PREPARED BY

HEALTH ACTION ALLIANCE

Age-Friendly Workplaces in Health Care

A PRACTICAL GUIDE FOR EMPLOYERS

The Case for Action

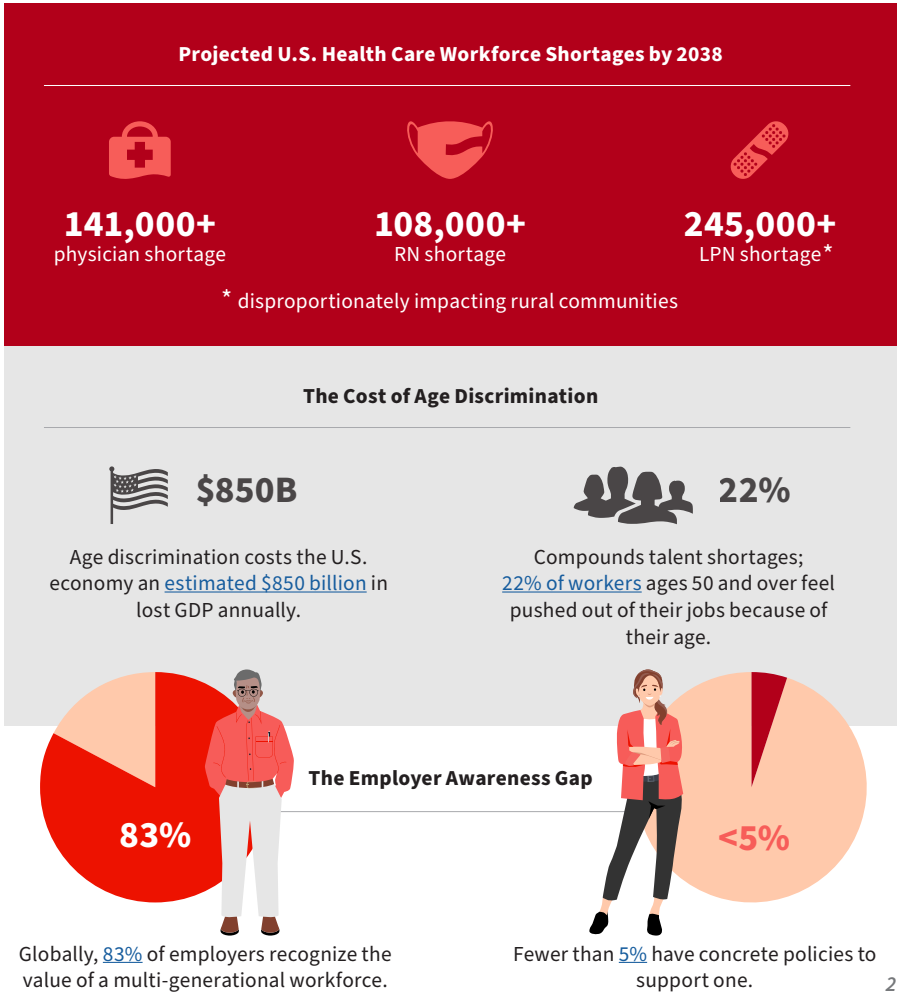
Health care is losing experienced workers faster than it can replace them. By 2038, the U.S. Health Resources & Services Administration (HRSA) projects staffing shortfalls of nearly half a million doctors and nurses, with rural and underserved communities absorbing the worst of the shortage.

Organizations can help close the gap by retaining experienced workers. Globally, one in six people will be over age 60 by 2030, a 40% increase from today. Most employers recognize the value older workers bring: 83% say multi-generational workforces are an asset, yet fewer than 5% have concrete policies to support one. Organizations can tap into this growing talent pool by creating age-friendly workplaces.

Supporting workers of all ages is an important part of talent strategy, succession planning, and workforce design. When promotion decisions favor younger candidates, or when roles aren't structured to keep experienced workers engaged, organizations pay in turnover and lost institutional knowledge. But organizations that hire and support workers at all ages can strengthen training and development pipelines and help retain workers longer. Health care organizations that thrive in the coming decades will be the ones that recognize the value of experienced workers early and build the structures to keep them.

This playbook walks through six practice areas to help health care organizations create an age-friendly workplace.

Fast Facts



The Business Case: Costs vs. Benefits

The Cost of Inaction

Health care organizations are losing nurses and clinicians at an accelerating rate. Nearly 40% of registered nurses plan to leave the workforce or retire within five years, and replacing just one nurse costs an average of $61,110.

Age discrimination compounds this problem, pushing out experienced health care workers, along with their institutional knowledge.

AARP research found that nearly two-thirds (64%) of older employees say they've witnessed or experienced workplace age discrimination, and 91% of those workers say it's common. Society for Human Resource Management (SHRM) research found that among workers who face age-based unfair treatment, 72% say they considered quitting

Organizations with unaddressed age bias may also face higher legal exposure. The Age Discrimination in Employment Act (ADEA) of 1967 prohibits age-based discrimination in hiring, promotion, discharge, compensation, and terms of employment. ADEA claims have grown in recent years.

The Benefits of Action

Workers ages 55 to 64 have a median job tenure of 9.6 years. In health care, where turnover is one of the most expensive recurring problems organizations face, that kind of stability is worth protecting.

Additionally, employees prefer to work with coworkers of different ages and say it makes them more effective; in a survey of more than 400 U.S. workers, 90% said they prefer multigenerational teams and believe collaboration across generations is mutually beneficial at their company. And 87% said age-diverse teams help them come up with innovative ideas and solutions.

90% of workers prefer multigenerational teams and believe collaboration across generations is mutually beneficial at their company.

Playbook Overview

What This Playbook Is and Who It's For

This playbook grew out of a 2025 learning lab with AARP and the Health Action Alliance, which brought HR, clinical, and executive leaders from health care organizations together to work through a shared question: What does an age-friendly workplace look like in practice? The six best practice areas in this guide were developed and stress-tested by those leaders before being shared here.

This guide is for senior health care leaders who are ready to act, whether you're building age-friendly practices from the ground up or strengthening what's already in place. You don't need to tackle all six practice areas at once. Pick where you can make the most immediate progress and build from there.

What To Expect

Each best practice area includes an overview of why it matters, supporting data, a list of tools and resources, tiered action steps, and sample metrics to track progress.

Six Best Practice Areas

1. Audit Organizational Culture

2. Modernize Hiring and Promotions

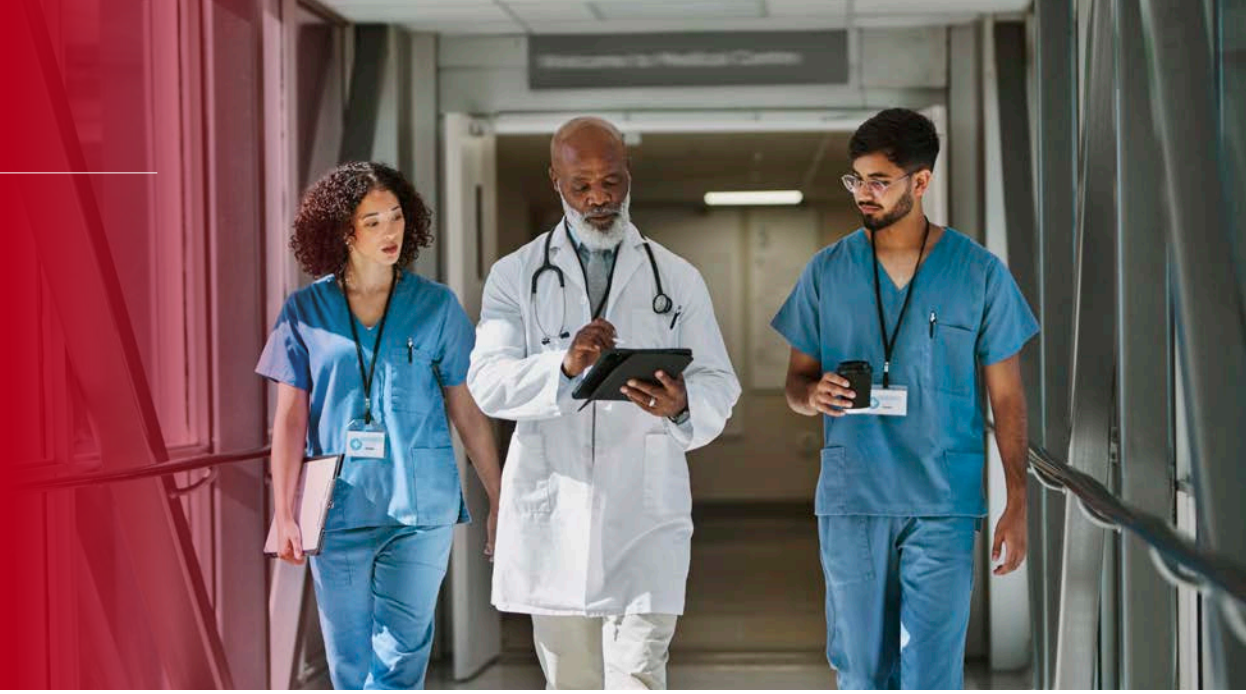
3. Educate Staff

4. Foster Multigenerational Collaboration

5. Promote Flexibility

6. Ensure Age-Friendly Patient Care

Audit Organizational Culture



Why It Matters

Age bias shapes who gets access to training, promotions, and high-stakes work, but it's rarely intentional. Organizations don't formally exclude workers based on age, but bias shows up through individual choices and informal norms that quietly add up over time.

An audit can help you pinpoint where age bias is operating and what it's costing your organization. The data – promotion patterns, training participation, performance review language, and exit interview responses – already exists; you just need to look at it through a new lens.

Fast Facts

1 in 2 People Globally

hold ageist attitudes toward older adults.

Less Training = Worse Care

Health care workers with less training on aging score worse on ageism measures.

Stereotypes vs. Performance

When older workers are negatively stereotyped, job performance and knowledge transfer both decline. When they're genuinely valued, both improve.

Helpful Tools

- AARP Age-Friendly Checklist
- AARP Employee Survey Template for Age-Friendly Principles
- AARP Worksheet: Analyze Benefits Data
- AARP Worksheet: Workforce Management Data
- Longevity Readiness Toolkit, by OECD and AARP

Take Action

Quick Wins

- Pull your most recent employee engagement survey and break it down by age group, comparing scores on career development, recognition, and sense of future with the organization.
- Review promotion rates and training enrollment by age group for the last three years. Look for the point at which older workers start dropping out of advancement pipelines.
- Use AARP's Age-Friendly Checklist or the Longevity Readiness Tool by OECD and AARP to assess your current benefits and policies, noting any gaps across the six practice areas as starting points for prioritization.

90-Day

- Hold at least one focus group per major department with older workers, asking about access to development opportunities, scheduling flexibility, and any experiences of age-related exclusion.
- Set up an anonymous channel for age-related concerns, distinct from your existing ethics hotline. Workers rarely use formal conduct channels for issues that feel more like culture than misconduct.
- Pilot AARP's Employee Survey in one department to establish a baseline. Pick a department where you already have some signal that age dynamics are a factor.

Long-Term

- Run AARP's employee survey annually as part of the HR audit cycle, tracking results alongside retention data so you can connect shifts in age-related trends to workforce outcomes over time.
- Integrate findings into a dashboard that tracks age alongside other workforce demographics. Set measurable goals for reducing age bias. Establish baselines for promotion rates, training access, retention, and engagement scores by age group, and track progress against those targets year-over-year.
- Report results to senior leadership as part of the annual workforce review, framed around retention risk and talent pipeline rather than compliance.

Sample Metrics To Track

- Engagement scores broken down by age group, year over year
- Volume and themes of age-related concerns submitted via the anonymous channel
- Percentage of departments that have completed a focused age data review

From the Health Care Learning Lab

> "What my age brings to the role is kind of like the tools in the toolbox from experience. You might not have formal education in certain things, but you learn how to work through situations and know who to call when you don't have the answer.

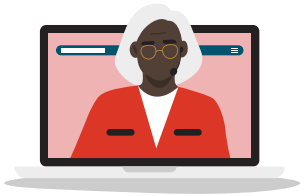
Modernize Hiring and Promotions

Why It Matters

Age discrimination in hiring is among the best-documented forms of workplace bias. It's built into standard tools like job postings that ask for "recent graduates" or signal a "high-energy culture" and interview processes where "culture fit" quietly does the work of age screening.

The promotion pipeline has the same problem. Older workers get passed over for advancement at higher rates, often through processes with no documented criteria to challenge. Advancement decisions that rely on informal impressions rather than skills-based frameworks are more vulnerable to age bias.

Fast Facts



HR Confesses: Age Matters

Nearly one-third (32%) of HR professionals acknowledge that a job applicant's age has factored into hiring decisions.

Inequity in the Funnel

Older workers receive lower callback rates than younger applicants with comparable qualifications. The effect is most pronounced for women.

Helpful Tools

- AARP Guide to Hiring a Multigenerational Workforce
- SHRM Foundation Age-Inclusive Talent Management Strategies

Take Action

Quick Wins

- Run all current job postings through AARP's Guide to Hiring a Multigenerational Workforce and flag language that implies age preference, including phrases like "recent graduate," "digital native," or "high-energy" without job-relevant context.
- Remove graduation year fields from application forms and from your applicant tracking system if the functionality allows. These fields are among the most direct triggers for age-based screening.
- Brief hiring managers on ADEA requirements, with at least one concrete example of how age-coded language or informal screening has created liability for other organizations.

90-Day

- Work with hiring managers to define skills-based criteria for three to five of your most common role categories, starting with the roles where you're seeing the most age-related attrition or the longest time to fill.
- Reduce "culture fit" judgments by asking every candidate the same questions and giving interviewers a scorecard to evaluate answers against consistent criteria rather than impressions.
- Pull the last three years of promotion data, broken down by age group. Look for places where older workers are advancing at lower rates than their counterparts in the same roles.

Long-Term

- Build skills-based competency frameworks for all major role categories, documented clearly enough that any hiring manager can explain in writing why one candidate advanced over another.
- Update performance review templates to require criteria-based ratings. Subjective language like "lacks energy" has no place in a record that will inform promotion decisions.
- Report hiring and promotion equity data by age group to senior leadership annually, alongside other demographic data. Set a measurable goal for age diversity in hiring and promotions, establish a baseline, and track progress against it each year.

Sample Metrics To Track

- Percentage of job postings reviewed and cleared for age-coded language.
- Promotion rates for workers by age bracket and role category.
- Interview-to-offer ratio by applicant age range.
- Hiring manager ADEA training completion rate.

From the Health Care Learning Lab

> "[Certain] language could dissuade older individuals from applying, like references to pace of work or efficiency with technology. Language matters; we should encourage all to apply, not unintentionally discourage some from even trying.

Educate Staff

Why It Matters

Age bias often shows up as assumptions – that an older nurse will resist a new documentation system, or that a veteran administrator has already peaked. But research shows that these stereotypes are incorrect. A review of 418 studies covering more than 200,000 workers found no empirical support for the most common older worker stereotypes, including that they are less motivated or more resistant to change.

Fortunately, evidence shows that education works to dispel these common myths. Training that blends workplace content with cross-age perspectives can shift attitudes – even in single sessions – making it a natural starting point for building an age-friendly workforce.

Fast Facts

Eliminate Unfounded Bias

Common older worker stereotypes, including reduced motivation, resistance to change, and lower trust, have no data to support them.

Education Works

Education interventions that combine workplace content with cross-age perspectives produce positive shifts in attitudes.

Helpful Tools

AARP Employer Portal

Take Action

Quick Wins

- Add an age-friendly workplace module to existing onboarding or compliance training, drawing on ready-made resources available through the AARP Employer Portal.
- Brief managers on the research disproving common stereotypes about older worker; the Becker and Fiske meta-analysis is a useful anchor for that conversation.

90-Day

- Run separate targeted workshops for hiring managers and clinical supervisors, addressing how age bias shows up differently in each of their roles.
- Host one cross-age event in a department where you already see generational tension or elevated turnover: a shared case debrief, a cross-age panel, or a structured job-shadow pairing.
- Use your organization's own engagement audit data from Practice Area 1 to inform your training content, so learners can connect to something specific rather than a generic industry problem.

Long-Term

- Include age-friendly care content in continuing medical education and continuing nursing education (CME/CNE) programming for clinical staff on a recurring basis, not just a one-time module.
- Build cross-age learning into department operations as a standing practice rather than a single event.
- Make age-friendly workplace content a permanent part of new manager onboarding.

Sample Metrics To Track

- Percentage of managers and clinical leaders who have completed age-friendly workplace training.
- Pre/post-training attitude or knowledge scores for deployed programs.
- Percentage of CME/CNE offerings that include age-friendly care content.

From the Health Care Learning Lab

> "I'm less likely to get flustered or put off by something at my age, and that helps my team when they're in those moments.

Foster Multigenerational Collaboration

Why It Matters

Multigenerational teams perform better when organizations build the right conditions around them. In health care, that means creating structure for joint problem-solving, mentorship, and knowledge transfer between senior clinicians and newer workers.

Formal mentoring in nursing, for example, can increase retention rates by up to 25%. Multigenerational teams deliver stronger results when organizations build structured systems to help employees learn from each other.

Fast Facts

Lock In Clinical Talent

Structured mentoring programs in nursing are associated with retention rate increases up to 25%.

Diversity Drives Innovation

Research shows that age diversity can increase a company's ability to innovate products or processes.

Helpful Tools

- AARP Growing With Age Digital Platform
- AARP Leading Mixed Age Teams Workshop
- AARP Creating an Intergenerational ERG

Take Action

Quick Wins

- Launch one formal cross-age peer pairing between an experienced clinician and a newer hire in a department where turnover or disengagement is already a visible issue.
- Share the AARP Leading Mixed Age Teams Workshop with one department manager; use it as a starting point for a team conversation rather than a solo read.
- Use the AARP Growing with Age digital platform to find peer organizations already running multigenerational collaboration programs and identify one model that could be adapted for your organization.

90-Day

- Establish a multigenerational advisory group around a specific operational challenge; give it a defined problem and a deadline.
- Pilot an intergenerational learning exchange in one department, using AARP's Creating an Intergenerational ERG guide as a framework.
- Identify an internal case study where an intergenerational team already exists. Share bright spots and learnings in a case study.

Long-Term

- Build cross-age pairing into formal organizational structure, with assigned pairs, check-in cadences, and outcomes tracked as part of your annual employee engagement review.
- Create a formal transition pathway for departing experienced workers to shift into advisory, mentor, or per diem roles rather than exiting the organization entirely.
- Report on cross-age program participation and outcomes alongside other workforce retention metrics each year.

Sample Metrics To Track

- Percent of staff participating in formal cross-age pairing programs.
- Retention rates for workers enrolled in multigenerational programs vs. those who are not.
- Participant-reported value of cross-age collaboration, tracked annually.
- Percent of teams with intentional cross-age composition.

From the Health Care Learning Lab

> "The ability to recognize your own strengths as you get older, and to help others see theirs, is something that comes with age. In the course of being in the health care world for 25 years, my network has grown, and that allows me to be a connector – to leverage that network for making good in the world.

Promote Flexibility

Why It Matters

Many experienced workers leaving health care organizations aren't ready to retire; they're ready for a different arrangement. A nurse practitioner with 25 years of full-time clinical shifts may have many productive years ahead but may not want the same pace or schedule. Organizations that build flexibility into career paths are better able to retain the clinical judgment and institutional knowledge that took decades to develop.

Flexible policies can support workers of all ages and life stages. For workers managing chronic conditions, for example, flexible arrangements aren't just a scheduling preference; they're associated with reduced health-related work limitations and sustained performance. Phased retirement and per diem models give experienced workers a path to stay through key transitions rather than exit entirely; organizations gain a way to retain knowledge and experience they can't afford to lose.

Fast Facts

79% Demand Flexibility

79% of workers ages 40 and over say flexible hours are now a job requirement; 66% would only accept a new role with at least some remote work.

Structure Caregiver Retention

84% of caregivers who have access to a flexible work schedule report it to be very helpful.

Helpful Tools

- AARP Employer Portal: Flexible Retention Strategies for Older Workers

Take Action

Quick Wins	90-Day	Long-Term	Sample Metrics To Track
• Survey workers on their flexibility preferences and the specific barriers that might lead them to leave, then review responses in each age group to help you determine where to focus first. • Audit whether existing part-time roles include access to benefits; a part-time option that strips benefits isn't a real retention tool. • Review AARP's Flexible Retention Strategies resource to identify which phased retirement models fit your workforce and role mix.	• Design a formal phased retirement option for clinical and administrative staff, with defined eligibility criteria, scheduling options, and benefits continuity built in. • Establish a per diem or alumni on-call pool so that departing experienced workers have a structured path for more flexible work rather than a complete exit. • Pilot a flexible scheduling model in one unit; track both the operational impact and staff response, and make adjustments before broader rollout.	• Build flexibility into job design across role categories as a standard feature of how positions are structured, not an accommodation made by individual request. • Cross-train staff across adjacent roles so that flexible arrangements don't create gaps in continuity of care. • Report phased retirement utilization and per diem staffing levels to leadership as workforce retention metrics alongside turnover and vacancy data.	• Percentage of workers in part-time or flexible arrangements, grouped by age. • Retention rates for workers in phased retirement programs. • Full-time equivalent (FTE) roles recovered from per diem and alumni on-call pools.

From the Health Care Learning Lab

> "We're missing thousands of FTEs of health care workers because employers won't give benefits or flexible time to part-time staff.

Ensure Age-Friendly Patient Care

Why It Matters

Ageism in health care carries into the patient experience. Older patients receive less diagnostic testing and access to treatment, even when their prognosis is comparable to that of younger patients. Older patients are undervalued due to assumptions about what they can handle, how much they'll benefit, and whether aggressive treatment is worth pursuing.

Structured frameworks can help organizations address ageism in patient care. For example, the Institute for Healthcare Improvement's Age-Friendly Health Systems recognition program, built around the 4Ms (What Matters, Medication, Mentation, and Mobility), provides a measurable, evidence-based approach to age-friendly care. Nurses Improving Care for Healthsystem Elders (NICHE) offers a nursing-specific complement for organizations that want to go deeper on the clinical side.

Fast Facts

Ageism Restricts Patient Care

Older patients receive less diagnostic investigation and face restricted access to treatment, with ageism linked to worse health and treatment outcomes.

The $63 Billion Toll

Ageism costs the U.S. health care system an estimated $63 billion annually.

Helpful Tools

- IHI Age-Friendly Health Systems Recognition Program
- AGS Guidelines & Recommendations
- AGS Beers Criteria
- NICHE (Nurses Improving Care for Healthsystem Elders)

Case Study

Hospitals that implemented the 4Ms saw improvements in patient outcomes. At Providence St. Joseph Health, patients became twice as likely to be screened for fall risks and cognitive impairments and four times as likely to receive fall-risk interventions; hospitalizations dropped 2%, and use of high-risk medications fell 3%.

At UTHealth, the rate of delirium among screened patients dropped from 13% to under 7% over four months. Across the initiative broadly, early adopters reported fewer ICU days, fewer adverse drug events, and reduced costs associated with delirium.

In 2024, the U.S. Centers for Medicare & Medicaid Services adopted the Age-Friendly Hospital measure for 2025 hospital reporting, giving the 4Ms framework regulatory standing.

Take Action

Quick Wins

- Add content about ageism in clinical decision-making to the next available CME/CNE offering; this can stand alone or be embedded in an existing patient safety or quality improvement module.
- Review existing treatment protocols to confirm they account for patient-stated preferences regardless of age; watch for language that defaults to less aggressive treatment for older patients without clinical justification.
- Ask your clinical leadership team to review age-friendly care frameworks, including the IHI 4Ms, NICHE, and AGS (American Geriatric Society) clinical guidelines, and identify which aligns best with your organization's quality infrastructure.

90-Day

- Select one age-friendly care framework and begin a structured baseline assessment of where your organization currently stands; IHI's recognition process and NICHE's self-assessment are both no-cost starting points.
- Pilot 4Ms screening in one unit or department to build familiarity with the framework before broader rollout.
- Review the AGS Beers Criteria with your pharmacy and clinical teams as a practical starting point for reducing potentially inappropriate medication use in older patients.

Long-Term

- Pursue formal recognition through whichever age-friendly care framework fits your organization's structure; IHI, NICHE, and AGS all offer pathways. The goal is a consistent, organization-wide standard rather than any specific credential. Surgical and emergency units can also seek specialty-specific programs through the American College of Surgeons and the American College of Emergency Physicians.
- Include age-bias awareness in clinical competency frameworks and provider performance reviews.
- Report age-bracketed patient experience scores for to leadership on a regular cadence, tracking how older patients' scores compare to overall scores.

Sample Metrics To Track

- Percent of clinical staff who have completed age-friendly patient care training.
- 4Ms implementation rate across departments.
- Patient satisfaction scores for older patients compared to overall scores.
- IHI recognition milestones achieved.

From the Health Care Learning Lab

> "We sometimes approach an aging society as if something's going wrong. But this is what winning looks like; people are living longer, with more medical complexity, and we can do more to help. The real challenge is how we adapt to this new reality we've created.

Conclusion

Bottom Line

Health care's labor shortage poses a structural workforce challenge, but it also presents an opportunity for organizations to retain and better support experienced workers whose judgment, skills, and institutional knowledge are difficult to replace.

Age-friendly workplaces see improved performance, stronger decision-making, and better patient outcomes. But these results don't happen automatically. They depend on whether organizations build the systems that support them, including hiring and promotion practices, training, flexibility, and patient care protocols.

The steps in this guide offer a starting point, helping organizations identify where to focus first and how to build momentum over time. Organizations that do this well will be better staffed, better led, and better prepared for the complexity of the decades ahead.

From the Health Care Learning Lab

> "We need everybody – younger, middle-aged, and older staff. We need a cross-section of people from all different cultural backgrounds working together.

Additional Resources

AARP Employer Resources

- AARP Employer Portal: Practical tools, guides, and templates for building an age-friendly workplace, including the Age-Inclusion Checklist, Employee Survey Template, and Flexible Retention Strategies for Older Workers.
- AARP Employer Alliance: Forward-thinking organizations committed to getting the most out of each generation in the workforce gather regularly to learn, share best practices, and network.
- AARP Guide to Hiring a Multigenerational Workforce: A practical toolkit for reviewing job postings and hiring practices for age-coded language.
- AARP Growing with Age Digital Platform: A resource for identifying peer organizations and global models for multigenerational workforce programs.

Clinical and Care Quality

- IHI Age-Friendly Health Systems Recognition Program: A free recognition framework built around the 4Ms (What Matters, Medication, Mentation, Mobility) for delivering high-quality care to older patients.
- NICHE: Nurses Improving Care for Healthsystem Elders: A nursing-specific program supporting evidence-based, patient-centered care for older adults across hospital settings.

Workforce Research and Data

- HRSA Health Workforce Projections: Federal workforce supply and demand projections through 2038 across physician, nursing, and allied health professions.
- SHRM Foundation: Age-Inclusive Talent Management Strategies: Research and employer guidance on building talent practices that support workers across all career stages.
- WHO Global Report on Ageism: A comprehensive review of the evidence on ageism's prevalence, causes, and consequences, with recommendations for action.
- OECD: Promoting an Age-Inclusive Workforce: Cross-national research on employer policies, workforce participation rates, and the gap between employer awareness and action on age inclusion.

Editorial Note

The six best practice areas in this playbook were developed through a structured co-design process with health care employers. In 2025, AARP and the Health Action Alliance convened a health care learning lab, bringing together HR, clinical, and executive leaders from health care organizations across the country. Participants reviewed emerging research, shared current organizational practices, and workshopped the practice areas that form the core of this guide.

The playbook was designed to translate those conversations into guidance that is practical, evidence-grounded, and relevant to the full range of health care employer contexts – from large health systems to community-based organizations. Where available, anonymized quotes and real-world examples from learning lab participants have been included to illustrate how these practices are already taking shape in the field.

Citations throughout this playbook link directly to primary sources. Statistics have been updated for inflation where noted.

Disclaimer

This playbook is intended for general informational and educational purposes. It does not constitute legal advice. Employers should consult qualified legal counsel regarding compliance with the Age Discrimination in Employment Act (ADEA) and applicable state and local laws before implementing changes to hiring, promotion, or employment policies.

All statistics cited reflect source data available at time of publication; some have been adjusted for inflation using the U.S. Bureau of Labor Statistics CPI Inflation Calculator. AARP and the Health Action Alliance make no representations regarding the completeness or accuracy of third-party sources.

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