5 Landes SD, Turk MA, Formica MK, McDonald KE, Stevens JD. COVID-19 outcomes among people with intellectual and developmental disability living in residential group homes in New York State. *Disabil Health J* 2020; **13:** 100969.
6 Glynn JR, Fielding K, Shakespeare T. COVID-19: excess all-cause mortality in domiciliary care. *BMJ* 2020; **370:** m2751.
7 Learning Disabilities Mortality Review (LeDeR) Programme. Deaths of people with learning disabilities from COVID-19. Bristol: University of Bristol, 2020.
8 Office for National Statistics. Coronavirus and the social impacts on disabled people in Great Britain: September 2020. London: Office for National Statistics, 2020.
9 Lee S, Kim J. A country report: impact of COVID-19 and inequity of health on South Korea's disabled community during a pandemic. *Disabil Soc* 2020; **35:** 1514–19.
10 Theis N, Campbell N, De Leeuw J, Owen M, Schenke KC. The effects of COVID-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities. *Disabil Health J* 2021; published online Jan 22. https://doi.org/10.1016/j.dhjo.2021.101064.
11 Kuper H, Banks LM, Bright T, Davey C, Shakespeare T. 2020. Disability-inclusive COVID-19 response: what it is, why it is important and what we can learn from the United Kingdom's response. *Wellcome Open Res* 2020; **5:** 79.
12 Jalali M, Shahabi S, Lankarani KB, Kamali M, Mojgani P. COVID-19 and disabled people: perspectives from Iran. *Disabil Soc* 2020; **35:** 844–47.
13 Inclusion Europe. Neglect and discrimination multiplied how COVID-19 affected the rights of people with intellectual disabilities and their families. Brussels: Inclusion Europe, 2020. https://www.inclusion-europe.eu/covid-report-2020/#more (accessed Feb 27, 2021).
14 Jones L, Bellis MA, Wood S, et al. Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet* 2012; **380:** 899–907.
15 Hughes K, Bellis MA, Jones L, et al. Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *Lancet* 2012; **379:** 1621–29.
16 Cullinane C, Montacute R. COVID-19 and social mobility impact brief# 1: school shutdown. London: The Sutton Trust, 2020. https://www.suttontrust.com/our-research/covid-19-and-social-mobility-impact-brief/ (accessed Feb 27, 2021).
17 Mackworth-Young CS, Chingono R, Mavodza C, et al. "Here, we cannot practice what is preached": early qualitative learning from community perspectives on Zimbabwe's response to COVID-19. *Bull WHO Health Organ* 2020; published online April 20. http://dx.doi.org/10.2471/BLT.20.260224.
18 Office for National Statistics. Coronavirus and depression in adults, Great Britain: June 2020. The proportion of the population with depressive symptoms in Great Britain between 4 and 14 June 2020, based on the Opinions and Lifestyle Survey. Includes how symptoms of depression have changed since before the pandemic (July 2019 to March 2020). London: Office for National Statistics, 2020.
19 Pan K-Y, Kok AAL, Eikelenboom M, et al. The mental health impact of the COVID-19 pandemic on people with and without depressive, anxiety, or obsessive-compulsive disorders: a longitudinal study of three Dutch case-control cohorts. *Lancet Psychiatry* 2021; **8:** 121–29.
20 Noh JW, Kwon YD, Park J, Oh IH, Kim J. Relationship between physical disability and depression by gender: a panel regression model. *PLoS One* 2016; **11:** e0166238.
21 Goggin G, Ellis K. Disability, communication, and life itself in the COVID-19 pandemic. *Health Sociol Rev* 2020; **29:** 168–76.
22 Shakespeare T. Help. Birmingham: Venture Press, 2000.

Ageism: a social determinant of health that has come of age

Published **Online**
March 18, 2021
https://doi.org/10.1016/S0140-6736(21)00524-9

On March 18, 2021, the *Global Report on Ageism*[1] was launched by WHO, the Office of the UN High Commissioner for Human Rights, the UN Department of Economic and Social Affairs, and the UN Population Fund. Combating ageism is one of the four action areas of the Decade of Healthy Ageing (2021–2030).[2] Changing how we think, feel, and act towards age and ageing is a prerequisite for successful action on healthy ageing and for progress on the three other action areas of the Decade of Healthy Ageing: developing communities that foster older people's abilities, delivering person-centred integrated care and primary health services responsive to older people's needs, and providing long-term care for older people who need it.

In the COVID-19 pandemic the vulnerability of older people has been highlighted. Not only has the pandemic taken the lives of many older people, it has also exposed ageism in different settings—eg, discrimination in access to health care, inadequate protection of older people in care homes and of young people's mental health, and stereotypical media portrayals that pit generations against each other.

Consensus on the meaning of ageism has remained elusive and there is insufficient evidence on the topic. The *Global Report on Ageism*,[1] to which we all contributed, offers a clear and widely supported definition of ageism as the stereotypes, prejudice, and discrimination directed towards people on the basis of their age. The report highlights that ageism can be institutional, interpersonal, or self-directed and summarises the best evidence on the scale, impacts, and determinants of ageism against both older and younger people and the most effective strategies to address ageism. Ageism is an important social determinant of health that has been largely neglected until now.

The social determinants of health are the non-medical factors that influence health outcomes and include the conditions in which people are born, grow up, and live and the wider set of forces and systems that shape the conditions of daily life.[3,4] Like all forms of discrimination, ageism generates divisions and hierarchies in society and influences social position on the basis of age. Ageism results in various harms, disadvantages, and injustices, including age-based health inequities and poorer health outcomes.

Globally, ageism affects billions of people: at least one in two people hold ageist attitudes against older adults,[5] with rates much higher in lower-income

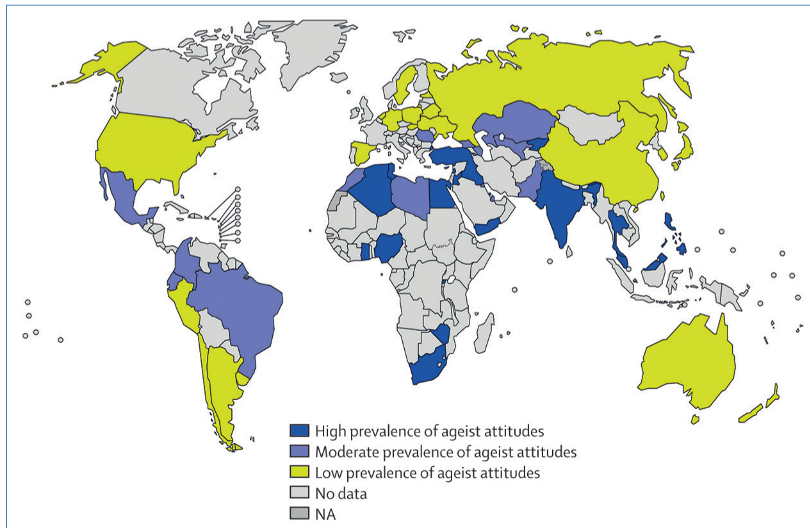

***Figure:* Countries classified as low, moderate, or high in ageist attitudes towards older people**
NA=not applicable. This figure is from Officer and colleagues[5] and is published under the CC BY 4.0 licence.

countries (figure). In Europe, the only region for which data about ageism are available for all age groups, one in three people have experienced ageism, with rates highest among 15–24 year olds.[6,7]

A strength of the *Global Report on Ageism* is the solid evidence base it draws on, including a series of systematic reviews.[8–11] However, given the restricted availability of evidence on all aspects of ageism and how to reduce it, two limitations that we note in the report are its disproportionate focus on high-income countries and on ageism against older rather than younger people.

Ageism impacts all aspects of older people's health. For instance, it shortens their lifespan, worsens their physical and mental health, hinders recovery from disability, and accelerates cognitive decline.[1] Ageism also exacerbates social isolation and loneliness and reduces access to employment, education, and health care, all of which impact health.

As the *Global Report on Ageism* shows, ageism places a heavy economic burden on individuals and society, including in health-care costs. Annually, ageism accounts for US$1 in every $7—or $63 billion—spent in the USA on health care for the eight conditions with the highest health-care costs among people aged 60 years and older.[12]

The evidence reviewed in the report shows that three strategies are effective to reduce ageism: policy and law, education, and intergenerational contact interventions. Policy and law can address discrimination and inequality on the basis of age and protect human rights. Educational interventions across all levels of education can correct misconceptions, provide accurate information, and counter stereotypes. Intergenerational contact interventions are among the interventions that work best to reduce ageism against older people and could also have a role in combating ageism against younger people.

The *Global Report on Ageism* makes three recommendations for concrete actions that all stakeholders can take to combat ageism. First, invest in effective strategies to prevent and respond to ageism. Second, fund and improve data and research to better understand ageism and how to address it. Third, build a movement to change the narrative around age and ageing. The promise of the Decade of Healthy Ageing can only be fully realised if ageism is recognised as a social determinant of health and tackled.

We all contributed to the WHO *Global Report on Ageism* that is discussed in this Comment. We declare no other competing interests.

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1 WHO. Global report on ageism. Geneva, Switzerland: World Health Organization, 2021. https://www.who.int/publications/i/item/global-report-on-ageism (accessed March 18, 2021).
2 UN. Resolution A/75/L.47 United Nations Decade of Healthy Ageing (2021–2030). Seventy-fifth United Nations General Assembly, Dec 8, 2020. New York: United Nations, 2020.
3 Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Geneva, Switzerland: World Health Organization, 2010.
4 WHO. Social determinants of health. 2021. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1 (accessed Jan 26, 2021).
5 Officer A, Thiyagarajan JA, Schneiders ML, Nash P, de la Fuente-Núñez V. Ageism, healthy life expectancy and population ageing: how are they related? *Int J Environ Res Public Health* 2020; **17:** 3159.
6 Abrams D, Russell PS, Vauclair CM, Swift H. Ageism in Europe: findings from the European Social Survey. London, UK: Age UK, 2011.
7 Ayalon L. Feelings towards older vs. younger adults: results from the European Social Survey. *Educ Gerontol* 2013; **39:** 888–901.
8 Ayalon L, Dolberg P, Mikulioniene S, et al. A systematic review of existing ageism scales. *Ageing Res Rev* 2019; **54:** 100919.
9 Chang ES, Kannoth S, Levy S, Wang SY, Lee JE, Levy BR. Global reach of ageism on older persons' health: a systematic review. *PLoS One* 2020; **15:** e0220857.
10 Marques S, Mariano J, Mendonca J, et al. Determinants of ageism against older adults: a systematic review. *Int J Environ Res Public Health* 2020; **17:** 2560.
11 Burnes D, Sheppard C, Henderson CR, Jr, et al. Interventions to reduce ageism against older adults: a systematic review and meta-analysis. *Am J Public Health* 2019; **109:** e1–9.
12 Levy BR, Slade MD, Chang ES, Kannoth S, Wang SY. Ageism amplifies cost and prevalence of health conditions. *Gerontologist* 2020; **60:** 174–81.