

# Ageing Well

## Ageing Research Forum

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# Key themes to consider

- Ageism and Ageing Well
- What is important for older people? Engaging older people in change
- Life-course Approach, Social Determinants of Health, Age Friendly Communities
- The experience of ageing is diverse
- Management of chronic conditions: Health is a key driver of ageing well
- Integration of health and social portfolios

# Ageing Well Definitions

- Healthy ageing, positive ageing, active ageing, productive ageing
- A process that starts early in life but is amenable to change at most points in the life course
  - “... the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.” (1)
- Ageing well may be experienced differently at different ages and in different social and cultural groups.

(1) Swedish National Institute of Public Health. (2006). Healthy ageing: A challenge for Europe. Stockholm: Author.

Retrieved March 5, 2016 from [http://ec.europa.eu/health/ph\\_projects/2003/action1/docs/2003\\_1\\_26\\_frep\\_en.pdf](http://ec.europa.eu/health/ph_projects/2003/action1/docs/2003_1_26_frep_en.pdf).

# Ageism and Ageing Well

- In order to embrace ageing well we need to recognize and address ageism as a social determinant of health: Ageism limits ageing well (1)
- English Longitudinal Study of Ageing: 25% of the sample had experienced age discrimination
- 6 years later those who had experienced age discrimination were more likely to have lower self rated health; higher incident: CHD, stroke, chronic lung disease, depression.

(1) Jackson, S.E., Hackett, R.A., Steptoe, A. (2019). Associations between age discrimination and health and wellbeing: cross-sectional and prospective analysis of the English Longitudinal Study of Ageing. *Lancet Public Health*, 4 (4) 200-208.

# Ageism and Ageing Well

- As clinicians we can make assumptions about the capacities of older people that limits the types of care and interventions we offer (“That’s just part of ageing”).
- Older people may also embrace ageist assumptions that impact on their willingness to engage in services and interventions.

# Studies of Ageing Well

- How do older people conceptualise a good/happy life in old age: What is important to older people?
  - Australia
  - China
  - Malaysia
  - Saudi Arabia
- Melbourne Longitudinal Studies on Healthy Ageing (MELSHA)
  - Trajectories and predictors of ageing well

# CONCEPTUALISATIONS OF AGEING WELL



Australia	Malaysia	China	Saudi Arabia
Emotional bonds: with spouse and family	Financial independence	Living a simple life: enough money and companionship	Security in living arrangements and finances
Physical health and well being: in order to remain active, recognise the role of diet and physical activity	Physical health and functioning: in order to continue to do good deeds and practice faith	Continuing everyday routines: physical activity, health eating, social activities	Physical health: cultural difficulties in engaging in physical activity
Maintaining independence: not being a burden, resilience	Safe living environment: in order to practice faith	Contributing to society: maintaining independence, feeling useful	Religious practices and social expectations
Social opportunities: remaining connected	Spirituality and peace of mind: for yourself and the family	Social harmony: in society and in the family; low stress	Family relationships



# Ageing Well in Rural and Regional Settings

- Recent study of ageing well in rural Australia (2)
  - “What is important to you as you grow older (or your loved one), in terms of keeping healthy and well?”
  - Free text responses: n=262 participants
- Data analysed in terms of 8 community domains that contribute to Age Friendly Communities, and individual factors.

(2) Hancock S, Winterton R, Wilding C, Blackberry I. Understanding ageing well in Australian rural and regional settings: Applying an age-friendly lens. *Aust J Rural Health*. 2019;27:298–303. <https://doi.org/10.1111/ajr.12497>

# Ageing Well in Rural and Regional Settings

- Age Friendly Community Domains:
  - **Community and Health Services, Transport, Outdoor Spaces and Buildings, Social Participation**, Communication and Information, Housing, Civic Participation and Employment, Respect and Social Inclusion
- Individual Domains
  - **Physical health, independence, relationships**, mental stimulation

(2) Hancock S, Winterton R, Wilding C, Blackberry I. Understanding ageing well in Australian rural and regional settings: Applying an age-friendly lens. *Aust J Rural Health*. 2019;27:298–303. <https://doi.org/10.1111/ajr.12497>

# TRAJECTORIES OF AGEING WELL



# Melbourne Longitudinal Studies on Healthy Ageing (MELSHA) Findings

- N=1000 older adults followed every 2 years for 16 years
- Ageing well defined as good or better self-rated health, independent in ADL and good or better positive affect
- Three trajectories across 16 years:
  - Ageing well at all waves
  - Ageing well at baseline with rapid decline
  - Not ageing well at any wave

# Ageing Well Trajectories

	Ageing well at all waves	Ageing well then decline	Not ageing well at any wave
Women	30.2%	50.5%	19.3%
Men	28.0%	47.6%	24.4%

# MELSHA Predictors of Ageing Well

Women	Men
<ul style="list-style-type: none"><li>• Fewer medical conditions</li><li>• Restful sleep</li></ul>	<ul style="list-style-type: none"><li>• Fewer medical conditions</li><li>• Good nutrition</li><li>• Less stress</li><li>• Non-smoker</li><li>• Good social support</li></ul>

# Global Findings: Behavioural and Social Resources for Ageing Well

- Past or non-smoker, Moderate alcohol use
- Healthy weight, diet rich in fish and vegetables
- Moderate physical activity, strength training



# Behavioural and Social Resources for Ageing Well: Global Findings

- Quality sleep
- Low stress
- Living with a spouse/partner
- Social activity
- Emotional support
- Income
- Countering ageism





# Decline is not inevitable .... Prevention and Management

- Decline is not inevitable, older people have different health trajectories.
- If you enter old age in good health you have close to a one in three chance of maintaining good health: **Prevention**
- However most of us will age with a chronic condition: **management of chronic conditions**

# Modifiable Risk and Protective Factors

- Risk and protective factors for ageing well are potentially modifiable.
- Interventions/services are needed that will:
  - Impact earlier in life to prevent chronic conditions,
  - Impact on people entering old age with poor health and well being and,
  - Help maintain good health and well being in those entering old age in good health.

# Conclusions

- Local and international studies have confirmed the importance of social, community and behavioural resources as protective factors for ageing well.
- These protective factors are amenable to change with appropriate interventions.
- Maximising protective factors involves a Social Determinants of Health and Life-course mindset recognizing the diversity of ageing populations.
- We need integration of interventions/services for older people to recognize diverse health and social needs.