



THE UNIVERSITY OF
SYDNEY

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Committee Secretary
Senate Committees on Community Affairs
Parliament House
Canberra

Dear Sir/Madam,

I wish to congratulate your Senate Committee and provide a submission to the Inquiry 'Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the Gap" within a generation'.

My submission is made jointly with my colleagues Colette Browning, Professor of Healthy Ageing at Monash University, and Dr Kate O'Loughlin, from Sydney University. I also wish to acknowledge collaboration with Professor Julie Byles, of Newcastle University and the Australian Association of Gerontology, and Professor Kaarin Anstey, Director of the Centre for Research on Ageing, Health, and Wellbeing at the Australian National University. We collaborate as Investigators on the Centre of Excellence in Population Ageing Research (CEPAR) funded by the Australian Research Council.

I have attached the following which I trust will be of interest:

1. My presentation on Ageing delivered to a symposium on the Social Determinants of Health convened by the Australian Academy of Social Sciences and the Public Health Association at the National Health and Medical Research Council in Canberra 25 September, 2012.
2. An article by Professor Browning and myself 'Directions for Ageing Well in A Healthy Australia', Academy of Social Sciences in Australia, Dialogue, November 2011.
3. A 2011 presentation 'Life Style Factors in Ageing Well' presented by Professor Browning and myself to a seminar of the ARC Centre of Excellence in Population Ageing Research, Sydney, July 2011.
4. A description of our research project underway on Social Determinants of Health Disparities over the Life Course.

I would be pleased to speak to these documents and to report preliminary findings from the Social Determinants survey 2011-2012 (4 above).

Following are some main points that I would ask that the Committee consider in addressing its Terms of Reference:

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- (ci) A ‘whole of government’ approach is required to identify and consider the impacts of programs and services relevant to social determinants of health; that is, extending beyond health to other portfolios and to take account of Commonwealth impacts on other levels of government,
- (cii) The programmatic structure of Government Departments requires consideration of the important but indirect impacts on health of a wide range of programs, regulations, and taxation including income support, housing, and care programs.
- (ciii) As for data gathering and analysis of social determinants of health, NHMRC and ARC research investment in this area needs to be deepened and renewed following the completion in 2010 of the valuable Ageing Well, Ageing Productively Research Programs. It is important that the NHMRC develop a research funding program on social determinants of health to complement its substantial investments in clinical, laboratory, and health services research.
- (d) The scope for improving awareness and action on social determinants of health, as they influence ageing and older people, is substantial yet largely unrecognised.
- (di) The National Preventative Health Agency has major opportunities ahead to increase community awareness.
- (dii) ‘Health’ and ‘age’ Impact Statements could address shortcomings in government programs in considering important but indirect impacts on health and older people.
- (diii) There are important opportunities for primary health and aged care services to act on social determinants of health in ways that enable continued health, independence, and wellbeing as people grow older.

Research on attitudes to ageing and on ‘whole of government’ program impacts are priorities for setting new and more positive directions. It is particularly important to counter negative attitudes and to recognise major opportunities to maintain, improve, and regain health as people grow older.

Australia is well-placed to act constructively on social determinants of health and well-being across the entire life course. The National Research Priority of ‘Ageing Well, Ageing Productively’ has outlined important directions for positive and effective actions with respect to the ageing populations that are central to Australia’s future.

I would be pleased to meet with the Committee and to provide further comments and information, including results from research in progress as part of our ARC Centre.



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Yours sincerely,

Hal Kendig

Cc

Professor John Piggott, Director, ARC Centre of Excellence in Population Ageing Research (CEPAR)

Professor Colette Browning, Director, Healthy Ageing Research Program, Monash University.



ARC CENTRE OF
EXCELLENCE IN
**POPULATION
AGEING
RESEARCH**

'Ageing'

Social Determinants of Health: Research Roundtable

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Academy of the Social Sciences in Australia
and Public Health Association Australia

25 September 2012 Canberra



Overview

- 1. International and Australian Research Agendas**
- 2. Australian Ageing Research and Social Determinants**
- 3. Policy and Research Directions**

1a. Older People in the Commission on Social Determinants of Health Framework

- The WHO *Commission on the Social Determinants of Health* report & the UK *Fair Society, Healthy Lives* report
- ‘social gradients’ in which disability-free years and life expectancy were reported to vary depending on people’s ‘social positions’ across their life course.
- Actions from childhood education to work opportunities, to healthy communities and ill health prevention & services in old age (later life ‘too late’ and devaluing older people?)
- Priority for action early in life to address inequalities.
- WHO *Active Ageing and Age-Friendly Cities* consider environmental influences, participation & well-being.

1b Australian Ageing Research Developments

VicHealth early 1990s (health status & population groups including older people)
Community to 'science' for promoting health and well-being)

National Research Priority Goal 2002 Ageing Well, Ageing Productively

'developing better social, medical, & population health strategies to improve the mental and physical capacities of ageing people'.

Prime Minister's PMSEIC 2003 Promoting Healthy Ageing Working Group

- Vision for an additional 10 years of healthy & productive life expectancy by 2050
- Discovery, Translational, and Technology agendas
- Research agenda including:
 - health promotion (physical activity, nutrition);
 - age-friendly work and built environments
 - a national longitudinal study, and
 - a national network on healthy ageing research
- Importance of multiple disciplines and methods, scale, and connections to action
- Critical importance of capacity building

[PMSEIC laid a strong base for subsequent ageing research development]

1c NHMRC/ARC Ageing Well, Ageing Productively Research Programs (AWAP) 2005-2010

‘To foster research into ageing which crosses sectors, research disciplines and institutions to develop an authoritative evidence base to underpin more effective and well informed policy and practice’.

- Policy reforms and practice innovations in working longer (Piggott et al.)
- Healthy brain ageing: Gene Environment Interaction (Sachdev et al.)
- Addressing poly-morbidity (Gilbert et al)
- Policy and services for older indigenous Australians (Condon et al.)
- Predictors of ageing well among men and women (Dobson et al.)
- Modeling ways to compress morbidity and optimize healthy ageing **DYNOPTA** (Anstey et al.) [pooling longitudinal surveys and projections]

2 Ageing Research and Social Determinants

Accumulating evidence that health, independence, contributions, participation, and well-being of ageing people can be improved and maintained through investments earlier in life and later life in life through positive attitudes, personal resources, life styles, preventive health, and supportive social and physical environment.

2a The AWAP Dynamic Analyses to Optimize Ageing (DYNOPTA) project (Anstey et al., 2009)

Pooled data on 79, 653 participants across 7 Australian longitudinal studies. Collaborations among dozens of senior and emerging researchers, and provides the sample size for extensive research on determinants of health and well-being, eg:

- socio-demographic influences on self rated health showing the influence of age, gender, education (and interactions) (Anstey et al. 2007) [enables more detailed subgroup analyses]
- Cross-national comparisons show that health behaviours, expectations and well-being are influenced by societal factors eg French et al., in press) including national policies (Sargent-Cox et al, 2012).

But the limitations of post-hoc harmonisation of separate studies collected for different purposes – and more so for international comparisons

2b Some NHMRC & ARC Project Examples

- The longitudinal Melbourne Longitudinal Surveys of Healthy Ageing (MELSHA) (VicHealth then NHMRC funded) found that life style factors at baseline - physical activity, nutrition, weight, and social support - were the most important predictors for continuing to 'age well' in the community over 11 subsequent years (Kendig et al. under review).
- The ARC-funded Social Determinants of Health Inequalities over the Life Course is finding that ageing babyboomers' social class, education and health in childhood have significant associations with their midlife health, class, and financial hardship; which in turn have a significant influence on health & quality of life at age 60-64 years. (Kendig et al. 2012)

2c Broader Age Longitudinal Surveys

- The NSW 45 and Up Study: the background, life style, health and health service use (with data linkage) of 250,000 people from 2007 with 5 year follow-ups.
- The Australian Longitudinal Study on Women's Health: physical and mental health, life events, and health behaviours of 40,000 women surveyed every 4 years, sample aged 18-23, 45-50, and 70-75 in 1996.
- The Household, Income, and Labour Dynamics in Australia (HILDA) Survey: Wave 1 in 2001 of 7682 households (19,914 adults) followed annually.

2d Social Determinants and Ageing Research (a strategic population approach)

Value-based research ‘problems’: important for health, independence, contributions & well-being; AND what is ‘improvable’ through prevention, amelioration, & recovery

Beyond variables and description towards understanding
(eg, sex as a variable versus gender as a social construct)

The importance of the contextual, comparative, and change
(the social can be invisible within static social systems)

Understanding ‘situated’ selves – enabling and constraining influences on individuals’ actions, experiences, & outcomes

Multi-disciplinary and multi-method teams – best chance for thinking and evidence to inform action on complex issues

3 Policy and Research Directions

Moving from dependency to independence and to contributory and participatory approaches to ageing and older people

3a. Public and Policy Developments (research to inform actions and assess efficacy)

- Living Longer, Living Better Reforms recognise the value of maintaining health and independence in care programs [eg, evidence that ‘enablement’ interventions work, eg, Lewin and Vandermeulen, 2011)
- NSW State Plan on Ageing: ‘whole of government’ actions on ageing in mainstream services and the built environment.
- AHRC Age Commissioner Ryan: action on public and employer attitudes and discrimination to extinguish ageism?
- National and State COTAs: Active Ageing – Wellbeing advocacy & community action as part of ‘A Wellness Framework’
- **Australian National Preventative Health Agency** – *consultations underway on research translating evidence into policy and programs in preventive efforts tackling obesity, tobacco, & alcohol) **social participation & physical activity?** - a multi-dimensional approach with appropriateness for ageing people in workplaces, community & care settings, and through key life transitions?*

b. Research Directions

- NHMRC/AAG Progressing Australia's Research Agenda on Ageing Well Workshop 2011 Recommends a National Institute with a network of centres, an ageing funding stream, translational research, and 'a flagship collaborative, multi-disciplinary longitudinal study...'
- PHA Health Inequities Policy 2012 inclusive of ageing
- ARC Centre of Excellence in Population Ageing Research (CEPAR) 2011-2017 (with a research stream on healthy and productive ageing and national & international partners)
- Conclusion: Ethical & 'health gain' value from research that informs balanced life span & inter-generational action on social determinants of health

Acknowledgements and Main Sources

- Colette Browning Professor of Healthy Ageing at Monash University (my core collaborator over many years)
- Rhonda Galbally for her VicHealth and national leadership of inclusive, community-based health promotion & research
- My CEPAR colleagues including Kaarin Anstey, Julie Byles, Kate O'Loughlin, James Nazroo, and John Piggott

This presentation draws primarily on

- Kendig, H. and C. Browning (2011). Ageing well in a healthy Australia. *ASSA Dialogue, Academy of the Social Sciences in Australia*, Canberra, 31(2): 22-30.
- Kendig, H. and C. Browning (2010) A social view on healthy ageing: Multi-disciplinary perspectives and Australian evidence. In D. Dannefer and C. Phillipson (Eds.) *The SAGE Handbook of Social Gerontology*. London, Sage Publications: 459-471.

Some Additional References

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Directions for Ageing Well in a Healthy Australia

Hal Kendig and Colette Browning

Introduction

The quest for ageing well is arguably as old as humanity itself and is deeply embedded in individuals' consciousness and collective ideas of social advancement. A social sciences approach is centred on human understanding, that is, our awareness both of ourselves and the social world in which we live. A social scientist has a research-based understanding of social and cultural forces including the opportunities that can be enhanced in people's lives as well as the social constraints that can be overcome.

A constructive path to a Healthy Australia requires a life span approach and strong recognition of the importance of the social determinants of health and processes of social change. The life span approach must begin with investing in the development of children and younger adults given the life-long returns from investing in their health, well-being and productivity. But it cannot stop there. There are ethical responsibilities to also value people through midlife and later life ages and there are significant, but often unrecognised opportunities to enable ageing well to the benefit of people at all ages. The challenges and opportunities of ageing demand deep consideration of the varying experiences and meanings of growing older as well as the socio-economic forces that shape our ageing society. Yet why is so little done on positive approaches to ageing and what can be done about it?

Constructive, pro-active actions are required to address the unprecedented societal ageing that the United Nations has termed as the major world challenge over the 21st century. Consider the following imperatives for action to enable ageing well:

- By mid century, it is projected that one out of every four Australians will be aged 65 years or over, and their numbers will exceed those of people aged 18 years and younger.
- A woman at age 60 years now has an even money chance of living to 90 years or older, and life expectancy in later life is likely to continue to increase by a few years every decade. How healthy and satisfying will these extra years of life be?
- Indigenous Australians experience intense deprivation across the life span. Only five per cent are aged 60 years or more as a result of high birth rates and life expectancies estimated at 15 to 20 years less than other Australians. Efforts to 'close the gap' in indigenous life expectancy are directed overwhelmingly to younger people with less attention to those in mid and later life.
- Over recent decades we have witnessed the historical emergence of the 'third age' in which people can expect 20 or more years of healthy and independent living in later life before what for many are only a few years of frailty if any. How can individuals and Australia make use of these opportunities for themselves and the community?
- There is every indication that the next generations of older people, the massive baby boom cohort, will bring a new set of values, expectations, and capacities to a society where their independence and productivity will be crucially important. What can they and Australia do to prepare?

- What action can be taken to ensure fair life chances for individuals and social groups who have been disadvantaged by health and socio-economic circumstances earlier in life? The most disadvantaged individuals are much less likely to even reach later life.

In this essay we present a case for full, appropriate and fair inclusion of ageing and older people in the developing agenda on action to improve health and well-being. We begin with international ideas and issues for thinking about ageing and for setting a constructive social, policy and research agenda on ageing. We present examples of compelling Australian evidence on ways in which the experience of ageing can be improved, and then turn to policies that could work to achieve positive outcomes in the light of this evidence. We examine Australian research agendas on ageing that could further guide and inform enlightened approaches to ageing. We conclude that fundamental effort is needed to confront deep-seated ageism and to challenge established ideologies and interests that command more public and political attention.

Our essay draws on a body of critical thinking and Australian research evidence summarised in our 'A Social View of Healthy Ageing'¹. The ongoing research program underpinning our efforts – the Melbourne Longitudinal Studies on Healthy Ageing (MELSHA) program – was inspired and initially funded by the Victorian Health Promotion Foundation, with subsequent support from the National Health and Medical Research Council and the Australian Research Council.²

International perspectives on ageing well

Contrary to prevailing negative attitudes towards ageing, a new generation of research is demonstrating that processes of ageing are amenable to a range of bio-psycho-social influences, with many of them being changeable and hence improvable. Over recent years much of the research and policy discussion on healthy ageing has followed the widely accepted World Health Organization (WHO) definition: 'Health is a state of complex physical, mental and social well-being and not merely the absence of disease or infirmity'. 'Active Ageing', as promulgated by the WHO Global Programme on Ageing 2002 '...is the process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age.' The active ageing framework emphasises continued involvement in six areas of life: social, physical, economic, civic, cultural and spiritual life.

The WHO Active Ageing framework approach 2002 recognises that over our life span we set 'developmental trajectories' that heavily influence our capacities, resources, and vulnerabilities in later life. While capacities do eventually decline with age, there is considerable variability: many remain capable through to near the end of life and experience a 'good death' with their loved ones. Health and social sciences research demonstrates that there are many opportunities for enhancing health and capacities in midlife and for preventing disability and maintaining independence into later life. For example, Walker³ proposed that at different points in the life span the promotion of active ageing needs different priorities and approaches. At retirement older people need choice in activities and encouragement to continue participation in society. At later stages older people and their carers may need to establish ways of managing illness and disability in active partnership with health and social care professionals.

Research on healthy ageing potentially could inform action to achieve important global goals during the uncertain decades ahead. The WHO *Closing the Gap in a Generation* report 2008 calls for achieving '... healthy equity through action on the social determinants of health'. The report emphasises the importance of early childhood development and gender inequalities and mentions the need to '... create conditions for a flourishing older life.' It recommends comprehensive societal actions that support health in all aspects of daily life including the workplace, and recognises how the inequalities of power and money influence health outcomes. However, the essential focus in that report on a good start for children and younger adults is not balanced by attention to a life span approach acknowledging the value and potential for improving health in later life.

The United Nations has also recognised the importance of promoting healthy ageing. In 2002 the UN Second World Assembly on Ageing set three priority directions to achieve 'a society for all ages': 1)

the active participation of older people in development that would benefit all citizens; 2) the promotion of health and well-being as people age; and 3) the provision of enabling environments to support healthy ageing. The United Nations/International Association of Gerontology and Geriatrics Research Agenda on Ageing for the 21st Century 2007 has the potential to guide research on ways ahead with these priority directions, and seeks to resolve tensions between economic development and the perceived 'burden' of ageing populations.

Our multi-disciplinary research: what we know about ageing well

While healthy or active ageing are terms promoted by researchers and policy makers it is important to understand how older people themselves understand these processes. We have collaborated in a number of qualitative studies to tap the diverse voices and experiences of older people from different social groups. A qualitative investigation of older people born in Australia and migrants from the Netherlands reported that older people had 'health identities'; in their own cultural context they viewed themselves as successful 'survivors' whose good health was 'earned' by good health habits^{4 5}. Chinese Australians reported the importance of physical activity and healthy eating in maintaining a 'happy' old age but also recognised the important role of happy and successful adult children in their own well-being⁶. An ethnography of older homeless men uncovered the importance they placed on health, their strategies for healthy eating and finding shelter, and the barriers they faced in everyday life⁷. Another qualitative study examined ageing individuals' perceptions of their 'social treatment' in everyday life, ranging from the affirmation of 'normal ageing' to the ageism and exclusion of being made to 'feel old'⁸.

The Melbourne Longitudinal Studies on Healthy Ageing program (MELSHA) aims to uncover predictors and consequences of healthy ageing in a cohort of older people who in 1994 were living in the community. In the baseline survey, the participants reported that their health ideals centred mainly around keeping active; the major benefits of good health were perceived to be a positive outlook, physical or social activity, or independence or absence of disease. Respondents had a strong focus on positive health actions, notably physical activity, healthy eating and social activity. Healthy actions were encouraged most by spouses (especially wives), with friends and adult children also being significant. Education, income and other aspects of social class were related to positive health behaviours and risk factors for serious illness.

Ongoing follow-up of the MELSHA survey participants has enabled us to determine baseline (1994) lifestyle predictors of ageing well over 12 years of outcomes. Lifestyle-related predictors of survival (after taking account of demographic and health variables) were low strain and social activity. For entry to residential care, significant lifestyle-related risk factors were being underweight and having low social activity. For ageing well – defined as continued independence with good self-rated health and psychological well-being – there were a number of significant lifestyle predictors: physical activity, nutrition, not being underweight, social support, low strain, and not smoking. These life style factors are potentially improvable; they are major risk factors for chronic disease and essential targets for health promotion late in life⁹.

The Healthy Retirement Project, funded by the Victorian Health Promotion Foundation, has followed individuals through retirement transitions since the late 1990s¹⁰. There has been increasing diversity of mature age working patterns, including departures and returns to paid work, with 'retirement' status often being ambiguous for women. Most managed the transitions with continuing health and well-being; many had freely chosen retirement and found that it enabled changes to healthier ways of life and improved health and well-being. Adverse outcomes, however, were apparent particularly for those who had been forced to retire by employers or through ill health; working class men fared poorly relative to other retirees. Socio-economic resources and opportunities for choice are critical to entry to a rewarding and independent later life and managing life transitions.

The Ageing Baby Boomer in Australia project provides further evidence on how ageing experiences are shaped by the socio-economic context in which people have lived their early and middle life.

There is great diversity among the boomers born after World War II and there is both continuity and change compared to the previous Depression and World War II generations now in later life. To varying degrees Boomers reject ageist expectations, overwhelmingly evince a fierce desire to remain independent and contributing, and have a strong 'generational stake' in the futures of their children and grandchildren. While life expectancy is expected to rise, health promotion is a priority because many boomers have significant behavioural risks (notably obesity and sedentary lifestyles) and early onset of diabetes and other chronic diseases¹¹. The impact of socio-economic context is underscored by the way in which the Global Financial Crisis and policy changes have upset baby boomers' plans and led many to delay retirement or to return to work after retirement¹².

The ARC Life History and Health Study¹³ is examining how productivity, health and well-being on entry to later life are influenced by diverse family, work, and health experiences throughout earlier life. Comparisons with England will shed light on the influence of societal socio-economic developments and policy impacts on critical points earlier in the life course.

Public policies for ageing well

Public policy is important not only as a response to population ageing but also because it directly shapes ageing experiences and the language of policy reflects societal attitudes. In 2000 the Commonwealth government produced a thoughtful National Strategy for an Ageing Australia but action subsequently foundered in the absence of political leadership and because of policy dissension between levels of government and departments. The inter-connectedness of ageing issues – income, work, care etc. – is not easily addressed because 'functional' programs are addressed separately by ministerial portfolios and their departments. In this context the newly established Ministry on Ageing arguably became a 'Minister for Aged Care.' Healthy ageing policy focused narrowly on chronic illness prevention and management and there was scant attention paid to social and cultural influences on healthy ageing. Indigenous people were particularly marginalised because healthy ageing policies largely neglected them by taking action in the health sector to the exclusion of income, housing and culturally appropriate aged care¹⁴.

The series of Intergenerational Reports (IGRs) produced by the Commonwealth Treasury are perhaps as close as we have now to a national policy statement assessing issues of an ageing Australia¹⁵. On the one hand, the IGR reports provide an ongoing barometer on the financial implications for the Commonwealth government, thus alerting us to make societal and policy adjustments well in advance. On the other hand, the IGRs come dangerously close to scape-goating older people for the rising costs of government, many of which are not intrinsically related to ageing. For example, they attribute projected increases in government expenditure to population ageing and health costs, without taking account of the increasing use of health services by all age groups. Population ageing is misused as a primary basis to argue for fiscal restraint and productivity increases in order to avoid encumbering future generations.

A more balanced account emerges in the 2009 National Health and Hospital Commission Report which recognised sensible directions for improving the appropriateness of health and aged care services for older people and hence improvements for the entire health system. A range of further initiatives in chronic disease, however, often refers pejoratively to the 'tsunami' of ageing and chronic illness. Initiatives in preventative health focus overwhelmingly on either single diseases or on desirable health actions with scant attention to multimorbidity, ageing, older people or the community and the social context of ageing.

There are essential intersections between medical and social paradigms of healthy ageing. Patients' self-management of their own chronic diseases, in partnership with health professionals, has been shown to slow disease progression and limit adverse consequences for independence and quality of life. After trial efforts in self-management proved to be effective, Medicare now funds general practitioners to work in collaboration with other health professionals to implement self-management approaches and provide preventive care for people in midlife. This approach through the primary

health care system recognises chronic illness and obesity as the biggest threats to healthy ageing. Doctors, however, have limited time to work with patients to change the behaviours that often contribute to the onset of these conditions and their associated morbidity.

Health assessments for older people under Medicare have focused on identifying 'problems' in late life with little attention to the social drivers of health in old age. The Government's National Primary Health Care Strategy 2009 concluded that ageing will influence the most change in primary health care use but recent initiatives have focussed on providing primary health care services in aged care with little focus on prevention. Medicare Locals, which aim to align services to the needs of local communities, have the potential to promote a broader social health approach to the needs of older people. Interventions enabling behavioural change in older people, such as an innovative Australian falls prevention program based on improving self-efficacy, have demonstrated how health promotion can be effective for vulnerable older people¹⁶. The health and community care systems need better integration to provide a simpler point of access for older clients. At the population level, we need to adopt health promotion approaches more seriously and allocate significant resources if we are to achieve the society goal of 'ageing well, ageing productively'.

Applied research has also demonstrated the value of a 'wellness' approach to community services, which values '...capacity building, restorative care and social inclusion to maintain or promote a person's capacity to live as independently and autonomously as possible'¹⁷. The model builds on the evidence base from the healthy ageing research literature and the WHO Active Ageing Framework that demonstrates that older people have capacity for improvement given supportive social and physical environments and appropriate and accessible services. The Productivity Commission Report on Caring for Older Australians, released early August 2011, commends the wellness approach yet does not go very far in recommending ways to implement it.

Direct action by consumer groups is contributing to research and advocacy to advance healthy ageing. The Australian Councils on the Ageing provide advocacy, community information and programs on a wide range of topics including healthy ageing. The National Seniors Productive Ageing Centre, co-funded by the Australian government, funds and partners applied research that '... promotes the choices and capacity of Australians, as they age, to engage in valued activities, whether through work, learning, volunteering or community activity'.

The importance of the social and economic context of ageing is underscored by the Government's recent emphasis on supporting and retaining older workers, for example, the 'Productive Ageing Package' introduced in the 2010 budget. These actions, at a time of looming workforce shortages and contentious immigration policies, contrast sharply with the widespread redundancies of older workers during the recession of the early 1990s. In a similar vein a strong workforce focus is expected for the newly appointed Age Discrimination Commissioner on the Human Rights Commission.

It is encouraging that the relatively new Minister on Ageing, Mark Butler, is taking advice from older consumers and pursuing pro-active approaches to ageing issues as well as aged care.

Australian research agendas – the contest for research funding

Efforts to support healthy ageing research increased after 2002 when the Australian government established National Research Priorities (NRP) that aimed to better connect government research funding to national and social benefits. After extensive public debate and policy consideration, 'Promoting and Maintaining Good Health' was established as one of the NRPs. This Health priority initially had four goals: 1) A healthy start to life; 2) Ageing well, ageing productively; 3) Preventive healthcare; and 4) Strengthening Australia's social and economic fabric.

While the NRP process was dominated initially by physical and medical scientists, the goals became more inclusive of social and policy interests after lobbying by the social sciences, humanities and policy areas in government. For example, Goal 4 above was added. The first draft of the ageing goal was defined in terms of degenerative illness in a recommendation from the National Health and

Medical Research Council. The final ageing well, ageing productively goal, developed with constructive input by the Academy of Social Sciences in Australia, was as follows:

Ageing well, ageing productively: Developing better social, medical and population health strategies to improve the mental and physical capacities of ageing people.

The priority further noted that 'major shifts in cultural expectations and attitudes about ageing are necessary to respond constructively, at both an individual and population level. A healthy aged population will contribute actively to the life of the nation through participation in the labour market or through voluntary work. This goal supports the Government's National Strategy for an Ageing Australia.

A second important initiative was the Promoting Healthy Ageing in Australia report 2003 commissioned by the Prime Minister's influential Science, Engineering, and Innovation Council (PMSEIC). The group which prepared the report comprised medical and epidemiology experts along with an ASSA-nominated social scientist, advocates for older people, and a policy department representative. After extensive debate the group presented to the Prime Minister and Cabinet:

... a vision for an additional 10 years of healthy and productive life expectancy by 2050. Research evidence indicates that there are effective actions that can be taken to enable people to live longer in good health, staying mentally and physically active, and able to participate and enjoy life until they die in advanced old age. The report also outlines a research agenda that would provide information to assist in achieving this vision.¹⁸

This research agenda underscored the importance of ageing as an opportunity and recommended a 'whole of life' approach to healthy ageing. It presented a research agenda for physical activity, nutrition, work, the social environment, and the built environment. It recommended the establishment of a national network for healthy ageing research and longitudinal surveys of healthy and productive ageing. The Australian Government subsequently funded a national ARC/NHMRC Research Network in Ageing Well (2005–2010) and the NHMRC/ARC Ageing Well/Ageing Productively (AWAP) funding program '... to foster research into ageing which crosses sectors, research disciplines and institutions to develop an authoritative evidence base to underpin more effective and well informed policy and practice'.

Valuable research funded by the AWAP program is now reaching completion on working longer; healthy brain ageing; addressing poly-morbidity; ageing well among men and women; and modelling ways to compress morbidity and optimise healthy ageing. Of particular significance was funding for research concerning older indigenous Australians. As indicated earlier, indigenous people experience the kinds and levels of disease that are broadly comparable to those in developing countries. In 2006 additional valuable work commenced on the social aspects of ageing under research grants aligned to the NRP goals of Preventive Healthcare, and Strengthening Australia's Social and Economic Fabric.

A bright spot in the last year was funding of the ARC Centre of Excellence in Population Ageing Research (2011–2017) led by the University of New South Wales, the Australian National University, and the University of Sydney. The Centre has a focus on healthy ageing and economic and productive aspects of ageing as well as the support of the Commonwealth Treasury and other federal departments. However, we need a broad-based, diverse foundation of ageing research. With the NHMRC/ARC AWAP program grants coming to a conclusion, the future is now unclear. The NHMRC has ageing research and research on social determinants of health on its agenda for the current triennium but once again research on the social determinants of ageing will have to compete with well-established research programs in specific diseases and medical specialities. We return to this crucial issue in our conclusion below.

Conclusions: research and social action for healthy ageing

In our estimation, the usefulness of knowledge about ageing can be enhanced by multidisciplinary efforts and translation of findings into policy, practice applications and public awareness. One priority

concerns the psycho-social factor underlying behavioural risk factors and self-management of chronic disease. Another is to shed light on the 'structural' factors in work, economic resources, and environmental exposures that influence inequalities in health and other life outcomes.

In Australia, the modest place of healthy ageing is illustrated by the health priorities enunciated in the Australia 2020 Summit convened by the then new Australian government 'to help shape a vision for the nation's future'. The Summit's 'long-term health strategy' enunciated important 'ambitions' for healthy lifestyles, health promotion and disease prevention, health inequalities, future challenges and opportunities, and health research. There was a strong focus on indigenous health, children and youth. Productive ageing was mentioned as a health opportunity. It was recommended that 'health funding should be redirected to prevention to stop people from coming into the health system later in life with chronic diseases'.

How might one advance the cause of constructive approaches to healthy ageing? Within developed countries such as Australia, research can point the way towards reconstructing our social and economic institutions and expectations in line with emergent aspirations and imperatives. Political economy perspectives indicate that productivity of older people can be enabled through social, market, and political pressures that re-engineer the ways in which we organise work, leisure and education over the life course. Commitment to social and health opportunities over the life course can show how social investments in vulnerable groups earlier in the life span can yield returns through greater independence and productivity later in life. Understanding psycho-social influences on health can guide health promotion and interventions that enable continuing health, independence and well-being. Comparative research can identify ways in which key ageing issues can be addressed more equitably and more effectively through re-structuring our social and policy institutions.

In the midst of the interest struggles over scarce resources, one might well ask where we can turn for leadership towards achieving healthy ageing and research underpinning it. Governments and employers are already demonstrating some enlightened self interest as per their support for research and programs that can increase productivity and reduce health care costs. More fundamental leadership is emerging among older people themselves and their advocates who seek to continue their own active contributions, independence, and well-being – and leave a constructive legacy for future generations. Research can help us to identify how to socially construct healthy ageing in ways that benefit diverse social groups and successive cohorts over their life course in an increasingly global world.

Our optimistic conclusion is that with reasoned arguments and sound evidence social and political factors are changeable. In the decades ahead we should be looking back on ageism as one of the last and most pernicious of the 'isms' that, like racism and gender discrimination, has denied people from reaching the full potential of their lives.



Professor Hal Kendig is Director of the Ageing, Work, and Health Research Unit in the Faculty of Health Sciences at the University of Sydney. As a sociologist and gerontologist, he is a Chief Investigator on the ARC Centre of Excellence in Population Ageing Research (CEPAR) for which he leads research on healthy and productive ageing and related policies. He served as National Convenor of the ARC/NHMRC Research Network in Ageing Well 2005–2010, contributed to the Prime Minister's PMSEIC Working Group on Healthy Ageing, and contributed to the 2020 Summit. He was elected as an ASSA Fellow in 1989.

Professor Colette Browning is Professor of Healthy Ageing and Director of Monash Research for an Ageing Society at Monash University. Her research focusses on biopsychosocial approaches to ageing, chronic illness management, interventions to optimise healthy ageing, and ageing and culture. She is Co-Director with Professor Kendig of the Melbourne Longitudinal Studies on Healthy Ageing Program funded by the NHMRC. She is a Fellow of the Australian Psychological Society and an Associate Investigator on the ARC Centre of Excellence in Population Ageing Research (CEPAR).

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Life Style Influences on Ageing Well: Findings from MELSHA

By

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(and thanks to Dave Grayson our statistician)

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University of New South Wales, Sydney, Australia.



Presentation Overview

1. MELSHA and the Analyses
2. Predictors of Ageing Well
3. Conclusions and Directions
4. A few references



1a Melbourne Longitudinal Studies on Healthy Ageing (MELSHA)

Study Directors: Colette Browning and Hal Kendig

Funding: VicHealth (1994 to 1997) and NHMRC (1998 to 2010)

Sample: 1000 65+ in the community in 1994

Fieldwork: Baseline interview, self complete, and physical measures
Biennial follow-up by telephone, mail, and death checks

Baseline: Overall 80% were healthy, felt well, and were active
Health risks with inactivity, nutrition, falls, and medications;
A small minority had chronic illnesses.



1b MELSHA Outcomes: 1994-2006

Of the 1000 initial participants:

- 424 were alive, living in the community and continuing in the study.
(245 'ageing well' – see next slide)
- 53 were alive in residential care facilities.
- 409 had died
(136 known to have entered residential care)
- 114 had been lost to the study sample at some point over the follow-up period.



1c Our Analytical Approach

- To identify how long people remain in 'states' of successful ageing (dependent variables):
 - A) alive (not dead)
 - B) in the community (alive & not residential care)
 - C) ageing well (alive, in the community, &)
 - Self rated health excellent or very good, and
 - Independent IADL (all shopping, meals, housework etc) and
 - Good well being (positive affect scale 18 or above)



1d Our Statistical Approach

- Cox Regression with blocks of socio-economic, health, and life style factors to build multivariate models predicting ageing well
- All independent predictors are from the 1994 baseline ('distal' not 'proximal')
- Results show independent significance (after taking account of all other predictor variables).



2. Predictors of the Outcomes

- Socio-economic
- Health
- Life Style



2a Socio-economic Predictors & Outcomes

Significant Baseline Predictors ¹	Survival	Living in the Community (not in residential care)	Ageing Well ²
Male	✓		
Age	✓	✓	✓

¹ $p < .01$ (net of health and life style predictors)

² IADL independent, good or better self rated health, high positive affect



2b Health Predictors & Outcomes

Significant Baseline Predictors ¹	Survival	Living in the Community (not in residential care)	Ageing Well ²
Number of medical conditions	✓	✓	
Self rated health	✓		
IADL	✓	✓	
Cognitive impairment	✓	✓	

¹ $p < .01$ (net of socioeconomic and lifestyle predictors)

² IADL independent, good or better self rated health, high positive affect



2c Life Style Predictors & Outcomes

Significant Baseline Predictors ¹	Survival	Living in the Community (not in residential care)	Ageing Well ²
Low Strain	✓		
Physical Activity			✓
Healthy Nutrition			✓
BMI Acceptable		✓	✓
Perceived Social Support Adequacy			✓
Social Activity Amount	✓	✓	

¹ p < .01 (net of health and socioeconomic predictors)

² IADL independent, good or better self rated health, high positive affect



2d Gender, Life Style, & Ageing Well

Significant Baseline Predictors ¹	Women only	Men only	Total sample
High Strain		✓	
Physical Activity	✓		✓
Healthy Nutrition			✓
BMI acceptable	✓		✓
No Urinary Incontinence	✓		
Perceived Social Activity Adequacy		✓	
Perceived Social Support Adequacy			✓
Social Activity Amount		✓	
Ex-Smoker		✓	

¹ p < .01 (net of all other predictors)



3. Conclusions and Directions

Key Findings for health promotion

- Healthy life styles in later life are related to longer term benefits
- Life Style directly influences quality of life outcomes
- Older women and men face different vulnerabilities

Further Analyses underway:

- Life Style pathways to health outcomes (and hence indirectly influence community living and survival)
- Consequences of transitions through later life
(eg becoming a widow)
- Trajectories through time (not all one-way decline)

Question: Can life style interventions yield the same benefits as 'natural' variation?



4 A few references

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Life Histories and Health (LHH): Baby Boomers in Australia and England
Australian Research Council Discovery Project 2010 to 2012 (DP1096778)
(Socio-economic determinants and health inequalities over the life course)

The Research Team:

Prof Hal Kendig, Chief Investigator, Ageing, Work and Health Research Unit, University of Sydney
Prof Julie Byles, Chief Investigator, Research Centre for Gender, Health and Ageing, Univ of Newcastle
Prof James Nazroo, Partner Investigator, School of Social Sciences, University of Manchester, UK
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Dr Jack Noone, Project Manager, Ageing, Work and Health Research Unit, University of Sydney
Ms Peta Forder, Statistician, Research Centre for Gender, Health and Ageing, Univ of Newcastle

Research Aims

This project will examine how life experiences of the baby boom cohort (born 1946-1950) influence health, productivity, well-being, and pension and service use at ages 60 to 64 years in 2010-11.

We aim to determine how:

1. Health inequalities and health actions in late middle-age are influenced by accumulated variations in family, occupational, and economic exposures from childhood onwards.
2. Socially structured life-course experiences, health outcomes, and health behaviours vary between men and women.
3. Australian and English life outcomes reflect different societal and policy developments since WWII.
4. Migration impacts on life-course outcomes by comparing native-born Australians, native-born English, English migrants to Australia, and other migrants to Australia.

Major data resources

- A new life history component linked to the NSW *45 and Up Study*; and a parallel life history component in the *English Longitudinal Survey on Ageing (ELSA)*.

Outcomes

The project will identify and enhance understanding of:

- The influences of socio-economic disadvantage earlier in the life course and during critical periods of history for potentially accumulating inequalities in health, work opportunities, and well-being as both women and men grow older.
- The interplay between the socio-economic determinants of health, e.g. between family and parenting, employment and workplaces, that potentially can be improved through individual action and government strategies.
- How improving health for ageing Australians can increase productivity and limit needs for health services during the unprecedented period of ageing that lies ahead.
- What is distinctly Australian about the post-war experience through comparisons between Australia and England, in light of our immigration program and socio-economic development.