



# A Case Study on Ageism during the COVID-19 Pandemic

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## **A Case Study on Ageism During the COVID-19 Pandemic**

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The views expressed in this report may not reflect the official position of a particular jurisdiction.

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# Table of Contents





List of Tables .....	v
List of Figures .....	v
Executive Summary and Policy Recommendations .....	1
1. Introduction .....	4
2. Research Questions .....	5
3. Methodology.....	6
4. Results.....	8
<b>4.1</b>  <b>The Media Discourse (n=20)</b> .....	8
Figure 1. Themes and subthemes from the media discourse.....	9
Figure 2. Media discourse themes .....	10
Figure 3. Media discourse subthemes .....	11
<b>4.2</b>  <b>The Academic Discourse (n=10)</b> .....	17
Figure 4. Themes and subthemes from the academic discourse .....	17
Figure 5. Academic discourse themes .....	18
Figure 6. Academic discourse subthemes.....	19
<b>4.3</b>  <b>The Older Adult (Associations of Older Adults) Discourse (n=20)</b> .....	25
Figure 7. Themes and subthemes from the older adult discourse .....	26
Figure 8. Older adult discourse themes .....	27
Figure 9. Older adult discourse subthemes .....	28
<b>4.4</b>  <b>Government Communication Discourse (n=60)</b> .....	33
<b>4.4.1 Press Briefings (n=32)</b> .....	33
Figure 10. Themes and Subthemes from the Press Briefings .....	34
Figure 11. Press briefing discourse themes .....	35
Figure 12. Press briefing discourse subthemes .....	36
<b>4.4.2 Ministry/Department Communications (n=28)</b> .....	43
Figure 13. Themes and subthemes from the Ministry/Department Communications .....	44
Figure 14. Ministry/Department communications discourse themes.....	45

Figure 15. Ministry/Department communication discourse subthemes..... 46

5. Summary of Findings..... 52

6. Policy Recommendations..... 55

7. Limitations..... 56

Annex 1: Selection of documents ..... 57

Annex 2: Keywords used for the search ..... 58

Annex 3: List of documents..... 59

## List of Tables

Table 1. Age reference by number of media articles.....	14
Table 2. Description of aging by number of academic articles.....	21
Table 3. Age reference by number of press briefings.....	39
Table 4. Age reference by number of ministry/department communications .....	48
Table 5. Summary of main findings .....	54

## List of Figures

Figure 1. Themes and subthemes from the media discourse.....	9
Figure 2. Media discourse themes .....	10
Figure 3. Media discourse subthemes .....	11
Figure 4. Themes and subthemes from the academic discourse .....	17
Figure 5. Academic discourse themes .....	18
Figure 6. Academic discourse subthemes.....	19
Figure 7. Themes and subthemes from the older adult discourse .....	26
Figure 8. Older adult discourse themes.....	27
Figure 9. Older adult discourse subthemes .....	28
Figure 10. Themes and Subthemes from the Press Briefings .....	34
Figure 11. Press briefing discourse themes .....	35
Figure 12. Press briefing discourse subthemes .....	36
Figure 13. Themes and subthemes from the Ministry/Department Communications .....	44
Figure 14. Ministry/Department communications discourse themes.....	45
Figure 15. Ministry/Department communication discourse subthemes.....	46

## Executive Summary and Policy Recommendations

- Canadian older adults<sup>1</sup> were particularly impacted by the COVID-19 pandemic, with over 80 percent of the COVID-19 related deaths during the first wave occurring in long-term care homes. The situation generated substantial media coverage, as well as government communications and academic research.
- Understanding how older adults and the aging process were framed during this health crisis is important because the public discourse can have a significant influence on an individual's personal experience of aging and relationships with older adults. Previous studies have shown that ageist stereotypes and attitudes are often conveyed through public discourse.
- The current study aims to understand how older adults and the process of aging were depicted by the *Canadian media, academics, older adults (associations of older adults), as well as government representatives* themselves through the first and second waves of the COVID-19 pandemic.
- There are two main questions that guided this work:
  1. How did ageism emerge as an issue during the COVID-19 pandemic in the media, research, among older adults, associations of older adults and Federal, Provincial and Territorial (FPT) governments' communications?
  2. How did the media, researchers, older adults, associations of older adults, and FPT governments contribute to, or address ageist attitudes, behaviours and/or discourse?
- To answer these questions, researchers conducted a content analysis of Canadian public documents related to COVID-19 and older adults, published from April to December 2020. These public documents included opinion-editorials (authored by journalists or older adults/associations of older adults), academic articles, and government communications (press briefings and communications generated by Federal, Provincial and Territorial ministries and departments).
- In total, 110 documents were analyzed across the four different types of public discourse: 20 media articles, 10 academic papers, 20 papers authored by older adults or associations of older adults, and 60 FPT government communications. Documents were selected over three time periods during 2020: (1) April; (2) mid-September to mid-October; and (3) early December.<sup>2</sup>
- Content analysis was conducted to align with the research questions as well as findings from previous studies.

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<sup>1</sup>“Older adults” was used as one of the inclusion criteria; however, no chronological cut-point was used to search media articles. The definition of older adults actually stemmed from the framing in the discourse of the media, the government and older adults themselves.

<sup>2</sup> Although documents were selected over three time periods of the pandemic, no comparison was possible due to the small sample in each period.

- The results of this analysis show that ageism was raised as an issue throughout the four types of discourses, in one of two ways, either contributing to ageism or criticizing ageism (as illustrated in table 5).
- Discourse messaging framed older adults as “victims” in 50 to 88 percent of all the communications reviewed. Further, the aging process was described as a process of “loss” in the majority of communications produced by the media, the academics, older adults (and associations of older adults) and governments. Communications produced by older adults themselves were the least likely to associate aging (their own aging however) with loss.
- Academics criticized ageism and recognized the negative impact of ageism on mental health, social isolation, and access to care, as well as its impact on other forms of discrimination (e.g., sexism and racism).
- Older adults and associations of older adults also criticized ageism and recognize its negative impact, however they mostly focused on healthy older adults who lived independently within their own homes/communities, not older adults residing in long term care.
- Diverse strengths of older adults – and their contributions to society – were rarely acknowledged, with the exception of older adults communications. In this case however, the diversity of strengths was attributed to healthy older adults.
- In general, similar themes and arguments were made throughout the data sources regarding the neglect in long-term care and the importance of caring and protecting older adults during the pandemic.
- Similarly to other types of discourse, the media emphasized the vulnerability of older adults living in long term care facilities and the values of protecting them. However, few media articles gave a voice to these older adults (through interviews, for example).
- The importance of conducting more research with Indigenous Elders was underlined by academics.
- Press briefings and Ministry/government communications from the territories made some references to the important roles and contributions of Indigenous Elders.
- While the four domains of employment, health and healthcare, social inclusion, and safety and security were identified in all data sources (except government press briefings), the most prominent domain was health and healthcare.
- The following policy recommendations are based on the findings from this case study of 110 documents (media articles, academic articles, articles written by older adults or their associations, and government communications).
- Editing of all press briefings and media should be screened to ensure the language used is inclusive and non-ageist. For instance, aging should not be portrayed uniquely as a process of loss; older adults should not be viewed as victims or vulnerable people only in need of protection and care. This important editing includes confirmation that the communication is balanced and recognizes the capacities and contributions of older adults that support pandemic response and resilience.



- Building a society that recognizes the importance of listening to the voices of older adults is key. The pandemic has brought older adults into the conversation in a way not typically seen. Older adults are now visible and they have something new to bring to the table: criticizing ageism and providing a heterogenous view of older adults.
- The absence of references to Indigenous Elders in different types of communications raises some concerns. Communications should be inclusive, and investments should be made to understand how Indigenous Elders are framed in widespread communication and to what extent and how they experience ageism, through an intersectional lens.
- The positive references to Indigenous Elders can serve as inspiration for learning how to address ageism across all communities.

## 1. Introduction

The COVID-19 pandemic continues to have a tremendous impact on older adults in Canada, from every facet, be it physical, psychological or social. People living in long-term care homes have been particularly impacted, with more than 80 percent of the COVID-19 related deaths during the first wave of the pandemic, occurring in these facilities (Royal Society of Canada, 2020). The pandemic generated significant media coverage, government communications, and research from academics. Public discourse (e.g., media coverage, government communication) has the power to shape social representations, create norms and expectations that influence personal experience. It is important to examine how the resulting public discourse stemming from the COVID-19 pandemic impacted older adults. Research completed prior to the pandemic demonstrated that public discourse towards older adults contributes directly and inadvertently to ageist stereotypes and attitudes.

Ageism refers to how we think (stereotypes), feel (prejudice) and act (discrimination) towards others or ourselves based on age. It can target younger and older individuals. The focus of the current project is on ageism towards older adults, expressed in different ways, as explained in the following:

*Ageism can be hostile* when, for example, an aging population is depicted as a real threat to the economy and a burden to the health care system. An example of hostile ageism is the infamous hashtag *#BoomerRemover* that was conveyed on social media at the beginning of the pandemic.

*Ageism can be compassionate*. In this type of communication, older adults are portrayed as frail and vulnerable and in need of help; not being able to make decisions and having no self-agency. This type of ageism is often seen in the context of caregiving. Although its purpose is to provide help and support, it conveys the idea that all older adults are vulnerable and does not recognize diversity within an age group, which paves the way for patronizing attitudes.

*Ageism can also be expressed through intergenerational and intragenerational comparisons*. *Intergenerational ageism* relates to competition or scarcity of resources (i.e., the health care system is over-burdened due to an aging population). *Intragenerational ageism* relates to competition or comparisons between older adults themselves (for example, older adults that are healthy and fit may want to dissociate, or not be identified, with older adults that are facing health challenges).

It is worth noting that compassionate as well as intergenerational or intragenerational ageism are often expressed unconsciously in an *implicit or covert* manner. On the other hand, hostile ageism is usually expressed *explicitly or overtly*, i.e., consciously.

Studying ageism during the pandemic is important, to gather concrete data to measure its existence. The pandemic, its deadly impact, and the policies and actions put in place to manage it, all *appeared* to have exacerbated discrimination against older adults. To confirm this fact, examples of ageism need to be identified, examined and measured, to develop policies and legislation to address ageism.

## 2. Research Questions

This report examines how older adults, as well as aging as a process, were depicted by the *Canadian media, academics, government representatives* and *older adults* themselves through the first and second wave of the COVID-19 pandemic. There are two main questions that guided this work:

1. How did ageism emerge as an issue during the COVID-19 pandemic in the media, research, among older adults, associations of older adults and Federal, Provincial and Territorial (FPT) governments' communications?
2. How did the media, researchers, older adults, associations of older adults, and FPT governments contribute to, or address ageist attitudes, behaviours and/or discourse?

The following data sources were used to examine the two research questions:

- media articles (20 published articles)
- academic research (10 published papers)
- older adults and/or associations of older adults who have written on this issue (20 published articles)
- FPT government communications (60 press briefings or ministries and department documents)

### 3. Methodology

#### *Selection of documents*

To answer the research questions mentioned above, content analysis of Canadian public documents related to COVID-19 and older adults that were published from April to December 2020, was conducted. These public documents included media op-eds (authored by journalists or older adults/associations of older adults), academic articles, and government communications (press briefings and communications generated by Federal, Provincial and Territorial ministries and departments).

Geography and time were used as sampling criteria for the 110 documents included in the study as outlined below. More specifically, media articles, academic articles and articles written by older adults were limited to Canadian authors and sources. Government communications included all 13 provinces and territories and the Government of Canada. More so, documents published in April, mid-September to mid-October and early December were randomly selected. These time intervals align with turning points for the COVID-19 health crisis in Canada<sup>3</sup>.

Annexes 1 and 2 to this report summarize the sampling approach, as well as key words used to select the document for analysis.

#### *Analysis of documents*

After selection of the documents, a coding grid was developed with the following categories:

- What are the main themes and subthemes? Main themes relate to the central concept of the document, the primary question / issue being addressed. Subthemes focus on notable specific elements of the themes.
- What are the main arguments?
- Is ageism being discussed or criticized as an issue (in an implicit or explicit way?)
- Do documents contribute to ageism, i.e., reflect ageist attitudes (implicitly or explicitly)?
  - *Implicit attitudes* were defined as negative thoughts, feelings or beliefs about older people without the authors seeming to directly promote or endorse age discrimination. Implicit ageism is usually indirect and covert. An example of implicit ageism would be associating the aging of a population with a burden on the economy.
  - *Explicit attitudes* were defined as direct statements that represent thoughts, feelings or beliefs about older people that are conscious and made overtly. Hostile ageism reflects explicit ageist attitudes. The hashtag *#BoomerRemover* that appeared on social media in the early days of the pandemic is an example of explicit ageism.

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<sup>3</sup> The month of April resonates with the very beginning of the pandemic and public health restrictions, often called “lockdown”. Mid-September to Mid-October is considered a transition period where concerns about a second wave in Canada were rising and early December 2020, a time during which discussions about the vaccines and Holiday celebrations were prevalent. These three time periods tap into different dimensions of health, including its physical, psychological, as well as economic impact. Of note: the time period was slightly different for the academic documents, to account for 2-3 month peer review before publication. Hence, for academic documents, the time periods are June-July; September-October and December 2020.

- Are there references to specific chronological age (or age range)?
  - It is important to note how older age was referred to throughout the documents, to pinpoint whether discriminatory content was focused on a specific age group, and which age groups were impacted the most by this discourse.
- How is aging – as a process – described or referred to (loss; gain; both; neither)?
- Are there references to older adults’ contribution(s) to society?
- Are challenges or potential costs posed by aging or older adults mentioned?
- How are older adults portrayed in regards to other groups?
- What is the role of older adults during the pandemic (victims; fighters; neither; both)?
- Domain categorization (Employment; Health and Health Care; Social Inclusion; Safety and Security);
- Are Indigenous Elders mentioned?

The next section presents the main findings of the content analysis, according to the four types of discourse: Media, Academic, Older Adult, and Government.

## 4. Results

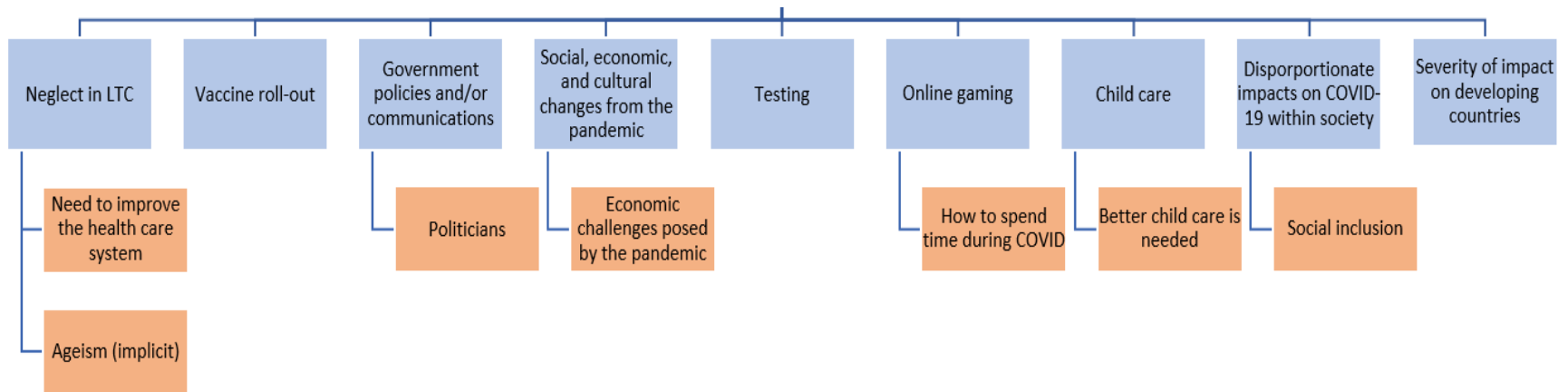
### 4.1 The Media Discourse (n=20)

The findings relating to the media discourse are based on an analysis of 20 articles from three sources<sup>4</sup>: The Globe and Mail (n=7); The National Post (n=7); and La Presse (n=6). The sample of communications included both French (n=6) and English (n=14) articles. The main themes and subthemes within the media, as well as the answers to the main study questions for this data type are presented below.

Figure 1 depicts the main themes and subthemes for the media discourse. The main themes are shown in blue, with subthemes shown underneath in orange.

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<sup>4</sup> We focused on three newspapers with top circulation in Canada.

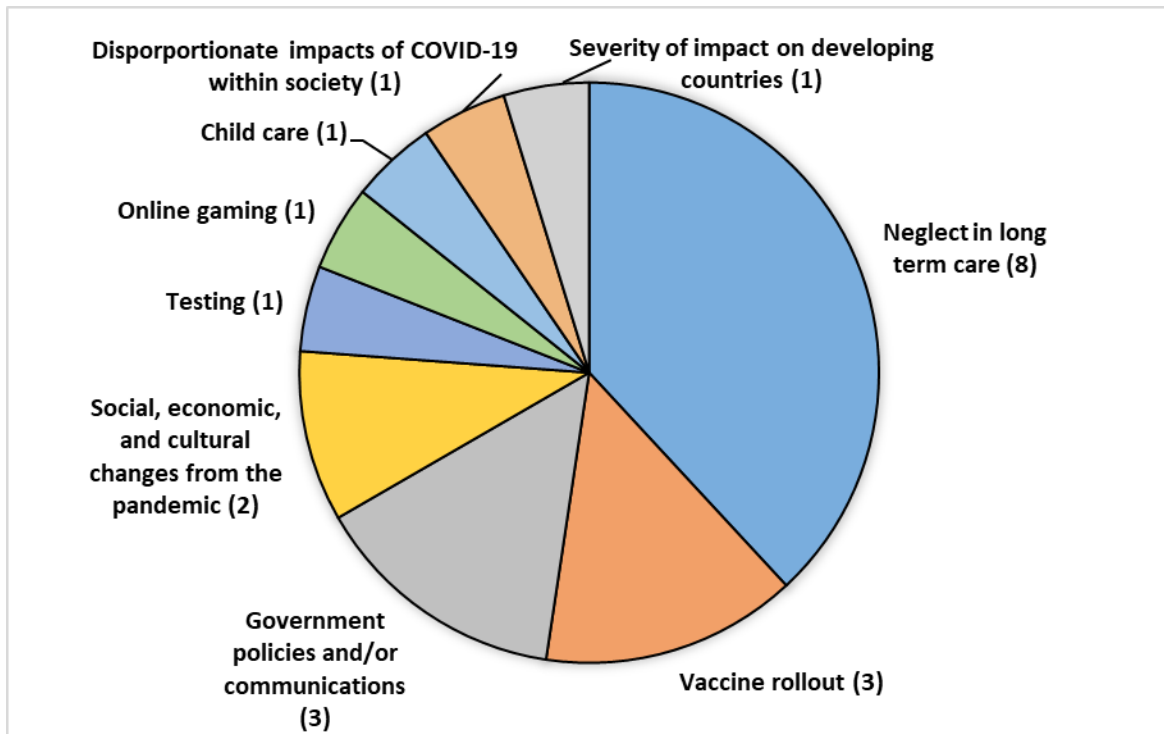


**Figure 1.** Themes and subthemes from the media discourse<sup>5</sup>

<sup>5</sup> The subtheme of Social Inclusion related to statements arguing that isolating only certain groups of society (for example, older adults) was not a viable and equitable option. The subtheme of Better Child Care stemmed from articles that argued that more government funding was needed to improve Child care and better care in general.

## Main themes: Media

Nine main themes were identified in the media articles. The most salient theme in the media was *Neglect in Long Term Care*; this theme occurs in eight (out of 20) articles. The other themes occurred in one to three articles (out of 20) and are presented in Figure 2 below.



**Figure 2.** Media discourse themes



### Subthemes: Media

Seven subthemes were identified in the media analysis. The need to improve the health care system was a subtheme within nine (of the 20) media articles. Other subthemes are presented in Figure 3 below.

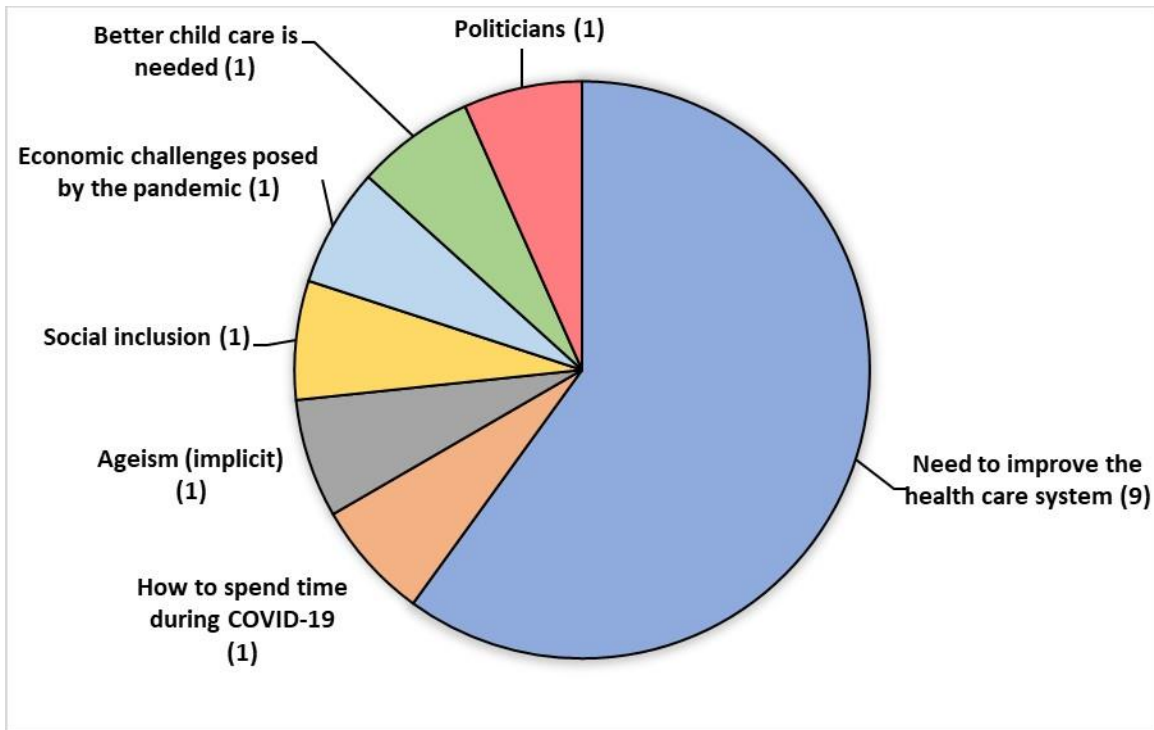


Figure 3. Media discourse subthemes<sup>6</sup>

<sup>6</sup> **Social Inclusion** is a subtheme found in articles that argue that isolating only part of society is not a solution as it would exclude certain groups, i.e. older adults. The subtheme of **Better Child Care** relates to media articles that argue that better child care and better care in general is needed and should be funded by government. The subtheme of **Politicians** was found in articles discussing the leadership role that politicians must take in countering inequities stemming from the disproportionate impact of COVID-19 (for example on older adults in LTC).

## Main arguments: Media

The media analyses also identified main arguments presented in the 20 articles. One of the arguments focused on the need to take better care of older adults. One of the lessons from the pandemic is that society is not treating older adults ethically, and more investment (i.e., resources, money, time, etc.) is needed to address this problem. Most articles focused on older adults living in long-term care homes, with little or no mention of older adults living within their own homes. The following three quotations provide examples of this argument:

“It is the elderly who are especially vulnerable. Mortality rates for old people are the highest. That was painfully seen in our long-term care facilities. It is not an "old person's disease," but the old are most susceptible to its full force. The elderly were also more exposed in another sense. During the lockdown, those who caught the virus were kept in isolation. Even their closest family members were kept away from them in their dying days. Those who did not contract the illness were also kept in isolation, for fear of catching it from a family member. Some circumstances were akin to an updated tale from Charles Dickens' pathos-filled pen. I know of one 96 year old who was unable to be visited by his 93-year-old wife. The very worst and most emotional time to be alone was the very time they were forced to be alone.” (Rex Murphy, National Post, October 14<sup>th</sup>, 2020)

“Ce manque de préparation, ce manque d'expertise, fait partie de l'équation quand on voit à quel point les CHSLD – et les résidences pour personnes âgées – ont été des foyers d'éclosion qui s'apparentent à des incendies de forêt.” (Patrick Lagacé. (2020, April 10). CHSLD, les brasiers. La Presse+, ACTUALITÉS\_4)

Translation: [This unpreparedness and lack of expertise are part of the equation when we see how many CHSLDs<sup>7</sup> and retirement residences accounted for outbreaks that spread like forest fires.]

“How is it possible, in 2020, in Canada, that elders entrusted to a licensed care home can be treated worse than dogs at the city pound? How is it conceivable that vulnerable seniors - some with dementia and severe mobility issues – could be left to fend for themselves?” (André Picard, Globe and Mail, April 1<sup>st</sup>, 2020: OPINION)

## Is ageism being discussed or criticized as an issue (in an implicit or explicit way): Media

The media analysis revealed one explicit example of ageism being discussed, and four implicit examples. Interestingly, the word ‘ageism’ is not used, nor is its impact generally discussed. However, its negative impact in terms of poor health and neglect of older adults is acknowledged; in other words, the ‘cause à effet’ is not clearly stated. Some examples are presented below.

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<sup>7</sup> CHSLD stands for *Centre d'hébergement et de soins de longue durée* in Quebec, which translates to ‘residential and long term care home’.

### Explicit:

- ④ “*Il serait donc apprécié de cesser de nous considérer comme des « pestiférés » potentiels alors que nous sommes en pleine forme et en pleine santé!*” (Serge Loriaux. (2020, December 31). Changer de « cible ». La Presse+, *débats\_1, DÉBATS\_5.*)

Translation: [We would therefore appreciate no longer being treated as pariahs when we are fit and healthy.]

### Implicit:

- ④ “*It may be an exaggeration to say Canada's approach to long-term care consists of warehousing the old and infirm, but we have certainly let standards decline to a point we should be ashamed to acknowledge.*” (NP View: The COVID-19 crisis has exposed Canada’s shameful treatment of its elderly. (2020, April 17). National Post (Online).)

### **Does the document contribute to ageism, i.e., reflects ageist attitudes (implicitly or explicitly): Media**

The media analysis yielded mixed results to the question of whether the media contributes to ageism by reflecting ageist attitudes. Of the 20 media articles, eleven did not contribute to ageism, eight could be regarded as perpetuating ageist attitudes, and one was not classified either way. The following quotation is an example of an article that did contribute to ageism, emphasizing on the deficits (physical, psychological and social) of *all* older adults in care homes and on their vulnerability.

- ④ “*By their very nature, people in care homes aren't able to create the sort of noise required to attract the attention of governments. They are old people, confined to their beds, or dependent on walkers or wheelchairs to get around. They aren't great at social networking, crowdsourcing or virtual campaigning. They are largely dependent on others, either relatives, medical professionals or care staff, for basic needs. Many of them, given the chance, would selflessly insist they don't want to be a bother or a burden.*” (NP View: The COVID-19 crisis has exposed Canada’s shameful treatment of its elderly. (2020, April 17). National Post (Online))

### **Are there references to specific chronological age (or age range): Media**

Eleven out of 20 media articles did not refer to a specific age range or chronological age, when referring to older adults. There is variety among the other articles where age was mentioned, as can be seen in the following table; the first column shows the age groups represented in the media, and the second column indicates the frequency of articles that used that age grouping.

**Table 1.** Age reference by number of media articles

<b>Reference to age</b>	<b># articles</b>
72	1
73	1
93 year old	1
96 year old	1
60 and older	1
65 and older	1
80 and older	3

**How is aging - as a process – described or referred to (loss; gain; both; neither): Media**

Thirteen out of 20 articles described aging in terms of loss, with references to older adults as the most vulnerable population who are dependent on care. There was one exception of an article where the aging process was framed as a gain, referring to active, capable older adults. Two articles referred to aging in a more balanced way (gain and loss), describing older active people going to concerts, but also older people who are ‘warehoused for profit’. Finally, four of the articles framed the aging process as neither a gain or loss.

**Are there references to older adults’ contribution(s) to society?: Media**

Of the 20 media articles analyzed, three described in vague terms the contributions of older adults to society, in terms of their knowledge or resilience. However, one article was particularly positive in its reference to older adults as providing a contribution to society.

- ☒ *“There is no question that Canadians as individuals love and respect those who brought them into the world, raised them and fashioned a society founded in peace, prosperity and mutual respect.”* (NP View: The COVID-19 crisis has exposed Canada’s shameful treatment of its elderly. (2020, April 17). National Post (Online))

**Are challenges or potential costs posed by aging or older adults mentioned: Media**

Of the 20 media articles analyzed, five mentioned the increased economic cost and/or burden of an ageing society on the health care system. The following is an excerpt from an article discussing child care in the context of the COVID-19 pandemic. While the article stresses the importance of turning to a “caring economy” to better care for the young and the old, it emphasizes the costs of an aging population:

- ☒ *“Even without a pandemic, Canada was looking at decades of slow growth, the impact of population aging.”... “As we head into an era of slowness (slow or no growth) owing to population aging, the smallest working-age cohort in 50 years will need all the help it can get”.* (Pandemic realities offer hope of new approach to child care: OPINION. (Globe and mail, 2020, September 26).

## How are older adults being positioned in relation to other groups: Media

The media analysis explored how older adults are positioned in relation to other age groups. Of the 20 media articles analyzed, nine did not position older adults in relation to other groups, and the question was not applicable in seven of the articles. However, four positioned older adults *against* younger generations, or made comparisons between them. The following quotations are examples from the articles that positioned older adults in relation to younger age groups.

- “On est tous d'accord que les effets indirects de la pandémie sur les jeunes sont sérieux. Mais ce n'est pas en exacerbant ses effets directs sur les aînés qu'on les réglera.” (Philippe Mercure. (2020, October 17). Les gens vulnérables ne vivent pas dans les nuages. La Presse+, DÉBATS\_1,DÉBATS\_3.)

Translation: [There is a general consensus that the pandemic's indirect effects on youth are serious. But amplifying its direct effects on older adults will not mitigate these indirect effects.]

- “Des grands-parents qui jouent avec leurs petits-enfants, mais aussi des aînés qui jouent en club. Et ce sont loin d'être les personnes les plus polies en ligne! Ils se sentent comme au bistro!” (Pierre-Marc Durivage. (2020, April 30). Boom des plateformes de jeu virtuel. La Presse (site web)).

Translation: [There are grandparents playing with their grandchildren, but also seniors playing as a club. And they are not the most polite people online! They're behaving as if they were in a pub!]

- “However, “we're all in this together” doesn't ring quite true when you take cognizance of this division, this two-tiered impact of COVID. There needs to be something a little beyond words to give that rally cry force.” (Murphy, R. (2020, October 14). The full impact of Covid is not borne by all, National Post).

## What is the role of older adults during the pandemic (victims; fighters; neither; both): Media

Message framing can influence ageist attitudes. Therefore, one part of this media analysis was an exploration of how older adults were presented in various roles. More specifically, this media analysis investigated whether older adults were: a) framed in terms of being victims; b) framed as fighting back or resisting any challenges imposed by the pandemic; c) neither of these perspectives; or d) both as victims and fighters. While four articles did not present older adults in any of these roles, one media article (out of 20) presented older adults as fighters, stating “*how many older adults are very aware of health measures and are very capable of following them.*” (Serge Loriaux. (2020, December 31). Changer de « cible ». La Presse+, débats\_1,DÉBATS\_5.). Instead, it was far more common for older adults to be presented in the role of victims (15 articles out of 20). These articles reinforced perceptions of older adults as “the most vulnerable”, and they reiterated how most deaths from COVID-19 occurred among older adults.

### **Domain categorization (Employment; Health and Health Care; Social Inclusion; Safety and Security): Media**

Not surprisingly, the domain represented most in the media articles throughout the time periods covered was Health and Health Care (n=15). Social Inclusion was represented in (n=3) articles, Employment (n=1), and Safety and Security (n=1).

### **Are Indigenous Elders mentioned: Media**

Just one media article of the twenty reviewed mentioned Indigenous peoples. When mentioned, it was in combination with the key words “older adults” and “Covid-19”. The following quotations are from that article.

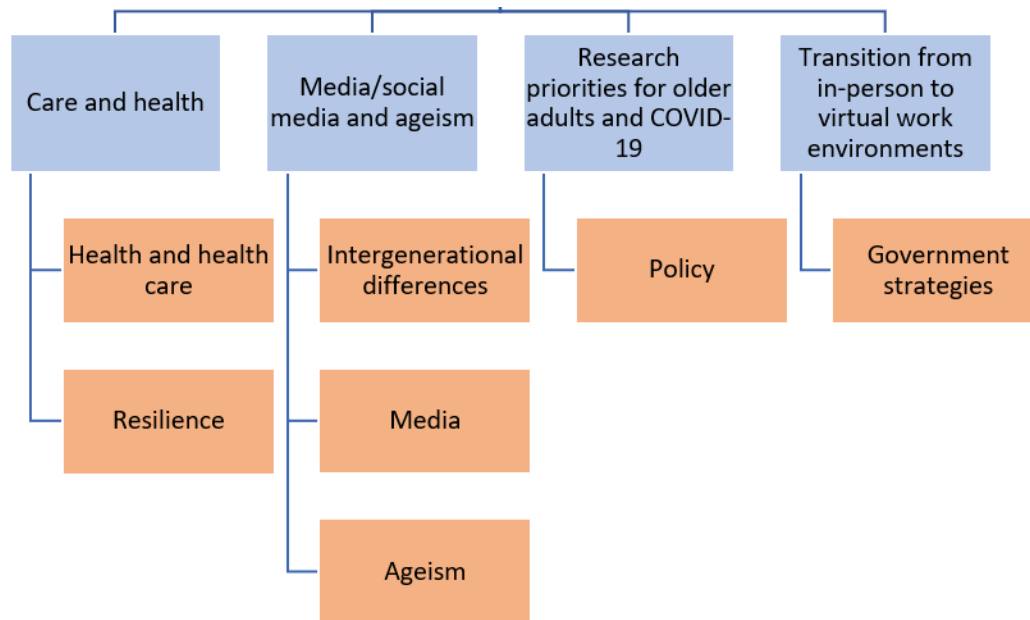
- ④ *“But thorny questions will arise, such as: Who is an essential worker? Public Safety Canada actually has a list, but it's as long as your arm. Grocery store workers? Teachers? Police officers? Truckers? Family caregivers? How do you choose among them? What about people living with homelessness? **Indigenous peoples**? COVID-19 has hit racialized and low-income populations hardest. How do we ensure that the inequities exposed by the pandemic are not perpetuated in the vaccine rollout?” (PICARD, A. (2020, December 8). Why we can ignore anti-vaxxers right now: OPINION. *The Globe and Mail*, A11)*



## 4.2 The Academic Discourse (n=10)

The findings related to the academic data are based on an analysis of 10 papers published in peer reviewed journals and written by Canadian scholars over the time periods targeted for this report. Eight papers are published in English, and two in French. The following section presents the main themes and subthemes within the academic discourse, as well as the answers to the main study questions for this data source.

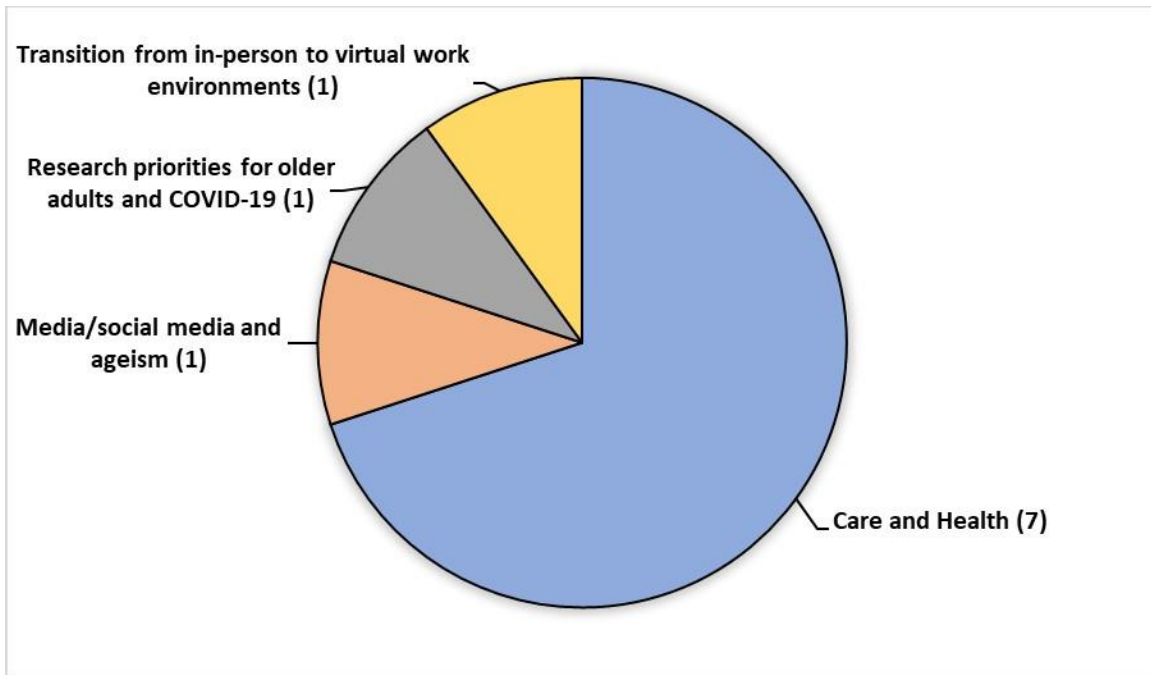
Figure 4 depicts the main themes and subthemes for the academic discourse. The main themes are shown in blue, with subthemes shown underneath in orange.



**Figure 4.** Themes and subthemes from the academic discourse

### Main themes: Academic

Similar to the media discourse, scholars focused on the theme of Care and Health. This theme was present in seven of the 10 papers analyzed. The other main themes are presented in Figure 5 below.

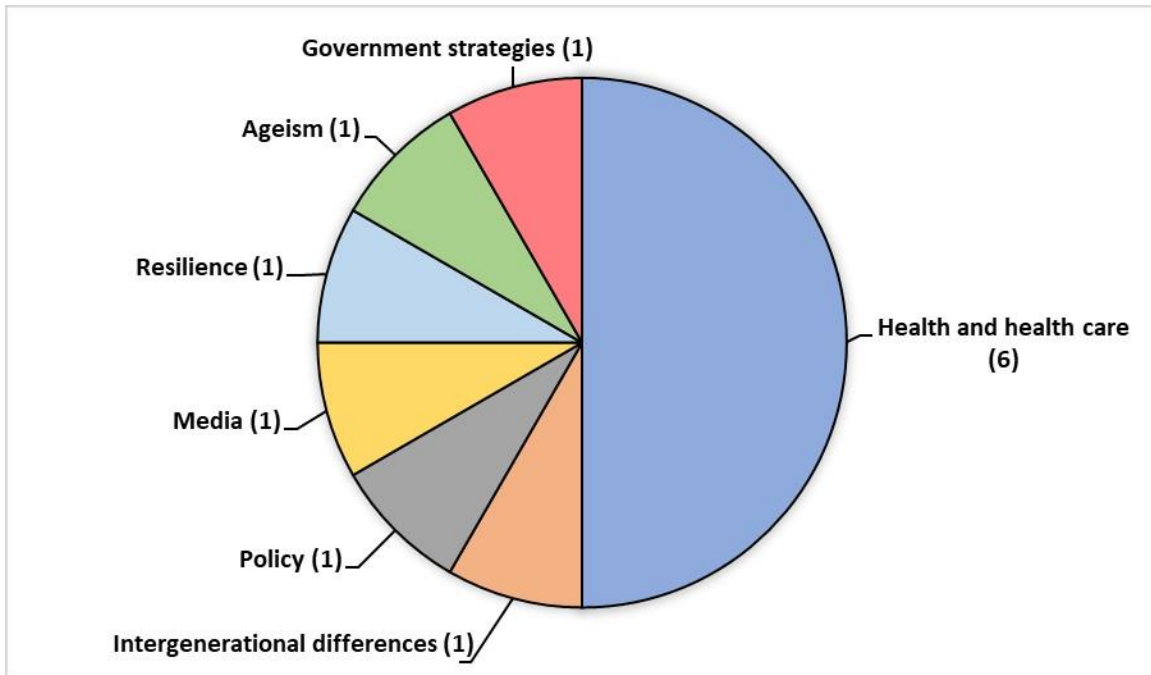


**Figure 5.** Academic discourse themes



### Subthemes: Academic

Seven subthemes were identified in the analysis of academic articles. Health (physical and mental) and health care was the most prevalent subtheme. Other subthemes are presented in Figure 6 below.<sup>8</sup>



**Figure 6.** Academic discourse subthemes

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<sup>8</sup> As each paper can have up to two subthemes, total count is above 10.

## **Main arguments: Academic**

The analysis of academic articles included identification of main arguments presented in the 10 papers. Similar to the media discourse, one of the main arguments focused on the need to do better and do more for older adults, in terms of funding and policies. However, contrary to the media communications, the academic discourse focused less on long term care and tackled issues such as mental health of all older adults (including those not living in long term care facilities), their capacity to be resilient, and finally, the importance of addressing the problem of ageism.

## **Is ageism being discussed or criticized as an issue (in an implicit or explicit way): Academic**

Four papers (out of 10) explicitly addressed the issue of ageism and the need to tackle it. In these papers scholars argue that, amongst other issues that have been magnified, the pandemic has revealed the prevalence of ageism in our society. They further argue that ageism is a correlated factor of the lack of preparation and prevention in terms of pre-pandemic care for older adults, as illustrated in the following quotes.

- ☛ *"La situation actuelle a fait ressortir la nécessité de repenser le statut et le rôle des personnes âgées dans notre société et celle d'examiner spécifiquement l'impact et l'influence de l'âgeisme dans la prise de décision et la prestation des soins."* (Rylett, R. J., Alary, F., Goldberg, J., Rogers, S., & Versteegh, P. (December 1<sup>st</sup>, 2020). *La COVID-19 et les priorités de recherche sur le vieillissement*. Canadian Journal on Aging / La Revue Canadienne Du Vieillissement, 39(4), 506–512.

Translation: [The current situation has highlighted the need to rethink the status and role of older adults in our society and to specifically address the impact and influence of ageism in decision-making and the delivery of care.]

- ☛ *"Unfortunately, the wake of COVID-19 has brought a resurgence of hostile messages on social media, even classifying as hate speech, that exhibit ageism against older adults."* (Meisner, B. June 24<sup>th</sup>, 2020. *Journal of Leisure Science*).

## **Does the document contribute to ageism, i.e., reflects ageist attitudes (implicitly or explicitly): Academic**

The majority of academic papers did not contribute to ageist attitudes (n=9). One document that could be regarded as potentially perpetuating ageist attitudes relates to the usage of age as a criteria (following health condition and frailty) when deciding to give critical care in a pandemic context. International scholars have criticized using age as a primary decision making criteria for critical care provision and consider this practice an expression of ageism.

### Explicit:

- ☛ *"The number of patients that can be placed on ECLS is small and should be decided on a case-by-case basis. Definite exclusion criteria include age older than 60 years old." ... (Development of a framework for critical care resource allocation for the COVID-19 pandemic in Saskatchewan (Valiani, S., Terrett, L., Gebhardt, C., Prokopchuk-Gauk, O. & Isinger, M. September 1<sup>st</sup>, 2020, Canadian Medical Association).*

### **Are there references to specific chronological age (or age range): Academic**

The majority of academic papers made reference to specific chronological age or age range with the exception of one. Reference to age of older adults varied depending on the scholar, ranging from 50 years old to 90 years old. Of note, such variance was not observed in the media documents.

### **How is aging – as a process – described or referred to (loss; gain; both; neither): Academic**

The academic papers offered a more balanced description of the aging process than media articles, as can be seen in the following table:

**Table 2.** Description of aging by number of academic articles

<b>Description of aging as a process</b>	<b># articles</b>
Both (loss and gain)	7
Gain	1
Loss	1
Neither	1

In cases where the depiction of the aging process refers to both gains and losses, the former seemed to apply solely to active and healthy older adults while losses referred to those living in long term care homes, as illustrated in the examples below:

#### Both:

- ☛ “ *Nous avons tendance à considérer les personnes âgées comme des personnes vulnérables. Cependant, cette perspective est remise en question lorsque nous tenons compte de leurs points de vue, de leur créativité et de leur résilience, et lorsque nous adoptons une optique plus globale, en fonction de laquelle la santé n’est pas le seul élément à prendre en compte, même en temps de pandémie.*” Meisner et al., (December 12<sup>th</sup>, 2020). La nécessité des approches interdisciplinaires et collaboratives pour évaluer l’impact de la COVID-19 sur les personnes âgées et le vieillissement, Joint statement from Canadian Association of Gerontology and The Canadian Journal of Aging.

Translation: [Our tendency [...] to see older people as vulnerable is challenged when we take notice of their points of view, creativity, and resilience, and when we take a more holistic view that recognizes that there is more than health to think about even during a pandemic.]

#### Gain:

- ☛ “*Canadian older adults are highly diverse, and generally healthy, engaged and active...*” Wister, A., & Speechley, M. (September 9<sup>th</sup>, 2020). COVID-19: Pandemic Risk, Resilience and Possibilities for Aging Research. Canadian Journal on Aging.

## **Are there references to older adults' contribution (s) to society?: Academic**

Of the 10 academic papers analyzed, only three spoke to the contributions of older populations, but in a vague manner:

- ☛ *“What can we learn – both positive and negative – from societies with large proportions of older persons, such as Italy and Japan?”* (Wister, A., & Speechley, M. (September 9<sup>th</sup>, 2020). COVID-19: Pandemic Risk, Resilience and Possibilities for Aging Research. Canadian Journal on Aging / La Revue Canadienne du Vieillissement.

Of particular interest is one paper that indicated that older workers<sup>9</sup> had an easier time transitioning to a virtual context compared to younger ones because of their experience:

- ☛ *“Maybe - older practitioners actually had an easier time than younger ones transitioning to online therapy sessions”* (Békés, V., Doorn, K.A., Prout, T.A, & Hoffman, L. (June 26<sup>th</sup>, 2020). Stretching the Analytic Frame: Analytic Therapists' Experiences With Remote Therapy During COVID-19.

Corporate memory or experience among a workforce is an asset that can support continuity of operations in a disaster. Adapting or transitioning easily is an example of a strength that contributes to organizational resilience. The above quotation about ease in transitioning to online settings is interesting as it counteracts one of the most prevalent stereotypes: that older workers cannot adapt to new technologies.

## **Are challenges or potential costs posed by aging or older adults mentioned: Academic**

Six of the 10 academic papers did not refer to challenges or potential costs posed by aging or older adults. The four remaining papers did focus on the burden on health care (physical and mental) generated by an aging population, as illustrated below:

- ☛ *“Yet, most of the funding for health care, including for long-term care public facilities, come from the provinces, which are increasingly struggling to finance health care costs in a context of accelerated population aging...”* (Béland, D. & Marier, P. (July 1<sup>st</sup>, 2020). Covid-19 and Long Term Care Policy for Older People in Canada. Journal of Aging & Social Policy.

## **How are older adults being positioned in regards to other groups: Academic**

In seven out of 10 papers, scholars discussed and criticized the tendency, in popular discourse (especially on social media), to associate and compare older generations to younger generations. They argued that making COVID-19 mainly a “seniors problem” paved the way and legitimized discriminatory attitudes from younger to older generations. In the following quotation, authors criticize expressions of hostile and intragenerational ageism in the context of the pandemic:

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<sup>9</sup> Literature shows that older workers are facing obstacles in terms of hiring, participation and retention in the workforce that are correlated to ageist attitudes.

- “Although COVID-19 knows no borders, physical or social, it has clearly become an aging-related disease. On the one hand, gerontologists have already become important contributors to COVID-19 knowledge, practice and research. On the other hand, there is a backlash of younger and working populations, fed by media and political hype, who believe that they are less susceptible, and if they do become infected, the symptoms will be less serious than for older populations. [...] Some of these views have been articulated as part of the “ok boomer” movement, which has pitted younger and older generations against each other. Other individuals and groups have expressed the view that the COVID-19 pandemic is largely a “seniors problem” and as such should not shut down the economy and society to the level that has occurred. Some politicians have even gone so far as to suggest that older people ought to consider sacrificing themselves for the health of others, including that of the economy.” Wister, A., & Speechley, M. (September 1<sup>st</sup>, 2020). COVID-19: Pandemic Risk, Resilience and Possibilities for Aging Research. Canadian Journal on Aging / La Revue Canadienne Du Vieillissement.

### **What is the role of older adults during the pandemic (victims; fighters; neither; both): Academic**

Similar to the media discourse reviewed, but to a lesser extent, five out of 10 academic papers presented older adults as victims during the pandemic, here again reinforcing the perception of older adults as being “the most vulnerable”. Of the other five academic papers, three offered a more balanced view and two presented older adults in neither of these roles (not victims or fighters).

#### Victims:

- “Nursing homes have become “ground zero” for the coronavirus disease 2019 (COVID-19) epidemic in North America.<sup>1</sup> In both the United States and Canada, the first recorded COVID-19 deaths and outbreaks occurred in nursing homes, with case fatality rates in these settings reported to be as high as 33.7%.<sup>2</sup> Since that time, more than 25,000 nursing home residents have died of COVID-19 in the United States, whereas more than 80% of all COVID-19 deaths in Canada are among nursing home residents.” (Stall, N. M., Farquharson, C., Fan-Lun, C., Wiesenfeld, L., Loftus, C. A., Kain, D., Johnstone, J., McCreight, L., Goldman, R. D., & Mahtani, R. (July 1<sup>st</sup>, 2020). A hospital partnership with a nursing home experiencing a COVID-19 outbreak: Description of a multiphase emergency response in Toronto, Canada. Journal of the American Geriatrics Society.
- “The differential mortality risks suggest that this is largely a “gero-pandemic,” which has brought the field of aging into center-stage, in both pathogenic and salutogenic contexts.” Wister, A., & Speechley, M. (September 1<sup>st</sup>, 2020). COVID-19: Pandemic Risk, Resilience and Possibilities for Aging Research. Canadian Journal on Aging / La Revue Canadienne Du Vieillissement.

#### Both:

- “ La COVID-19 n’est pas une maladie équitable. Bien entendu, les personnes âgées, handicapées et celles souffrant de problèmes de santé sous-jacents sont plus à risque de souffrir de formes plus graves de COVID-19.” [...] “Nous avons tendance à considérer les personnes âgées comme des personnes vulnérables. Cependant, cette perspective est remise

*en question lorsque nous tenons compte de leurs points de vue, de leur créativité et de leur résilience, et lorsque nous adoptons une optique plus globale, en fonction de laquelle la santé n'est pas le seul élément à prendre en compte, même en temps de pandémie." Meisner et al., (December 12<sup>th</sup>, 2020). La nécessité des approches interdisciplinaires et collaboratives pour évaluer l'impact de la COVID-19 sur les personnes âgées et le vieillissement, Joint statement from Canadian Association of Gerontology and The Canadian Journal of Aging.*

Translation: [*"COVID-19 is not an equitable disease. Of course, older people, people with disabilities, and people with underlying health conditions are at higher risk of contracting more serious forms of COVID-19." "Our tendency [...] to see older people as vulnerable is challenged when we take notice of their points of view, creativity, and resilience, and when we take a more holistic view that recognizes that there is more than health to think about even during a pandemic."*]

### **Domain categorization (Employment; Health and Health Care; Social Inclusion; Safety and Security): Academic**

In the 10 academic papers examined, the domains most represented in the articles throughout the time periods covered were Health Care (n=4) and Social Inclusion (n=4), followed by Employment (n=1), and Safety and Security (n=1).

### **Are Indigenous Elders mentioned: Academic**

Only one paper out of 10 called for more research with Indigenous older adults, especially in reference to their needs, and assessment of these needs. The following quotation is from that paper:

- *"En cette période de crise associée à la COVID-19, il est essentiel que les chercheurs mènent des travaux sur le vieillissement qui tiennent compte des populations autochtones et des autres populations sous-représentées, des facteurs socio-économiques et culturels, de l'accès équitable aux ressources du système de santé et de l'engagement des patients spécialement lorsque ceci concerne les personnes âgées." (Rylett, R. J., Alary, F., Goldberg, J., Rogers, S., & Versteegh, P. (December 12<sup>th</sup>, 2020)). La COVID-19 et les priorités de recherche sur le vieillissement. Canadian Journal on Aging / La Revue Canadienne Du Vieillissement.*

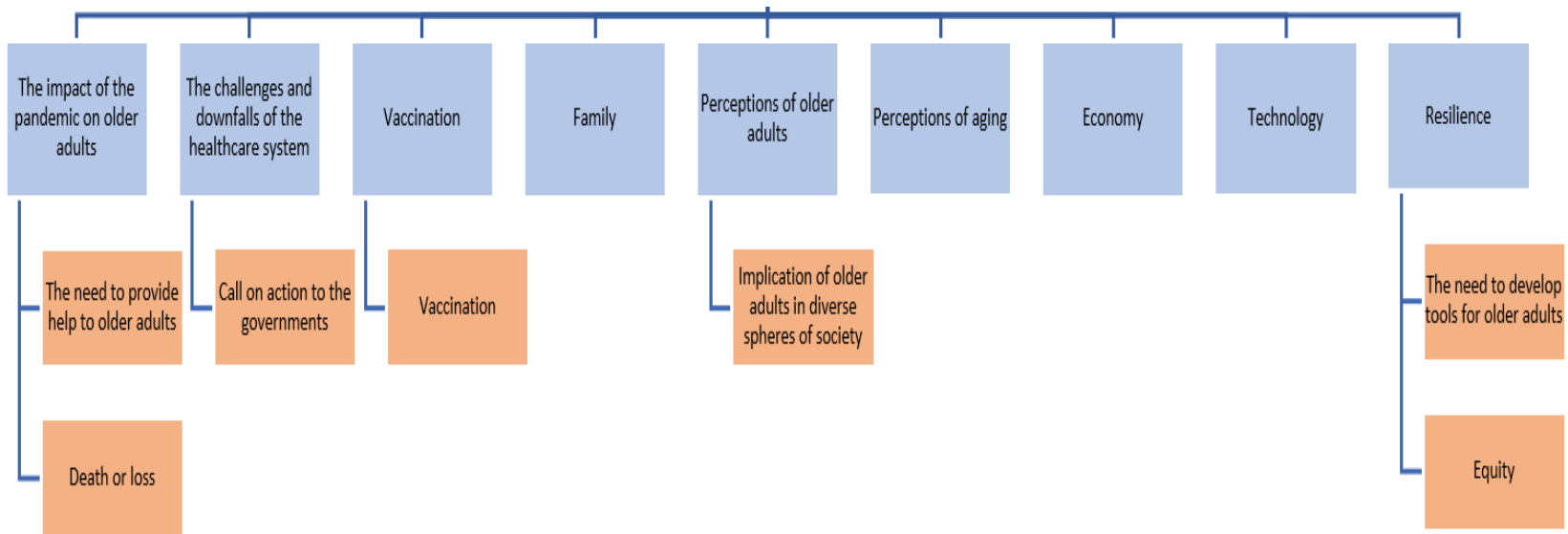
Translation: [*"It is crucial during this COVID-19 crisis for investigators carrying out research on aging to consider Indigenous and other under-represented populations, socio-economic and cultural factors, equitable access to health system resources, and patient engagement, particularly as these factors relate to older adults."*]

### 4.3 The Older Adult (Associations of Older Adults) Discourse (n=20)

#### **Main themes: Older Adult**

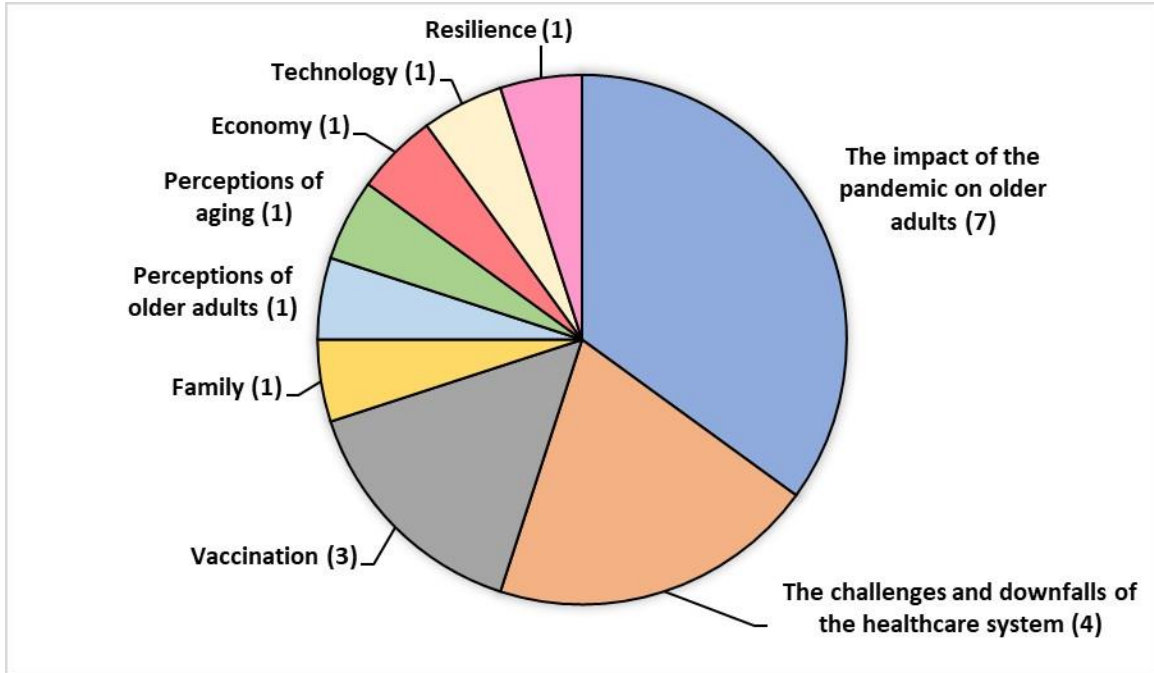
The analysis of 20 documents authored by older adults revealed two main themes focused on the negative impact of the pandemic on older adults (n=7) and the downfalls of the health care system – especially as it relates to long term care (n=4). It is important to note that the impact of the pandemic is discussed in regards to different groups of older adults (e.g., childless older adults, LGBTQ seniors) and, as such, offers a more diverse and heterogeneous analysis of the impact, one that was not reflected in the media or in the academic documents. Other themes were spread equally, as illustrated in Figure 8.

Figure 7 depicts the main themes and subthemes for the older adult discourse. The main themes are shown in blue, with subthemes shown underneath in orange.



**Figure 7.** Themes and subthemes from the older adult discourse



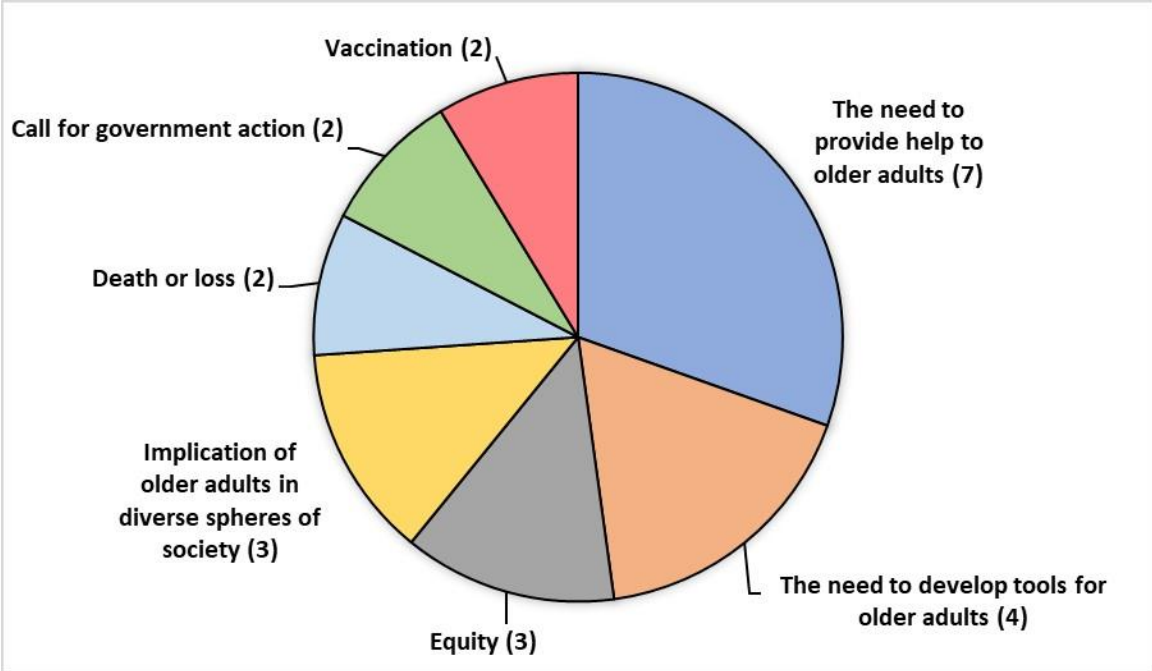


**Figure 8.** Older adult discourse themes

### **Subthemes: The Older Adults**

Seven subthemes were identified in the older adults analysis. The need to provide help and develop tools to support older adults during the pandemic were the most prevalent subthemes<sup>10</sup>. Other subthemes are illustrated in Figure 9 below.

<sup>10</sup> Please note that up to two subthemes were coded per article.



**Figure 9.** Older adult discourse subthemes

## Main arguments: Older Adults

Similar to the media discourse, the main arguments sustained in the older adults' documents related to the vulnerability of older adults and the call to action from governments and civil society (nine articles out of 20). However, older adults offered a more nuanced argument in that they also focused on the resilience of older adults and provided a more positive view of the process of aging. Moreover, this positive framing of aging targeted independent older adults.

## Is ageism being discussed or criticized as an issue (in an implicit or explicit way): Older Adults

Eight articles out of 20 written by older adults or their associations criticized ageism as an issue. Ageism was often discussed along with other forms of discrimination, such as racism. When ageism was criticized, it primarily focused on healthy older adults living independently within their own communities, not older adults who are residents of long term care homes or similar communal care facilities.

- ④ *“Le Réseau FADOQ souhaite sincèrement que 2020 changera à jamais la façon dont on considère les aînés dans la société. J'en appelle à la compassion et au sens du respect des Québécois. Chérissons les aînés. Soyons bienveillants. Mais forçons aussi la main des gouvernements qui négligent d'accorder à de trop nombreux aînés des revenus minimalement décentes.”* (Gisèle Tassé-Goodman, Réseau FADOQ, December 8, 2020, La Presse).

Translation: [*The Réseau FADOQ<sup>11</sup> sincerely hopes that 2020 will forever change how older adults are viewed in society. I call on the compassion and respect of all Quebecers. Let's cherish our seniors. Let's remember to be kind. But let's also force the hand of governments that often fail to provide too many seniors with minimally decent incomes.*]

- ④ *“Tout ça pour des vieux blancs malades. Ce monsieur semble ignorer qu'aux États-Unis, une très forte proportion des personnes touchées sont des Noirs, surtout des vieux sans doute, ayant de fortes préconditions découlant essentiellement de la ségrégation raciale, c'est-à-dire du racisme. Et bien sûr, l'âgisme et le mercantilisme sont les pierres d'assise du raisonnement de M. Le Boucher.”* (Simone Landry, retired professor, May 23rd, 2020, Le Devoir)

Translation: [*All this for sick old white people. This gentleman seems to be unaware that in the United States, a very high proportion of people with COVID-19 are blacks, presumably most of them seniors, with serious preconditions stemming essentially from racial segregation, i.e. racism. And of course, ageism and commercialism are the cornerstones of Mr. Le Boucher's reasoning.*]

- ④ *“La pensée a besoin de petites cases pour classer les gens. Une fois classés, tout devient plus simple. On est un boomer, un millénial ou autre chose et nous sont associées certaines valeurs, certains défauts typiques de cette catégorie (ou qu'on leur prête sans analyse trop approfondie).”* (Pierre Cliche, May 30th, 2020, Opinion, La Presse).

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<sup>11</sup> The Réseau FADOQ is the largest seniors' organization in Canada and is based in Quebec.

Translation: [*Thought needs to categorize people into little boxes. Once people are categorized, everything becomes easier. We're a boomer or a millennial or anything else, and some typical values and flaws are associated with each category (or the way each category is perceived, without in-depth analysis.)*]

### **Does the document contribute to ageism, i.e., reflects ageist attitudes (implicitly or explicitly): Older Adults**

There were six articles out of 20 that used language or ideas that could be interpreted as contributing to ageism. The analysis revealed the presence of self-ageism, indicating that older adults have integrated existing negative stereotypes based on age (for example, the presumed non-productivity of older adults).

- ② “Dear editor, When the vaccine for COVID-19 rolls out, it should not start with us old folk.” [...] “We old folk are not productive members of society and can shelter at home if concerned.” (Ian Kimm, December 3<sup>rd</sup>, 2020, BC Local News).

### **Are there references to specific chronological age (or age range): Older Adults**

There was great variety in references to age ranging from 50+ to 85+. The most frequent age categories were either 65+ (n=3) or 70+ (n=2):

- ② “High-dose flu vaccines are covered for all older adults over 65 years of age, but only through a physician or via public health.” (Canadian Association for Retired Persons, CARP, April 2<sup>nd</sup>, 2020).

Interestingly, a survey conducted by Age-Well (a Canadian technology and aging network), referred to adults in their 80s as fully capable of using technologies.

- ② “Olive Bryanton, 83 ans, de Hampshire à l’Île-du-Prince-Édouard, n’imagine pas la vie pendant la pandémie de COVID-19 sans technologie.” (Age-Well, September 29<sup>th</sup>, 2020; survey was also reported by the Canadian Association for Retired Persons, CARP on April 2<sup>nd</sup>, 2020).

Translation: [*Olive Bryanton, 83, of Hampshire, Prince Edward Island, can't imagine life during the COVID-19 pandemic without technology.*]

### **How is aging – as a process – described or referred to (loss; gain; both; neither): Older Adults**

Eleven out of 20 articles written by older adults or their associations described aging in terms of loss, with references to older adults as the most vulnerable population to COVID-19. Some of these articles reflected self-ageism whereby older adults seemed to identify with and accept negative age-based stereotypes. On the other hand, a total of six articles offered a more balanced view of the aging process, describing it either in terms of gains (n=3) or both in terms of losses and gains (n=3). The following are examples of framing aging as a loss, followed by an example of a gain.

- ② *Loss: “I will probably have died or become too feeble to take. While I wait for a successful COVID-19 vaccine to be found, I find myself becoming an angry, bitter old lady.” (Mary Moir, 82 years old; October 23<sup>rd</sup>, 2020, Brantton News).*
- ② *Gain: “Learn to use facetime or skype on your phone or computer so you can watch a show or a movie on one while video chatting on the other, simultaneously.” (Canadian Associations for Retired Persons, CARP, April 2<sup>nd</sup>, 2020).*

### **Are there references to older adults’ contribution (s) to society?: Older Adults**

Of the 20 papers analyzed, four clearly illustrated older adults calling for governments to acknowledge what they contribute or bring to society. The following quotation is an example of such framing :

- ② *“ Je veux bien que l'on fasse de nous des sages ou des bâtisseurs, mais je préférerais qu'on nous considère comme des citoyens actifs, participant encore de plein droit au développement de la société et capables d'assumer leur part du fardeau collectif.” (Pierre Cliche, May 30<sup>th</sup>, 2020, La Presse)*

Translation: [ *I don't mind us being turned into elders or builders, but I would prefer us to be perceived as active citizens who are still full participants in the development of society and able to bear their share of the collective burden.*]

### **Are challenges or potential costs posed by aging or older adults mentioned: Older Adults**

The analysis revealed that out of 20 articles, four focused on the costs and challenges posed by an aging population, precisely on the increased economic costs and/or burden of an aging society on the health care system. The remaining 16 articles did not discuss the potential challenges or costs posed by aging.

### **How are older adults being positioned in regards to other groups: Older Adults**

In these documents, older adults were positioned in relation to other age groups, by older adults themselves. Of the 20 articles analyzed, eight positively positioned older adults in relation to other groups, two did so in a negative manner, while the question was not applicable in 10 of the articles. The following quotations are examples where older adults were positively compared to younger age groups:

- ② *“En ce qui concerne les médias sociaux, si populaires auprès des jeunes, ils sont également très utilisés par les personnes âgées.” (Le Réseau de Centres d’excellence, AGE-WELL, Prince Edward Island, September 29th, 2020)*

Translation: [ *Social media, which is so popular with young people, is also widely used by older adults.*]

- ② *“Some older adults can manage the stress related to Covid-19 better than younger adults. Their life experience enhances the ability to put difficult times into perspective.” (Alberta Council on Aging, Newsletter Summer 2020 Edition)*

**What is the role of older adults during the pandemic (victims; fighters; neither; both):  
Older Adults**

Similar to the media discourse, it was common for older adults to focus on their role as victims (11 out of 20). Five articles offered a more balanced view; two articles did not present older adults as victims nor fighters. Two articles presented older adults as fighters.

**Domain categorization (Employment; Health and Health Care; Social Inclusion; Safety and Security): Older Adults**

Health and health care (n=8) were the domains most frequently discussed among the 20 articles, followed by Safety and Security (n=7), Equity and Inclusion (n=4) and Employment (n=1).

**Are Indigenous Elders mentioned: Older Adults**

None of the 20 articles discussed aging in relations to Indigenous elders or Indigenous communities.

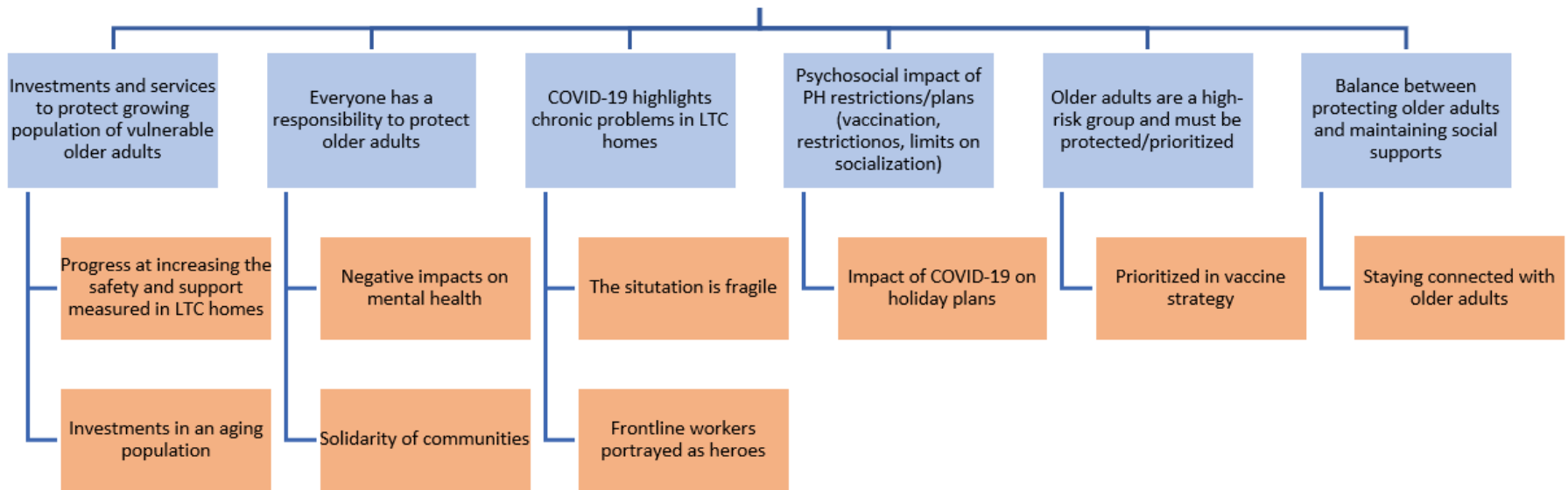
## 4.4 Government Communication Discourse (n=60)

This section of the analysis is divided into two main sections: press briefings and ministry/department communications. The findings for the press briefings are presented first, in full, followed by the findings for the ministry/department communications. The analyses are based on 60 government communications, including 32 press briefings and 28 ministry/department communications. All Canadian provinces and territories, and the federal government, are represented in this part of the dataset.

### 4.4.1 Press Briefings (n=32)

#### **Main Themes: Press Briefings**

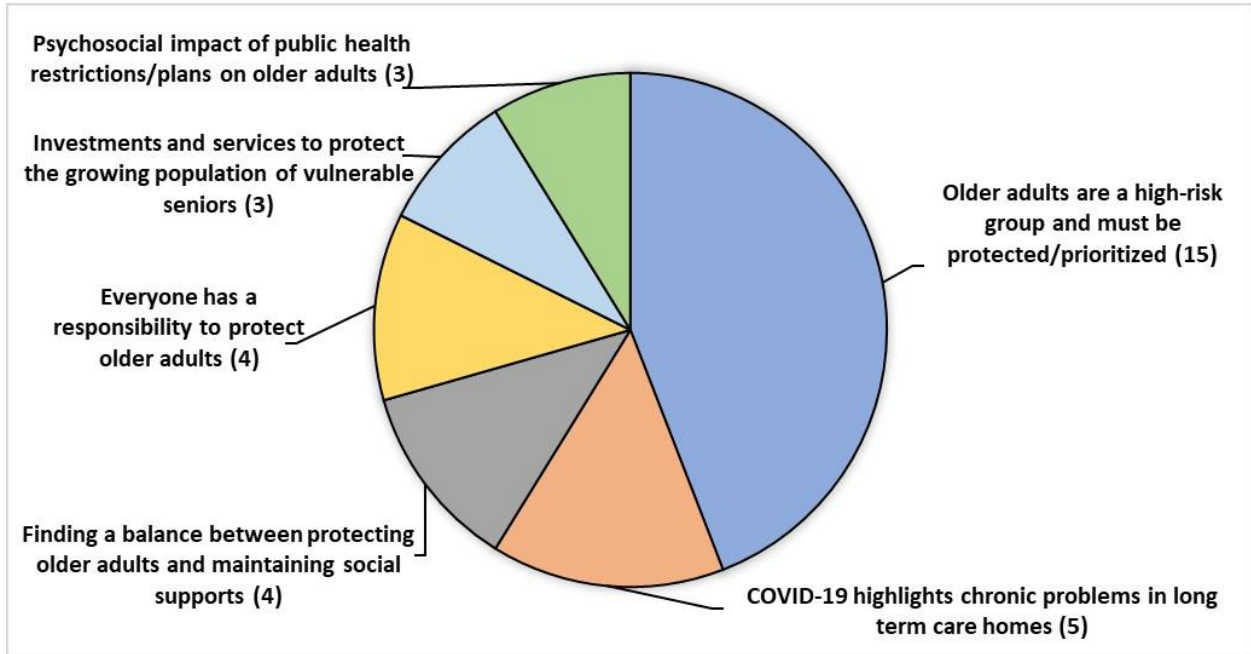
The analysis of 32 press briefings revealed six main themes and nine subthemes. Figure 10 depicts the main themes and subthemes for the press briefings. The main themes are shown in blue, with subthemes shown underneath in orange.



**Figure 10.** Themes and Subthemes from the Press Briefings



Main themes are shown in Figure 11 below. The most salient theme, which appeared in 15 press briefings, was the presentation of older adults as a high-risk group which must be protected and prioritized. Other main themes are presented in Figure 11.



**Figure 11.** Press briefing discourse themes

### Subthemes: Press Briefings

Nine subthemes were identified in the analysis of the press briefings. The predominant subtheme, which appeared in 16 (of the 32) press briefings, was the focus on the fragility of the situation in long term care homes. The other subthemes are illustrated in Figure 12.

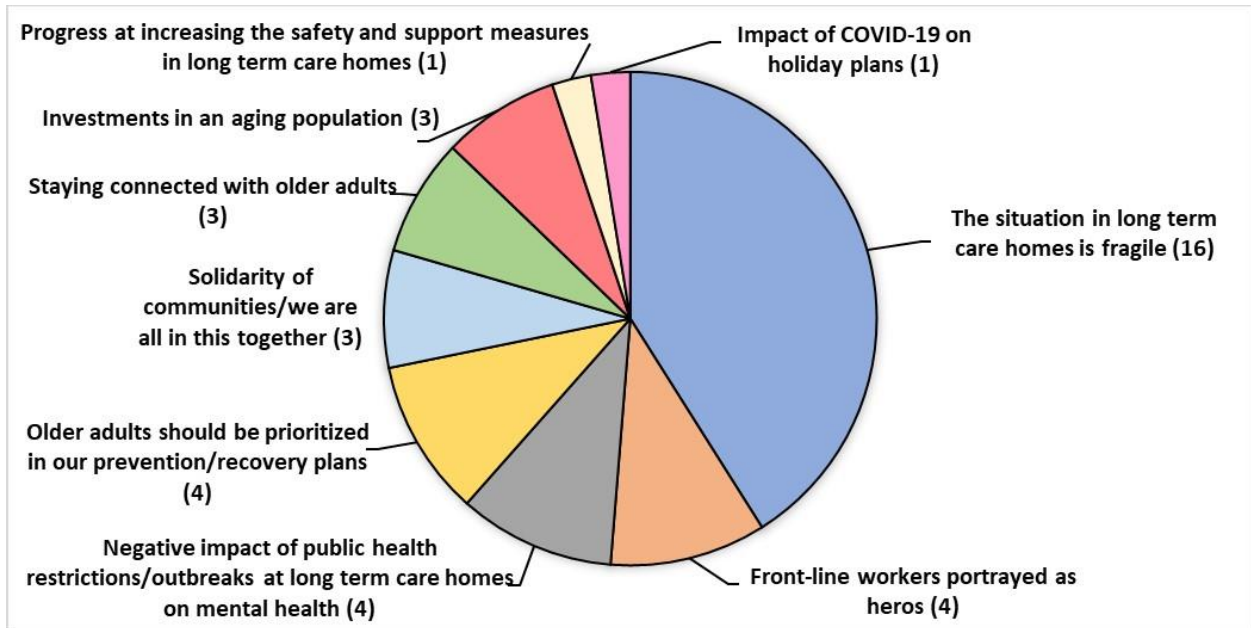


Figure 12. Press briefing discourse subthemes

## Main arguments: Press Briefings

The bulleted list below shows the main arguments identified through the analysis of the 32 press briefings. Two arguments stood out from the others, as they were evident in the majority of the press briefings. The first is the need to protect and prioritize older adults who are vulnerable. The second is the need for a careful and cautious approach to ensure safety and quality of life in long term care. Other main arguments in the press briefings are detailed in the list below.

- Need to protect and prioritize older adults who are vulnerable: 15
- Careful and cautious approach to ensure safety and quality of life (visitation, social support, testing) in long-term care homes: 9
- We all need to follow public health guidelines (i.e., reducing social contact with older adults) and adjust to changes: 3
- We are all responsible for protecting older adults who are vulnerable: 2
- We need to make investments in the long-term care sector and programs to meet the needs of older adults: 2
- Older adults should be celebrated for the ways that they contribute to our society: 1

## Is ageism being discussed or criticized as an issue (in an implicit or explicit way): Press Briefings


The analysis revealed ageism was criticized as an issue implicitly in six of the 32 press briefings. The first two quotations below are examples of this implicit discussion indicating long term care is failing to meet basic standards. The third and fourth quotations set out below are related to calls for change.

### Implicit:


- 🗣️ *“Are you going to bring back the idea of having a national standard in [LTC] facilities?” ... “No Canadian wants to see their loved ones not well-cared for. I don't think [...] some of the regions should offer better or worse protection to elders than others and now is the time to have conversations between the federal government and the provinces on establishing norms for long term care across the country so that all Canadians can be reassured we will take care of elders who deserve the very best from all of us.”*
- 🗣️ *“We have two new healthcare outbreaks as well at the [LTC home] and [LTC home] and two which are not over, including at the [LTC home]. We know how challenging that outbreak has been and we want to do everything we can to make sure that never happens again.”*
- 🗣️ *“25 million dollars to community groups that deliver mental health and addiction recovery services, many of these groups specialize in helping people with unique needs in our society including seniors, homeless families and Indigenous people and others who may be suffering due to the pandemic and the economic crisis.”*
- 🗣️ *“We've seen over the past many months far too many terrible tragedies in seniors' residences. We need to do better.”*

## Does the document contribute to ageism, i.e., reflects ageist attitudes (implicitly or explicitly): Press Briefings


In the press briefings, there were three implicit examples of discourse that contributes to ageism (or reflects ageist attitudes). In the first example, the discourse suggests that if society does not protect older adults, they will become a burden and take away the capacity of the system to care for others later. The implication is that protecting older adults now will prevent further burden on our healthcare system.

 *“Our only protection from COVID-19 is each other and we all share the responsibility of protecting our communities and our fellow [citizens]. The second reason that this approach is not right for [this province] is that death from COVID-19 is not the only severe outcome in [this province] over the past 6 months. One in every 67 people between the ages of 20 and 39 diagnosed with COVID has needed hospital care. That rises to 1 in 18 for those aged 40 to 69 and 1 in 4 for those aged 70 and over. If we let the virus spread freely our health system could be overloaded and caring for other patients which would challenge our ability to provide all the other health services that we need. Babies are still being born, car crashes are still occurring and our health system still must support [citizens] in countless other ways.”*

The discourse in the second example emphasizes protecting older adults, which implies that this age group is homogenous and needs protecting; it does not acknowledge that older adults have assets that support resilience.

 *“The elderly, particularly those with underlying health conditions, are at grave risk from the COVID-19 virus,” [they] said. “We will maintain our vigilance on their behalf.”*

In the third example, the speaker differentiates between ‘being healthy’ (and therefore not at risk) and ‘others’ who live with functional limitations due to health conditions. This is an example of both ‘othering’ and ‘ableism’, and reflects a deficit-oriented attitude<sup>12</sup> toward others who are in the same age category, based on their functional ability.

 *“When you look at the 216 deaths that we’ve had up until now, 90 percent of the people were 70 years of age and over and 9% were between 60 and 69 years of age. That means that 99% of those deaths are people of 60 years of age and over, so that does mean on the one hand that it’s reassuring for the younger people, but obviously it also shows us where we have to put our attention, that is we have to put our attention on the older people. I include myself in that because I’m 62 and, however that is good news, that’s what I’m being told. Those people who die between 60 and 69 years of age, almost all of those people had chronic illnesses so that means that if you are in good health as I am, between 60 and 69 years of age there’s no reason to worry.”*

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<sup>12</sup> In the context of this study, a deficit-oriented attitude reflects some older adults viewing their aging process as “successful” because of their lack of health conditions or functional limitations, leading as such to a polarization between those who age “successfully” and those who cannot, ultimately creating intragenerational ageism.

### Are there references to specific chronological age (or age range): Press Briefings

Of the 32 press briefings we reviewed, 11 made references to specific age groups. The following table shows the age groups used.

**Table 3.** Age reference by number of press briefings

Reference to age	# press briefings
60 and over	5
65 and over	1
In the 70s	1
70 and over	3
80 and over	1

### How is aging – as a process – described or referred to (loss; gain; both; neither): Press Briefings

Within the press briefings analyzed, the aging process was described in different ways. The majority of the press briefings (25 out of 32) framed aging in terms of loss only, with references to older adults as having many health risks and needing protection. Six press briefings used neither the loss nor gain frames to describe the aging process, one referred to both losses and gains, and none of the press briefings referred to the aging process solely in terms of gains. Two examples below show how aging is framed primarily in terms of loss.

- 📄 *“We're facing an ageing population - a population that has more needs and more requirements and we're really just at the very very beginning of an ageing population which will go on for a number of decades so we are looking at how we can reform long term care.”*
- 📄 *“We'll take into consideration also the age of the population, as I said before 99% of the deaths we had already are all people over 60 years old, so of course it's different when you talk about being close to somebody older and somebody younger. So it's all the kind of discussion we hope soon to be able to present a plan of reopening with different sectors.”*

### Are there references to older adults' contribution (s) to society: Press Briefings

In the analysis of the 32 press briefings, older adults were mostly viewed through a deficit-lens, with few (n=4) acknowledgements of their contributions to society. In the press briefings where there was an acknowledgement of the contributions of older adults, these acknowledgements often referred to past contributions made when people were younger, as exemplified in the first quotation below. The second and third quotations provided are examples of acknowledgement of general or current contributions of older adults (not time-stamped to the past). Instances where the positive contributions of Indigenous Elders were acknowledged were most often in press briefings from the Territories.

- 📄 *“Every Canadian deserves to be safe and that includes the seniors who helped build this country.”*

“Elders in our communities are such an essential part of our rural and urban communities as well, but also in the bigger facilities that we do have in [this city]. Making sure they are protected and feel safe which is an extremely important part of eldercare.”

“Older [citizens] are leaders in the province. They are business owners and entrepreneurs, volunteers, mentors, caregivers and have a wealth of knowledge and expertise to share with other generations.” [...] “Older [citizens] are the backbone of our communities and make valuable contributions through their work, interests and volunteerism.”

### **Are challenges or potential costs posed by aging or older adults mentioned: Press Briefings**

Of the 32 press briefings reviewed, 16 referenced the challenges or potential costs of an aging population. The quotations below show examples of how the press briefings referenced monetary costs for housing and personal protective equipment or resources, a shared responsibility for protecting older adults, and necessary expenses.

“COVID-19 is obviously unbelievably harmful, potentially harmful to people living in long-term care, so we have to continue in a methodical and safe way to take the actions required. It's why we invested \$165.4 million in our single site proposal to keep people safe, it's why we integrated long-term care home in our PPE supply chains before anyone else did in Canada, why we have dramatically increased infection control and invested \$160 million now in attracting more staff to long-term care, all of this will help us over the next year and potentially longer as we deal with these situations.”

“We've seen over the past many months far too many terrible tragedies in seniors' residences. We need to do better. Through the safe restart agreement, the federal government has already provided \$740 million to help provinces and territories address the immediate needs of vulnerable populations like those in long-term care and this week. Deputy PM Freeland presented the fall economic statement in which we are committing up to \$1 billion for a safe, long-term care fund. This fund will help provinces and territories and carry out infection prevention, improve ventilation and hire staff or top-up existing employees' wages. We are ready to keep doing our part of seniors and for all Canadians.”

“Even if we could perfect protections in place for those who live in congregate settings like long-term care while letting the virus spread freely elsewhere, we cannot simply dictate where and how the virus will spread. The more community transmission that we see the greater the risk of it spreading to older and at-risk [citizens]. In [this province], about 30 percent of those over 80 who have been diagnosed with COVID-19 and who live in long-term care have died. For those over 80 living in the community it is a bit lower but still very high. The lives of people with chronic conditions and our elders are very important.”

“Donc pour aller voir exactement si la situation est sous contrôle il faut revenir sur la situation dans les CHSLD et les résidences pour aînés de façon générale. D'abord c'est important de se rappeler qu'avant même la crise, depuis des années, on avait des pénuries de personnel dans les résidences pour aînés. On avait, je pense, peut-être le problème le plus important sur un problème de salaires donc on n'arrive pas même si on a affiché beaucoup de postes à combler les postes c'est encore plus difficile dans certaines résidences privées qui



*payent moins cher mais même dans un secteur public très difficile d'aller attirer tout le personnel.”*

Translation: [So, to see whether the situation is really under control, we need to review the situation in CHSLDs and seniors' residences as a whole. First of all, it is important to remember that, even before the crisis, seniors' residences had been short-staffed for many years. Perhaps the biggest problem was related to wages. Therefore, we were unable to hire, although we advertised many vacant positions. The situation is even worse in some private residences that pay less, but attracting staff is a challenge even for the public sector.]





### **How are older adults positioned in regards to other groups: Press Briefings**

The analysis examined how older adults are positioned in relation to other age groups. Of the 32 press briefings analyzed, 22 positioned older adults against younger generations, or made comparisons between them. The comparisons included positioning older adults as ‘at-risk or vulnerable’, younger populations as having responsibility for or towards older adults, and in some cases grouping older adults with children. The following quotations are examples from the articles that positioned older adults in relation to younger age groups.

- 📄 *“We know that people who are over the age of 80 are more likely to have severe illness or to die from COVID.”*
- 📄 *“This is just a reflection of high transmission rates in the community. No one intentionally wants to take COVID into these facilities but staff [and] visitors can unintentionally bring it in because you may not be symptomatic for up to 2 days before but you’re still infectious and with all the layers of protection most use and other layers, you may still inadvertently introduce COVID. So we really need to protect our most vulnerable, especially in long-term care facilities, personal care homes but also people living independently who are our parents and grandparents. Be extra cautious if you do need to visit to assist them with something.”*
- 📄 *“If there is a child that is living one or two in a home and they need help for example or an elderly family member that needs help, what we're asking you to do is to keep that help coming from one household.”*
- 📄 *“Because as soon as you contact someone with COVID-19 and you have it, you want to go home and hurt your children? I don't know anyone who wants to hurt their children or parents or grandparents.”*

### **What is the role of older adults during the pandemic (victims; fighters; neither; both): Press Briefings**

The discourse in the press briefings primarily presented older adults as victims in the pandemic (28 out of 32 press briefings), rather than fighters resisting impacts of the restrictions or the virus (n=0). One press briefing presented them as neither victims or fighters, and three presented them as both. The first three quotations below are examples of how older adults were presented as victims. The last quotation is an example of how they were given the roles of both victims and fighters, battling isolation but needing help from others.


-  “What I have heard sometimes suggested for COVID-19 is that because younger people are generally at low risk of experiencing severe outcomes, we should protect older [citizens] but otherwise let the virus spread as quickly and freely as possible so that we can build up a collective immunity to it. This suggestion however, does not take into account the drawbacks of this approach. It is true that COVID-19 is rarely fatal in young people in [this province], the risk of death for a person diagnosed with COVID-19 is about 18% for those over 70, less than half a percent for those between 40 and 69, and vanishingly small for those under the age of 40.”
-  “Our seniors, particularly vulnerable to the consequences of COVID-19.” [...] “Protect your parents, grandparents. Put an iron ring around the long-term care.”
-  “We want to get at the most vulnerable population and then get at the health workers across [the province] who really are vulnerable just in a different way. And in some cases, those two priorities are going to mesh somewhat because for example, when we go with the most vulnerable, and we go into a long term care facility to look after the residents there who have suffered so badly from this horrible, horrible epidemic, we are obviously not just going to do the residents that were there with the vaccination program, we are [going] to have [it] available for the people who work there, the personal care workers, the healthcare workers, and those essential visitors that are required to look after the people in those homes.”
-  “For the personal care homes, designated family caregivers will continue to have access to their loved ones. These are family members or loved ones who are directly involved in the care needs of the residents there. They will be screened and provided with PPE as appropriate which is our current situation, but general visitors and non essential services will now be suspended in the PCHS exceptions will exist for the end of life compassionate reasons and we understand how distressing this will be for many residents and their loved ones. We encourage virtual visits, phone calls and we must empathize that this is essential to protecting our most vulnerable population it's not forever but it's necessary right now in the hospitals.”

### **Domain Categorization (Employment; Health and Health Care; Social Inclusion; Safety and Security): Press Briefings**

In this analysis, there were references to two of the four domains. Health and health care were referred to in 29 of 32 press briefings. Social inclusion was referenced in three press briefings.

### **Are Indigenous Elders mentioned: Press Briefings**

As previously mentioned, press briefings from the Canadian territories most often referred to Indigenous Elders and their contributions to their communities. An example is provided below.

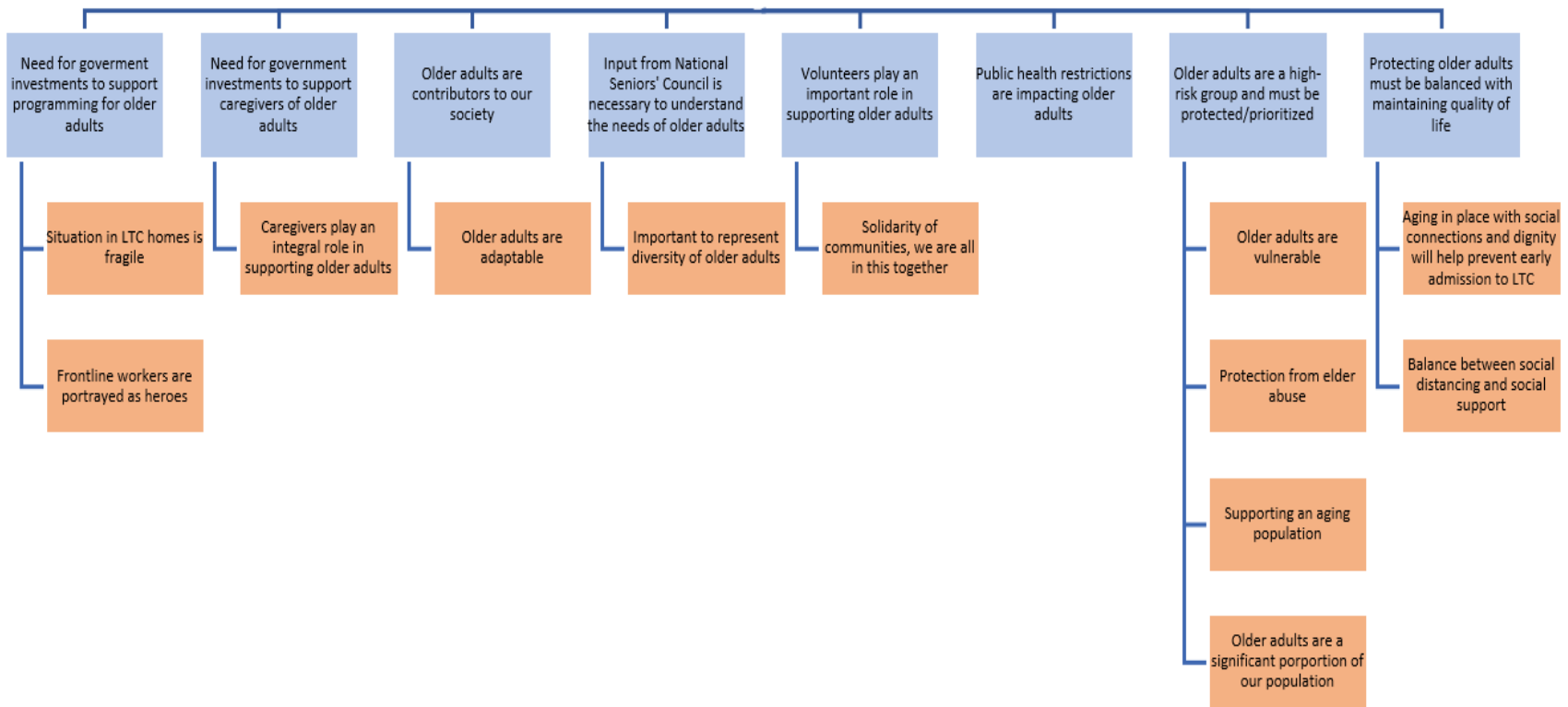
-  “Elders in our communities are such an essential part of our rural and urban communities as well, but also in the bigger facilities that we do have in [this city]. Making sure they are protected and feel safe which is an extremely important part of eldercare.”



#### **4.4.2 Ministry/Department Communications (n=28)**

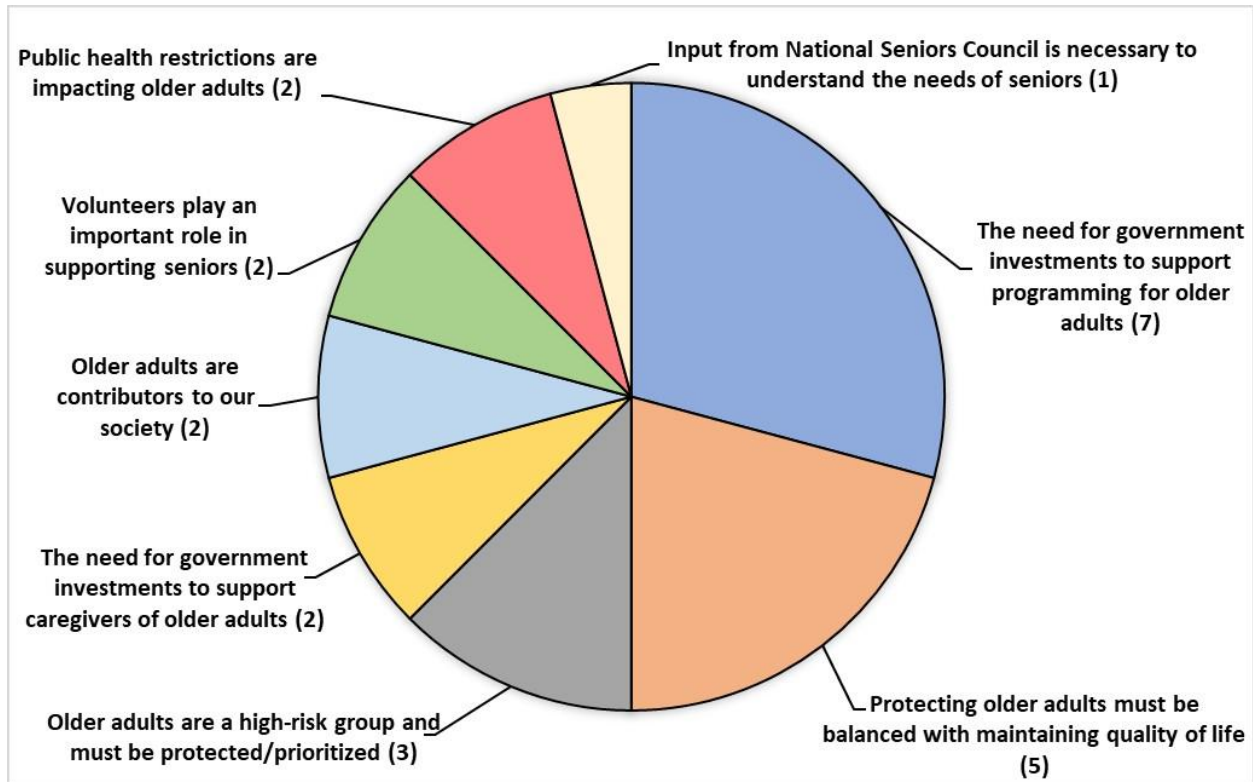
##### **Main themes: Ministry/Department Communications**

The 28 ministry/department communications analyzed included those generated by ministries, departments, and bureaucracies. Within this part of the dataset, eight main themes and 12 sub-themes emerged. Figure 13 shown below is a depiction of the main themes and subthemes for the ministry/department communications. The main themes are shown in blue, with subthemes underneath them in orange.



**Figure 13.** Themes and subthemes from the Ministry/Department Communications

The most salient theme in the ministry/department communications was the need for government investments to support programming for older adults. All main themes are listed in Figure 14.



**Figure 14.** Ministry/Department communications discourse themes

### Subthemes: Ministry/Department Communications

Twelve subthemes were identified in the analysis of the ministry/department communications. The predominant subtheme, which appeared in eight of the 28 ministry/department communications was that older adults are vulnerable. The other subthemes are illustrated in Figure 15.

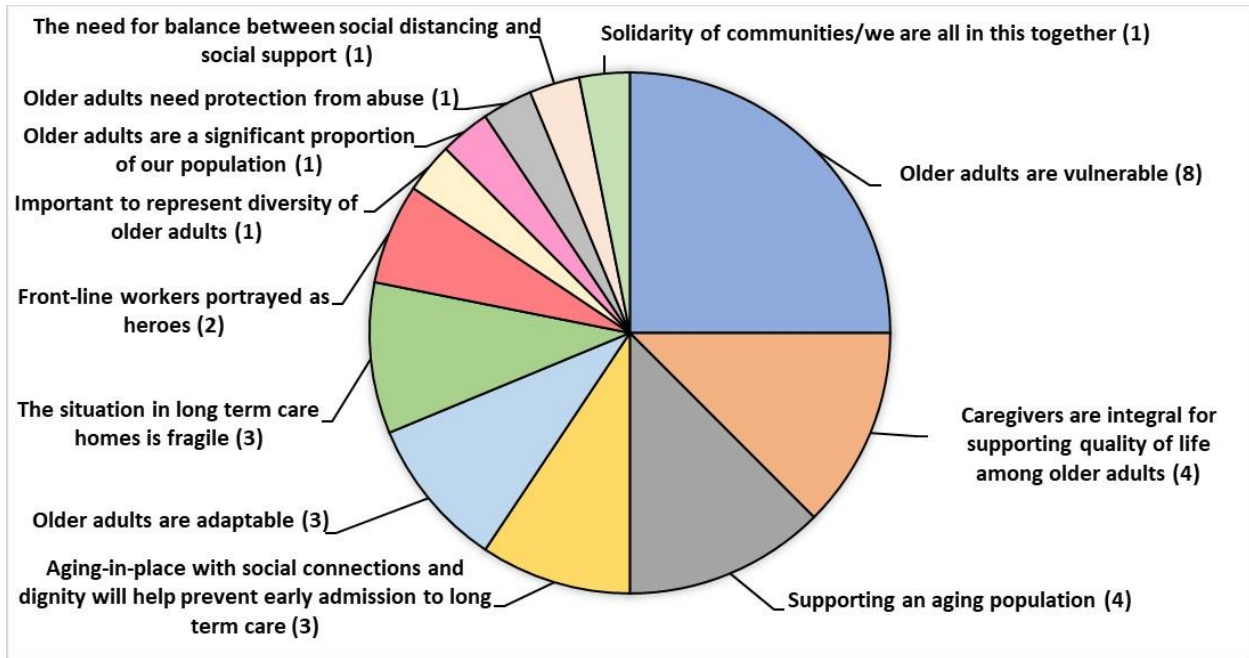


Figure 15. Ministry/Department communication discourse subthemes

## **Main arguments: Ministry/Department Communications**

Several main arguments were made in the 28 ministry/department communications. One argument that stood out from the others was the need for a careful and cautious approach to ensure safety and quality of life (visitation, social support, testing) in long-term care homes. This argument was made in nine ministry/department communications. The other main arguments are listed below.

- Careful and cautious approach to ensure safety and quality of life (visitation, social support, testing) in long-term care homes: 9
- Need to protect and prioritize older adults who are vulnerable: 5
- Need to make investments in the long-term care sector and programs to meet the needs of older adults: 5
- Caregivers are essential during COVID-19 and require more support: 2
- Need to create an inclusive society for our growing population of diverse seniors: 2
- We all need to follow the public health guidelines and adjust to changes: 2
- Older adults should be celebrated for the ways that they contribute to our society: 1
- Take action on engaging with older adults and key stakeholders to support the health and wellbeing of older adults: 1
- Importance of volunteers to support older adults: 1
- Provide education for families/caregivers on conditions affecting older adults (i.e., dementia): 1
- Aging in place with social connections and dignity: 1

## **Is ageism being discussed or criticized as an issue (in an implicit or explicit way): Ministry/Department Communications**

Ageism was criticized as an issue explicitly in one out of the 28 ministry/department communications reviewed. It was discussed in the context of preventing abuse during the pandemic.

- *“Another area of concern for seniors is protection from elder abuse. We continue to support and fund the efforts of the [territory’s] Seniors’ Society to raise awareness about this issue, deliver community public awareness workshops and lead the Network to Prevent Abuse of Older Adults. We are currently considering the possible need for changes in legislation or programs that will improve protection of seniors from abuse.”*

## **Does the document contribute to ageism, i.e., reflects ageist attitudes (implicitly or explicitly): Ministry/Department Communications**

While ministry/department communications did not explicitly reflect ageist attitudes, the focus on the vulnerability of older adults as well as aging mainly as a process of loss suggests the prevalence of implicit ageism in this discourse.

## **Are there references to specific chronological age (or age range): Ministry/Department Communications**

Of the 28 ministry/department communications reviewed, four made references to specific age groups. The following table shows the age groups used.

**Table 4.** Age reference by number of ministry/department communications

Reference to age	# ministry/department communications
50 and over	1
65 and over	2
70 and over	1

**How is aging – as a process – described or referred to (loss; gain; both; neither):  
Ministry/Department Communications**

Within the ministry/department communications analyzed, the aging process was described in different ways. Precisely, of the 28 documents, 15 framed aging in terms of loss, with references to older adults as having many health risks and needing protection, while 10 ministry/department communications were neutral in their description of the aging process. Two referred to the aging process in terms of gain and referred to both losses and gains.

The first two quotations below show examples of how aging is framed as a loss. The third quotation provides an example of how aging was framed as a gain. The fourth quotation is an example where both loss and gain frames were used.

Loss:

- iii *“Seniors are more at risk of developing severe complications from COVID-19 because of their age and underlying medical conditions. For seniors living together in facilities, there is an even greater risk of infection and transmission due to proximity.”*
- iii *“Having those strong networks of your longtime friends and family around you has impacts on your health as you age. Having the supports to age-in-place in your home community will improve the quality of life for seniors and may prevent early admission to long-term more-intensive care facilities.”*

Gain:

- iii *“Older [citizens] are leaders in the province. They are business owners and entrepreneurs, volunteers, mentors, caregivers and have a wealth of knowledge and expertise to share with other generations.”*

Both loss and gain:

- iii *“The aging population continues to make major contributions to society through volunteer work, transmitting their experience and knowledge, helping their families and participating in the workforce.”[...] “Public health measures also exacerbate challenges with isolation, leaving seniors and vulnerable adults isolated and at a greater risk of abuse or neglect.”*

**Are there references to older adults’ contribution (s) to society: Ministry/Department Communications**

In the analysis of the 28 ministry/department communications, there were 10 documents which included acknowledgements of older adults’ contributions to society. Some, for example, spoke

to the importance of giving back to older adults for the wisdom they have contributed throughout their lives. The quotations below illustrate some examples.

- 🗣️ *“Mr. Speaker, seniors are the bedrock of our lives. They have been there for us since the day we were born. They have given so much to us. Their knowledge, their guidance and their love. As such, we needed to take the time and use the necessary resources to ensure that these units were built to the best standard available. It is important that we give back to the ones that have given us so much.”*
- 🗣️ *“The aging population continues to make major contributions to society through volunteer work, transmitting their experience and knowledge, helping their families and participating in the workforce.”*
- 🗣️ *“Work has also begun on a program that will provide more opportunities for Indigenous residents of long-term care homes to participate in programming that honours and celebrates First Nations history, culture and traditional practices.”*
- 🗣️ *“Elders counselling will be working a modified schedule with volunteer/casual Elders on a case-by-case basis. Approvals will take into consideration the risk of exposure to the Elder or facility and will be in the secure visiting area.”*

### **Are challenges or potential costs posed by aging or older adults mentioned: Ministry/Department Communications**

Of the 28 ministry/department communications reviewed, 11 referenced the challenges or potential costs of an aging population, primarily as it relates to human resources, caregivers, and the necessity for these expenses. A few examples are provided below.

- 🗣️ *“We are here to help these incredible caregivers making sacrifices every day with emotional support, access to tools and resources, and to assist them to navigate our complex health system.”*
- 🗣️ *“Currently, close to \$90,000 in grant funding has been provided to 50+ clubs and seniors’ organizations throughout the province. Through this application-based program, seniors’ groups may apply for funding of up to \$2,000 each to organize and promote activities and programs that support social inclusion, healthy aging, mental wellness, and overall well-being.”*
- 🗣️ *“[Our province’s] senior population will almost double within 20 years, which will put increased pressure on the province’s long-term care system...Improvements to the long-term care system must be considered to meet the needs of our aging population.”*

### **How are older adults positioned in regards to other groups: Ministry/Department Communications**

Of the 28 ministry/department communications analyzed, four positioned older adults against younger generations, or made comparisons between them. The comparisons included positioning

older adults as needing protection. The following quotations are examples that positioned older adults in relation to younger age groups.

- 📄 *“All Canadians have a role to play in helping to protect seniors and medically vulnerable people, who are at greatest risk of severe health complications from COVID-19.”*
- 📄 *“[Our] most vulnerable families, seniors and youth will receive additional support for food, shelter, basic necessities and staying connected during the province’s response to the COVID-19 pandemic.”*

### **What is the role of older adults during the pandemic (victims; fighters; neither; both): Ministry/Department Communications**

The discourse in the ministry/department communications primarily presented older adults as victims (n=17), more so than fighters (n=1). Seven ministry/department communications presented them as neither victims or fighters, and three presented them as both. Some examples of these different roles are presented below.

#### Victims:

- 📄 *“Seniors and persons with a weakened immune system or underlying medical conditions are at a higher risk of developing complications from COVID-19. The Provincial Government is asking that seniors, persons with disabilities that may affect their immunity, and organizations serving both seniors and persons with disabilities consider ways to support social distancing.”*

#### Both fighters and victims:

- 📄 *“From delivering box lunches and treat baskets, to organizing socially distance hiking and bowling, to sending flowers and greeting cards, seniors’ groups have been finding creative ways to help keep seniors connected in spite of challenges related to COVID-19.”*
- 📄 *“Older adults continue to show their strength, especially in difficult times and their ability to adapt and lead.”*

#### Fighters:

- 📄 *“Elders counselling will be working a modified schedule with volunteer/casual Elders on a case-by-case basis. Approvals will take into consideration the risk of exposure to the Elder or facility and will be in the secure visiting area.”*

### **Domain Categorization (Employment; Health and Health Care; Social Inclusion; Safety and Security): Ministry/Department Communications**

In the ministry/department communications, there were references to all four domain categories: Employment (n=2), Health and health care (n=16), Social inclusion (n=9), and Safety and security (n=1).



### **Are Indigenous Elders mentioned: Ministry/Department Communications**

There was limited data specifically focused on Indigenous populations. However, similar to the press briefings, ministry/department communications from the territories made several references to the important roles of Elders, and the need to honour their contributions. Examples of this discourse include:

- iii *“Work has also begun on a program that will provide more opportunities for Indigenous residents of long-term care homes to participate in programming that honours and celebrates First Nations history, culture and traditional practices.”*
- iii *“Elders counselling will be working a modified schedule with volunteers/casual Elders on a case-by-case basis. Approvals will take into consideration the risk of exposure to the Elder or facility and will be in the secure visiting area.”*

## 5. Summary of Findings

Using a sample of 110 publications from four types of discourses (media, academic research, older adults, and government communications), this case study explored how ageism emerged in Canada during the COVID-19 pandemic. While the small sample on which the study is based does not allow generalizations of findings — nor does it allow comparisons across jurisdictions — results can be validated (or triangulated) across the different data sources.

### **Main findings across the four types of discourse (see Table 5):**

- Ageism was raised as an issue throughout the four types of discourses, in one of two ways, either contributing to ageism or criticizing ageism.
- Similar themes and arguments were made throughout the data sources regarding the neglect in long-term care and the values of caring and protecting older adults during the pandemic.
- Older adults were mainly perceived as “victims” during the pandemic (50 to 88 percent of the four discourse content).
- The aging process was described as a process of “loss” in more than half of the four discourse content, i.e. 54% to 78% of all documents.
- In general, older adults’ contributions to society were rarely acknowledged; 13 to 36 percent of documents across the four types of discourse, highlighted older adults’ contributions as workers, volunteers, and caregivers.
- Costs and challenges were more prominent than older adults’ contributions throughout the four types of discourse.
- Communication that referenced Indigenous Elders were some of the few examples where older adults’ contributions were recognized.
- Few documents gave a voice to older adults, i.e. they spoke on behalf of them but not with them. For example, the media rarely included excerpts of interviews with older adults.
- While the four domains of employment, health and healthcare, social inclusion, and safety and security were identified in all data sources, the most prominent domain was health and healthcare.

### **Similarities and differences across discourses:**

- Academics criticized ageism and recognized the negative impact of ageism on mental health, social isolation, and access to care, as well as its impact on other forms of discrimination (e.g., sexism and racism).

- Older adults (and associations of older adults) also criticized ageism and recognized its negative impact, however they mostly focused on healthy older adults who lived independently within their own homes/communities, not older adults residing in long term care.
- Ministry/department communications and older adults themselves were the least likely to associate aging with loss (at 54 percent and 55 percent, respectively).
- Academics and older adults shifted the “need to care” discourse to the “need to do more” for the older population by calling for action from governments and civil society. In other words, both groups went beyond criticizing ageism and called for solutions to end it.
- The importance of conducting more research with Indigenous Elders was underlined by academics.
- Press briefings and ministry/department communications from territories made reference to Indigenous Elders in a positive manner.

**Table 5.** Summary of main findings

<b>Data source</b>	<b>Media</b>	<b>Academic</b>	<b>Older Adult (OA)</b>	<b>Press Briefings</b>	<b>Ministry/Department Communications</b>
<b>Main theme</b>	Neglect in LTC	Care and health	Negative impact of the pandemic on OA	OA are high-risk group and must be protected	Need for government investments to support OA programming
<b>Main argument</b>	Need for better care of OA	Need to do better and do more for OA	Vulnerability and call for action	Need to protect and prioritize vulnerable OA	Need to ensure safety and quality of life in LTC
<b>Implicit/Explicit ageism</b>	1 explicit example of ageism; 4 implicit examples	4 explicitly <u>address</u> ageism	8 <u>criticized</u> existing ageism; 6 explicit examples of self-ageism	6 implicit examples of ageism	1 explicit <u>criticism</u> of ageism
<b>Contributes to ageism, criticizes ageism or both</b>	Contributes	Criticizes	Both	Contributes	Criticizes
<b>Ageing process</b>	65% loss	70% loss	55% loss	78% loss	54% loss
<b>Older adults' contributions</b>	15% recognized them	30% recognized them	20% recognized them	13% recognized them	36% recognized them
<b>Challenges/Costs</b>	25% costs	40% costs/challenges	20% costs and burden	50% costs	39% challenges
<b>Role in pandemic</b>	75% victim	50% victim	55% victim	88% victim	61% victim
<b>Main domains*</b>	4 domains	4 domains	4 domains	2 domains: Health and Healthcare; Social Inclusion	4 domains

\* While the 4 domains were present, the main one for each data source was Health and Health Care.

## 6. Policy Recommendations

The following policy recommendations are based on the findings from this case study of 110 documents (media articles, academic articles, articles written by older adults or their associations, and government communications).

- Editing of all press briefings and media should be screened to ensure the language used is inclusive and non-ageist. For instance, aging should not be portrayed uniquely as a process of loss; older adults should not be viewed as victims or vulnerable people only in need of protection and care. This important editing includes confirmation that the communication is balanced and recognizes the capacities and contributions of older adults that support pandemic response and resilience.
- Building a society that recognizes the importance of listening to the voices of older adults is key. The pandemic has brought older adults into the conversation in a way not typically seen. Older adults are now visible and they have something new to bring to the table: criticizing ageism and providing a heterogenous view of older adults.
- The absence of references to Indigenous Elders in different types of communications raises some concerns. Communications should be inclusive, and investments should be made to understand how Indigenous Elders are framed in widespread communication and to what extent and how they experience ageism, through an intersectional lens.
- The positive references to Indigenous Elders can serve as inspiration for learning how to address ageism across all communities.

## **7. Limitations**

This case study is not without limitations. First, this report is based on a sample of 110 documents. A greater sample of media articles, academic articles, articles written by older adults or their associations, and government communications would be needed to further validate the findings. Second, with this small sample, it was also not possible to explore changes in the discourse across time. Third, considering the main key words used for this study were COVID-19 and pandemic, there was an expectation that the discourse would speak about long-term care. However, the findings suggest an overemphasis on protecting older people and that, too often, older people are not given a voice. Finally, considering that this report highlights examples of age-based discriminatory discourse, general policy recommendations were provided rather than recommendations for specific provincial and territorial governments. In light of these limitations, this case study revealed the prevalence of ageism in the Canadian discourse during the COVID-19 pandemic and provides key suggestions to help remediate the situation.

## **Annex 1: Selection of documents**

Documents were selected according to three points in time during periods of lockdown and reopening. The three points in time covered (when possible): *April - Mid-September to Mid-October – early December*.

### **A. MEDIA ARTICLES / EDITORIALS, COMMENTS, Op-EDS (20);**

- *7 papers selected in April (3 Globe and Mail; 2 National Post; 2 La Presse);*
- *7 papers selected from Mid-September to Mid-October (3 Globe and Mail; 2 National Post; 2 La Presse);*
- *6 papers selected in early December (3 Globe and Mail; 2 National Post; 1 La Presse).*

### **B. ACADEMIC PAPERS (10):**

- *3 papers selected in June – July;*
- *3 papers selected in September-October;*
- *4 papers selected in December;*

\*\*\*academic research focused mainly on the Canadian context (n=6) but included international publications as well (n=4).

### **C. OLDER ADULTS OR ASSOCIATIONS OF OLDER ADULTS (20) / published in Canadian print media;**

- *7 papers selected in April (ideally, 3 Globe and Mail; 2 National Post; 2 La Presse);*
- *7 papers selected from Mid-September to Mid-October (ideally, 3 Globe and Mail; 2 National Post; 2 La Presse);*
- *6 papers selected in early December; (ideally, 3 Globe and Mail; 1 National Post; 2 La Presse).*

### **D. GOVERNMENT COMMUNICATIONS (60);**

- A total of 32 press briefings and 28 communications generated by ministries and departments (in the 13 provinces and territories, in addition to the Federal jurisdiction) were selected for analysis. Further, these documents were selected according to the three time points targeted (April – Mid-September to Mid-October – December 2020) which amounts to approximately two to three press briefings and Ministry/Government communications per province and territory.

## Annex 2: Keywords used for the search

Our analysis focused on documents generated in a Canadian context (i.e., by Canadian scholars, associations of older adults, governments (be it provincial, territorial or federal)).

1) Main keywords: *Covid-19* or *COVID-19* or *coronavirus* or *Coronavirus* or *pandémie* or *pandemic*

2) In combination with (in English): *older adults* or *elder* or *elders* or *elderly* or *boomer* or *old age* or *older age* or *aging* or *ageing* or *seniors* or *senior citizens* or *ageism* or *ageist* or *grandparents* or *grandparents* or *young*

In combination with (in French): *personnes âgées* ou *personnes aînées* ou *aîné(e)* ou *aîné(s)* ou *vieux* ou *vieille* ou *vieilles* ou *vieillissement* ou *âgisme* ou *âgiste* ou *grand-parent* ou *grands-parents* ou *jeunes*

3) Advanced search will include combination with (in English): *employment* or *work* or *workforce* or *older worker* or *older workers* or *health* or *healthcare* or *caregiver* or *caregivers* or *senior residence* or *senior residences* or *long-term care* or *safety and security* or *social inclusion*

Advanced search will include combination with (in French): *emploi* ou *emplois* ou *travail* ou *travailleur âgé* ou *travailleurs âgés*; *santé* ou *soins de santé* ou *soignant* ou *soignants* ou *professionnel de la santé* ou *professionnels de la santé* ou *résidence pour personnes âgées* ou *résidences pour personnes âgées* ou *soins de longue durée* ou *santé et sécurité* ou *inclusion sociale*



## Annex 3: List of documents

### Medias (n=20)

- **Boom des plateformes de jeu virtuel**  
*La Presse*
- **Send in the crowds : What we miss the most from our prepandemic lives**  
*Globe and Mail*
- **Un autre coup dur pour les aînés**  
*La Presse*
- **The world must act before COVID-19 shatters Africa**  
*Globe and Mail*
- **Navigating a path back to prosperity after the coronavirus pandemic**  
*National Post*
- **Let's not get distracted by immunity passports**  
*National Post*
- **CHSLD, les brasiers**  
*La Presse*
- **Seniors' care shouldn't be a horror show, even postpandemic**  
*Globe and Mail*
- **Ontario's COVID-19 testing nightmare**  
*National Post*
- **Care-home is our national shame**  
*Globe and Mail*
- **Why we can ignore anti-vaxxers right now**  
*Globe and Mail*
- **Rex Murphy: The full impact of COVID is not borne by all**  
*National Post*
- **Les gens vulnérables ne vivent pas dans les nuages**  
*La Presse*
- **Changer de « cible »**  
*La Presse*
- **La tragédie silencieuse**  
*La Presse*
- **The COVID-19 crisis has exposed Canada's shameful treatment of its elderly**  
*National Post*
- **Opinion on Covid-19: An opportunity to re-examine how we provide health care**  
*National Post*
- **Pandemic realities offer hope of new approach to child care**  
*Globe and Mail*
- **Now comes the hard part: Only masses doses of vaccine get us back to normal**  
*National Post*
- **It's that time of the year for scarecrows; Fearmongering will not ease enduring crisis**  
*National Post*

## Academics (n = 10)

- **Elderly people and responses to COVID-19 in 27 countries**  
*PLOS One*
- **The Mental Health Benefits of Physical Activity in Older Adults Survive the COVID-19 Pandemic**  
*The American Journal of Geriatric Psychiatry*
- **Stretching the analytic frame: Analytic therapists' experiences with remote therapy during COVID-19**  
*Journal of the American Psychoanalytic Association*
- **Are You OK, Boomer? Intensification of Ageism and Intergenerational Tensions on Social Media Amid COVID-19**  
*Leisure Sciences*
- **COVID-19 and Long-Term Care Policy for Older People in Canada**  
*Journal of Aging & Social Policy*
- **A hospital partnership with a nursing home experiencing a COVID-19 outbreak: Description of a multiphase emergency response in Toronto, Canada**  
*Journal of the American Geriatrics Society*
- **La COVID-19 et les priorités de recherche sur le vieillissement**  
*Canadian Journal on Aging / La revue canadienne du vieillissement*
- **Development of a framework for critical care resource allocation for the COVID-19 pandemic in Saskatchewan**  
*Canadian Medication Association Journal*
- **COVID-19: Pandemic Risk, Resilience and Possibilities for Aging Research**  
*Canadian Journal on Aging / La revue canadienne du vieillissement*
- **La nécessité des approches interdisciplinaires et collaboratives pour évaluer l'impact de la COVID-19 sur les personnes âgées et le vieillissement: déclaration conjointe de l'ACG / CAG et de la RCV / CJA**  
*Canadian Journal on Aging / La revue canadienne du vieillissement*

## Older Adults (n=20)

- **Un autre coup dur pour les aînés**  
*FADOQ*
- **Selon un sondage, la Covid-19 a amené les personnes âgées du Canada à accroître considérablement leur utilisation de nombreuses technologies**  
*Le réseau de Centres d'excellence AGE-WELL*
- **Pour éviter une nouvelle hécatombe en CHSLD**  
*Réjean Hébert, Le Collectif Action COVID*
- **J'ai 72 ans et je suis en bonne santé. Est-ce un tort?**  
*Pierre Cliche*
- **Vieillir et mourir au temps du coronavirus**  
*Simone Landry, professeur retraitée*
- **Vaccine plan must treat all B.C. seniors equally**  
*BC Seniors Living Association*
- **We need action, not studies to improve health care now**  
*Antonieta Soares*

- **The Canadian Association for Retired Persons (CARP) implores all provincial governments to ensure that the highdose flu vaccine is publicly funded for as many seniors as possible**  
*Canadian Associations for Retired Persons (CARP)*
- **Stay (emotionally) close with your grandchildren, while maintaining good (physical distance)**  
*CARP*
- **Older adults and COVID-19: Does the WHO need to prioritize those most vulnerable to the virus?**  
*International Federation on Aging (IFA)*
- **Letter: Priority to COVID**  
*Ian Kimm*
- **Older aged and all alone. What is the impact of being childless in the time of Covid-19**  
*IFA*
- **Aging population and historically high spending pre-COVID means no balanced budget for the next 30 years**  
*Fraser Institute*
- **Peterborough letter: Being able to use the YMCA during the pandemic**  
*Louise Greene and Gay Bell*
- **Please follow the COVID rules**  
*Mary Moir*
- **Canada's long-term care system needs to change, human rights advocate says**  
*Margaret Gillis, President of the International Longevity Centre-Canada*
- **Equity under pressure: Does the burden of Covid-19 threaten progress made?**  
*IFA*
- **Covid-19 Highlights Need for National Seniors Strategy**  
*National Institute on Aging*
- **How older adults can protect their mental health during Covid-19**  
*Mental Health Commission of Canada*
- **How Covid-19 has shaped service delivery for SSBC**  
*Seniors Service Society*

## **Government Communications**

### **Ministry / Department Communications (n=28)**

- Ontario Allows the Redeployment of Staff to Better Care for Vulnerable People During COVID-19
- Ontario Providing Over Half A Billion Dollars to Protect Vulnerable Seniors against Second Wave of COVID-19
- A Mobile Hospital to Increase Treatment Capacity for COVID-19 Patients
- The Québec Ombudsman's 2019-2020 Annual Report – News Release 1
- Additional Measures to Help Vulnerable Nova Scotians

- Recognizing Older Nova Scotians
- No new cases of Covid-19; new rules for visiting patients nearing end of life
- International Day of Older Persons
- Province announces additional income relief, stricter screening measures for travelers
- Influenza seasons arrives in PEI
- Temporary changes to licensing requirements for certain Yukon drivers
- Government increasing supports for Yukon seniors and Elders
- COVID-19 GN Update – April 6, 2020
- COVID-19 GN Update – November 20, 2020
- More support for family caregivers during COVID-19 – Punjabi, Farsi, French, Tagalog and Chinese translations available
- Culturally safe long-term care beds coming to Surrey
- Public Health Agency of Canada releases interim guidance for infection prevention and control of COVID-19 for long-term care homes
- Government of Canada seek applicants for National Senior Council
- Call for action for COVID-19 volunteers
- Greater care, flexible options for Canmore seniors
- Province invests \$300,000 in education programs for people with dementia and their caregivers
- Governments invest in new affordable housing project for seniors in Gimli
- Temporary Wage Supplement for Lower Income Essential Workers for Vulnerable Citizens
- Additional Influenza Vaccine Ordered to Accommodate Anticipated Increase in Demand
- Paulie Chinna: Fort Good Hope Senior Complex, Minister's Statements and Speeches
- Julie Green: YK Seniors Society Annual General Meeting, Ministers' Statements and Speeches
- Public Advisory: Advice for Seniors and Persons with Disabilities
- Minister Warr Provides Update on Seniors' Social Inclusion Initiative

### **Press Briefings (=32)**

- Apr 02: Premier Ford provides a COVID-19 update
- Apr 24: Premier Doug Ford and Ontario ministers provide COVID-19 update
- Sep 29: Premier Ford makes an announcement at Queen's Park
- Dec 07: Premier Ford provides an update at Queen's Park
- Apr 09: Quebec update on COVID-19
- Apr 13: Mise à jour du Québec sur la COVID-19
- Oct 13: Le point sur la pandémie de COVID-19 au Québec
- Dec 03: COVID-19 : Québec annule les rassemblements des Fêtes en zone rouge
- Apr 05: Update COVID-19 for Nova Scotians
- Sep 22: Update COVID-19 for Nova Scotians
- Apr 13: Update on COVID-19 (New Brunswick)
- Oct 08: Update on COVID-19 (New Brunswick)
- Apr 30: COVID-19, 1:30pm Update (PEI)

- Sep 15: COVID-19, 11:30am Update (PEI)
- Apr 8: COVID-19 update (Yukon)
- Oct 7: COVID-19 update (Yukon)
- Apr 22: COVID-19 Premier's Update (BC)
- Sep 14: COVID-19 BC Update
- Dec 23: COVID-19 BC Update
- Apr 28: Federal officials release updated COVID-19 modelling
- Oct 13: PM Trudeau provides update on federal response to COVID-19
- Dec 04: COVID-19 update: Trudeau addresses Canadians
- Apr 15: Update on COVID-19 (Alberta)
- Sep 28: Update on COVID-19 (Alberta)
- Apr 03: COVID-19 (Coronavirus) measures (Manitoba)
- Oct 30: COVID-19 Update (Manitoba)
- Apr 03: Update with Premier Moe and Dr. Shahab (Saskatchewan)
- Nov 17: COVID-19 Update (Saskatchewan)
- Dec 22: Northwest Territories update on COVID-19
- Apr 15: COVID-19 Update (Newfoundland and Labrador)
- Oct 21: COVID-19 Update (Newfoundland and Labrador)
- Dec 21: COVID-19 Update (Newfoundland and Labrador)