

Australian Medical Research and Innovation Five Year Strategy

Title:	National Ageing Well Research Strategy
Submitted by:	Australian Association of Gerontology (6 June 2016)
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About AAG

The Australian Association of Gerontology (AAG) is the national peak body linking professionals working across the multidisciplinary fields of ageing. **Our goal is to expand knowledge of ageing in order to improve the experience of ageing.** 'Gerontologists' work in many disciplines and are concerned with the evidence-based physical, mental and social aspects and implications of ageing. We have over 1,000 members across Australia including geriatricians, nurses, allied health professionals, dementia specialists, social workers, educators, researchers, policy makers, aged care providers and other gerontologists. We also work with 17 [Collaborating Research Centres](#) based at universities and institutes across Australia and other gerontology thought-leaders. The multidisciplinary nature of our association is one of our key strengths.

Basis for this submission

In October 2011, the National Health and Medical Research Council and AAG held a joint workshop entitled *Progressing Australia's Research Agenda on Ageing Well* that was attended by over 50 researchers, policy makers and service providers. The [Final Report](#) of the workshop contains further information about the issues raised in this submission. Building on this initial work, AAG hosted another workshop in November 2014 that was attended by 27 participants. The second workshop participants and the Collaborating Research Centres then developed the [National Ageing Research Strategy](#) released in August 2015, which forms the basis for this submission.

What is the gap?

Australia does not have a national 'ageing well' research strategy or funding mechanisms to support multidisciplinary research that delivers practical health and wellbeing benefits for older Australians. Investing in this research will help inform and empower governments and service providers (across the health, aged care and disability sectors) to develop evidence-based solutions **that address the economic and social challenges and opportunities of an ageing population.**

'Ageing well' is about optimising quality of life, which is the ultimate health goal for all Australians. Ageing well means remaining physically, mentally and socially active for longer, delaying the onset and improving the management of chronic diseases, and delaying the need for aged care. It also includes palliation and 'a good death.' Ageing well is a priority for the whole community, as well as a basic human right in ensuring optimal quality of life for all people even at the oldest ages.

The Productivity Commission report [Caring for Older Australians](#) (2011) stated that 'an assessment by the Government of the adequacy of the processes to identify and fund deserving aged care research would appear warranted as a matter of priority.' While the Government's investment in dementia research is welcome,ⁱ a much broader range of ageing research is required.

Why do we need a strategy?

Population ageing is a story of success. On average, Australians are living for 25 years longer than we did a century ago and we rank sixth in the world in terms of life expectancy. **The number of Australians aged over 65 is expected to grow from around 3.6 million today to almost 9 million by 2055.** However, some sections of the population continue to have shorter lives (e.g. Indigenous Australians and people from lower socio-economic backgrounds).

The health-related challenges presented by increased longevity are not fully understood, and there is growing evidence that many chronic diseases may be linked to lifestyle and psycho-social factors. We need ageing research **to develop effective strategies to prevent chronic diseases in older people and for the ongoing management of those who already have chronic diseases.** This will also **delay their need for aged care**, particularly high-level residential aged care.

The [2015 Intergenerational Report](#) outlined some of the economic challenges arising from an ageing population but the great majority of these challenges are rooted in the expected ill health of the later years of life. There are also **opportunities** arising from increased healthy life expectancy, which could lead to economic and social benefits. We

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need ageing research **to keep people healthier for longer, so older people can have quality of life and continue to contribute to the community** (e.g. by staying in the workforce for longer, volunteering, unpaid care-giving and strengthening the community through their participation).

How can we address the gap?

Funding is required to co-design and implement a national ageing well research strategy that will deliver evidence-based solutions to improve the health and wellbeing of older Australians. A strategy that is developed in collaboration with gerontologists will take a whole-of-system approach that reduces fragmentation and duplication of research effort. By articulating priorities and principles (see further information below), the strategy will facilitate better decision-making about funding for research projects.

Unlike much traditional medical research, ageing research does not apply a single-disease research model. Instead it recognises the multi-factorial causality of age-related health issues. Therefore, an ageing research strategy requires a **multidisciplinary approach that builds research capacity and collaboration across relevant areas** (such as medical, psychosocial, nursing, allied health, disability, technology, design and policy), including international collaboration where relevant to the Australian context.

However, just 'doing the research' is not enough. A greater emphasis is needed on **mechanisms to support knowledge transfer, the translation of ageing research into policy and practice, and evaluation of research**. Presently translational activities are not required deliverables under most research project guidelines and are often difficult to fund under current arrangements. We need to understand the regulatory, resourcing and organisational culture changes required to support effective implementation of evidence-based practice improvements, as well as the opportunities for efficiency gains and potential for commercialisation.

Priorities and principles for ageing research

AAG developed the following suggested priorities and principles for an ageing well research strategy in consultation with stakeholders:

Suggested priorities – for funding future ageing research projects:

1. Increase understanding of multi-factorial geriatric syndromes and develop holistic approaches to addressing age-related diseases.
2. Promote positive community attitudes to ageing and an understanding of issues of diversity among older people (e.g. CALD,ⁱⁱ LGBTI,ⁱⁱⁱ ATSI, rural and remote, low socio-economic and other special needs groups^{iv}). There needs to be a more targeted focus on these under-represented groups, and consideration should be given to quarantining research funding to enable this.
3. Promote healthy ageing, including prevention and intervention strategies, supporting psychosocial needs and age-friendly communities.
4. Identify best practice methods in aged care service delivery,^v and improve the integration of primary care, acute care, aged care and disability support. This includes ensuring access to care when people need it, equity of access to care, and supporting consumer engagement in decision-making about care.
5. Address issues around housing and the built environment to better enable older people to live independently for longer in their communities.
6. Identify technological solutions for older people, including assistive, medical and aged care technologies.
7. Identify geographic and demographic patterns of ageing to ensure adequate services and support are available, particularly for Indigenous and rural and remote communities.
8. Estimate the economic impact of an ageing population, including expenditure on service provision and pensions, workforce participation, and the hidden value that older people contribute to the economy.

Suggested principles – all future ageing research projects should:

- be multidisciplinary
- encourage participation by key stakeholders, including older people themselves
- emphasise positive outcomes
- be of sufficient quality, scale and continuity to bring together collaborative teams and build substantial bodies of knowledge
- incorporate mechanisms for dissemination and translation of research findings

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- include mechanisms for evaluating the costs and benefits of research undertaken.

Relevance to the building blocks

The development and implementation of **an ageing well research strategy** would address the following aspects of **the building blocks** for the Australian health and medical research and innovation strategy:

Current challenges

- Facilitate the translation of research into health outcomes
- Reduce barriers to collaboration
- Support research from concept to delivery

Aims and objectives

- Preventions and cures of tomorrow
- Economic benefits
- Leveraging and enhancing collaboration and integration
- A translation pathway that maximises opportunities for success
- Healthcare policy and delivery have a strong evidence base

Mandatory considerations

- Reducing the burden of disease on the Australian community
- How to deliver practical benefits from medical research to as many Australians as possible.

Measures of success

The success of the development and implementation of **an ageing well research strategy** could be measured in the following ways (subject to appropriate consultation with gerontologists):

- People remaining physically, mentally and socially active for longer
- People staying in the paid workforce for longer
- People continuing to do unpaid work for longer (e.g. volunteering and care-giving)
- Reduced age discrimination, especially in employment
- Delaying the onset of and improving the management of disease in older people
- Delaying the need for aged care, especially residential aged care
- Better tailored services for diverse groups of older people (e.g. CALD, LGBTI, ATSI, rural and remote, low socio-economic and other special needs groups)
- Better aged care services
- Improved integration of health care, aged care and disability support services
- Improved palliative care and 'a good death'
- Better technological solutions for older people
- Better equity of access to services, especially for Indigenous and rural and remote older people
- Reduced expenditure on service provision and pensions for older people
- Greater economic contribution by older people
- Greater social contribution by older people
- Reduced fragmentation and duplication of ageing research effort
- Increased collaboration across relevant disciplines involved in ageing research
- Increased knowledge transfer of ageing research findings
- Improved translation of ageing research in to policy and practice (i.e. practical outcomes)
- Improved evaluation of ageing research.

ⁱ The Government committed \$200 million for dementia research in the [Healthy Life, Better Ageing Policy](#) (2013).

ⁱⁱ [The National Ageing and Aged Care Strategy for people from Culturally and Linguistically Diverse Backgrounds](#) (2015) includes a goal of improving research that is inclusive of CALD in the ageing population.

ⁱⁱⁱ [The National Lesbian, Gay, Bisexual, Transgender and Intersex Ageing and Aged Care Strategy](#) (2014) includes a goal that LGBTI people, their families and carers will be a priority for ageing and aged care research.

^{iv} Special needs groups are defined in section 11.3 [Aged Care Act 1997](#).

^v In the [Aged Care Sector Statement of Principles](#) (2015) the Australian Government committed to supporting research which will enhance the expertise and understanding of the aged care needs of the Australian population. The National Aged Care Alliance [Blueprint Series 2](#) (2015) includes the strategic objective 'data collection, analysis and evaluation is undertaken to support continuous evidence-based improvement to care and support services for older people and their informal carers.'