


## Article

# Anti-Ageism Social Actions: Lights and Shadows

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**Abstract:** Ageism refers to the stereotypes, prejudices and discrimination towards others or oneself due to age, and it is the most prevalent type of social disadvantage, even more so than those due to gender and race, with negative effects worldwide. Ageism is an evidently real social problem that needs to be addressed and fought. Our study has two main objectives: firstly, to study to what extent programmes, projects or actions have been developed to combat ageism around the world; and secondly, to what extent they have been evaluated via the positive outcomes registered by the participants. Two different information sources were used: (a) a literature review of ageism programmes or interventions; and (b) an online questionnaire sent to international and national institutions surveying their policies or programmes against ageism. Our results show a relatively high number of actions combating ageism but a lack of a systematic evaluation of the outcomes of those actions. In conclusion, first, it is necessary to develop programmes and actions combating ageism, and the evaluation of these programmes is urgently needed in order to identify strategies that truly and effectively tackle ageism. There is a need to urge institutions to perform external evaluations of their anti-ageism social policies and to encourage scientists to conduct randomized and controlled studies.

**Keywords:** images; ageism; aging stereotypes; social policies; programmes; differences by countries



**Citation:** Sánchez-Izquierdo, M.; García-Sánchez, R.; Fernández-Ballesteros, R.

Anti-Ageism Social Actions: Lights and Shadows. *Land* **2022**, *11*, 195. <https://doi.org/10.3390/land11020195>

Academic Editors:

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Received: 15 December 2021

Accepted: 25 January 2022

Published: 26 January 2022

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## 1. Introduction

Ageism is a concept defined by Butler [1] through three psychosocial dimensions, attributed and/or associated with others or oneself, based on age: stereotypes, prejudice and discrimination. These three psychological constructs referring to older adults imply how they, because of their chronological age, are perceived, what emotions they provoke, and what type of behaviours they usually experience from others.

A recent study based on the European Social Survey has found that ageism is the most prevalent type of discrimination, as it reported by almost 35% of all participants over the age of 18 [2]. Sexism and racism represent relatively stable categories that do not vary across the life course of an individual. Age, on the other hand, changes with time, and people are likely to change age group affiliation with the passage of time. Hence, in contrast to the other two “isms” (sexism and racism), everyone is susceptible to experiencing ageism if they live long enough [3,4]. Moreover, ageism might exacerbate the negative impact of other forms of discrimination, including sexism and racism, influencing the quality of older adults' life [5], with devastating effects on older women [6].

As confirmed by recent history [7], a pandemic is an extremely dangerous situation, not only because human life is at risk, but because other negative socio-economic events concerning the future are involved, and also because a pandemic is a historical event in which extreme shared emotions come to light, ageism among them. This was warned

against, predicted, and denounced very early on, at the start of 2020, by an international group of social scientists [8] asking us to engage in *Avoiding Ageism and Fostering Intergenerational Solidarity*. They denounced that “with the pandemic there has been a parallel outbreak of ageism” (p. 1). This statement is based on the analysis of the public discourse in social media and public announcements made by government representatives, emphasising the extreme frailty of older adults and their cost to society and overgeneralising some of their traits of the entire older population, which is, precisely, highly diverse. Older adults are a high-risk group; thus, the health and safety behaviour modifications implemented during the pandemic have been more restrictive for them than for people of other ages, influencing, at the same time, how society views older adults (i.e., ageist stereotypes) and agitating intergenerational tensions [8–10], although chronological age is not an objective formulation for a policy implementation since we can find a diversity of health statuses within older age groups [11], even there are older people that are relatively less vulnerable than many younger people and vice versa [12].

Nevertheless, the repercussion from this overgeneralisation could have a boomerang effect in society, thus following Levy’s embodiment theory [13], which posits that “the extension of older adults’ negative stereotypes can be internalised by people of all ages and when these views become self-relevant, influencing older persons’ beliefs about their own aging, they can detrimentally impact health” (p. 1), as a diversity of studies have supported (among others: [14–16]). Along the same line, a recent study assessing negative cultural views about older adults in 29 European countries has highlighted that they are negatively associated with active ageing both at the individual and population level. This is also supported by the negative cultural view of older adults being considered a health threat in themselves, at the population and individual level [17]. Finally, it must be emphasised that the paper by Ayalon et al. [8] does not end with negative predictions based on psychosocial theories, but with recommendations for combating ageism and increasing intergenerational solidarity. The key question here is whether predictions and recommendations coming from social science have had a positive influence on what is happening across the world.

After reviewing several studies from different sources, ageism seems to be growing as the COVID-19 pandemic continues [18–21]. At the same time, a strong call from international organisations (such as WHO [22]) demanding public and private social agents for anti-ageism movements, policies and actions has been spread around the world. Nevertheless, there is no information regarding the effect of these calls and to what extent new anti-ageism policies emerge, so much more research must be conducted because, as expressed by several institutions and scientists, “policies and laws are among the most important strategies to include in any effort to combat ageism” ([22] p. 104).

This paper aims to obtain sufficient information to evaluate the programmes and their effectiveness, including (1) to what extent policies, programmes or actions have been developed to combat ageism around the world; and (2) to what extent positive effects in the participants have been registered.

## 2. Materials and Methods

Two different sources were used: (a) a literature review of ageism programmes or interventions; and (b) an online questionnaire sent to international and national institutions surveying their policies or programmes against ageism.

### 2.1. Source of Data 1: Literature Review of Ageism Programmes

#### 2.1.1. Procedure

The literature search strategy and selection criteria were the following. We conducted a literature review of ageism programmes with the following databases: PsycInfo and EBSCO. The search strategy was guided by a specific question: which programmes or actions have been developed to combat ageism around the world and have had positive effects? The search strategy combined key terms related to “ageism”, “age discrimination”, “age prejudice”, “age stereotype”, or “social exclusion” and “interventions” or “programme”

with terms related to “elder” or “older adults” that have been used from January 2018 onwards. Eligible studies met the following inclusion criteria: (1) they evaluated an intervention designed to reduce ageism, (2) they examined at least one ageism outcome in relation to older adults and (3) they were published after 2018, when the meta-analysis *Interventions to Reduce Ageism Against Older Adults* was carried out [23].

### 2.1.2. Method

Database searches were conducted in July 2021. Following an initial phase of removing duplicates and completely irrelevant records not meeting the inclusion criteria, one reviewer screened records for potentially eligible titles and abstracts and subsequently reviewed full texts to determine their inclusion in the literature review.

## 2.2. Source of Data 2: An Online Questionnaire for International and National Institutions

### 2.2.1. Procedure

Civil society organisations of/for older adults who might have developed programmes or policies against ageism were searched via Google, and the following principal international associations were contacted: International Federation on Aging, Helpage International European Federation of Older Persons, AGE Platform Europe, Association Age Well Foundation and American Federation for Aging Research, and their members were also contacted. To collect the sample, in August 2020 and July 2021 we contacted the 369 identified institutions, including 69 in the European Union, 3 in the UK (United Kingdom), 21 in the USA (United States of America), 3 in Canada, 196 in Latin America, 35 in Africa, 11 in Australia and 31 in Asia ( $n = 369$ ). A letter of invitation was sent to all these institutions, describing the purpose of our research project, along with a letter of introduction to inform and request their collaboration in the study:

*“We are addressing you, and your Association, on behalf of the Research project XXXXXXX. This project has been developed under the auspices of the Government of the Madrid Region by the Spanish National Research Council, with the collaboration of the Autonomous University of Madrid. As you know, the COVID-19 pandemic has increased negative views about older adults related to discrimination and ageism. One of the objectives of this project, therefore, is to find strategies, policies and/or programmes, at national and international levels, with which to fight against ageism and age discrimination.*

*As member of the Association, could you please answer the 6-ITEM GOOGLE FORMS SURVEY regarding this subject? It will only take you a few minutes to complete: <https://forms.office.com/r/icNecNtxz> (last accessed date 28 June 2021)*

*If you have any questions, and to receive information about XXXXX (<http://encage-cm.es/>, accessed on 1 December 2021), please contact us; and if you have any further information you could offer, please write to us at the address below”.*

### 2.2.2. Method

The online questionnaire contained the following eight questions: 1. Name of the reporting entity. 2. Do you have any strategy, policy or programme with the purpose of fighting against ageism or age discrimination? 3. If “yes”: could you provide its name? 4. What is/are its general objective/s? 5. Could you please briefly describe it (actions, materials, people involved, etc.)? 6. Do you have any public information about it (URL, flyer, etc.)? 7. Could you give us the name and contact details of the contact person? 8. In case of multiple strategies, policies or programmes, could you please repeat these six questions/answers as many times as needed?

An intensive examination of their webpages was performed, seeking evidence regarding outcome evaluation (effectiveness, efficacy and efficiency) of the programmes facilitated (different types of activities carried out, number of people involved in each project and results obtained or objective reach).

The information collected was stored following ethical requirements. The study followed the Declaration of Helsinki's principles [24] at all times. The research was carried out abiding by the ethical principles related to personal data, consent, confidentiality and their use. All participants gave their consent in writing after being informed of the voluntary nature of their participation and their total freedom to withdraw from the study. All participants received and signed the same informed consent form to participate in this study.

### 3. Results

In this section we firstly present the results from the literature review of ageism programmes. Secondly, we review the results from the online questionnaire for international and national institutions.

#### 3.1. Results from the Literature Review of Ageism Programmes

The database identified 1232 total articles, and we identified 21 records for a full-text review following removal of duplicates and irrelevant records, and only 13 fulfilled our inclusion criteria.

Ageism intergenerational interventions demonstrated a significant effect on negative stereotypes about ageing [25–29], attitudes [25,30–35], positive behaviour towards older adults [30], knowledge [33], comfort [35], aging anxiety [27,28], death anxiety [34] and well-being in older adults [26], but no significant effects on working with older adults [30] or in affective attitudes toward older adults [28] were found. Although the Intergenerational Artistic Installation of Madrigal et al. [36] found an improvement in younger adults' attitudes toward older adults, but not in younger adults' attitudes toward aging. An empathy-building intervention by Bailey et al. [37] did not find self-reported ageism and aging anxiety after the intervention.

Following the World Health Organisation's outstanding strategies [22], programmes were classified into three groups: policy and law; intergenerational programmes; and educational programmes. We have not found any policy or law interventions. Ageism interventions were mostly intergenerational interventions [25,27,35,36], educational programmes [30–32,37] and interventions that included both educational and intergenerational contact components [28,29,33]. We also found cognitive behavioural therapy [34].

The majority of studies ( $n = 9$ ) used a quasi-experimental design, and only four studies were randomised controlled trials (see Table 1).

**Table 1.** Studies included.

Study	Intervention	Design	No. of Participants		Ageism Outcome
			Control Group	Intervention Group	
[26]	Intergenerational	Randomised controlled trials	25 older institutionalised adults and 24 young students	21 older institutionalised adults and 24 young students	Negative stereotypes about ageing and emotional well-being in older adults
[27]	Intergenerational	Post-test only research design		61 undergraduate Students and at least 19 older adults	Stereotypes about ageing and ageing anxiety
[35]	Intergenerational programme	Quasi-experimental design. pre- and post-test control group (CG) design	$n = 151$ : 73 older and 78 young participants	$n = 161$ : 77 older and 84 young participants	Attitude and sense of comfort
[25]	Intergenerational contact	Quasi-experimental study design		302 participants aged 18–29	Stereotypes about ageing and ageist attitudes

Table 1. Cont.

Study	Intervention	Design	No. of Participants		Ageism Outcome
			Control Group	Intervention Group	
[36]	Intergenerational	Quasi-experimental study design		34 undergraduate students	Attitudes toward aging and attitudes toward older adults
[31]	Educational intervention	Pre-test–post-test trial model and quasi-experimental study design		38 care staff members in one nursing home	Attitudes toward aging
[30]	Educational intervention	Randomised control trial	104 undergraduate Students	83 undergraduate Students	Ageism and knowledge of aging and behaviour toward older adults and willingness to work with older adults
[32]	Educational programme	Pre-test–post-test trial model and quasi-experimental study design		134 medical students	Attitudes Toward Aging
[37]	Educational: transformative learning intervention	Quasi-experimental study		197 students (18–48 years)	Stereotypes about ageing
[33]	Education about aging, extended intergenerational contact, combined condition	Randomised control trial	Study 1: 88 undergraduates Study 2: 132	Study 1: 266 undergraduates: 86 education, 86, Ext. contact 94 combined Study 2: 505 community participants ages 18–59: 122 education, 125 ext. contact, 128 combined	Attitude and stereotypes and aging anxiety and anxiety about interacting with older Adults and aging knowledge
[28]	Interventions that included both educational and intergenerational contact components	Quasi-experimental study design		14 undergraduate students	Stereotypes about ageing and aging anxiety and psychological concerns about aging and affective attitudes toward older adults
[34]	Cognitive behavioural therapy	Randomised controlled trial	55 nurses	55 nurses	Death anxiety and ageism
[29]	Interventions that included both educational and intergenerational contact components	Quasi-experimental study design		23 undergraduate students	Stereotypes about ageing

### 3.2. Results from the Online Questionnaire for International and National Institutions

Of the 369 institutions, 21 agreed to participate in our research (Table 2), signing an informed consent form and providing contact information and filling out the online questionnaire (see link to the online questionnaire in the procedure section), but three were not carrying out programmes focused on older adults. Finally, 18 institutions carrying out some programmes focused on older adults were included (Figure 1). The data provided by participants were carefully managed, preserving anonymity and confidentiality.

Again, following the World Health Organisation’s outstanding strategies [22], programmes were classified into three groups: (1) policy and law; (2) intergenerational programmes; and (3) educational programmes. Additionally, we added two more blocks: a fourth block regarding social participation, and a fifth regarding anti-discrimination programmes during the COVID-19 pandemic.

**Table 2.** Institutions that completed the online questionnaire and their programmes.

	Country	Institution	Programmes
	USA (New York)	Long Term Care Community Coalition	
European Union	European Union	HelpAge International	<ul style="list-style-type: none"> <li>• Policy and law: defence of human rights.</li> <li>• Policy and law: health and active ageing programmes.</li> <li>• Intergenerational programmes. Social participation</li> <li>• Educational interventions</li> </ul>
	Greece	50plus Hellas	<ul style="list-style-type: none"> <li>• Policy and law: defence of human rights.</li> <li>• Policy and law: health and active ageing programmes.</li> <li>• Intergenerational programmes</li> <li>• Anti-discrimination programmes during the COVID-19 pandemic</li> </ul>
	Spain	Euskofederpen: Territorial Federation of Provincial Associations of Pensioners and Retirees of Álava, Guipúzcoa and Vizcaya	<ul style="list-style-type: none"> <li>• Policy and law: health and active ageing programmes.</li> <li>• Intergenerational programmes. Social participation</li> </ul>
	Italy	National Association of Social Centres, Committees of the Elderly, and Gardens (ANCeSCAO—APS)	<ul style="list-style-type: none"> <li>• Intergenerational programmes</li> <li>• Anti-discrimination programmes during the COVID-19 pandemic</li> </ul>
	Portugal	APRe! Associação de Aposentados, Pensionistas e Reformado	<ul style="list-style-type: none"> <li>• Policy and law: defence of human rights</li> </ul>
	Serbia and Austria	Serbian Red Cross	<ul style="list-style-type: none"> <li>• Policy and law: defence of human rights</li> <li>• Intergenerational programmes</li> <li>• Educational interventions</li> <li>• Anti-discrimination programmes during the COVID-19 pandemic</li> </ul>
	Ukraine	“Turbotá pro-Litnih v Ukraine” (Age Concern Ukraine)	<ul style="list-style-type: none"> <li>• Policy and law: defence of human rights</li> <li>• Policy and law: health and active ageing programmes.</li> <li>• Intergenerational programmes. Social participation</li> <li>• Anti-discrimination programmes during the COVID-19 pandemic</li> </ul>
	Russia	Eduard Kariukhin	<ul style="list-style-type: none"> <li>• Policy and law: defence of human rights</li> <li>• Policy and law: health and active ageing programmes.</li> </ul>
	Russia	Irina Khalay Association	<ul style="list-style-type: none"> <li>• Intergenerational programmes</li> <li>• Educational interventions</li> </ul>
	Asia	Bangladesh	Nobo Jatra Foundation
Nepal		National Senior Citizen Federation (NASCIF)	<ul style="list-style-type: none"> <li>• Intergenerational programmes</li> </ul>

Table 2. Cont.

	Country	Institution	Programmes
	USA (New York)	Long Term Care Community Coalition	Policy and law
Africa	Togolese Republic	Association Nos Années de Vie (ANAVIE)	<ul style="list-style-type: none"> <li>• Policy and law: defence of human rights</li> <li>• Intergenerational programmes. Social participation</li> </ul>
	Liberia	Coalition of Caregivers and Defenders of the Elderly in Liberia (COCAEL).	<ul style="list-style-type: none"> <li>• Policy and law</li> </ul>
	Uganda	Uganda Reach the Aged Association (URAA)	<ul style="list-style-type: none"> <li>• Policy and law</li> </ul>
	Kenia	Kenyan Ministry of Labour, Social Security and Services	<ul style="list-style-type: none"> <li>• Intergenerational programmes.</li> </ul>

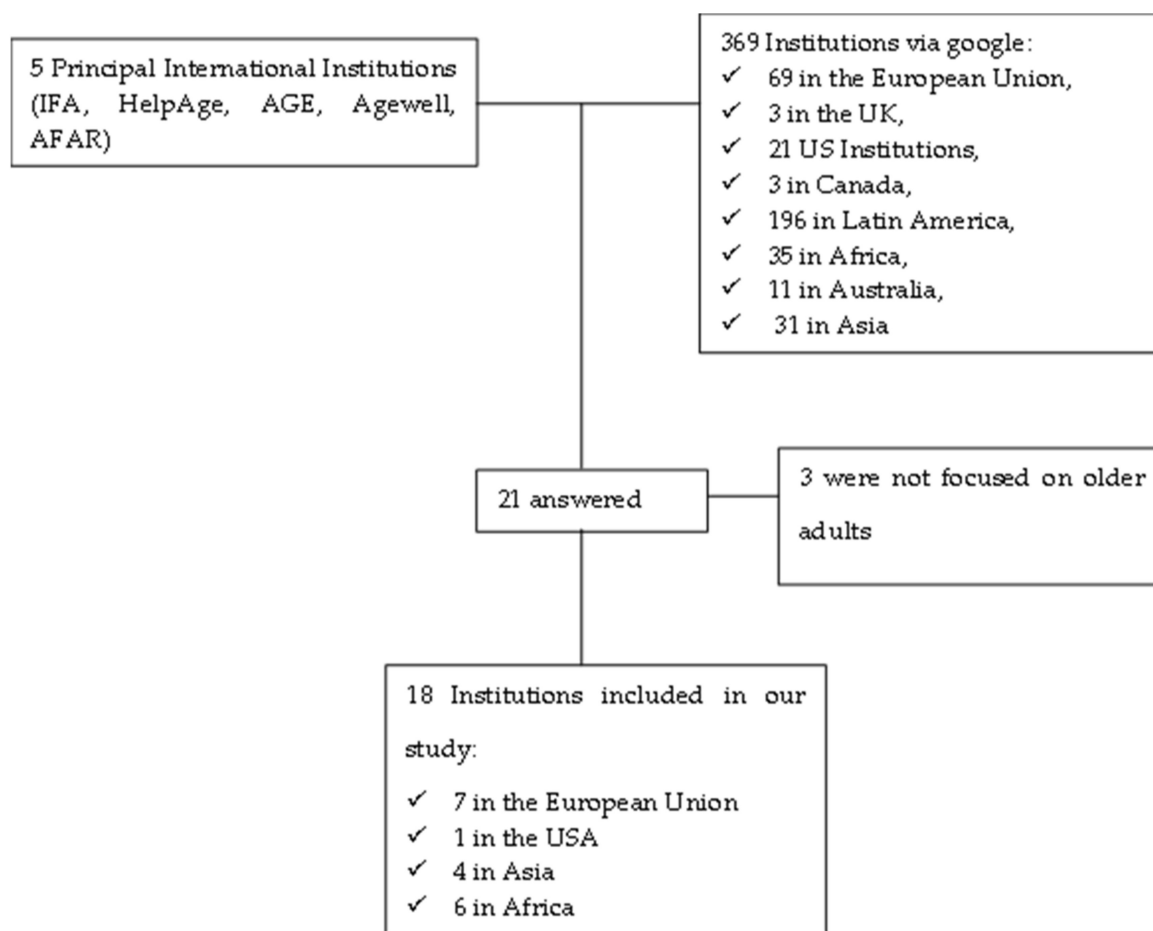


Figure 1. PRISMA from the online questionnaire by international and national institutions.

Here, we describe the main features (active principles) of each programme category, providing examples of them, as well as, in the case that evaluation data are presented (directly through the questionnaire or in their annual reports), providing information about the programme’s effects.

1. Policy and law

Here, we found two programme blocks: (1) programmes focused on the defence of human rights and the defence of rights programmes; and (2) programmes focused on health and active ageing programmes.

Programmes focused on the defence of human rights and the defence of rights programmes, logically, contain an essential principle: the protection of the rights of older people.

In the European Union, the Associação de Aposentado, Pensionistas e Reformados of Portugal (Association of Retired Persons and Pensioners—APRe!) defence of rights programme stands out, with its programme “An APRe! on the move” and efforts to support all demands for better living conditions for retirees and pensioners, to pressure the political power regarding pensions and warning actions (to pressure the political power, dialogue with central and local authorities to define policies) to improve continuous and long-term palliative care. The Serbian Red Cross, with its programme “Empowerment of older women: prevention of violence by challenging social norms in Serbia and Austria (EmPreV)”, carried out 35 workshops to sensitise health and social staff and volunteers about this problem, including 35 information sessions with older women.

The 50plus Hellas institution in Greece, with its programme “The Europe we want is for all ages (2019)” and the Ukrainian Charity’s program “Turbota pro-Litnih v Ukraine” (Age Concern Ukraine), focused on revealing and preventing abuse towards older people with the *Elder Abuse Prevention* programme in the Ukraine, a programme of 300 volunteers who brought these mistreatments to light. In addition, the Strengthening the Voices of Older People in Ukraine programme helped older people better understand their rights and learn how to defend them. To this end, they questioned 1500 people who suffered from age discrimination and low self-esteem.

Two programmes carried out by HelpAge International stand out: (1) the programme “Making older women count”, where they monitored the achievement of gender equality in the Sustainable Development Goals (SDG) segregated by sex and age, and other reasons of discrimination; and (2) the programme on ageing and SDGs: six steps for the inclusion of older people to promote the rights and inclusion of older people; programme 1500 members were directly participating in the campaign, but there were 350,000 more participants engaging with the programme via social networks, and 7.5 million readers were registered for ageism articles.

In addition, the Russian institution Eduard Kariukhin was tasked with informing society and the state about ageism and its negative consequences on the quality of life of older people, seeking a legislative, executive and civil response.

Likewise, in Asia, Bangladesh wanted to focus on document and resource management and strengthening nursing home establishments, obviously not forgetting to safeguard of the rights of this very vulnerable group in this continent. The Nobo Jatra Foundation of Bangladesh also collaborated with these types of programmes, implementing the rights of older people via advocacy, education and training, research, consulting and direct support services. In addition, the foundation organised a meeting to share and observe the International Day of the Elderly (about 50 older adults, men and women attended).

In Africa, the Association Nos Années de Vie (ANAVIE) of the Togolese Republic stands out with its programme that developed policies to improve the quality of life of the elderly in Liberia. However, the most striking of these were two top-down proposals. One of them advocated for the inclusion of older people in the Affirmative Action Law Project to improve services and rights and to finance national programmes. They provided services to the elderly during the Ebola crisis (2014) by creating the Coalition of Caregivers and Defenders of the Elderly in Liberia (COCAEL). Uganda Reach the Aged Association (URAA), with the National Endowment for Democracy (NED) and VOICE programmes, understood and challenged age discrimination. Likewise, along with the work of the paralegal advisers and support for access of the rights of older refugees in Adjumani, they supported more senior people and their homes with access to justice and vindication of rights; thanks to this, they sensitised at least 400 older people to cases involving the violation of rights. Likewise, the advisers resolved 51 issues of gender violence.

In short, nine international institutions have fought to defend the rights of older people. For this, programmes have been carried out to empower this social group and make their rights, which are not currently being respected, visible. In addition, the HelpAge



International association focused on the rights of older people, in general, and older women, in particular. This social group is discriminated against by both age and gender.

The second programme block is focused on health and active ageing programmes. In USA, the New York Long Term Care Community Coalition is dedicated to improving nursing home care to prevent neglect and abuse of the elderly in residential care settings.

In the European Union, the HelpAge International stands out, which, via the Health Outcomes Tool and Better Health programmes, has managed to serve 2 million older people; provided community help to 170,000 older people; and improved facilities to serve 30,000 people with disabilities and 20,000 refugees. Older people benefited from all the improvements in health, rehabilitation and psychological counselling service.

In addition, its Stay Active festivals programme, in which 1140 older people (75% women) participated, has created festivals and workshops in several cities in Greece to empower older people to engage in a more active and healthier lifestyle. In addition, 50plus Hellas in Greece created Android applications to obtain valid information on issues related to seniors with the Stay Active programme.

In Russia, the active ageing programmes stand out. These aim to raise awareness concerning the need to improve the quality of life of older people by increasing their knowledge of civil law. In addition, they celebrate events such as the International Day of the Elderly. The Active Generation (62 events and 200 participants) and the Golden Age School (30 events and 150 participants) programmes received donations from individuals.

Additionally, in the European Union, the Ukrainian Charity's programme "Turbota pro-Litnih v Ukraine" (Age Concern Ukraine) wanted to promote an active and healthy lifestyle among older people thanks to the programme "Support for the Madrid International Plan of Action on Aging Relating to Ukraine" (UNFPA). Finally, in Spain, Euskofederpen: Territorial Federation of Provincial Associations of Pensioners and Retirees of Álava, Guipúzcoa and Vizcaya increased the voluntary activity of older people in their social centres, thus creating a network of social intervention programmes at a regional level aimed at active and healthy ageing, and cognitive stimulation programmes for adults with or without cognitive impairment through the Burulogy programme.

Various programmes have been developed within the African continent. For example, the Association Nos Années de Vie (ANAVIE) (Togolese Republic), with its "Aging in good health" programme, was able to bring together 35 sick, older people to carry out regular monitoring at their homes, as well as emergency tasks such as screening for contagious diseases.

Some institutions carried out more specific programmes aimed at universal access to health. Along these lines, we have the Community Initiative for Peace and Development: food from South Sudan with the provision of non-food items (NFI) materials to the elderly, or the Uganda Reach the Aged Association (URAA) with the social protection of older people and Saidia Wazee Karagwe (SAWAKA) (Tanzania) facilitating access to equitable and affordable health services.

Within this group, we found associations that have sought to promote policies eradicating any form of discrimination against older people. For example, Kenya's Ministry of Labour, Social Security and Services incorporates laws and policies, including geriatric research and studies in education and training curricula, to expand the health care support system for older people, and seeks to guarantee access to a healthy diet for the elderly.

In summary, programmes have been collected from eleven international institutions whose objectives were to promote active and healthy ageing of the elderly and avoid discrimination in access to health programmes due to age. The most notable association has been HelpAge International, which has served more than two million older adults thanks to their international programmes. In addition, they managed to provide community help, improve health facilities and promote a more active and healthy life in older people.

## 2. Intergenerational programmes

In continuation, we highlight the most outstanding initiatives regarding intergenerational programmes.

Within the European Union, Greece and Italy stand out, including 50plus Hellas from Greece, who, via the DIGITOL and “the value of time” programmes, work with the elderly to develop digital skills and encourage recognising what older people bring to the young. In Italy, the only entity that offers some data is the National Association of Social Centres, Committees of the Elderly, and Gardens (ANCeSCAO—APS). This is an association with activities that, through the Time to Care programme (still running), promotes generational exchange using telephone contact, assistance activities and telecare service. The number of participants involved has varied according to the area of Italy. Still, the most critical data were available for Matera, where 1500 young people under 35 years of age participated in this intergenerational programme. The municipality of Castenaso carried out a task clocking up 250 h.

In Russia, the Irina Khalay Association develops the Active Generation and School of the Golden Age programmes, which are dedicated to sharing the life experience of older people with younger people. On the other hand, we have the blog published by the Serbian Red Cross on the importance of intergenerational solidarity.

In Asia, the National Senior Citizen Federation (NASCIF) brings together various associations throughout Nepal, developing multiple programmes. Within the intergenerational area, it seeks to promote dialogue and discourse to reduce the generation gap.

In summary, programmes have focused on fostering mutual respect between generations and promoting the participation of older people in society, valuing their knowledge and skills. In addition, the Italian institution ANCeSCAO—APS attracted many participants in the Italian municipalities of Matera and Castenaso. It advocated promoting generational exchange using electronic devices, among other ideas.

### 3. Educational interventions

The educational interventions we refer to (all in the European Union) focus on self-development. Personal development programmes aim to develop the skills and self-development of older people as an essential principle.

The HelpAge International institution has carried out three programmes: (1) the Older Citizen Monitoring (OCM) programme, for which they developed a training manual to strengthen the knowledge and skills of the elderly and in which 200 older refugees participated. (2) With the Rohingya Response Project, they were able to help 2000 older refugees with skills training, as well as providing them with loans to help them start fishing net businesses, setting up small shops, etc. (3) With the Community Safe Spaces programme, they created a meeting space in which older people could learn new skills and carry out social activities, serving 700 older people altogether.

In Russia, the Irina Khalay institution held forums and round tables and master classes under the sewing programme for older women to increase this group’s legal literacy and quality of life.

Finally, the Serbian Red Cross has contributed to digital inclusion via older peoples’ access to information and communication technologies. There were ten older adult participants in each of the 29 Serbian municipalities.

In summary, three institutions for self-development stand out, whose objectives were to develop the skills and regular progress of the elderly. The programmes are from a Russian institution, a Serbian institution and HelpAge International, which carried out three high-participation programmes to train older people in new skills.

### 4. Social participation programmes

Some institutions have focused on social participation. Logically, social participation programmes focus on an essential principle: promoting participation in society by older people, and, therefore, intergenerational contact.

In the European Union, the entity HelpAge has carried out two programmes: (1) The first, called Maintaining Our Dignity, with the participation of 300 older people, was tasked with presenting HelpAge and its network members in the 11th session of the OEWG (open-ended working group) on ageing and your rights to justice and work; (2) the second

programme, called Improving urban environments for older people, was an investigation of urban problems, in which 1300 people participated.

Additionally, in Europe, the Ukrainian Charity association “Turbota pro-Litnih v Ukraine” (Age Concern Ukraine), on the other hand, developed a collaboration with local authorities for older people to help them decide on local priorities. This was achieved thanks to the programme “Improving Government Accountability Through Older Citizens’ Monitoring in Ukraine”.

Additionally, in Spain, Euskofederpenha has actively worked on transmission between institutions and social centres, claiming the right of older people to be active and improving conditions in social centres, as well as a digital transformation so that they remain connected.

In Africa, the Association Nos Années de Vie (ANAVIE) of the Togolese Republic stands out. This Association has created clubs for older people (Tabligbo & Clubs d’Agomé-Kpodzi et de Kpalimé-Tsivé). It has encouraged the participation of older people in social and cultural events within the community. It has also carried out psychotherapeutic programmes, psychological consultations and capacity-building workshops. For example, older adults can learn to use digital banking channels such as mobile money accounts. It has also been concerned about the fight for their rights and the fight against abuse, ensuring a minimum income for older people. It should be noted that this entity has published various documents and reports such as *Why is it time for a convention on the rights of the elderly* and the *Report of the conference on strengthening the rights of the world’s elderly*. In addition, in Kenya, the Kenyan Ministry of Labour, Social Security and Services has developed the adult education programme In Liberia, the Centre for Community Advancement and Family Empowerment (CECAFE), which provides social services to older adults in order to develop partnerships with communities and government and non-governmental organisations to ameliorate older peoples’ social problems and challenges.

In summary, five institutions at the international level have opted for the participation of older people in society through different programmes. The most prominent is HelpAge International, where 300 more senior people and 1300 people of all ages participated. All the institutions involved have fought, through their different programmes, to make older people visible and encourage their participation in society.

##### 5. Anti-discrimination programmes during the COVID-19 pandemic

There have also been more specific programmes, such as those against discrimination during the COVID-19 pandemic, such as one carried out by HelpAge International, where they developed a series of guidelines for the elderly, families, caregivers and nursing homes to support them, as well as making the age discrimination faced by many older people throughout the pandemic visible. During the pandemic, these programmes against discrimination were joined by the National Association of Social Centres, Aged and Garden Committees (ANCeSCAO—APS) in Italy, the Uganda Reach the Aged Association (URAA), Serbian Red Cross and 50plus Hellas in Greece.

In addition, programmes were carried out for the provision of material and food that supplied sanitary and health products and hygiene kits and supported the elderly confined at home in daily tasks, highlighting the work of Europe, specifically the Ukrainian Charity “Turbota pro-Litnih v Ukraine” (Age Concern Ukraine), which was tasked with delivering food and hygiene items to more than 1000 older people in various non-government-controlled areas in Donbass. The donors were Germany, with the EVZ Grant from the German Federal Fund with 50,000 euros and France, with the French Embassy contributing 5000 euros.

In summary, during the COVID-19 pandemic, anti-ageism programmes have been carried out to make the existing discrimination visible, in addition to providing health and nutritional aid. Eight institutions worldwide participated.

#### 4. Discussion

Research on ageism is important given that ageism may have a negative effect on both individuals and society, and it has increased since the COVID-19 pandemic [9,10,38]. Moreover, the WHO has identified reducing ageism as a key target for improving human health [39]. Although we can find numerous interventions and programmes to combat ageism, the overall effectiveness of these programmes is still unknown [40], especially considering the variation across different cultures and among older adults themselves [23]. This paper has examined policies and programmes developed to combat ageism through two sources of information: a literature review, searching for updated academic studies and an online questionnaire, addressed to worldwide institutions to obtain information about programmes carried out in different countries (and cultures) and their results.

The literature review has shown, as Burnes et al. [23] have already highlighted, that ageism interventions are mostly intergenerational interventions, educational programmes and interventions that include both educational and intergenerational contact components. Burnes et al. [23] reviewed 63 studies and showed that these three interventions had an effect on attitudes towards ageing (including stereotypes towards ageing and prejudice towards older people), and increasing knowledge about ageing. Additionally, they showed that the greatest change in attitudes towards aging, knowledge of aging and well-being in dealing with older adults occurred when education and intergenerational contact were combined, but these changes did not occur in terms of anxiety about their own aging, or in terms of interest in working in the field of the elderly.

Our findings suggest that these interventions reduced negative stereotypes about ageing and improved attitudes toward ageing, combating ageism and, in turn, improving the health and well-being of older people, although only four of the studies developed were randomised, with the rest using a quasi-experimental design. As Burnes et al. [23] concluded in their review, “more rigorous designs to examine the effects of interventions are strongly recommended” (p. 10). In contrast, we did find that an educational intervention might provoke more positive behaviour toward older adults, and more willingness among social work students to consider a career in geriatrics [30]. Furthermore, intergenerational service learning has emerged as an intervention that can significantly decrease ageism scores in undergraduate students [37], and in addition of the opportunity to engage in “real-life” contact experiences with older adults, the students also engaged in personal exploration of older adults’ service settings. Having the opportunity to increase knowledge of ageing and familiarity with the reality of the older adults’ world may encourage empathy and a more positive vision of older adults in students and younger people [41]. The promotion of empathy emerges as a construct that might provoke the willingness to work with older adults.

On the other hand, most of the studies reviewed by Burnes et al. [23] were from the United States; therefore, the authors recommended that research be undertaken in different places around the world, taking into account the possible variations across different cultures. In our study, we performed an updated literature review of ageism programmes from different databases, searching for studies around the world. We found a study comparing ageism during the COVID-19 pandemic in three English-speaking countries (Australia, the United Kingdom and the United States) finding no variation [42], but there were no more studies from different cultures. This is one of the reasons for our second data source: an online questionnaire sent to international and national institutions surveying their policies or programmes against ageism worldwide.

The online questionnaire sent to the international and national institutions that we surveyed regarding their policies or programmes against ageism was answered by a small percentage of the entities, although it was sent to five continents.

The institutions that completed the questionnaire were from all around the world, developing different programmes and actions in five blocks during the COVID-19 pandemic: (1) policy and law; (2) intergenerational programmes; (3) educational programmes; (4) social participation programmes, and (5) anti-discrimination programmes. Addition-

ally, although for some of them we could ascertain how many people participated or the number of programmes developed, we found no analysis of how the situation changed (an experimental design with a pre- and a post-evaluation), or an analysis of the outcomes.

The discrimination that older adults experience increases in the case of women, who are subject to greater discrimination [43,44]. Therefore, gendered ageism is an increasing issue that must be attended to. In this study we found that there are international institutions that are working towards the human rights of older women, which indicates that society is going in the right direction, although these programmes have not been evaluated.

In sum, there is no global analysis of strategies that can work towards addressing ageism, and, therefore, it is necessary to analyse what strategies and policies exist. Although Dixon and Sibthorpe [45] emphasised the importance and role of policy makers and scientists in promoting health and well-being, there is still a need to evaluate the programmes and policies that have been carried out in order to identify the strategies that truly and effectively tackle ageism.

Social policy is concerned with the ways societies across the world meet human needs for security, education, work, health and well-being. Social policy has the goal of addressing how societies respond to important challenges, such as the growth of the elderly population, demographic and economic change, poverty, pensions, health and social care. Social policy considers the different roles of national governments, the family, civil society, the market and international organisations in providing services and support across the course of life of individuals.

In the present moment, living in the midst of the COVID-19 pandemic, it is even more important, since we have seen evidence of openly ageist discourses, and we have even seen hashtags such as #BoomerRemover on social media platforms [46], or other ageist phrases, such as coffin dodger and boomer doomer, expressing younger adults' hostility toward older adults, blaming older adults as the culprits of all the health and safety behaviour modifications implemented during the pandemic [42]; thus, this reflects younger peoples' views that the pandemic is an issue for older people ("old people problem") [42]. These ageist discourses and social media messages are contributing to feelings of worthlessness in older people and a sense of having no value [10], and at the same time, it has reinforced paternalistic perceptions that infer older adults are fragile and vulnerable [41,47].

In this sense, some society support (mainly long-term care and adult children) has been directed towards protect older adults with overaccommodative policies and/or behaviours (such as avoiding contact with or sequestering older adults) that may undermine older adults' autonomy, their right to make their own health-based decisions and even their social and emotional wellbeing [21,47]. Vale et al. [48] showed that both hostile and benevolent ageism predict divergent responses to the pandemic; while hostile ageism is associated with less pandemic-related health and safety precautions, benevolent ageism is related to increased behaviour changes, but only as a result of increased pandemic-related fear. These findings are fundamental for developing programmes or policies representing older people in the context of the pandemic, as well as in deciding which messages to use, because they may have indirect consequences on how older people are viewed and thus treated [42,47,48].

Furthermore, taking into account the determinants that seem to contribute to other and self-directed forms of ageism, interpersonal contact with older adults emerges as fundamental, specifically the quality of the contact over frequency and in regards to the importance of how older individuals are presented [49]. Therefore, several aspects need to be addressed: firstly, stimulating intergenerational contact in a positive context and secondly, promoting the presentation of more positive images of older adults. These are themes that must be taken into consideration by social policies.

In our study, we determined that it is necessary to carry out more rigorous studies on the effect of anti-ageism programmes. While it is true that studies carried out by scientists are more "objective", only a small number of them are randomised controlled trials, which are necessary to obtain proven data on the benefits of these programmes. On the other hand,

although we can only discuss the institutions that answered our questionnaire (constituting a small percentage of the existing entities), they did not offer the results of the programmes carried out, and in the few cases that they did, if at all, it was only via the annual reports of the entities. Nonetheless, we can affirm that there are entities on four continents that carry out policy and laws, intergenerational and social participation and educational and specific programmes during the COVID pandemic: Asia, Africa, America and Europe, although we only obtained a small number of answers to our online questionnaire.

As Scriven stated ([50], p. 1) “Evaluation is the process of determining the merit, worth and value of things, and evaluations are the products of that process” and is considered a basic methodology of social sciences. Furthermore, social policies refer to those sets of ideas, plans, projects or programmes developed for responding to social needs, aimed at reducing inequalities in access to services between citizens, independently of their socio-economic status, race, ethnicity, migration status, gender, sexual orientation, disability or age.

Weiss [51] is one of the pioneers in linking social policies and programme evaluation through the concept of policy analysis, having created the journal *Educational Evaluation and Policy Analysis* in 1979, which addresses many of the crucial and complex issues that concern evaluators and public managers. Weiss explains how the political context in which social programmes work and evaluations are implemented could help programme managers and evaluators improve. More specifically, she examines how evaluation research can help improve public policy making and how programme evaluation studies can be utilised. She also describes theory-based evaluation and why it matters, as well as the implications of the political nature of public programmes. In Spain, Agulló-Tomás et al. [52] have analysed 439 programmes for older people caregivers, which were mostly carried out by non-profit institutions and public Spanish entities; the authors highlighted several identified weaknesses: the lack of adaptation to different contexts (social and cultural and political and institutional), a lack of specific targets as outcome indicators and the need for more outcome evaluations and better quality of the evaluation itself.

The methodology resources do not appear to have been extensively or systematically utilised in the study of social policies. As pointed out previously by Officer & de la Fuente-Núñez [40], programmes and policies need to be evidence-based to understand the nature of the problem, who is affected and how, and which actions have been successful. Furthermore, they should be supported via long-term funding to ensure sustained actions to combat ageism. Therefore, programmes would benefit from the optimal use of evidence, which could reliably inform practice and policy.

The COVID-19 pandemic has had an overwhelming impact on older persons. One lesson to learn is that addressing ageism is critical for creating a more equal world in which the dignity and rights of every human being are respected and protected. As several authors have highlighted, the pandemic provides an optimal opportunity to work on ageism in natural situations, not in artificial research scenarios [8,21,42,48].

In sum, the state of the art of anti-ageism social policies could be summarised as some lights and plenty of shadows. We are going to discuss the light and shadows at an academic, social and political level.

In academic studies, we found the following lights: (1) Interpersonal contact with older adults is crucially important, specifically the quality of the contact over frequency and also the importance of how older individuals are presented. (2) The greatest changes occurred when education and intergenerational contact are combined, which may reduce negative stereotypes about ageing and improve attitudes toward ageing, combating ageism and, in turn, improve the health and well-being of older people. Moreover, educational intervention might provoke more positive behaviour toward older adults and more willingness in students to consider a career in geriatrics.

On the other hand, we found the following shadows: (1) There is a lack of studies across different cultures. There is a need for more worldwide research, so scientists can analyse the possible variation across different cultures, and therefore, design programmes and policies personalized to each culture, if necessary. Older adults' images may vary

between cultures; therefore, it is necessary to take this into consideration in the design of these programmes, in terms of their effectiveness. For example, a programme designed for Asian people, in an occidental country, may not be as effective as in an oriental country. (2) Although there are numerous studies focused on combating ageism, very few of them use randomised and controlled studies.

Focusing on social and political programmes, there are a number of programmes combating ageism around the world, although there is a need to know what is really working and what is not. Between the lights we found: There are numerous programmes and actions carried out in different countries in five blocks: (1) policy and law; (2) intergenerational programmes; (3) educational programmes; (4) social participation programmes, and (5) anti-discrimination programmes during the COVID-19 pandemic

Between the shadows we found: There is a lack of more rigorous studies on the effect of anti-ageism programmes. There is no global analysis of the strategies that can work towards addressing ageism and, therefore, it is necessary to analyse the strategies and policies that are being carried out. We found numerous programmes worldwide, but there is no evidence of the overall efficacy, effectiveness and efficiency of such programmes.

#### *4.1. Limitations*

The data obtained are not fully representative, since only a small percentage of the institutions which work for older adults answered our questionnaire. We must take into account that this study was carried out during the COVID-19 pandemic, and the information obtained is important for reflecting on two important points. First, institutions should be urged to perform external evaluations of their anti-ageism social policies. Furthermore, institutions should also self-evaluate their programmes regarding policy and comments that might underlay ageist attitudes and promote age discrimination: for example, is an age limit proposed to restrict access to intensive care? Should older people isolate themselves instead of requiring widely implemented social distancing measures? [12,47]. Secondly, it is necessary to urge scientists to use randomised and controlled studies.

#### *4.2. Future Research*

Future academic studies should focus on several important points. Firstly, ageism programmes around the world should be evaluated, taking into account the possible variation across different cultures. Moreover, it is important to urge socio-political scientists to standardize outcome evaluation of all types of socio-political actions and programmes trying to implement empirical methods and controlled studies.

Secondly, future studies need to evaluate the programmes and policies that have been carried out in order to identify the strategies that truly and effectively tackle ageism; there are many programmes carried by different institutions and international government, but they have not been evaluated.

Regarding social policies, there are two themes that need to be taken into consideration: firstly, stimulating intergenerational contact in a positive context and secondly, promoting the presentation of more positive images of older adults. Programmes and policies need to be evidence-based to understand the nature of the problem: who is affected and how, and which actions have been successful.

### **5. Conclusions**

Research about the evaluation of programmes combating ageism emerges as a fundamental task worldwide. Although we can find numerous actions, interventions and programmes combating ageism worldwide, the overall results of these programmes are still unknown. It is important to standardize outcome evaluations of all types of socio-political actions and programmes, as well as to evaluate programmes and policies that have been carried out in order to identify those strategies that truly and effectively impact ageism.

**Author Contributions:** R.F.-B. and M.S.-I. designed the systematic review and online questionnaire. M.S.-I. extracted the information from the studies from the systematic review. R.G.-S. and M.S.-I. extracted the information from the online questionnaire. R.F.-B., M.S.-I. and R.G.-S. contributed to the interpretation of the results. R.F.-B., M.S.-I. and R.G.-S. wrote the manuscript. All authors have read and agreed to the published version of the manuscript.

**Funding:** This work is part of the R&D Activities Program ENCAGEn-CM: “Active Ageing, Quality of Life and Gender. Promoting a positive image of old age and ageing, and combating ageism”. Funded by the Community of Madrid, Programs of R&D on Social Sciences and Humanities, and co-financed with the European Social Fund (Ref. H2019/HUM-5698) (<https://encage-cm.es/>, accessed on 1 December 2021).

**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Conflicts of Interest:** The authors declare no conflict of interest.

**Statement of Ethical Approval:** This type of study does not require approval by an ethics committee. It is not a direct intervention, but a self-report. All participants were informed of the research and the voluntary nature of participation and were informed about the possibility of dropping out of the survey at any time. They provided informed consent prior to accessing the questionnaire. Additionally, all information is encoded or anonymised.

## References

- Butler, R.N. Age-Isms: Another Form of Bigotry. *Gerontologist* **1969**, *9*, 243–246. [CrossRef]
- Ayalon, L. Feelings towards Older vs. Younger Adults: Results from the European Social Survey. *Educ. Gerontol.* **2013**, *39*, 888–901. [CrossRef]
- Palmore, E. The Ageism Survey: First Findings. *Gerontologist* **2001**, *41*, 572–575. [CrossRef] [PubMed]
- Palmore, E.B. Ageism Comes of Age. *Gerontologist* **2003**, *43*, 418–420. [CrossRef]
- Kim, J.-H.; Song, A.; Chung, S.; Kwak, K.B.; Lee, Y. The Comparative Macro-Level Agism Index: An International Comparison. *J. Aging Soc. Policy* **2021**, *33*, 571–584. [CrossRef]
- Global AgeWatch Index 2015: Insight Report, Summary and Methodology | Reports | Global AgeWatch Index 2015. Available online: <https://www.helpage.org/global-agewatch/reports/global-agewatch-index-2015-insight-report-summary-and-methodology/> (accessed on 6 December 2021).
- Fineberg, H.V. Pandemic Preparedness and Response—Lessons from the H1N1 Influenza of 2009. *N. Engl. J. Med.* **2014**, *370*, 1335–1342. [CrossRef] [PubMed]
- Ayalon, L.; Chasteen, A.; Diehl, M.; Levy, B.R.; Neupert, S.D.; Rothermund, K.; Tesch-Römer, C.; Wahl, H.-W. Aging in Times of the COVID-19 Pandemic: Avoiding Ageism and Fostering Intergenerational Solidarity. *J. Gerontol. Ser. B* **2020**, *76*, e49–e52. [CrossRef]
- Ayalon, L. There Is Nothing New under the Sun: Ageism and Intergenerational Tension in the Age of the COVID-19 Outbreak. *Int. Psychogeriatr.* **2020**, *32*, 1221–1224. [CrossRef]
- Brooke, J.; Jackson, D. Older People and COVID-19 Isolation, Risk and Ageism. *J. Clin. Nurs.* **2020**, *29*, 2044–2046. [CrossRef] [PubMed]
- Oliver, D. David Oliver: What the Pandemic Measures Reveal about Ageism. *BMJ* **2020**, *369*, m1545. [CrossRef]
- Fletcher, J.R. Chronological Quarantine and Ageism: COVID-19 and Gerontology’s Relationship with Age Categorisation. *Ageing Soc.* **2021**, *41*, 479–492. [CrossRef]
- Levy, B. Stereotype Embodiment: A Psychosocial Approach to Aging. *Curr. Dir. Psychol. Sci.* **2009**, *18*, 332–336. [CrossRef] [PubMed]
- Levy, B.R.; Slade, M.D.; Kunkel, S.R.; Kasl, S.V. Longevity Increased by Positive Self-Perceptions of Aging. *J. Personal. Soc. Psychol.* **2002**, *83*, 261–270. [CrossRef]
- Chasteen, A.L.; Bhattacharyya, S.; Horhota, M.; Tam, R.; Hasher, L. How Feelings of Stereotype Threat Influence Older Adults’ Memory Performance. *Exp. Aging Res.* **2005**, *31*, 235–260. [CrossRef] [PubMed]
- Siebert, J.S.; Braun, T.; Wahl, H.W. Change in Attitudes toward Aging: Cognitive Complaints Matter More Than Objective Performance. *Psychol. Aging* **2020**, *35*, 357–368. [CrossRef] [PubMed]
- Fernández-Ballesteros, R.; Olmos, R.; Pérez-Ortiz, L.; Sánchez-Izquierdo, M. Cultural Aging Stereotypes in European Countries: Are They a Risk to Active Aging? *PLoS ONE* **2020**, *15*, e0232340. [CrossRef] [PubMed]
- Bergman, Y.S.; Bodner, E.; Cohen-Fridel, S. Cross-Cultural Ageism: Ageism and Attitudes toward Aging among Jews and Arabs in Israel. *Int. Psychogeriatr.* **2013**, *25*, 6–15. [CrossRef]
- Kornadt, A.E.; Albert, I.; Hoffmann, M.; Murdock, E.; Nell, J. Perceived Ageism during the Covid-19-Crisis Is Longitudinally Related to Subjective Perceptions of Aging. *Front. Public Health* **2021**, *9*, 679711. [CrossRef]
- Walker, A. Why the UK Needs a Social Policy on Ageing. *J. Soc. Policy* **2018**, *47*, 253–273. [CrossRef]
- Morrow-Howell, N.; Galucia, N.; Swinford, E. Recovering from the COVID-19 Pandemic: A Focus on Older Adults. *J. Aging Soc. Policy* **2020**, *32*, 526–535. [CrossRef]



22. World Health Organization. *Global Report on Ageism*; World Health Organization, Ed.; World Health Organization: Geneva, Switzerland, 2021.
23. Burnes, D.; Sheppard, C.; Henderson, C.R.; Wassel, M.; Cope, R.; Barber, C.; Pillemer, K. Interventions to Reduce Ageism against Older Adults: A Systematic Review and Meta-Analysis. *Am. J. Public Health* **2019**, *109*, E1–E9. [[CrossRef](#)] [[PubMed](#)]
24. WMA—The World Medical Association. Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. *JAMA* **2013**, *310*, 2191–2194. [[CrossRef](#)] [[PubMed](#)]
25. Cadieux, J.; Chasteen, A.L.; Packer, D.J. Intergenerational Contact Predicts Attitudes toward Older Adults through Inclusion of the Outgroup in the Self. *J. Gerontol. Ser. B* **2018**, *74*, 575–584. [[CrossRef](#)] [[PubMed](#)]
26. Carcavilla, N.; Meilán, J.J.G.; Llorente, T.E. The Impact of International Videoconferencing among Older Adults and Secondary Students. *Gerontol. Geriatr. Educ.* **2019**, *41*, 352–366. [[CrossRef](#)] [[PubMed](#)]
27. Cesnales, N.I.; Dauenhauer, J.A.; Heffernan, K. Everything Gets Better with Age: Traditional College-Aged Student Perspectives on Older Adult Auditors in Multigenerational Classrooms. *J. Intergener. Relatsh.* **2020**, 1–12. [[CrossRef](#)]
28. Lytle, A.; Nowacek, N.; Levy, S.R.; Lytle, A. Instapals: Reducing Ageism by Facilitating Intergenerational Contact and Providing Aging Education Instapals: Reducing Ageism by Facilitating Intergenerational Contact and Providing Aging Education. *Gerontol. Geriatr. Educ.* **2020**, *41*, 308–319. [[CrossRef](#)]
29. Yoelin, A.B. Intergenerational Service Learning within an Aging Course and Its Impact on Undergraduate Students' Attitudes about Aging. *J. Intergener. Relatsh.* **2021**, 1–16. [[CrossRef](#)]
30. Even-Zohar, A.; Werner, S. The Effect of Educational Interventions on Willingness to Work with Older Adults: A Comparison of Students of Social Work and Health Professions. *J. Gerontol. Soc. Work.* **2020**, *63*, 114–132. [[CrossRef](#)]
31. Gök Uğur, H.; Hendekci, A. Effect of Planned Training Provided to Care Staff in Nursing Homes on Their Attitudes toward the Elderly. *Turk Geriatr. Derg.* **2019**, *22*, 376–383. [[CrossRef](#)]
32. Jeste, D.V.; Avanzino, J.; Depp, C.A.; Gawronska, M.; Tu, X.; Sewell, D.D.; Huege, S.F. Effect of Short-Term Research Training Programs on Medical Students' Attitudes toward Aging. *Gerontol. Geriatr. Educ.* **2018**, *39*, 214–222. [[CrossRef](#)]
33. Lytle, A.; Levy, S.R. Reducing Ageism: Education about Aging and Extended Contact with Older Adults. *Gerontologist* **2019**, *59*, 580–589. [[CrossRef](#)] [[PubMed](#)]
34. Rababa, M.; Alhawattmeh, H.; Al, N.; Manal, A. Testing the Effectiveness of Cognitive Behavioral Therapy in Relieving Nurses' Ageism toward Older Adults: A Randomized Controlled Trial. *Cogn. Ther. Res.* **2020**, *45*, 355–366. [[CrossRef](#)] [[PubMed](#)]
35. Sun, Q.; Lou, V.W.; Dai, A.; To, C.; Wong, S.Y. The Effectiveness of the Young–Old Link and Growth Intergenerational Program in Reducing Age Stereotypes. *Res. Soc. Work. Pract.* **2019**, *29*, 519–528. [[CrossRef](#)]
36. Madrigal, C.; Fick, D.; Mogle, J.; Hill, N.L.; Bratlee, E.; Belser, A.; Madrigal, C.; Fick, D.; Mogle, J.; Hill, N.L.; et al. Disrupting Younger Adults' Age-Based Stereotypes: The Impact of an Intergenerational Artistic Installation. *J. Intergener. Relatsh.* **2020**, *18*, 399–416. [[CrossRef](#)]
37. Bailey, S.W.; Sudha, S.; Bailey, S.W. Too Little, Too Late?: Can an Integrated Empathy-Building Intervention Shift Gero-Attitudes for Undergraduates in an Online Course? *Gerontol. Geriatr. Educ.* **2021**, 1–17. [[CrossRef](#)] [[PubMed](#)]
38. Fernández-Ballesteros, R.; Sánchez-Izquierdo, M. Health, Psycho-Social Factors, and Ageism in Older Adults in Spain during the COVID-19 Pandemic. *Healthcare* **2021**, *9*, 256. [[CrossRef](#)]
39. World Health Organization. *World Report on Ageing and Health*; WHO: Geneva, Switzerland, 2015.
40. Officer, A.; de la Fuente-Núñez, V. A Global Campaign to Combat Ageism. *Bull. World Health Organ.* **2018**, *96*, 295–296. [[CrossRef](#)]
41. Rello, C.F.; López-Bravo, M.D.; Muñoz-Plata, R.M. Estereotipos sobre la edad y el envejecimiento en estudiantes y profesionales de Ciencias de la Salud. *Rev. Prism. Soc.* **2018**, *21*, 108–122. Available online: <https://revistaprismasocial.es/article/view/2425> (accessed on 1 December 2021)
42. Lichtenstein, B. From “Coffin Dodger” to “Boomer Remover”: Outbreaks of Ageism in Three Countries with Divergent Approaches to Coronavirus Control. *J. Gerontol. Ser. B* **2021**, *76*, e206–e212. [[CrossRef](#)]
43. Button, P. Population Aging, Age Discrimination, and Age Discrimination Protections at the 50th Anniversary of the Age Discrimination in Employment Act. In *Current and Emerging Trends in Aging and Work*; Czaja, S., Sharit, J., James, J., Eds.; Springer: Cham, Switzerland, 2020; pp. 163–188; ISBN 978-3-030-24134-6. [[CrossRef](#)]
44. Cecil, V.; Pendry, L.F.; Salvatore, J.; Mycroft, H.; Kurz, T. Gendered Ageism and Gray Hair: Must Older Women Choose between Feeling Authentic and Looking Competent? *J. Women Aging* **2021**, *4*, 1–16. [[CrossRef](#)]
45. Dixon, J.; Sibthorpe, B. How Can a Government Research and Development Initiative Contribute to Reducing Health Inequalities? *N. S. W. Public Health Bull.* **2001**, *12*, 189–191. [[CrossRef](#)] [[PubMed](#)]
46. Sparks, H. Morbid 'Boomer Remover' Coronavirus Meme Only Makes Millennials Seem More Awful. *New York Post*. 19 mar. 2020. Available online: <https://nypost.com/2020/03/19/morbid-boomer-remover-coronavirus-meme-only-makesmillennials-seem-more-awful/> (accessed on 13 November 2020).
47. Rahman, A.; Jahan, Y. Defining a ‘Risk Group’ and Ageism in the Era of COVID-19. *J. Loss Trauma* **2020**, *25*, 631–634. [[CrossRef](#)]
48. Vale, M.T.; Stanley, J.T.; Houston, M.L.; Villalba, A.A.; Turner, J.R. Ageism and Behavior Change during a Health Pandemic: A Preregistered Study. *Front. Psychol.* **2020**, *11*, 3156. [[CrossRef](#)] [[PubMed](#)]
49. Marques, S.; Mariano, J.; Mendonça, J.; De Tavernier, W.; Hess, M.; Naegel, L.; Peixeiro, F.; Martins, D. Determinants of Ageism against Older Adults: A Systematic Review. *Int. J. Environ. Res. Public Health* **2020**, *17*, 2560. [[CrossRef](#)] [[PubMed](#)]
50. Scriven, M. *Evaluation Thesaurus*; SAGE Publication: London, UK, 1991.

- 
51. Weiss, C.H. Where Politics and Evaluation Research Meet. *Eval. Pract.* **1973**, *14*, 93–106. [[CrossRef](#)]
  52. Agulló-Tomás, M.S.; Zorrilla-Muñoz, V.; Gómez, M.V. Género y evaluación de programas de apoyo para cuidadoras/es de mayores. *Rev. Prism. Soc.* **2018**, *21*, 391–415. Available online: <https://revistaprismasocial.es/article/view/2469> (accessed on 1 December 2021)