Evidence-based Action on Ageing Well

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Overview

1. Research informing change and new ways of thinking
   a. Ageing people and attitudes
   b. Research funding priorities: what can we know?

2. Ageing Well Research: some Findings
   a. Determinants of ageing well
   b. Life Course Influences on ageing well

3. Actions on Ageing Well: Policy directions

4. Actions on Ageing Well: Service and Practice Innovations

5. Concluding observations
   (and acknowledgement of many people especially Colette Browning, Kaarin Anstey, Julie Byles, and John Piggott)

1a ‘Who it is for’ Older People and Life Goals
(with thanks to Alan Walker for his keynote address)


Qualitative investigations with older people guiding our work from the beginning of the ‘health status’ research that led to the Ageing Well findings.

• Striving to ‘be oneself’ and self determining
• Fierce will for independence (not a burden)
• Imperative for Ageing in Place (and importance of the local environment)
• Goals: feel well, health as a resource, and quality of life

Clearly a life span approach is how people can and wish to be understood in all their diversity and commonalities (eg Davison, B., H. Kendig, F. Stephens and V. Merrill (1993). “It’s my place”, older people talk about their homes, Canberra: Australian Government Publishing Service.

1b Building Evidence Envisaging Ageing and Informing Change (A Big Picture)

New ways of thinking about ageing in Australia - increasingly led by older people and their advocates – potentially can generate whole of society innovations to enhance the well-being of older people and sustainability for future generations. Australia is different from Europe and North America – eg, we face workforce shortages as the large baby boom cohort retires over the coming decades. Ageing people can be part of the solutions to the challenges of an ageing Australia.

Intergenerational Reports (IGRs), Commissions of Audit, and ‘think tanks’ are contesting policies, prompting change, and reinforcing negative images of ageing.


Research funding determines what is ‘know-able’ - 2003 National Research Priority plan on ‘Ageing Well, Ageing Productively’; - Prime Minister’s 2003 PMSEC research agenda and a ‘vision’ for another ten years of healthy and productive ageing by 2050; - Ageing Well, Ageing Productively Research Programs (2005); - NHMRC Health Priorities (diseases) and Dementia research initiatives (2013)

2. Ageing Well Research Findings

Examples from the
- Melbourne Longitudinal Studies of Ageing (MELSHA) and
- The Life History and Health Survey (Social Determinants of Health Disparities)
(presenting mainly recent work now being published)
2a. The Melbourne Longitudinal Studies of Healthy Ageing (MELSHA) 1994-2010

Baseline Health Status of Older People Survey (N=1000)
- aged 65+ interviewed in private residences
- biennial follow-up: phone, home, mail or informant report
- 70 % response rate (some bias towards healthy people)
- Limited diversity – eg in terms of ethnicity and disadvantage

Funding Support
Victorian Health Promotion Foundation, National Health and Medical Research Council, Australian Research Council, and our Universities
(with thanks to the guidance of the VicHealth Health Status of Older People Working Group)


2b Melbourne Longitudinal Surveys of Healthy Ageing (baseline findings)
Respondents say healthy ageing means
- being active physically and socially
- feeling well
- continuing to contribute
- as well as absence of disease

Value of a Health Action Approach
- what motivates, enables and constrains

Health as a resource for the ‘continuing self’ (identity)

2c Defining Ageing Well (quantitatively)
Components of Ageing Well (all positive; at Baseline)
1. Positive Affect (mood): Scores > 17 (83%); and
2. Living Independently: Can shop for food, prepare meals, do own housework. (81%); and
3. Excellent/Very Good Self rated health (86%)
Ageing Well (all of above) (64% at baseline)

Note: This holistic definition aims to have a wider scope than ‘successful ageing’, ‘healthy ageing’, or ‘positive ageing. It builds on a small literature on ‘lay conceptions’ and builds on our qualitative research.

Multi-variate Cox regression: Best fit models for baseline characteristics on continuing to live in a state of ‘ageing well’? (article under review)

2d Baseline Ageing Well by Age, Men

2e Baseline Living Well by Age, Women

2f Life Style Predictors & Outcomes to 2008 (significant potentially improvable actions)

<table>
<thead>
<tr>
<th>Significant Baseline Predictors</th>
<th>Survival</th>
<th>Living in the Community (not in residential care)</th>
<th>Ageing Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Strain</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Physical Activity</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Healthy Nutrition</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>BMI Acceptable</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Perceived Social Support Adequacy</td>
<td></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Social Activity Amount</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

1 p < .01 (net of other health and socioeconomic predictors)
2g Gender, Life Style, & Ageing Well

Significant Baseline Predictors

<table>
<thead>
<tr>
<th>Gender</th>
<th>Necessarily</th>
<th>Men only</th>
<th>Total sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Strain</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Healthy Nutrition</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>BMI acceptable</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>No Urinary Incontinence</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Perceived Social Activity Adequacy</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Social Activity Amount</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Ex-Smoker</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

*p < .01 (net of other health and socio-economic factors)

2h Ageing, Living Well, and Chronic Disease (more MELSHA findings)

Preliminary findings from the paper ‘Ageing Well with Chronic Disease’ presented by Kendig, Browning, and Burns presented to the Invited Symposium ‘Multiple Chronic Disease: Australian and Canadian Perspectives’, Chair Andrew Wister, Discussant Marcia Ory, Gerontological Society of America, New Orleans, November 2013

2i Defining Chronic Disease

Chronic Disease Self reports (Prevalence at baseline)
(The definitions could be wider – we are exploring further …)
- Heart disease (11%)
- Stroke (6%)
- Cancer (14%)
- Diabetes (6%)
- Arthritis (56%)
- $\text{Pct with any}$ (72%)
- $\text{Pct with two or more}$ (17%)

Note: in the preliminary analyses reported below the presence of any chronic disease had similar effects to the numbers of them.

2j 1994 Baseline Living Well with Chronic Disease by Age

<table>
<thead>
<tr>
<th>Time (2yr increments)</th>
<th>Not Living Well</th>
<th>Chronic Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>OR (95% CI)</td>
<td>OR (95% CI)</td>
</tr>
<tr>
<td>1.95 (1.85; 2.05)***</td>
<td>1.24 (1.18; 1.30)***</td>
<td></td>
</tr>
</tbody>
</table>

Model adjusted for Age (centred at 65), Sex, Education, and Partner Status

- With increasing age there is an increased likelihood of Not Living Well and having a Chronic Disease.
- There seems to be a stronger effect of ageing on Not Living Well than on Chronic Disease. Ageing well is complex and involves multiple bio-psych-social factors.

2l Likelihood of Mortality (ref Living Well/No Chronic Disease)

Model adjusted for Age (centred at 65), Sex, Education, and Partner Status

- With increasing age there is an increased likelihood of Not Living Well and having a Chronic Disease.
- There seems to be a stronger effect of ageing on Not Living Well than on Chronic Disease. Ageing well is complex and involves multiple bio-psych-social factors.
2m MELSHA Conclusions and Directions

Key Findings so far for health promotion (articles under review)

- Healthy lifestyle changes in later life are related to longer term benefits
- Life Style directly influences quality of life outcomes
- Social determinants (e.g. income and food insecurity)
- Older women and men face different vulnerabilities

Further Analyses underway

- Life Style pathways to health and wellbeing outcomes
- Consequences of late-life transitions (e.g. becoming a widow)
- Trajectories through time (not all decline; how do people improve?)
- Predictors and consequences of ageing in place
- Counting backwards from death (duration of decline & service use)

Question: Can life style interventions yield the same benefits as "social" intervention?

3. Positive Policy Directions & evidence base

The broad context of increasing health and longevity of ageing people notwithstanding.

Increases of people ageing with obesity and chronic disease. Health promoting activities are increasing among baby boomers but less so for disadvantaged people


The centrality of mainstream employment, housing, and income as well as health programs with the evidence suggesting that health gain is maximised with distribution to those with the least resources.


Whole-of-government and whole-of-society strategies, eg the NSW Ageing Strategy and the Age Friendly Communities movements.


The Government’s Advisory Panel on Positive Ageing (now disbanded)

The UN human rights approach to ageing

The centrality of mainstream employment, housing, and income as well as health programs with the evidence suggesting that health gain is maximised with distribution to those with the least resources. Various CEPAR and other investigations underway.

www.cepar.edu.au

The Government’s Advisory Panel on Positive Ageing (now disbanded) was a substudy of 45 and Up

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3a The Living Longer Living Better Directions

The Government’s Living Longer, Living Better reforms (with bipartisan support) aim to radically refocus aged care to support older people mainly at home including new consumer-directed approaches.

Leadership from the Council on the Ageing (Australia) Listening to Older Australians and Productivity Commission Report on Caring for Older People.


3b Big-Picture Aims for Care Systems

- Provide for changes (trajectories and transitions) and multiple needs (social, economic, care & health)
- The importance of ‘upstream’ action (keep healthy) not only ‘downstream’ care, e.g. centrality of health promotion and maintaining and regaining independence
- Client-centred; consumer-led, continuity, improvability, integration, & timeliness – what service systems must and can deliver
- Whole of government integration with mainstream health, housing, transport... At the community level

Based on a range of ageing well and services research

3c LLB and PC: Enable Independence

- Older People in the mainstream of health promotion and community supports eg transport (difficult but essential)
- Health promotion and self care in aged care and primary care (including chronic disease)
- Enable and regain independence in community care as well as rehabilitation (Active Service Model in Vic)

The Home Independence Program: Gill Lewin in WA (more below)

[Our research shows that choice and a control are valuable in themselves]
3d Enhancing quality of life in older people
- Deliver what older people want rather than what we think they want
- Understand that there are individual differences in older people’s wishes that need to be incorporated into service tailoring
- Explicitly include QOL measurement and concepts in service evaluation and quality improvement
- Help older people avoid and manage chronic illness
- Promote meaningful social engagement
- Improve self perceptions of ageing by valuing and promoting the contributions that older people make to Society

Professor Colette Browning FAPS and Professor Shane Thomas MAPS, ‘Enhancing quality of life in older people’, InPsych | The bulletin of The Australian Psychological Society Limited February 2013, pp 12-13

3e Assuring Ageing Well
- Beyond governance, management, & resources
- Quality from whose viewpoint?
- Consumer experience and outcomes priorities
- How incorporate health and well-being?
- Approaches: regulation, quality improvement, and/or informed consumer choice?
- Essential to include home care providers
- (and the complication of ‘how’)
- Quality/standards surveys and incentives
- (you get what you pay for)
- Value of process and outcome evaluations – What works and what doesn’t

3f A few policy observations on prevention and health promotion
- In Australia there is a strong policy focus on chronic disease yet little attention to ageing and older people.
- For prevention, self management, and amelioration it is important to ensure inclusion of the middle and older age groups for whom chronic disease is most salient.
- There is encouraging evidence on the efficacy of prevention and interventions for ageing people.

3g And the big picture on well being (or can we only achieve what we measure)
Flourishing refers to the experience of life going well. It is a combination of feeling good and functioning effectively. High level of mental wellbeing.

Well-being matters for health outcomes

Can we monitor well-being along with other valued outcomes of ageing people?

4a. ACH Group ‘Good Lives for Older People’ 2011
- Innovative community care agency … committed to shifting
- from client-centred (organisation controlled ‘places’) - to consumer directed (persons with entitlements)
- Language is important: - ‘customers’ (not clients/consumers) - ‘advisors’ (not coordinators)
- Redefine power relationships – so people can continue with - the choice and the control they have had their whole lives - (not a rationed system where other people decide for them)
- Restorative approaches: social participation & physical activity

(and Barnett with Dean 2012 for the evidence base)
4b ACH Group Principles of a Good Life

1. Unique: “I am me!” “No life has been lived before and it won’t be lived again… to be honoured, including my life experiences, strengths, culture, and spirituality”
2. Being in Control: “I am in control of my life… I am my own boss”
3. Optimistic: “I have a sense of future and hope” “I set goals for myself”
4. Belonging: “I love being with family and friends” “… a variety of relationships in everyday life”
5. Contributions and Engagement: “I want to do my bit” “… To give, take, and to enjoy the fullness of life with interests and passions…”
6. Healthy: “I want to stay fit!” “… I am as healthy as I can be”

(based on Board Conversations with Older People and CDC customers’ comments) And thanks to Jeff Fiebig, Mike Rungie, and colleagues

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4c Evidence for the long term cost effectiveness of home care reablement programs

Gill Lewin, Alfonso Helman, and Alan Alfonso
Silver Chain

“The inclusion of reablement as the starting point for individuals referred for home care within Australia’s reformed aged care system could increase the system’s cost effectiveness and ensure that all older Australians have the opportunity to maximize their independence as they age.”

Clinical Interventions in Aging 2013:8 127

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4d Healthy Ageing and Inclusive Design

Healthy Ageing Agenda
Inclusive Design Agenda
Disability
Social sustainability
Eco sustainability
Maintain activity levels

Ageing continuum Kate Bridge UNSW

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4e Evidence for Environmental approaches


Plus additional Bridge publications available from the Australian Housing and Urban Research Institute (AHURI)

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5. Some Concluding Observations

• Importance of the Clinical Relationship
  - Attitudes and advice for each person (listening)
  - More than a clinical problem on a body
  - Positive: what can be done
  - Recoverable and Improvable
  - Not disability and death denying
  - Reinforcing who we are and who we can become
  - Enabling and facilitating
5b Priorities for all of us

Public Responsibilities in the community and policy

- Reminder who it is for (ageing and older people)
- ‘Our Future Selves’
- Great Diversity (Whose ageing? Eg his and hers)
- Social Inequalities over the Life Span
- Social change (as well as individual ageing)

5c Gerontology and Research

• Gerontology as a Broad Church: a multi-disciplinary and multi-disciplinary field contributing knowledge useful for action on behalf of ageing people and an ageing Australia.

• We need an Australian evidence base and critical thinking working with international collaborators and a range of constituencies including governments, advocates, providers, and older people themselves. Investing in…
  - a next generation of Ageing Well, ageing Productively grants
  - the Flagship Australian Longitudinal Survey of Ageing and
  - the next generation of researchers!

• FINALLY ACKNOWLEDGEMENT OF COLLABORATORS!
  - (NEXT PAGE)

Some related to broader policy


