Policy Brief, October 2025

The Intersections of Ageism, Age-Friendly Cities and Communities, and Health for Older People in Colombia

"The project helped us to bring the community together, and it is good to know that we are being taken into account." (Clemencia Díaz)

"We have been leading this group for 22 years, and this is the first time we have been asked these questions. The survey asks some important questions for us as a community." (Antonio Berrío)

Clemencia Díaz and Antonio Berrío are the leaders of a group of older people in El Líbano neighbourhood in Cartagena, Colombia.

Key messages

- **Ageism is globally widespread and overlooked:** ageism affects people of all ages but is particularly harmful to older people. It includes stereotypes, prejudice, and discrimination (how people think, feel and act towards others and ourselves based on age) and operates at personal, interpersonal and institutional levels – often unconsciously and unchallenged in society.
- **Institutional ageism is pervasive:** in Colombia, older people identified ageist policies and practices as the most prominent form of ageism.
- **Age-friendly environments and ageism are interconnected:** older people who express more satisfaction with the age-friendliness of their environments report significantly lower levels of ageism. Conversely, ageism and dissatisfaction with age-friendly environments both correlate with poorer physical and psychosocial health and wellbeing outcomes, increased loneliness and weaker intergenerational contact.
- **Some older people face compounded disadvantage:** older people with disabilities, low education, restricted income and lower perceived social status face higher ageism and poorer experiences of age-friendliness.
- **Intergenerational contact is powerful:** more frequent contact with younger generations is linked to lower levels of ageism, reduced loneliness and better perceptions of the age-friendliness of cities and communities.
- **Age-Friendly Cities and Communities can deliver significant health and social impacts** by tackling ageism, fostering inclusion, and ensuring that older people are valued, engaged and supported in every aspect of community life.
- **Policy frameworks and interventions must address ageism:** age-friendly cities and communities initiatives must embed understanding of and action on ageism in their design, implementation and evaluation, to be truly inclusive.

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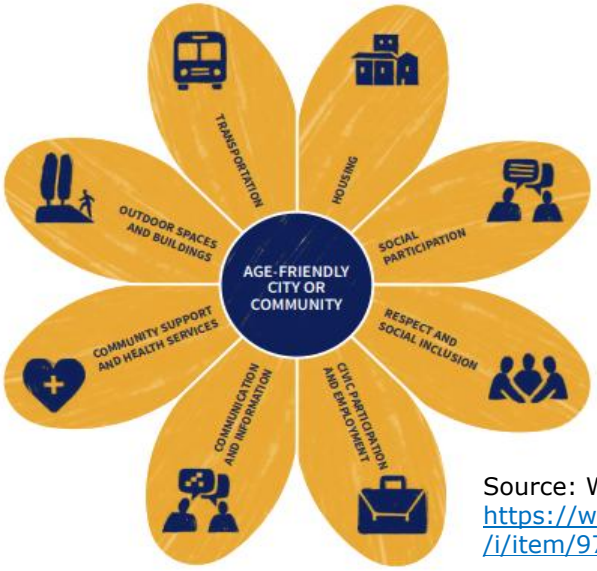
Purpose and background

This policy brief shares key findings from the first use of the WHO Ageism Scale in Latin America, validated in Colombian Spanish. It is also the first time the scale was used alongside Age-Friendly Cities and Communities (AFCC) indicators, examining all eight domains of age-friendliness (1)—see Fig 1—in addition to a ninth domain of financial support.

The study was implemented in partnership with five universities (University of Edinburgh UK, Universidad Los Libertadores in Bogotá, Universidad del Tolima in Ibagué, Universidad de Cartagena in Cartagena de Indias, and Universidad Simón Bolívar in Barranquilla), community-based organisations (Colombian Network for Active and Decent Ageing), and older people's groups. An intergenerational approach was central to the methodology, with 28 local university students serving as enumerators and 14 older people's organisations participating as respondents.

Figure 1: WHO's Age-friendly Cities framework proposes eight interconnected domains that help to identify and address barriers to the well-being and participation of older people (1)



Source: WHO, 2023, https://www.who.int/publications/i/item/9789240068698

Why Ageism?

What is ageism and how does it impact people and societies?

Ageism is defined as a multi-dimensional concept including stereotypes, prejudice and discrimination about or towards people or oneself based on age. Stereotype is how we think i.e older people are frail, dependent, incompetent, a burden; prejudice is how we feel i.e. pity or sympathy towards older people; and discrimination is how we act i.e. actions, policies and practices. Ageism can be self-directed (intra-personal i.e. internalised and directed towards oneself), inter-personal (between two or more people, i.e. within the family or with service providers), or institutional (laws, policies, practices, social norms) and may or may not be conscious (2).

While ageism can affect people of all ages, there is particularly strong evidence of its harmful impacts when it targets older people. Ageism is widespread and is often described as a form of bigotry we overlook. Unlike other forms of discrimination, including sexism and racism, it is generally accepted and commonly unchallenged.

Over the last decade, interest and action on ageism have continued to gain traction globally. In May 2016, the 194 member states of the World Health Organization adopted a Resolution and called on the United Nations to develop, in cooperation with other partners, a Global Campaign to Combat Ageism. Alongside creating age-friendly environments, combating ageism became

one of four action areas under the United Nations Decade of Healthy Ageing (2021-30). As a part of the Global Campaign, the first ever UN Global Report on Ageism was launched in March of 2021 (2). It offers a framework for evidence-based action that brings together the best available evidence on the nature and magnitude of ageism, its determinants and its impact.

Insights from the WHO Global Report on Ageism

- 1 in 2 people worldwide hold ageist attitudes toward older people
- Ageism is linked to worse physical and mental health, and reduced lifespan
- Institutional ageism undermines access to work, healthcare, and participation
- Ageism costs societies billions through lost productivity and increased health care costs
- Ageism intersects and exacerbates other forms of discrimination including those related to sex, race and disability
- Intergenerational contact, education and policies are among the most effective ways to reduce ageism.

Although there is substantial evidence highlighting the harmful impact of ageism on both individuals and society, until now there had been no accurate and comprehensive measure of ageism. This prompted the development of the WHO Ageism Scale as part of the Global Campaign. The scale aims to capture the three dimensions of ageism—stereotypes, prejudice, and discrimination—and is intended to be appropriate for people from adolescence onward and across diverse cultural contexts, addressing an earlier Western bias in ageism measures. It was also designed to be used in research to generate more robust evidence on the prevalence of ageism, as well as its associated factors, which in this study are older people's experience of Age-Friendly Cities and Communities and health outcomes.

Why Ageism and Age-Friendly Cities and Communities?

Interconnectedness of ageism and Age-Friendly Cities and Communities (AFCC)

Ageism and the age-friendliness of cities and communities can be thought of as connected on many levels, some visible and others invisible. For example, institutional-level ageism is evident in the design and infrastructure of public transport systems that inadequately accommodate older users. Photographic evidence from The Netherlands revealed explicitly ageist features—such as high bus entry steps, lack of accessible boarding platforms, and uneven pavements—that effectively exclude older adults from convenient transit access. These infrastructural omissions reflect broader planning and policy practices that inadvertently marginalise older populations (4).

As for interpersonal ageism in healthcare settings, it often appears through *elderspeak*—a patronising speech style resembling baby talk, commonly used by younger providers when speaking to older adults. Triggered by implicit ageism, elderspeak includes exaggerated tone, slow pacing, and simplified language, which older adults frequently perceive as disrespectful (5).

Looking at self-directed ageism and AFCC, the former can undermine participation in age-friendly initiatives (or indeed in any community initiative) when older adults internalise negative beliefs about their abilities or social value. As shown in recent research, older individuals may withdraw from civic activities or community engagement due to feelings of incompetence, irrelevance, or anticipated failure. These internalised barriers reduce the effectiveness of Age-Friendly Cities and Communities by limiting older adults' involvement and well-being (6).

Therefore, the links run deep between ageism and AFCC – with a lack of prioritisation of the needs of older people in community life potentially reflecting entrenched, conscious or unconscious ageism (e.g., the belief that older people have little to contribute to society). Tackling ageism may therefore represent a condition for ensuring age-friendly cities and communities, not only in relation to the domain of respect and social inclusion but also across all other domains (7).

While awareness of ageism among researchers and policymakers is increasing, academic studies have largely focused on its causes and health impacts on older people, often overlooking its complex relationship with environmental factors and how older people's daily experiences of ageism relate to their perceptions of their surrounding environment (3). This can undermine older people's confidence in navigating the built and social environments or in

accessing services and reinforce their sense that urban planners and other decision makers do not sufficiently consider the needs and perspectives of older people.

Understanding older people's experiences of ageism therefore has the potential to provide critical illumination on intervention targets for enabling older people to age well in a place that feels right for them and allows them to be included and contribute to their communities, whilst also enabling their independence and health.

Why Colombia?

Colombia was selected due to its rapidly ageing population—15 per cent of the population is over 60, projected to rise to 28 per cent by 2050—and the strong, existing collaboration between HelpAge International and AARP in promoting age-friendly cities and communities in Latin America (8), a region that has experienced significant developments in AFCC with Colombia being one of thirteen countries in the region (in October 2025) that have active cities in the Global Network of Age-Friendly Cities and Communities (GNAFCC), of which HelpAge is an international affiliate member. The presence of HelpAge's regional team in Colombia and its longstanding ties with local communities and academic institutions enabled the successful roll-out of the study across four cities with diverse urban and ethnic contexts.

Methodology

Older people's ageism experiences were measured using the 15-item WHO ageism experiences scale.[1] The age-friendliness of cities and communities was measured using a Spanish translation and adaptation of the *Age-Friendly Cities and Communities Questionnaire* (9). Data collection was conducted among 398 older people aged 60 years and above through face-to-face interviews by students specialising in relevant disciplines and proficient in communicating with older people. A pilot study was conducted to ensure comprehensibility of survey items.

Participants had an average age of 72.5 years, with ages ranging from 60 to 95. The majority (76%) were females. The sample was largely composed of three ethnic groups—*Mestizo*, *Blanco* and *Afrocolombiano*—which accounted for 78.39% of respondents. Data were gathered from four Colombian cities—Bogotá (Chapinero Locality) and Ibagué (both of which are members of the GNAFCC), Barranquilla and Cartagena (9).[2] Most participants (91%) did not complete high school or its equivalent, and 40% had not completed primary education. Over half reported a monthly income of less than COP 500,000 (USD 121). Based on the Washington Group Disability criteria, half of the participants had some form of functional impairment (Annex A summarises the sample characteristics). For further details on methods used see Psychometric Evaluation of the WHO Ageism Experiences Scale Among Older Adults in Four Colombian Cities (10).

Key findings

The results highlighted different correlations between ageism, AFCC and health outcomes, as well as various demographic variables as follows:

Overall levels of ageism and AFCC:

- Older people in Colombia said they faced moderate ageism with **institutional ageism most prominent** amongst the three levels (institutional, interpersonal and self-directed). The aspects of institutional ageism that scored the highest levels of ageism related to government policies (e.g., on housing, social security, healthcare) that do not meet the needs of older people, but also being turned down for a job or a volunteering opportunity that an older person was qualified for due to their age.
- In the whole, **older people in Colombia were mostly satisfied** with the age-friendliness of their cities and communities with some geographic disparities for instance: older people in Barranquilla demonstrated satisfaction in housing, while in Bogotá they showed dissatisfaction in community support and health services, and in Cartagena they were unsatisfied with outdoor spaces and buildings.

Ageism and AFCC domain correlations:

- Older people in Colombia who experienced the **highest level of satisfaction** with their cities and communities experienced the **lowest level of ageism**
- Overall ageism experiences were strongly linked to less civic participation and employment, less social participation, and more negative views of transportation
- **Self-directed ageism** was most strongly linked to less civic participation and employment, as well as lower social participation
- **Interpersonal ageism** was most strongly linked to less civic participation and employment, as well as feeling less respected and included.
- **Institutional ageism** was significantly correlated with the following AFCC domains: social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, transportation, and the additional domain of financial support.

Ageism associations with health outcomes:

- **Ageism impacts the health of older people in Colombia**: higher levels of ageism experiences were correlated with poorer physical and psychological health.
- Ageism experiences were also linked to **higher levels of loneliness** (lacking companionship, feeling left out, isolated), **lower well-being** (i.e. not feeling cheerful, calm, active) and **poorer quality of life** in general.

AFCC associations with health outcomes:

- **Older people who view their environments as more age-friendly tended to report better physical health and psychosocial wellbeing.**
- Specifically, the communication and information and transportation domains of AFCC were positively associated with the **well-being** of older people.
- When older people were satisfied with social participation, communication and information, community support and health service, transportation, and financial support, they had better **psychological health.**
- When older people were less satisfied with the AFCC domains of respect and social inclusion as well as community support and health services, they experienced more **loneliness.**

Ageism, AFCC and intergenerational interactions:

- **Greater experience of ageism was linked to less contact** with younger people, which strongly increases loneliness of older people.
- Individuals who perceive their cities and communities **as more age-friendly tended to engage in intergenerational contact more frequently.**

Ageism, AFCC and sociodemographic disparities:

- Older people with **lower education, lower income, lower subjective social status and disabilities** faced **higher levels** of self-directed and interpersonal **ageism,** reflecting the compounding effects of the intersectionality of ageism with other forms of disadvantage.
- **Institutional ageism** scored highest amongst the three levels of ageism for older people in Colombia, regardless of their health status or sociodemographic variables. This may be due to the structural nature of institutional ageism, suggesting it functions as a widespread systemic issue that impacts older people relatively equally, regardless of individual differences. In other words, institutional ageism may be experienced similarly across the older population, making it less influenced by factors like health status or socioeconomic background.
- **Older people with disabilities in Colombia were less satisfied** with the age-friendliness of two of the AFCC domains namely transportation, and community support and health service, but also the additional domain of financial support. These results highlight the significant challenges that older people with disabilities face in their cities and communities, highlighting the intersectionality of ageism and ableism.

Recommendations

The results of this study fill a critical evidence gap in understanding the relationship between older people's experiences of ageism and their perceptions of their environments. They show clear associations between ageism, AFCC and health outcomes which serve as a call to action. Based on the research findings, we therefore recommend the following priority actions for AFCC policymakers, practitioners and researchers, with concrete examples of what some cities and communities are already doing:

Policy and advocacy

To embed ageism-awareness in AFCC strategies, policymakers and institutions should:

- **promote an understanding of ageism in AFCC policies**, conceptual frameworks, guidance materials, and intervention designs, using the Decade of Healthy Ageing Framework as a means of bringing them together in tools and resources to support integrated policy and action on both ageism and AFCC.
- **raise awareness of the inter-connectedness of ageism and AFCC**, to ensure ageism is more fully addressed in efforts to promote AFCC.
- **Collaborate on the co-design of a practical training toolkit –** led by WHO, policy makers and local communities – to support the integration of anti-ageism strategies within AFCC policy, planning and implementation.
- **Review and reform urban development policies and planning processes** at national and local government levels to identify and eliminate practices of institutional ageism. This includes ensuring that urban infrastructure, such as public transport, streets, and community spaces, as well as healthcare services and housing, are designed and evaluated with the meaningful engagement of older people to meet their diverse needs, rights and capacities. It also includes training for practitioners and policymakers on institutional ageism and its relationship with their activities in fostering or hindering age-friendly cities and communities.
- **Adopt a human-rights, holistic and multisectoral approach** to AFCC policy and interventions. Governments, researchers, NGOs, community actors and policymakers must work collaboratively to address ageist barriers that limit older people's participation, representation, and access in urban and community life.

> *"This is the first time that we have a survey that truly includes the voices and thoughts of older people. We are the ones who need to speak up, and no one should speak for us.*
>
> *There were participants who didn't know how to read, but they still gave their opinion and were heard. Many of the survey findings were precisely expressed by them, and we defend those ideas.*
>
> *This survey was a success. It was carried out with organised civil society groups and with care centres. We feel proud, because through the survey we expressed what we should have expressed a long time ago. Hopefully, this won't be underestimated by decision-makers.*
>
> *We believe that there should be a vindicatory policy, but with the active participation of the key actors, older people. We are subjects with the right to give our opinion and to participate in all the matters that affect us, directly or indirectly."*
>
> (Teobaldo Cavadía, survey participant and community leader of Cartagena's Older People's Council)

Community programming

Local communities and implementers can reduce ageism and improve urban and community inclusion by:

- **Strengthening the implementation of the WHO AFCC framework** across all eight domains to maximise the health and wellbeing benefits for older people and reduce the experience and perpetration of ageism in built and social urban environments, drawing on

examples from the HelpAge, AARP and PAHO *Let's Go!* Guide to small scale, low-cost AFCC interventions and from WHO's Global Database of Age-Friendly Practices.

- **Integrating anti-ageism strategies into AFCC efforts** by actively measuring and addressing ageism—particularly institutional ageism—through a combination of policy and legislative action (to prohibit age-based discrimination), education (by including ageism as a cross-cutting topic in schools and universities as well as conducting awareness campaigns) and intergenerational contact. These approaches are proven to reduce ageism and should be pursued together to tackle overlapping barriers. See one example here from the global database of Age-Friendly Practices:

  The US City of Columbus and Franklin County's #ButtonUpAgeism campaign aims to address ageism by creating and sharing over 3000 campaign buttons with "Aging: So Cool Everyone is Doing It!" and launching a multi-media positive ageing campaign using the #ButtonUpAgeism on various platforms including community billboards followed by a video and social media campaign shared with partners at local and national levels.

- **Expanding intergenerational spaces and programmes** that foster connection between younger and older generations. These initiatives promote mutual understanding, reduce stereotypes, and help strengthen older people's self-esteem by recognising their value within the community. Intergenerational contact is a powerful tool for reducing both interpersonal and self-directed ageism. See the Norwegian city of Sandnes' Generation Games as one example creating a meeting place and activities for all generations, involving the city administration, voluntary sector and local businesses.
- **Promoting policies and interventions that reduce loneliness, isolation and abandonment**, within the framework of age-friendly cities and communities. Two examples of how to do this can be found here:
  - **Brazil's Service for Coexistence and Strengthening of Bonds for Older People** (SCFV), in Nova Esperança do Sudoeste, provides a service promoting the wellbeing, autonomy and inclusion of older people. SCFV strengthens community bonds through weekly educational, cultural and leisure activities, carried out in groups with mediation by a psychologist and social worker. These serve to prevent social isolation and promote healthy ageing, digital inclusion and continuous learning. This service relies on partnerships between municipal secretariats, the council of the elderly, universities and volunteers.
  - **The Radars initiative in Igualada, Spain**, is a local network of prevention and detection of older people's solitude and isolation, where city residents, neighbours, traders, and services form a team of volunteers to establish links with older people by calling them at home and inviting them to participate in community activities and services.
- **Promote policies and interventions that reduce ageism at the workplace** as the domain of employment has been consistently linked to higher levels of ageism in all three ageism domains (see here for a US example).
- **Adopting tailored interventions for older people with disabilities** recognising that intersectional disadvantage intensifies exclusion. Intervention designs must address specific barriers faced by older people with disabilities, particularly in domains such as community support, health services, transportation, and financial inclusion, where challenges are most acute (see here for an example from Wales).
- **Enhancing the active participation of older people,** in the design, implementation and monitoring of AFCC policies and interventions. Upholding the principle of "nothing about us without us". Setting up exchange meetings between age-friendly cities, such as the example below from Catalonia, Spain, is one way of doing this:

  Exchange meetings between the Mataró City Council with Montcada i Reixac and Sabadell involved two days of moderated meetings with groups of older people from each city to exchange and learn about the age-friendly activities of each place, and how and who organises them to promote active and healthy ageing. The moderators pose questions to discuss and facilitate physical and playful activities and a meal together. Transferable ideas and activities of most interest to each group are collected and friendship bonds are created between them. The meetings are open to people over 60 years of age and to interested municipal entities and associations.

Data and research

More work is needed to deepen our understanding of the ageism-AFCC relationship and to bring researchers and network members closer together to co-design research for better evidence on what works for whom in relation to ageism and AFCC. We recommend:

- **Rolling out the WHO ageism** scale by incorporating it into national surveys through national statistical offices**.**
- **Expanding research across diverse contexts** to build on this study's findings. Future research should address geographic gaps and explore how ageism and AFCC intersect with gender, disability and other socioeconomic factors.
- **Embedding co-production principles by involving older people** with lived experience throughout the research and advocacy process, from design to implementation and analysis - to ensure studies reflect the realities and priorities of older people.
- **Exploring the impact of intergenerational research collaboration by involving students** not only as data collectors but as respondents to the ageism perpetration ('ageism toward') scale before and after taking part in the research to assess whether such engagement helps reduce ageist attitudes.
- **Adapting the WHO Ageism Scale** to reflect diverse cultural, social, and economic contexts in Latin America and beyond, to ensure its relevance and accuracy in measuring ageism.

> *"When working with older people on matters of healthy ageing, it is key to have them recognised as subjects, not as objects of observation and research. We believe that in future investigations, older people should speak up for their own opinions and that their voices should be valued in community work.*
>
> *We now have valuable tools to propose to new governments, both incoming and outgoing, in the different spaces of participation where we are active, such as the National Council of Older People and Local Councils of Older People."*
>
> (Deinedt Castellanos, President of the Colombian Network for Active and Decent Ageing)

- **Producing a low-cost community-based research toolkit** to support local community groups in conducting ageism and AFCC-related studies. This would help generate locally grounded, actionable data for use in advocacy, programme design and policy engagement at local or national levels. One good example is the guide and accompanying film for working with older people as co-researchers produced by the Manchester Institute for Collaborative Research on Ageing (MICRA).

Conclusion

Addressing ageism is vital for ensuring cities and communities are age-friendly and essential for building inclusive, equitable, and healthy societies—particularly as populations age. This study underscores the interconnectedness between ageism, perceptions of the age-friendliness of cities and communities, and health outcomes, revealing that reducing ageism and enhancing the age-friendliness of urban and communal environments can enhance health, wellbeing and participation of older people. To effectively tackle these challenges, multisectoral action is needed—combining advocacy, community-level programming and research—to embed anti-ageism strategies in age-friendly cities and communities' policies, designs and interventions ensuring older people are valued, included, and empowered in all aspects of urban and community life.

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Annex A: Demographic characteristics of survey participants

Sample characteristics (N = 398)	Mean (SD) / N (%)
Age	72.50 (7.91)
Gender:	
Female	301 (75.63%)
Male	95 (23.87%)
Ethnicity:	
Mestizo	165 (41.46%)
Blanco	97 (24.37%)
Ninguno	58 (14.57%)
Afrocolombiano	50 (12.56%)
Indígena	14 (3.52%)
Raizal	1 (0.25%)
Gitano o Rom	1 (0.25%)
Others/not listed	10 (2.51%)
City:	
Bogotá	184 (46.23%)
Cartagena	100 (25.13%)
Ibagué	62 (15.58%)
Barranquilla	52 (13.07%)
Education:	
Incomplete primary	163 (40.95%)
Primary completed	76 (19.10%)
Incomplete high school	68 (17.09%)
High school completed	27 (6.78%)
Technical	23 (5.78%)
Technology	7 (1.76%)
Bachelor's or undergraduate degree	9 (2.26%)
Specialisation	4 (1.01%)
Master's degree or equivalent level	1 (0.25%)
Doctorate or equivalent level	1 (0.25%)
Income:	
Less than COP 500,000	232 (58.29%)
COP 500,000 to COP 1,000,000	81 (20.35%)
COP 1,000,001 to COP 2,000,000	58 (14.57%)
COP 2,000,001 to COP 3,000,000	13 (3.27%)
COP 3,000,001 to COP 4,000,000	6 (1.51%)
COP 4,000,001 to COP 5,000,000	2 (0.50%)
COP 5,000,001 to COP 7,500,000	2 (0.50%)
COP 7,500,001 to COP 10,000,000	3 (0.75%)
More than COP 10,000,000	1 (0.25%)
Disability status:	
Yes	207 (52.01%)
No	191 (47.99%)
Subjective social status	3.22 (2.09)
Subjective life stage	78.03 (15.59)

Endnotes

[1] The ageism scales were developed by WHO as part of its global campaign to combat ageism. They are free-to-use in measuring a range of ageism dimensions across a diversity of global contexts and provide a means of illuminating the causes and consequences of ageism for individuals and societies and for testing what works to reduce it. The scales cover stereotypes (ageist thoughts or assumptions), prejudice (ageist feelings), and discrimination (ageist actions) and interpersonal, institutional, and self-directed ageism for experiences and perpetration, allowing comprehensive assessments of ageism. The scales can also be used alongside other factors (e.g., disability, refugee status) to understand the inter-correlation between ageism and other indicators of health and wellbeing.

[2] While Ibagué and Bogotá (Chapinero Locality) are the only participating cities that are members of the Global Age-Friendly Cities and Communities Network (GNAFCC), other members in Colombia include Rionegro, Envigado, and Manizales. Other LAC countries in the GNAFCC, as of Sept 2025, are Argentina, Brazil, Bolivia, Chile, Costa Rica, Cuba, Ecuador, Guatemala, Mexico, Paraguay, Peru, and Uruguay.

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives. HelpAge is also an international affiliate member of the WHO Global Network of Age-Friendly Cities and Communities (GNAFCC).

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Published by HelpAge International

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Registered charity no. 288180

In the front-page photo: Clemencia Díaz and Antonio Berrío, community leaders and survey participants in Cartagena, Colombia. Front page photo by Nelson Andrés Tamayo Gaviria/HelpAge International.