Understanding Ageism at the Intersections: Insights and Learning to Inform Future Research, Programming and Advocacy

2024/25 Learning Report

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1. Executive Summary

Experiences of ageism are shaped by more than age alone. Understanding how ageism intersects with other forms of discrimination such as ableism, sexism, and with social determinants like education, income, environments as well as other characteristics such as refugees and internally displaced populations - is increasingly important for designing inclusive policies and programmes.

In 2024–25, HelpAge International, in partnership with the University of Edinburgh (global research leads on measuring ageism) and national organisations in **Moldova, Lebanon (still in data collection phase), Libya, and Colombia**, led the rollout, testing and validation of the newly developed **WHO Ageism Scale** in diverse and often challenging contexts. HelpAge also conducted a research consultancy for CBM Australia and Fred Hollows Foundation to assess the intersection of ageism and ableism in development and humanitarian policy and practice in the Indo-Pacific region. This work contributes to a growing body of evidence that aims to both understand ageism more deeply and inform strategies to reduce it, especially in low- and middle-income and crisis-affected settings. For many years, HelpAge has gathered qualitative evidence of ageism, and this step-change in our work has allowed us to add statistically significant quantitative evidence which stands up to academic scrutiny and helps to anchor our advocacy messaging alongside the lived experience examples.

Across all countries, the findings confirmed that **ageism is rarely experienced in isolation**. In **Moldova**, older refugees from Ukraine experienced significantly higher levels of ageism than older Moldovans, particularly self-directed and interpersonal forms. In **Libya**, older people affected by the 2023 floods reported stronger links between ageism, loneliness, PTSD, and poor health, with women and those with less education most at risk. In **Colombia**, older people who perceived their cities and communities as more age-friendly reported lower levels of ageism and better wellbeing, demonstrating the potential of environmental design and the social fabric to counteract ageist attitudes and of the need to tackle ageism as a pre-requisite for age-friendly cities and communities given that the relationship is likely bidirectional. In **Lebanon**, the experience of conducting research during an ongoing polycrisis highlighted how long-term instability and lack of social protection may amplify both ageism and mental health challenges among older people.

A key learning across contexts was the need to meaningfully include older people in the research process. From helping define priorities and reviewing survey questions, to interpreting findings and identifying how best to share and use results with their communities including in local advocacy. This was consistently identified as essential to improving the quality, relevance, and impact of the research.

The testing of the WHO Ageism Scale, and researching ageism at different intersections, has shown not only the value of collecting standardised data across different global contexts, but also the importance of adapting tools and approaches to reflect lived realities. Addressing ageism effectively requires understanding how it intersects with crisis, inequality, and exclusion and ensuring older people are at the centre of that process.

We continue to learn not only about what works in using the WHO Ageism Scale and improving the research process, but also about how ageism intersects with other forms of discrimination, inequality and exclusion across different contexts. This report shares that learning, both from the scale testing and from broader ageism initiatives. The

following sections offer key findings, reflections, and recommendations to inform future research, programming, policy, and practice.

2. Introduction and background

Context

Ageism, as defined by the World Health Organization (WHO), refers to "the stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) directed towards people based on their age."[1] For older people, ageism is associated with shorter lifespans, poorer physical and mental health, slower recovery from disability and cognitive decline.[2] Despite being widespread, ageism often remains unacknowledged and unchallenged compared to other forms of discrimination such as sexism or racism. A key reason for this disparity is its normalisation within societies, leading to ageism frequently being overlooked and accepted, often in the form of unconscious bias.

Over the past decade, HelpAge International has taken significant steps to challenge ageism and promote more positive attitudes toward ageing. Through campaigning, evidence generation, and capacity building, HelpAge has worked to address the diverse ways ageism manifests across different contexts. This aligns with growing global momentum to tackle ageism, led by actors such as the World Health Organization, which has highlighted the urgent need to create a world for all ages. In particular, there is increasing interest in measuring and understanding experiences of ageism, an area where HelpAge is currently contributing through testing the newly-developed WHO Ageism Scales and developing practical tools for combatting it through advocacy, capacity-building and programming.

This report also complements an earlier strategic review conducted by HelpAge, specifically the Situational Analysis of Ageism initiatives, which mapped key gaps, strengths, and opportunities within our broader ageism-focused programming and advocacy. The Situational Analysis underscored the importance of evidence-based approaches, intersectional perspectives, and meaningful participation of older people, elements that are further explored and advanced through the initiatives described in this report.

Measuring Ageism and WHO’s Ageism Scale

The ability to measure older people’s experiences of ageism globally is essential for advancing efforts to eliminate it from society. However, until now, there has not been a tool to enable this to happen. This gap prompted the development of the WHO Ageism Scales by the Demographic Change and Healthy Ageing Unit, as part of the WHO Global Campaign to Combat Ageism.

The WHO Ageism Scales – which assess the experience and perpetration (ageism-toward) of ageism – are free, evidence-based tools designed by experts in ageism and scale development. They uniquely capture the full range of ageism, covering stereotypes (thoughts), prejudices (feelings), and discrimination (actions) and measure

[1] World Health Organization (WHO). Global Report on Ageism. Geneva, Switzerland; 2021
[2] World Health Organization (WHO). Global Report on Ageism. Geneva, Switzerland; 2021

interpersonal, institutional, and self-directed ageism.[3] These tools are designed to generate accurate, comparable data across global contexts, enabling deeper understanding of the causes and consequences of ageism and helping to design and evaluate interventions aimed at reducing it. Working with network members and partners, we have been testing the scales in LMICs. As this is a new, exploratory initiative, we have been learning along the way, assessing what works and needs to be improved for future projects using the scales. As some of these initiatives are still underway (for example, we are now exploring the intersections of gendered ageism, ableism and climate resilience in Somalia and Zimbabwe), we are still on the journey of understanding what works, what can be improved, and how best to use the results.

Purpose of this report

This report captures key learning from HelpAge International and partners' ageism research and advocacy initiatives in 2024–25, aimed at deepening understanding of ageism and how it intersects with other forms of discrimination, such as ableism and sexism, and in displacement and poverty settings. Its central focus is on projects where we have been testing the scale in four LMICs, in partnership with HelpAge Moldova, Red Colombiana, Al Safwa in Libya, the University for Seniors at the American University of Beirut and ageism scale experts at the University of Edinburgh. This work is not only breaking ground in its diversity of contexts (as the first scale testing in LMICs), including among refugees, flood survivors, and in age-friendly cities, but also exploring how ageism correlates with broader social determinants of health and cognitive outcomes in older age.

Alongside scale testing, the report captures insights from partners' experiences of using the scale, and reflects on HelpAge's research for CBM/FHF on the intersection of ageism and ableism in the Indo-Pacific region.[4] Learning from these initiatives has been built into the design of ageism research currently underway.

The report is structured to support both internal learning and external engagement, particularly with partners, donors, researchers, and practitioners working on age-inclusive development and humanitarian action. By consolidating this evidence and experience, the report contributes to and aligns with initiatives such as the WHO Global Campaign on Ageism and HelpAge's Strategy 2030 which includes taking a Stand Against Ageism.

Methodological approach

This report draws on a combination of research findings (academic articles authored by the University of Edinburgh and the four project teams), and evidence from the testing of the WHO Ageism Scale, reflections from partners, practitioner insights, and internal learning. The report reflects a balance between the research findings and what this tells us about ageism and learning from the research process and what emerged through partner engagement, helping to ensure that findings are both evidence-informed and practically relevant.

To support reflection and synthesis, a learning event was convened in April 2025 with participation from HelpAge staff, country partners, the WHO, AARP, and the University of

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[3] Aja L Murray, Vânia de la Fuente-Núñez, Development of the item pool for the 'WHO-ageism scale': conceptualisation, item generation and content validity assessment, *Age and Ageing*, Volume 52, Issue Supplement_4, October 2023, Pages iv149–iv157, https://doi.org/10.1093/ageing/afad105

[4] The Intersection of Ageism and Ableism in Development and Humanitarian Policy and Practice, CBM Australia and Fred Hollows Foundation, 2025.

Edinburgh. The event provided space to reflect on both the research findings and the process of implementing the WHO Ageism Scale across diverse contexts. Key learning questions were developed to guide this reflection, focusing on how ageism intersects with factors such as displacement, crisis, environment, health, and inclusion. The discussion also explored how older people can be more meaningfully involved in ageism research processes and what the findings imply for future research, policy and practice. These questions (see annex) which helped to ensure the practical experiences of those involved have informed our learning.

3. WHO Ageism Scale Testing and validation: key findings and lessons from four countries

Each country project varied in scope and focus, reflecting different contextual priorities, population groups, and intersections being explored, such as ageism in relation to displacement, crisis, disability, or age-friendly environments.[5] The projects also yielded diverse findings and practical lessons, shaped by the realities of implementation in humanitarian and development settings. As part of the research process, the WHO Ageism Experiences Scale was translated into Russian and Romanian (Moldova), Spanish (Colombia), and Arabic (Lebanon) using the TRAPD gold-standard method. The Russian, Spanish and Arabic translations were subsequently adopted by WHO as the official versions in these three UN languages and allowed for national validation of the scale in each country. As for the WHO Ageism Perpetration scale, it was translated and used in Colombia and Libya. This section provides a brief overview of each country's approach, key findings, and reflections from the scale testing process.

Moldova: Ageism Among Older Refugees and Host Communities

Project Focus: This project focused on older Ukrainian refugees and older Moldovan host communities to explore how displacement and crisis contexts may affect experiences of ageism. The primary objective was to validate the WHO Ageism Experiences Scale and assess how ageism manifests across different groups of older people in Moldova.

Key Findings:

- Refugees reported significantly higher levels of experienced ageism compared to local Moldovans, with Ukrainian participants scoring higher on self-directed, interpersonal, and overall ageism scales. Refugees reported significantly poorer physical and mental health, as well as higher levels of loneliness and poorer intergenerational contact.
- Older age, perceived older age, lower education, and lower social status were all associated with higher levels of experienced ageism.

[5] In Lebanon, the project is still in the data collection phase and preliminary learning has been drawn on for this report.

- Higher ageism scores were strongly associated with poorer health outcomes, including worse general, physical, and psychological health, lower well-being, increased loneliness, and weaker intergenerational contact.
- Self-directed ageism was more common among older people with lower education. Women reported higher self-directed ageism, while men reported higher levels of interpersonal/institutional ageism.

Lessons and Implications: The study highlighted important learning about ageism in humanitarian contexts, particularly in terms of its intersection with displacement and socio-economic status. It showed how refugees face not only the challenges of displacement but also higher levels of age-based discrimination, including internalised (self-directed) ageism. These insights reinforce the importance of inclusive, group-sensitive programming that recognises the layered experiences of older refugees.

Reflections from the research process also offered practical lessons:

- Recruiting older men and Moldovan citizens was more difficult than recruiting older refugees. (26% older men, 74 older women, 49% refugees). The former is in line with research globally, whereby men are less likely to participate mainly due to time constraints, traditional gender roles and reluctance to disclose personal info. For the latter, the country partner attributed the ease in enrolling refugees to the fact that refugees had more time, they were enthusiastic about the study recognising them and asking them about their experiences of ageism in addition to the token of appreciation.
- Some survey questions, particularly those on health and age-related experiences, triggered emotional responses - especially among refugees, highlighting the need for sensitive and trauma-informed data collection methods (questions were piloted for sensitivity in all four countries to ensure culturally sensitive questions could be adjusted/addressed).
- These findings offer valuable evidence to inform policy and humanitarian responses, pointing to the need for targeted interventions that address both systemic and internalised ageism in crisis settings.

Colombia: Ageism, Age-Friendly Cities & Communities, and Health Outcomes

Project Focus: This study was the first to test and validate the WHO Ageism Experience and Perpetration Scales in Latin America, using the (Colombian) Spanish version of the tool. Uniquely, it was also the first to incorporate indicators from the WHO Age-Friendly Cities and Communities (AFCC) framework, exploring the co-relationships between ageism, age-friendliness, and health outcomes. The research was led by the University of Edinburgh in collaboration with four Colombian universities and the Colombian Network for Active and Decent Ageing (Red Colombiana), with support from HelpAge. An intergenerational approach was central to the methodology, involving 28 university students as enumerators and six older people's organisations as participants.

Key Findings:

- Older Colombians reported moderate levels of ageism, with institutional ageism being the most prevalent. Participants perceived their communities as generally age-friendly, though satisfaction varied by province-.

- Participants who viewed their cities as more age-friendly experienced lower levels of ageism.
- Higher ageism, especially self-directed and interpersonal forms, was linked to reduced civic engagement, employment opportunities, social participation, and lower feelings of respect and inclusion.
- Higher ageism scores were significantly correlated with worse physical and psychological health, greater loneliness, and lower overall well-being.
- Older adults who perceived their environments as more age-friendly reported better physical and psychosocial health.
    - Positive associations were strongest in the domains of communication and information, transportation, social participation, and community support.
    - Lower satisfaction with respect and inclusion was linked to higher levels of loneliness.
- Frequent intergenerational contact was associated with more positive AFCC ratings and lower ageism. Participants experiencing more ageism reported less contact with younger people and higher loneliness.
- **Sociodemographic Disparities:**
    - Older people with disabilities were less satisfied with several AFCC domains, highlighting accessibility and inclusion challenges.
    - Those with lower education, income, and subjective social status experienced higher levels of self-directed and interpersonal ageism.
    - Institutional ageism, although widespread, did not show strong associations with individual health or demographic variables, suggesting it may be a systemic issue affecting older people broadly, regardless of one's health and sociodemographic circumstances.

Lessons and implications: The Colombia study highlighted the crucial connection between ageism, age-friendly environments, and older people's health and well-being. Cities perceived as more age-friendly were associated with lower ageism levels and better health outcomes, demonstrating the value of prioritising age-friendly policies as one strategy to combat ageism in urban and communal settings. The research also underscored significant inequalities: older adults with lower education, lower income, or disabilities faced higher levels of ageism and people with disabilities experienced their communities as less inclusive. These findings emphasise the need for targeted, context-sensitive interventions and policies to enhance age inclusivity, particularly for more at-risk older populations.

Reflections from the research process:

- The survey was perceived as too long by many older participants, suggesting the need to streamline future versions.
- While the University of Edinburgh provided data collection training to university professors, it was the students who carried out the data collection. The professors cascaded the training, but direct training for students would likely have been more effective. This was not feasible due to the tight project timeline.
- While involving students added complexity and required more support, it ultimately contributed to a more inclusive and locally embedded research process.

However, it is not clear if the respondent's answers were influenced by having students interview them.
- A translation error in the ageism scale was discovered post-data collection, highlighting the need for thorough language checks before fieldwork begins.
- Some age-friendly city and community (AFCC) items required careful adaptation to ensure clarity and cultural relevance in the local context.

Libya: How Ageism intersects with prolonged exposure to crises

Project Focus: This project aimed to conduct the first psychometric validation of the WHO Ageism Experiences and Perpetration Scales in Arabic and within a humanitarian disaster context, specifically among older people directly impacted by Libya's devastating 2023 floods. The study explored how experiences of ageism intersect with prolonged exposure to crises, aiming to assess whether humanitarian disasters amplify ageism and related negative health outcomes compared to older people unaffected by the floods.

Key Findings:

- The WHO Ageism on Experiences and Perpetrator Scales demonstrated good psychometric properties in Arabic, effectively capturing ageism experiences among older Libyans, including those impacted by the floods.
- Institutional discrimination was notably prevalent, particularly regarding government policies on housing, social security, and healthcare that inadequately met older people's needs.
- Higher ageism scores correlated significantly with worse health outcomes, including increased loneliness, reduced psychological and physical health, and lower subjective well-being.
- Overall, the affected group demonstrated better health and well-being outcomes, apart from higher PTSD levels; these findings may also be explained by the post-disaster support received by the affected group, which may have contributed to their recovery and resilience.
- Sociodemographic factors influenced ageism experiences: adults who are older, females (especially in the affected group), and individuals with lower education levels reported higher levels of ageism.

Lessons and Implications:
The Libya validation produced some counterintuitive findings, revealing that **older people affected by the floods reported similar health outcomes - and in some cases, lower levels of perceived ageism - compared to those who were not directly affected**. These results may reflect maturation and inoculation theories, which suggest that older individuals are more resilient and better equipped to cope with crises. Additionally, the support provided by government and humanitarian agencies may have contributed to these outcomes. These findings highlight the need to consider both protective factors and contextual dynamics when designing age-inclusive disaster preparedness and response strategies.

UoE colleagues recommended applying the scale in a longitudinal study. For future studies, data could be collected at multiple points before and after a disaster, via a survey or intervention to track changes in participants' experiences over time.

The availability of the scales in Arabic may help accelerate ageism research and deepen understanding of ageism in Arab-speaking countries. A second important contribution of

the current study was to examine the psychometric functioning of the scale in the context of a natural disaster.

Reflections from the research process:

- The survey was conducted approximately 18 months after the September 2023 floods, which influenced older people's availability, mobility, and willingness to participate.
- Libya team suggested that deeper conversations are needed on how older people are impacted not only by the floods but also by the ongoing disasters in the country.
- Ensuring culturally relevant translation and adaptation required meticulous attention to language and context-specific sensitivities.
- Items related to institutional ageism presented challenges due to participants' reluctance to openly critique government policies, highlighting the importance of contextually sensitive questionnaire design and administration.
- Engaging local facilitators who were trusted by the community significantly improved access and participation, especially among older women and those living alone.
- The WHO ageism survey tool was generally well-received, but it was found to be somewhat lengthy, which affected the attention span and comfort of some older participants during interviews.
- Some older participants needed additional time and simplified explanations to understand certain terms and concepts in the tool, indicating the need for further localisation.
- Ensuring informed consent and maintaining confidentiality were critical, and required clear, patient communication by facilitators.
- Emotional sensitivity was necessary, as some participants associated questions about ageing and isolation with their broader experience of loss and displacement.

4. Reflecting on the intersections and key learning questions

What we learned about the interplay between ageism and other social determinants of healthy ageing? and how ageism interacts with age-friendly cities and communities

Across all three countries; Libya, Colombia, and Moldova, the research revealed that **ageism is closely intertwined with other social determinants of healthy ageing and with how inclusive and supportive the surrounding environment is for older people**. Ageism both reflects and reinforces broader social inequalities, particularly in contexts of crisis, displacement, poverty, and limited access to services.

In **Libya**, findings from the 2023 flood-affected areas offered an unexpected insight: older people in the impacted regions reported lower levels of ageism compared to those in unaffected areas. The Libya team attributed this to the strong humanitarian solidarity that emerged in the aftermath of the disaster. Older people were more visible, listened

to, and engaged in community efforts, creating a sense of recognition and dignity that likely contributed to lower reported experiences of ageism.

Health outcomes further reflected this pattern. Older people in flood-affected areas reported better general health and wellbeing, lower levels of depression and loneliness, and higher quality of life than their counterparts elsewhere. However, they also reported higher levels of post-traumatic stress symptoms, underscoring the complexity of crisis impacts on older populations.

In Moldova, the intersection of displacement and age was particularly stark. Ukrainian **refugees reported significantly higher levels of ageism than host community members**, and experiences of ageism were most pronounced among those with lower perceived social status, older age, and less education. These findings highlight the ways in which ageism compounds existing inequalities, especially for marginalised groups navigating both ageing and crisis.

In Colombia, the study offered critical insights into how the physical and social environments where older people live interact with ageism. Older people who perceived their cities as more age-friendly particularly in terms of accessible transport, respectful communication, and opportunities for social participation, reported lower levels of ageism and better health. Conversely, **those in less age-inclusive settings, particularly with lower income, education, or disabilities, faced more ageist attitudes and poorer wellbeing**. Self-directed and interpersonal ageism were closely linked to reduced civic participation and social inclusion, pointing to the importance of embedding age-friendly principles into urban development, policy, and community programming.

Together, these findings confirm that ageism is shaped by and reinforces multiple layers of social disadvantage. Creating age-friendly communities and addressing the broader social determinants of health such as education, income, disability status, and displacement must be central to any strategy aiming to reduce ageism and promote healthy ageing for all.

What We Learned About the Experiences of Diverse Groups of Older People in Humanitarian and Displacement Settings

The research across Moldova, and Libya remind us that older people should not be identified by their age alone, and their experiences in humanitarian and displacement settings are shaped by a range of intersecting factors including gender, education, refugee status, disability, and the exposure to prolonged crises.

In Moldova, findings revealed how **displacement, age, and socio-economic status interact to intensify ageism**. For example, older Ukrainian refugees already navigating the trauma of conflict and resettlement also faced heightened levels of institutional and self-directed ageism. These layered experiences underscore the need to understand ageism not as a stand-alone issue but as something deeply influenced by identity, circumstance, and context.

Across all three contexts, the findings suggest that experiences of ageism are shaped by more than age alone. Humanitarian and displacement settings exacerbate underlying inequalities, making it critical to adopt intersectional approaches that consider the unique needs and identities of older people and understand that ageism impacts older people with diverse characteristics and experiences in different ways.

What We Learned Conducting Research in a Polycrisis

Data collection is still underway in Lebanon at the time of drafting this report. Testing and validating the scale in Lebanon is part of a bigger longitudinal study conducted by the American University of Beirut (with HelpAge's network member, the University for Seniors) and Columbia University in the USA. The longitudinal study is titled "Later life Learning and Cognition (3LC)" aims at assessing the impact of later life learning on Alzheimer and related dementia.

Conducting ageism research in Lebanon during ongoing polycrises highlighted unique challenges and opportunities. The rapidly evolving crisis conditions meant standard questionnaire topics, such as income and social security, required continuous adjustments to stay relevant. For example, currency devaluation, shifting economic contexts, and escalating war forced the team to repeatedly revise survey questions. Many staff themselves faced displacement, adding complexity to fieldwork logistics in addition to the fact that the research had to be halted for several months due to the ongoing war on Lebanon.

When deciding on what topics to look at, the 3LC team realised that there are so many topics that are understudied, experiences relating to social security plans (which are limited in the Lebanese context), digital connectedness and social support. The team decided to explore the hypothesis that engaging older people in lifelong learning could reduce their experiences of ageism, alleviate loneliness, and strengthen social support networks. The team also sought to understand whether these factors interconnect, and if ageism becomes more prevalent in contexts with prolonged exposure to crisis.

A significant challenge was the limited availability of Arabic-language survey tools appropriate for such a context. Although the WHO Ageism Scales could be adapted, additional rigorous searching and extensive translation work were required. Data collectors also needed substantial training to understand ageism and ageing concepts, ensuring standardised administration amidst unpredictable conditions.

Despite these difficulties, the research is resonating deeply with older participants. Older people felt like it was their experience and that the research spoke to them and valued their life course trajectory.

Ultimately, the research underscored that conducting rigorous, meaningful studies in polycrisis contexts demands adaptability, patience, and substantial investment, but the validation participants felt in sharing their stories made the effort profoundly valuable.

What we learned about meaningfully involving older people in measuring ageism

Meaningful involvement of older people across the research and project lifecycle is essential for ensuring their perspectives are reflected in these types of projects. This includes their participation in defining priorities, advising on appropriate methods, and adapting culturally sensitive survey items. While it has been challenging to engage older people in all aspects of the project, they were involved in piloting the tool, and provided valuable feedback on survey questions to help identify and adapt culturally sensitive content.

Establishing an older people's advisory group and integrating older people into the research team itself were identified as effective strategies for consistently embedding older people's perspectives. Additionally, older people could play crucial roles in interpreting research findings and disseminating results in accessible, community-friendly language and involving them, e.g. for local advocacy.

However, meaningful engagement requires intentional investment. Sufficient timelines, budget provisions, and targeted training for older participants on research processes are essential. Donor awareness and support are also critical to ensure older people can genuinely participate and influence decision-making.

These reflections underscore the importance and feasibility of deepening older people's involvement to strengthen the relevance and impact of ageism research.

What We Learned About Gendered Ageism

Gendered ageism refers to the compounded disadvantage individuals experience due to intersecting discrimination around age and gender. Through these projects, a key interest has been how gender shapes the experiences of ageism.

Analysis from Moldova, Colombia, and Libya using the WHO Ageism Experiences Scale highlights the nuanced nature of gendered ageism. Although the study found no statistically significant difference in the overall level of ageism experienced by older women compared to men, notable gender-specific patterns emerged. Older women frequently reported experiences related to feeling burdensome or embarrassment about their age, while older men more commonly expressed concerns regarding their purpose in life, participation limitations, and the appropriateness of age-related behaviors.

Importantly, the impact of ageism on health outcomes differed significantly by gender. The study found that older men experienced stronger negative associations between ageism and various health outcomes, including physical health, psychological distress, overall well-being, and loneliness. This suggests that older men may be more vulnerable to the negative health effects of ageism, potentially due to experiencing age-related stereotypes later in life, disrupting their sense of identity and purpose.

These findings underscore the importance of considering gendered dimensions when addressing ageism, highlighting the need for tailored interventions that account for the different ways older women and men experience and internalise ageism.

What We Have Learned About Ageism and the Intersections Through Other Ageism Initiatives

In 2024, HelpAge International was commissioned by CBM Australia and The Fred Hollows Foundation to lead a groundbreaking research project on the intersection of ageism and ableism in the Indo-Pacific region included a global desk review of existing data and literature on the intersection. This initiative revealed the **significant gaps in global understanding and action around these overlapping forms of discrimination, particularly in humanitarian and development contexts**. A key finding was the **absence of international or national surveys** that measure either ageism, ableism, or their intersection. This underscores the importance of tools like the WHO Ageism Scales and the need for disaggregated data to drive evidence-based inclusion and the intersectional barriers that older people with disabilities experience.

The research found **no existing practices explicitly addressing the intersection of ageism and ableism** in policy or programming. It called for a more comprehensive and inclusive approach, one that centres older people with disabilities and actively involves Organisations of Persons with Disabilities (OPDs) and Older People's Associations (OPAs).

Educational initiatives were identified as a critical entry point, with a strong recommendation for training across humanitarian and development sectors to dispel stereotypes and challenge deeply held biases about older people with disabilities.

Importantly, while the study included interviews with key informants, some of whom were people with disability working for disability-focused organisations, it did not directly involve older people with disabilities from communities due to ethical and time constraints, an acknowledged gap. This has directly informed the design of our current research project in Somalia and Zimbabwe, where older people with disabilities from communities – women and men - will be meaningfully engaged as participants and as part of an advisory group who will support the research. Building on the CBMA and Fred Hollows research, this new project will examine the prevalence and drivers of ageism, ableism, and gender-related barriers in high-climate-risk settings in Africa. It aims to understand how these factors affect the inclusion of older women and men with disabilities in climate resilience and Disaster Risk Reduction (DRR) preparedness programming and policy. Through a combination of quantitative research using the WHO Ageism Scale (adapted with items on ableism, gender, and DRR and climate resilience) and qualitative key informant interviews, the project will assess how ageist and ableist attitudes influence both community-level experiences and institutional practice.

This ongoing research, due to complete late 2026, will also seek to explore how the timing of disability onset (whether in earlier life or older age) and type of disability shape people's experiences of ageism, ableism, and access to services, particularly in the context of climate resilience, to inform disaster risk reduction (DRR) and climate preparedness planning**.**

This next phase reflects a deliberate shift from identifying gaps to developing practical, evidence-based responses**,** including workshops, partnerships, and stakeholder engagement for advocacy. It is informed not only by the research itself, but by HelpAge's broader inclusion programming, with a strong focus on ensuring that the voices and realities of older people with disabilities are central to both understanding and addressing the barriers they face.

5. Reflections on the research process and how we adapted

A. Adapting the Research Process in Real Time

Conducting research across different contexts presented several operational challenges that required flexibility and real-time adaptation. One key learning was the need to allow sufficient time for securing ethical approvals (whether national or global), which varied significantly across countries. In some cases, the process was longer and more complex than expected, underlining the importance of early planning and engagement with research authorities.

Working with data collection agencies also surfaced lessons around quality assurance. Several partners noted the importance of improved training on ageism and working with older populations, as well as clearer expectations for data storage, sharing, and protection. In Colombia, for example, using university students as enumerators had both positive and unintended consequences. While it created awareness and learning opportunities, it may have influenced how questions were asked and answered, and affected intergenerational dynamics. Nevertheless, enhanced intergenerational contact is in itself is a proven strategy for reducing ageism against older people (and can also reduce ageism against younger people) as it reduces intergroup prejudice and stereotypes.[6]

[6] Global Report on Ageism, WHO, 2021.

Another important insight was the need for culturally appropriate and sensitive translations of the WHO Ageism Scale. The gold standard method of translation was used which takes more time than a regular translation as it requires two independent translators plus an overall moderator. Using this method meant ensuring accuracy as well as cultural sensitivity. The Arabic translation for the Libya and Lebanon context differed slightly, as we needed to account for language and cultural differences even using the same language.

Lastly, several teams highlighted a heavy dependence on external statistical expertise for scale validation and analysis, particularly from the University of Edinburgh. While this ensured rigour and credibility, it also pointed to the need for capacity strengthening of local statistical expertise within the network to better interpret and use scale data independently. WHO's publication of the ageism scales manual and user guide in April 2025, which was not available during the HelpAge testing, will also enhance this as it provides practical guidance for introducing, administering, scoring and interpreting the scales.

B. Strengthening Inclusion and Advocacy: Engaging Older People Meaningfully

In Moldova, the project did not include an advocacy or capacity building component, due to limited funding, though this was recognised as a limitation at design stage. This learning informed the Colombia project, where a policy brief has been included and in the ongoing Libya and Somalia/Zimbabwe projects where awareness raising and advocacy activities have been built in from the outset as well as capacity building. Additional funding has enabled a more integrated and inclusive approach. This adaptation demonstrates how embedding advocacy from the start can help ensure the research leads to concrete dialogue and action.

Across all four countries, teams identified the critical importance of meaningful participation of older people throughout the research cycle, including at community feedback stage. While not always fully implemented, there was wide recognition that older people should be engaged from the earliest stages, including in defining priorities, piloting the survey too, advising on its adaptation, and shaping how findings are shared and used locally.

Inclusion also comes with practical requirements: time, budget, and training. Many partners emphasised that genuine engagement cannot be rushed or be tokenistic, and must be supported with resources that allow older people to contribute confidently and safely. More should be done to ensure a gender balance and engaging older men to participate and to understand their reluctance to be involved in this kind of research. OPAs (Older People's Associations), where present, should be brought into the design stage of research, not only as respondents, but as collaborators and users. The Zimbabwe/Somalia project is aiming to ensure a certain level of older people involvement through an advisory group.

Some participants noted that the length of the survey was a barrier for older people, particularly those with cognitive or physical challenges. Others raised that discussing experiences of ageism occasionally triggered emotional responses, including distress or sadness, as for many this was the first time they had been asked questions about their experience of ageism. Teams flagged the need to ensure appropriate support and referral mechanisms are in place, especially in humanitarian or crisis contexts.

These reflections reinforce that inclusive, ethical, and context-sensitive research takes more time, but ultimately leads to more meaningful, relevant, and impactful findings and use of results.

6. Taking our learning forward

This report has been an opportunity to reflect on what we have learned about ageism through the implementation of scale testing across diverse contexts. One of the most significant learning outcomes has been the added value of now having a quantitative approach to measuring ageism that allows for cross-country comparison but is flexible enough to enable different intersections with ageism to be examined. While older people's voices and lived experiences have long been central to HelpAge's work, the introduction of quantitative data through the WHO Ageism Scale represents a step-change in how we understand and evidence ageism. This dual approach strengthens our ability to identify patterns, make comparisons across contexts, and inform programme design and advocacy with greater precision.

Through this process, we have also deepened our understanding of how ageism intersects with health and well-being outcomes and other forms of discrimination or disadvantage - particularly ableism, gender inequality, displacement and natural disasters. These insights are already informing the design of new research and programming, such as our upcoming work in Somalia and Zimbabwe. The earlier research commissioned by CBM Australia and the Fred Hollows Foundation was instrumental in highlighting the need to look more closely at the intersection of ageism and ableism, and these lessons continue to guide our approach.

Across all projects, the learning has been as much about the research process as the findings. From navigating ethical approval and working with diverse data collection teams, to testing intergenerational approaches to data collection and exploring ways to better involve older people throughout the research cycle, we are identifying concrete steps we can take to strengthen future work. This report captures those lessons and sets the foundation for more inclusive, evidence-informed action to reduce ageism in all its forms.

The table below summarises key learnings that emerged throughout the research process and highlights implications to consider when designing future ageism-related initiatives. These reflections are intended to support continuous improvement, more inclusive research practices, and stronger programmatic responses across the HelpAge Global Network.

Insights for future practice	Recommendations for future work
Be prepared for/anticipate how ethical approval processes can vary by country	○ Allow sufficient time and plan early engagement with national or local authorities to avoid delays.

Be ready to invest in training for data collectors, who often lack understanding of ageism and how best to engage with older people	○ Provide comprehensive training for data collection teams on ageism, ageing, and ethical engagement.
Identify and address gaps in data storage and protection early in the research process	○ Include clear protocols and training on data storage, protection, and sharing.
Ensure advocacy and capacity building are built into research projects	○ Embed advocacy, dissemination, and awareness-building as a component of research projects. Tools and data collection are useful, but only if they are used and results utilised.[7] ○ Build funding lines to support the development of policy briefs, workshops, and advocacy based on research findings.
Put older people's participation and co-production at the centre of the process	○ Involve older people from the design stage, ideally using a co-production model with dedicated time and budget to enable their meaningful participation.
Plan for and invest in the inclusion of diverse and harder-to-reach older populations, including those with disabilities, to ensure representation and equity in research	○ Allocate budget specifically for inclusion and accessibility, including outreach to harder-to-reach groups
Recognise and respond to the underrepresentation of older men in research participation	○ Explore barriers to older men's participation and design more inclusive outreach and sampling strategies.
Share findings with older people and communities in accessible and meaningful ways to support ownership, dialogue, and local action	○ Prioritise accessible dissemination approaches in local languages and formats co-designed with older people – ensuring the research outcomes and findings are shared with those involved.
Recognise both the benefits and challenges of involving students in data collection, ensuring adequate training and supervision are in place (Colombia)	○ Recognise both training needs and benefits - e.g. increased inclusivity and awareness-building, and impacts on intergenerational dynamics and mutual understanding.

[7] Measuring ageism

Anticipate and address challenges in translation and survey adaptation to ensure tools are culturally and contextually appropriate	○ Engage professional translators and older people in reviewing translations before finalising tools

7. Annex

Learning questions

- What are the intersections of ageism with the experiences of different groups of older people in humanitarian settings (e.g. refugees, flood survivors)?
- How does ageism interact with the places where older people live, such as age-friendly cities and communities, and what are the resulting health impacts?
- What is the interplay between ageism and other social determinants of health?
- What have we learned about how to measure ageism in LMICs, including in humanitarian and poly-crisis contexts?
- How can older people be meaningfully engaged in research, advocacy, and programming on ageism?
- What are the implications of this learning for policy advocacy, programming, and fundraising?