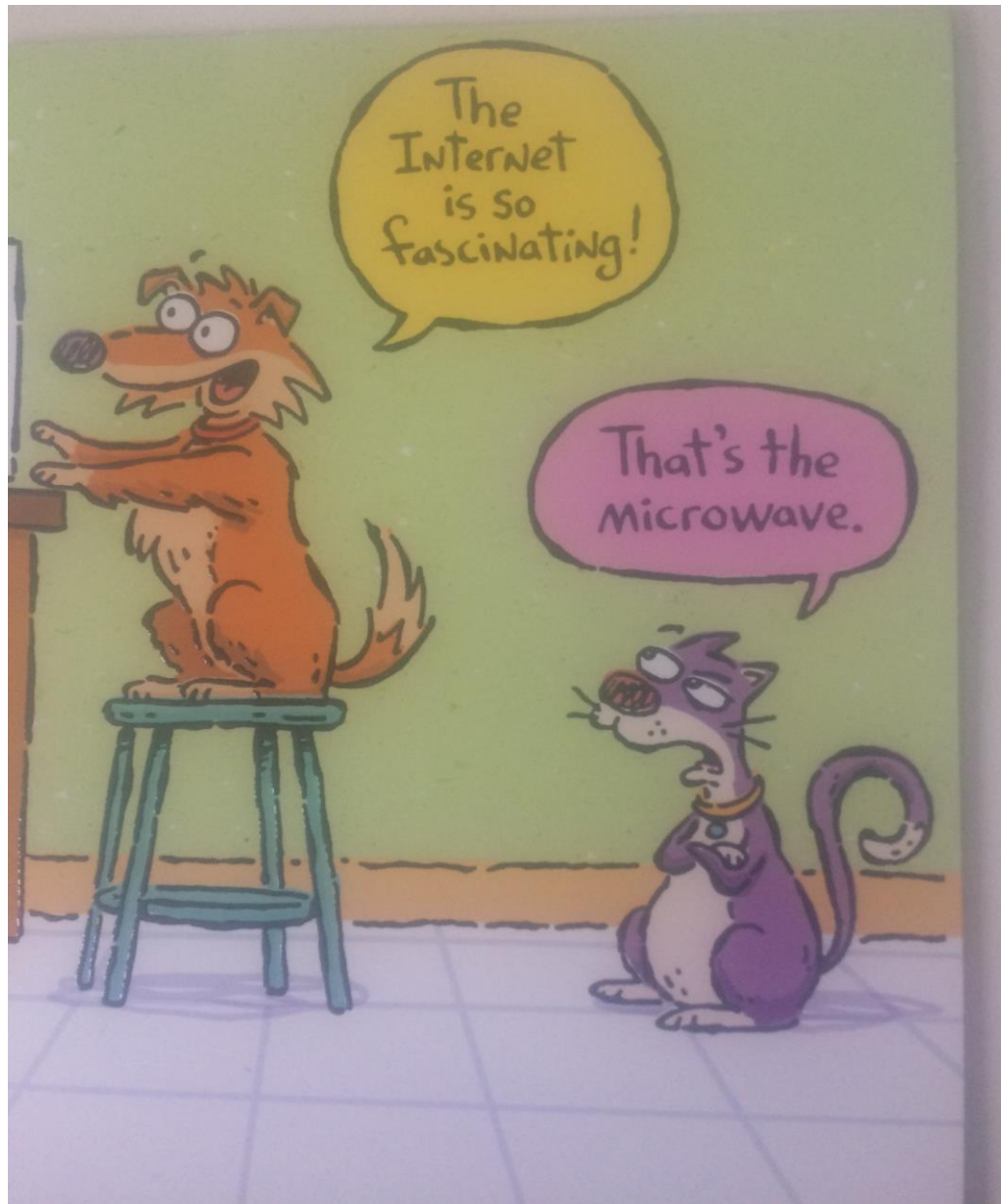
but you can still

shake a leg...



The





10 WAYS TO TELL WHEN YOU'RE OVER THE HILL

10. When people ask you what your favorite food is, you tell them "soft."
9. You keep repeating yourself.
8. It takes a couple of tries to get over a speed bump.
7. You think "libido" is an Italian pasta.
6. You keep repeating yourself.



Abuse and Neglect of Older People

- We really don't know how widespread abuse of older people in Canada is... Estimates are that **half** are abused at some point in time after they reach age 65.
- We know some of the most concerning types of abuse are common, but emotional/social **neglect** of older people is much more common.
- Abuse varies as it can be financial (most common type), physical, sexual, and in all ways that people are abused.
- The abuse can be carried out by strangers who do not or who deliberately target older people, but more often by family members and friends (one or more).
- Older people tend not to report it as they are embarrassed, they are prevented from reporting it, and they often not believed or have it acted on if they report it.

Source: Government of Canada. (2021). Crime and Abuse Against Seniors: A Review of the Research Literature With Special Reference to the Canadian Situation. <https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/crim/sum-som.html#:~:text=Up%20to%20one%20percent%20of,most%20prevalent%20forms%20of%20abuse.>



WHY is Ageism More Apparent Now?

- Population aging in Canada = rising median age (“middle” number), with this due to longer life expectancy (more people are living longer) and also a low birth rate.
- 40.7 median age (Statistics Canada, 2016 census). The 2016 median was 1 year higher over 2011 census finding.
- This major socio-demographic shift feared for its impacts on **workplaces and pension plans**: 2016 census found children ≤ 14 were 16.6% of total population, while people aged 65+ were 16.9% of total population.
- **Immigration** has become a critical factor for bringing in young adults (1 million/3 years) with children or those who are likely to have children for the “good” of Canada; 21.9% of Canadians in 2016 were born elsewhere, the highest proportion in 100 years since settlers flooded into Canada. Older people now are also highly **multi-cultural**.

Source: Statistics Canada. (2017). *Immigration and ethnocultural diversity: Key results from the 2016 Census*. <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm?indid=14428-1&indgeo=0>



Why is Ageism Growing in Canada?

Widespread media reporting of fears over the high and rising **burden** of caring for more older people and therefore more old-age illness and disability...

- Concern that hospitals are full of old people and that younger people are not able to be admitted,
- Concern that more hospitals will need to be built,
- Concern that more nursing homes will need to be built,
- Concern that more family caregivers will become burned out and ill,
- Concern that more home care programs and staff are needed,
- Concern that pension funds are or will be depleted,
- What other concerns can you identify...



Clarify Accelerated Population Aging

- Accelerated population aging = rapid increase in the median age or the proportion of people age 65+, AND also a rapid increase in the number of older persons, particularly the number of very-old people.

Using 2016 Census data and (pre-COVID) 2020 estimates:

- Baby boomers: born 1946-65, aged 55-74, 7.5 M (19.7% of total population)
- Parental cohort: born before 1946, aged 75+ now, 2.9 Million (7.6% of total population)
- Total population of Canada estimated at 38 Million, with 17.5% estimated at age 65+ (6,835,866).
- Alberta population – 4.4 million, with **13.8%** age 65+.
* Alberta continues to be the youngest province in Canada. Alberta has not had as much need or time to plan for or react to population aging and to ageism.

Statistics Canada. (2020). Seniors and aging statistics. https://www.statcan.gc.ca/eng/subjects-start/seniors_and_aging

CANADA'S POPULATION | JULY 1, 2020



Canada's population reached the **38-million** mark between April 1 and July 1, 2020. However, the annual increase of **411,854** was the lowest since 2015/2016 due to international migration being slowed by COVID-19.

Population growth 2019/2020





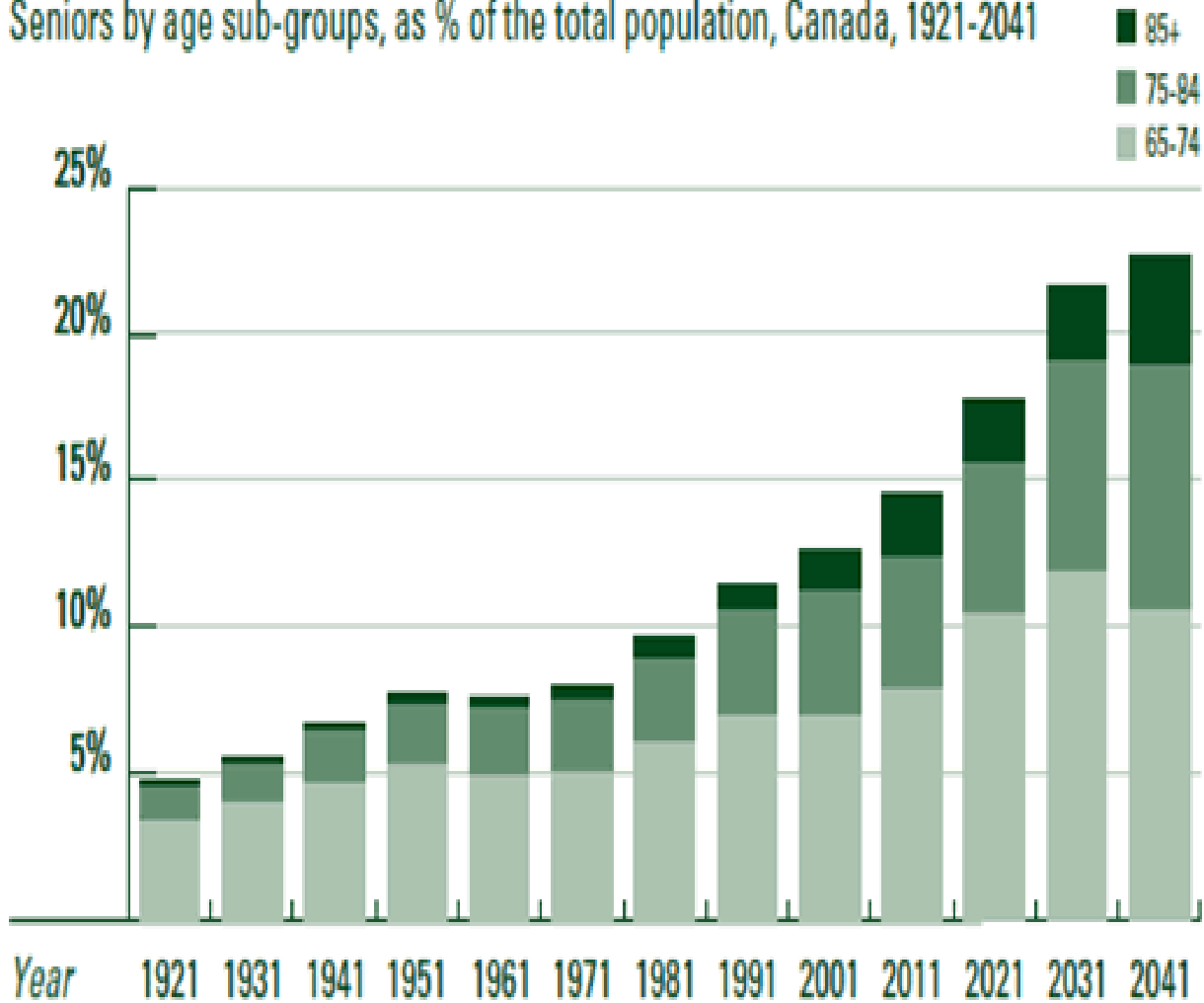
Clarify Advanced Aging

- Statistics Canada found through the 2016 census data that 16.9% of Canadians were age 65+ (which is low compared to other developed/developing countries with 20-30% rates), but:
- From 1981 to 2016, the NUMBER of people in all 3 older-age groups increased greatly:
- Age 65-74 (**active stage**), from 1.5 million (6%) to 3.4 million (doubled to 9.6% of total population),
- Age 75-84 (**stable stage**), from 695,000 (2.8%) to 1.8 million (tripled to 5.0% of total population),
- Age 85+ (**very-old stage**, *more likely to be frail, with advanced permanent or reversible senescence*), from 196,000 (0.8%) to 770,780 (quadrupled to 2.2% of population).
- **Currently - 12,822 Canadians are 100+ years of age.**

Source: Statistics Canada. (2022). Population estimates on July 1st, by age and sex. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>

Chart 1

Seniors by age sub-groups, as % of the total population, Canada, 1921-2041





Ageism and COVID Pandemic

- **30,254** COVID deaths to date as of January 7, 2022, with 61.4% aged 80 or older. In the first wave, the vast majority of deaths were among people living in nursing homes or working in nursing homes. As each wave has hit, the average age at death has been lowered.
- There are around 14,500 nursing home beds in Alberta, as compared to 7,000 hospital beds.
- Deaths of nursing home residents usually take place in the nursing home. Few are hospitalized or get ICU care. This is often because most go into a nursing home at the end of life and their advance directives or agent-specified care plans forbid hospitalizations.
- Hospitalizations and ICU use to date has almost always been for COVID victims under 70 years of age.

Source: Government of Canada. (2022). *COVID-19 daily epidemiology update*. <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>



Ageism and Health System Use

- Ageism is illustrated by the view that this pandemic is a way to open up nursing home beds, help older people who are suffering in nursing homes, reduce high users of hospitals, lower the drain on society by the very old...
- A natural end-of-life process: “Time for them to go”.
- Reality - 80% of people admitted to Alberta hospitals each year are < age 65 and 95% who go into an Alberta emergency room (ER) each year are < age 65. The most common reason for hospitalizations is “pregnancy-related.”
- Reality - only 3-4% of all older people are ever admitted to a nursing home.
- Reality - \$58-71/day out-of-pocket nursing home charge.

Wilson, D. M., Shen, Y., & Birch, S. (2019). Who are high users of hospitals in Canada? Findings from a population-based study. *Canadian Journal of Nursing Research*, 51(4), 245-254. <https://doi.org/10.1177/0844562119833584>.

Wilson, D. M., Shen, Y., & Birch, S. (2017). New evidence on end-of-life hospital utilization for enhanced health policy and services planning. *Journal of Palliative Medicine*, 20(7), 752-758. <http://dx.doi.org/10.1089/jpm.2016.0490>

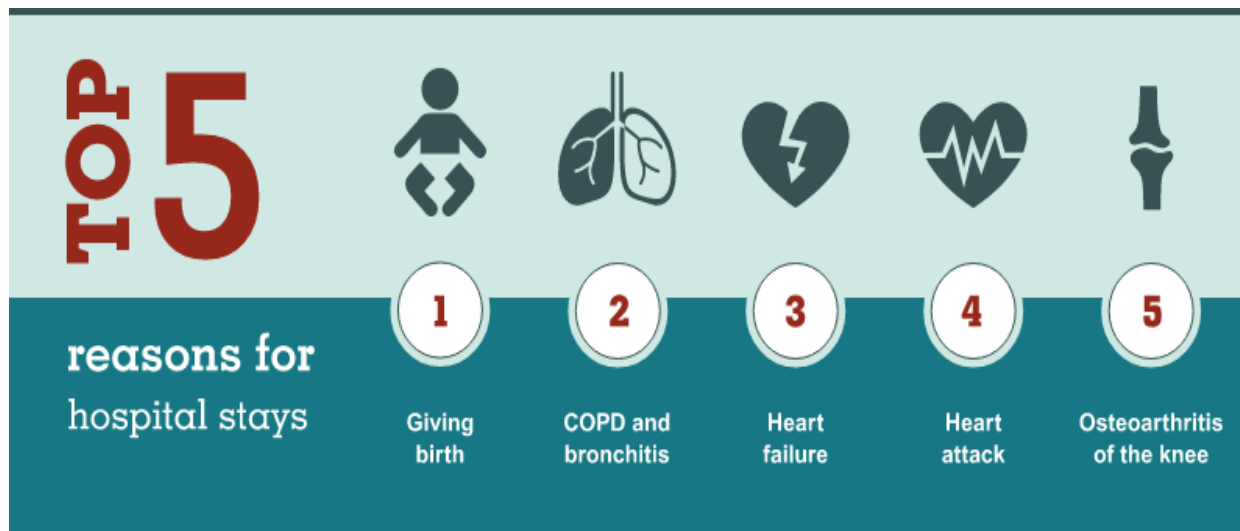
Hospital Stays in Canada

Canadian Institute for Health Information (May 28, 2020 Report)

“What are the top reasons people are admitted to hospital in Canada? What are the top surgeries in each province and territory? Get the details in our latest release, plus in-hospital births, standardized hospitalization rates and average lengths of stay.” <https://www.cihi.ca/en/hospital-stays-in-canada>

* Using Pre-COVID 2018-2019 cross-Canada (except Quebec) data.

* 8% of us will be admitted each year, and stays are 7 days on average.





Vaccine Distribution Planning

- Nursing home residents were prioritized for the vaccine. Although this may suggest ageism not longer exists, it is more likely that:
 1. governments were embarrassed by lack of due diligence in nursing home design, services, regulation and monitoring; and
 2. nursing home operators are concerned about litigation, and
 3. public health officials have been unsuccessful in their efforts to keep COVID out of nursing homes and other congregate facilities. For instance, in many Ontario and Quebec nursing homes, 30% to 40% of their residents died of COVID. All provinces have had excess deaths in select nursing homes. In Edmonton's (CapitalCare) Lynnwood Care Home, 55 COVID deaths occurred in 2021 among 276 residents (20%).



Older People Realities in Canada

- Canadians are great world travelers, with travel common up to age 80 when health insurance rates skyrocket!
- Many new relationships begin, and even marriages occur at age 65+
- After retirement, activity levels increase for some people.
- Only around 16% of Canadians aged 16-79 meet “sweat” exercise guideline of 150 minutes per week.

Source: Participation Pulse Report. <https://www.participation.com/en-ca/resources/pulse-report>

- Grandparents are critically important to grandchildren, as role models, family historians, financial helpers, and about 1/3 children rely on grandparents for baby sitting.
- 7.5 million grandparents in Canada, 68 is average age, 4 children on average, lasts 19-24 years on average, 5% live in same household...

Source: Vanier Institute. (2019). *In focus 2019. Grandparents in Canada*. <https://vanierinstitute.ca/in-focus-2019-grandparents-in-canada/>



Older People Realities in Canada

- *“Grandparents are more likely to report being in good health than in the past – a trend fuelled by (but not limited to) significant advances in public health that have facilitated disease prevention, detection and treatment.*
- In 2011, nearly 8 in 10 (77%) of all surveyed grandparents in Canada **rated their health as good/very good/excellent**, up from 70% in 1985.
- In 2011, less than one-quarter (23%) of all surveyed grandparents in Canada **rated their health as fair/poor**, down from 31% in 1985.
- Overall, grandparents in Canada were **44% more likely to report being in good health** in 2011 than in 1985.”

Source: Vanier Institute. (2019). *In focus 2019. Grandparents in Canada*.
<https://vanierinstitute.ca/in-focus-2019-grandparents-in-canada/>

* Report is based on Statistics Canada data.

- Many other studies find the **vast majority** of older people self rate themselves as **healthy or very healthy**.



4D Older People Health Realities

- Dementia - **564,000** or 1.5% of Canadians live with dementia today (Alzheimers Society of Canada, current reports)
- Depression – 1/10 rate in Canada; leading disability cause for ages 15-44 (Hope for Depression Research Foundation, 2022)
- Disability – 65.5% of seniors live with hypertension, 52.0% of those aged 65–79 had moderate-to-severe periodontal disease, and 37.9% of those aged 65+ live with diagnosed osteoarthritis. The prevalence of most chronic diseases and conditions increases with age. Among those aged 85+, 5 diseases with the highest prevalence were hypertension (83.4%), osteoarthritis (54.0%), ischemic heart disease [42.0%], osteoporosis (36.9%) and COPD [27.3%].”

Source: Public Health Agency of Canada. (2020). *Ageing and chronic diseases*. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/aging-chronic-diseases-profile-canadian-seniors-report.html>

- Death - 80% of people who die each year are aged 65+. Most people are well into and through old age; 85% of people are up walking until the last 3 days of life. (Wilson, D. M. [2002]. The duration and degree of end-of-life dependency of home care clients and hospital inpatients. *Applied Nursing Research*, 15(2), 81-86.)



Common Health Conditions Associated with Aging

According to the World Health Organization (2022), globally:

- “Common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain, and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia. As people age, they are more likely to experience several conditions at the same time.
- Older age is also characterized by the emergence of several complex health states commonly called geriatric syndromes. They are often the consequence of multiple underlying factors and include frailty.”

Source: World Health Organization. (2022). *Ageing and health*.

<https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>



Aging and PRIVATE Health Care

- Private healthcare expansion is being considered as a way to shorten healthcare wait lists, improve access to care, fix issues in the current healthcare system, etcetera. Why has this “zombie” risen up again from the grave?
- Myths about old people as high users of health care are driving this, along with myths that the system is abused by people since it is “free” to access.
- Myth that people have money to pay for private care.
- Mistaken belief that private businesses are always run better, and so are more efficient and effective.
- Conservative/UCP government’s free market philosophy, in keeping with sought opportunity for wealthy individuals and multinational companies who want to enter or expand into a new market.



Private Health Care Realities

- Reality: very few people can afford to pay out of pocket.
- Reality: private insurance companies do not want to insure older people, anyone with a diagnosed health condition, and anyone with an ill family member.
- Reality: private health care often means too many tests and treatments are done, as profit is the motive.
- Reality: public system becomes the dumping ground for private care failures and for what is not profitable.
- Reality: public system becomes a poor system, whenever it is intended for and only used by poor or uninsured people.
- Reality: In a private or a mixed private/public healthcare system like the USA, businesses (large and small) need to start paying for health care and/or for private healthcare insurance for their employees. They also have to deal with insurance (denial and co-pay) “games”.



Ageism and Work Realities

It is often thought that older people do not work, as they cannot work hard and cannot learn or adapt to change.

1. Median and average ages of retirement are rising: median = 64.6 and average = 64.3 (1 year more every 5 years). * 20% of age 65+ Canadians work now.
2. Self-employed people retire later in life: their current Canada median = 66.6 and average = 67.1
3. Many work longer in life because they: enjoy work and are good at their work, start a career later in life, start a business later in life, need to work to pay for a new home or to support children in university, are healthy and able to work, are asked to keep working by employers....
4. Many also volunteer, care for ill family members, etc.

* Both working and retired older people pay taxes!

Source: Statistics Canada. (2019).

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410006001>



What is reducing ageism now and what can be done to continue reducing it?

1. Societal views of aging and old people are changing: more positive views are emerging.
2. Research and other evidence is showing older people are healthy and active, many work/volunteer, etcetera.
3. Charter of Rights and Freedoms (1982): Section 15(1) equality clause: Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.
4. Age-friendly businesses and other age-friendly community initiatives and practices are emerging.
5. Positive personal health and wellness practices are increasingly being used for “successful” aging.



Policy Changes That Should Occur

Current State	Changes That Should Occur
Pension plan stasis/reductions (and other assaults or reductions on the determinants of health)	Pension expansion (CPP, OAS, and private/employment pensions), with improvements to indexing/COLA, etc.
Aging in place (often this means “home alone”)	Comprehensive local community-based supportive services for older persons
More older people working - in paid employment for needed income and for social status	More older people working in well-paid and fulfilling workforce roles, and in recognized and respected unpaid roles
Nothing much is being done, the Laissez-faire approach: “economic system in which transactions between private parties are free from government restrictions, tariffs, and subsidies”	Comprehensive education/plans for more older persons to be healthy, self-actualized, free of fear of poverty and untreated illnesses or disabilities, safe from crime, and without psychological despair and social isolation
Ageism exists and is persisting, and it can increase/worsen	Ageism is eliminated through research, legal developments, and social change



What should WE Personally do About AGEISM?

1. Draw attention to it in policy, practice, anywhere it is found.
 - * Advocate for yourself and others!
 - * Start or join groups to initiative and advance needed change.
2. Lobby government/organizations for improvements:
 - Workplace age fairness and accommodation policies,
 - Age-friendly policies and practices everywhere,
 - Supportive aging - home and neighborhood designs,
 - Non-ageist healthcare policies and practices, etc.
3. Teach family/friends to notice ageism and to not accept it.
4. Examine what you think: Are you happy with your aging self?
 - If not - What can you do?
 - If you are happy - What can you do to sustain this?



Conclusion

- We will increasingly experience population aging, as we have accelerating population aging now, with this rapid aging trend occurring in Canada and also in most other developed and developing countries.
- Canada and other countries are being impacted by population aging, and each will differ in their reactions to and planning for this major socio-demographic shift.

Professorial prediction:

Ageism will either increase or will be reduced in the future. The future should be and likely will be what we want it to be.

Thank you.

QUESTIONS? COMMENTS?

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