



A review of healthy ageing research in Australia

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Executive summary

Healthy ageing directions

- Healthy ageing is gaining momentum as an important goal for all societies experiencing unprecedented rapidity and scale of population ageing. (1.1)
- Australian governments are taking the lead in promoting the health, well-being and productivity of older people. The National Strategy for an Ageing Australia framework places healthy ageing as one of its four main directions. (1.2)
- These Commonwealth and State initiatives recognise that research-based knowledge is crucial to guide the individual and collective action necessary to realise the potential of healthy ageing. (1.3)
- The Commonwealth, States and Territories are developing a coordinated national framework for advancing a more positive and enlightened view of ageing. (1.4)
- The Commonwealth State and Territory Strategy on Healthy Ageing recognises the critical importance of research in contributing to ‘evaluation of care and support services; prevention of illness; better interventions in treatment; and elimination of barriers to participation’. (1.6)
- In broad terms there is clearly some reorientation towards the promotion of more holistic healthy ageing research in Australia. What is lacking is a well-coordinated, targeted, national effort that can mobilise capable researchers and research organisations to generate good policy relevant research on healthy ageing, that can provide the essential evidence base for policy and program development for the future. (1.10)
- This review was commissioned by the Commonwealth Office for Older Australians on behalf of the Community Services Minister’s Advisory Council, to determine information needs for Commonwealth and State policy development in healthy ageing.(1.18)

Who needs information and why?

- Information collected through research on healthy ageing is required by a diverse range of stakeholders: government policy and program managers, service and provider organisations, advocacy organisations, consumers and the wider community. (2.1)
- Policy makers require information for developing and delivering cost-effective programs. (2.2)
- Provider organisations and formal care providers themselves need research findings and information relevant to their work. (2.4)
- Advocacy groups need information to guide individual and social action by older people. (2.6)
- The need for targeted information to be provided to older persons (of all ages) themselves is self-evident. (2.7)
- The increasing numbers and wealth of older people underscores the considerable potential for the private sector in responding to their demand for high quality life styles. (2.8)
- There is a need to ensure that sound scientific and verifiable information based on valid research findings is available to offset the more spurious claims that may be made for relatively expensive and potentially harmful products and procedures in certain circumstances. (2.10)
 - A number of broad themes emerged from the group consultations and telephone interviews.
 - The research topics need to be tackled from a multidisciplinary perspective that also includes input from older people.

- Healthy ageing research is not just about older people, but about the process of ageing across the adult lifespan and inter-generational relationships. We need to think of ageing people not older people.
- Promoting healthy ageing requires a better understanding of the psychological and social factors that impact on health.
- Many interventions are good for the whole community even when they are primarily targeted at older people.
- Many large data bases about older Australian people are available but have not been fully analysed or integrated (2.19)

Who provides research?

- The production of useful knowledge on healthy ageing depends on having a capable and responsive research community. Researchers can be influenced and enabled by incentives and resources that direct them towards useful studies and communicating findings to those who will apply them. (3.1)
- Of the various approaches to conducting healthy ageing research, the most common approach, based on the content analysis of the Australian Ageing Research Directories, is individuals or small group research in Universities, conducting specific investigations sometimes along with graduate students. (3.11)
- An alternative approach to research is provided by Centres that bring together researchers focused on a common mission. Australian States presently have varying small Centres concerned with healthy ageing and their research is generally well represented in the Australian Ageing Research Directory. (3.15)
- In addition to the University Centres specifically on ageing, it is important to take account of other University research concentrations doing related work of excellence. (3.17)
- Australia does not have any nationally funded research institute with a primary interest in healthy ageing. (3.18)
- Indications from the Research Directory (2000) suggest that funding of ‘healthy ageing’ research is broader than the contributions of the NHMRC and ARC, and that although these organizations are the major funding bodies, they provide only minimal support to healthy ageing research. (3.20)
- The majority of the research reported in the Australian Ageing Research Directory focuses on the ‘problems’ of old age and their management, although there is a growing interest in health promotion and successful ageing research. (3.26)
- There already are data sources related to health and ageing in Australia. These include Census data, national survey data, mortality and morbidity information, market research and program statistics. There is considerable potential for further analyses of these data sources with respect to healthy ageing. (3.29)

Ways ahead

- With foresight and planning, ageing can emerge as a massive opportunity rather than a problem.(4.1)
- A central question to be addressed will be how to assure the health and well being of the increasing proportion of older persons enjoying greater than ever life expectancy. (4.2)

- The value of sound knowledge to guide action is recognised by the strong emphasis given to research and information being considered in the development of the National Strategy for an Ageing Australia framework. (4.4)
- The opportunity is now here to develop a coordinated approach and commit resources to building a national research capacity on ageing. (4.5)
- There appears to be widespread agreement among policymakers, consumer groups, and researchers that more research and data collection is needed on healthy ageing. Consultation with researchers throughout Australia elicited a number of key factors limiting a comprehensive response to this need:
 - Most research on healthy ageing at present is conducted by individuals or small groups from the disciplines and/or areas of geriatric medicine, psychology, sociology, social policy and public health.
 - A number of small research centres conduct research on healthy ageing but their scope is limited, there is little synthesis or dissemination of knowledge, and there is little networking or coordination between them.
 - There are limited opportunities within the NHMRC, the ARC and other funding bodies to focus on healthy ageing research.(4.6)
- A more strategic approach is clearly needed to further develop health and social policy related research on ageing. (4.8)
- Dissemination is crucial to ensure that research findings and their implications are fully available to the appropriate audiences who can make use of it. (4. 12)
- Priority topics for research are presented in the areas of well-being, independence and activity; social and cultural diversity; improving and maintaining health; intergenerational relations and planning for ageing; income, employment and voluntary contributions; program and service research; and the baby boom and social change. (4.18)
- To be fully effective the organisational framework for a healthy ageing research strategy must reflect Australia's federal character and build on the collective strengths of the Commonwealth, States and Territories. (4.20)
- Researchers surveyed recommended four main ways in which ageing research in Australia could be improved:
 - creating a national institute on ageing;
 - a network of state institutes with a national institute as the coordinating focus;
 - the establishment of specific ageing funding bodies and/or specific purpose funding arrangements; and
 - increased funding for research training in the field of ageing including scholarships, training fellowships and postgraduate fellowships. (4.21)
- A strong case needs to be put to NHMRC and ARC to review the impacts of population ageing on the health of Australians and to devote some of its recent funding increases to this area. (4.26; 4.27)
- A comprehensive approach to healthy ageing research can be furthered significantly by a national focus for leadership. (4.30)
- A national institute and related state centres (see below) can better coordinate and enhance research on ageing by bringing more closely together the users and producers of research finding, and by facilitating communication and collaboration amongst them. (4.31)

- We recommend the establishment of a national task force with appropriate representation of key stakeholder groups to be charged within the framework of the National Strategy for an Ageing Australia and the Commonwealth State and Territory Strategy on Healthy Ageing to investigate the feasibility and propose a structure, organisation and funding sources for the Institute. (4.33)
- In our view a coherent research program on healthy ageing requires a network of at least one comprehensive multi-disciplinary centre devoted to healthy ageing within each of the five mainland states. (4.35)
- In the Australian Federal system, States provide the natural basis for establishing centers that relate closely to the State Government initiatives across the full scope of healthy ageing, and also bring together their multiple universities. (4.36)
- Major resources for understanding healthy ageing are longitudinal, multi-disciplinary surveys of ageing. Australia has notable studies in individual cities such as the Australian Longitudinal Study on Ageing in Adelaide, the Health Behaviours and Outcomes study in Melbourne, and the Dubbo study of ageing. Notwithstanding the valuable National Women's Longitudinal Health Survey, we lack the kind of comprehensive national survey that underpins ageing research in Europe and North America.(4.38)
- We recommend that the funding of longitudinal studies on ageing be explored as a core component of the ongoing partnerships between the proposed National Institute and State Centres on ageing. (4.43)
- A coherent national approach requires Commonwealth-State joint action with leadership through the Commonwealth Office for Older Australian, together with the parallel offices and/or units in each of the States. This will advance a national focus to coordination, priority setting and disbursement of dedicated ageing research funds to conduct research and disseminate findings on healthy ageing. (4.45)

1 Healthy ageing directions

Introduction

- 1.1 Healthy ageing is gaining momentum as an important goal for all societies experiencing unprecedented rapidity and scale of population ageing. In 1982 the International Plan of Action on Ageing stated ‘Research and practical experience have demonstrated that health maintenance is possible and that diseases do not need to be essential components of ageing.’ Multidisciplinary research through the 1980s and 1990s has underpinned a global reorientation of perceptions of ageing and its challenges towards a positive, proactive and informed approach. In a 1999 report, the World Health Organization determined that: ‘... the view of ageing as a crisis must be rejected: ageing has a lead time of decades rather than years and provides societies with the opportunity to prepare themselves through appropriate policies and programs for an ageing population...the need to focus on promoting health and minimising dependency of all older people is a common principle of action. This approach has been termed ‘healthy ageing’ or ‘ageing well’.
- 1.2 Australian governments are taking the lead in promoting the health, well-being and productivity of older people. The *National Strategy for an Ageing Australia* (NSAA) framework places healthy ageing as one of its four main directions and articulates the social and economic benefits to be achieved for all Australians. The Commonwealth, States and Territories are developing a coordinated strategy to implement new programs on healthy ageing. These initiatives acknowledge the importance of enhancing opportunities for older Australians and improving the cost-effectiveness of government expenditure. Government commitment to accountability requires that policy officers are well informed in deciding where to best allocate resources and to measure the benefits of policies and programs.
- 1.3 These Commonwealth and State initiatives recognise that research-based knowledge is crucial to guide the individual and collective action necessary to realise the potential of healthy ageing. Accordingly, this report was commissioned by the Commonwealth Office for Older Australians on behalf of the Community Services Minister’s Advisory Council, to provide advice on research directions in healthy ageing.

Australian healthy ageing and health research

- 1.4 The Commonwealth, States and Territories are developing a coordinated national framework for advancing a more positive and enlightened view of ageing. The NSAA is advising the Government on short, medium and long-term policy responses to population ageing. The main themes in the Strategy are healthy ageing, world class care, independence and self provision, and attitudes, lifestyle and community contribution and support. These are key issues for all Australians and they demand the wide involvement of governments and other stakeholders in addressing the economic and social implications of ageing. The National Strategy offers the chance to discover new ways to make ageing a positive experience for individuals and communities and to recognise that old age should be enjoyed not endured.’
- 1.5 The NSAA identified some specific research priorities among the challenges for promoting healthy ageing. These included determining the health status and needs of the old-old, evaluating the effectiveness of health promotion strategies, investigating the impact of

income on health status and determining the motivational factors in health ageing in order to design more effective interventions. This focus on healthy ageing recognises the critical importance of good quality information. It also emphasises the need for research which is capable of providing guidance for policy and program development.

- 1.6 The *Commonwealth State and Territory Strategy on Healthy Ageing* recognises the critical importance of research in contributing to ‘evaluation of care and support services; prevention of illness; better interventions in treatment; and elimination of barriers to participation’. The ongoing role of research is ‘...to inform Government policies on ageing and improve services’. Priorities for research action were identified and the Commonwealth, State and Territory Strategy noted the need to ‘encourage researchers and governments to work together to facilitate links between organisations undertaking research’. It recognised the need to ‘stimulate the involvement of the private sector in sponsoring research and provision of scholarships.’
- 1.7 In its broader responsibilities for health research, the Commonwealth government is addressing the substantial need to upgrade investment as an economic as well as a social priority. The influential Wills report on the National Health and Medical Research Council is guiding significant investment in fundamental research and also in priority-driven research that assesses new knowledge and interventions and informs policy. The Strategic Research Development Committee has the mandate ‘...to develop a strategic research capability in areas where the research effort is not commensurate with the magnitude of its importance to health care in Australia’. This priority-setting process takes strong account of national health priority areas including consultations with the NHMRC, Commonwealth and State Health Ministers, and other experts and stakeholders.
- 1.8 In the States there is considerable development of health promotion research notably the Victorian Health Promotion Foundation (VicHealth) and the similar Healthways Foundation in Western Australia. Both funding bodies have put into place processes for involving researchers, community representatives, policy-makers, and practitioners in setting research agendas. They concentrate research in areas of identified priority and emphasise dissemination and monitoring of the practical impact of the research especially as it relates to developing and evaluating interventions.
- 1.9 Notwithstanding these initiatives, Commonwealth and State research on ageing and older people is directed overwhelmingly to matters concerning aged care. While this work is crucial to provide better for the minority of frail older people, it does not recognise that the vast majority of older people is fit and can make substantial contributions. The imbalance in the present research effort leads to the misplaced view that old age is a time of dependency. Comparable research on healthy ageing can provide a balance of understanding and identify ways to enhance opportunities and well-being as we grow older.
- 1.10 In broad terms there is clearly some reorientation towards the promotion of more holistic healthy ageing research in Australia. What is lacking is a well-coordinated, targeted, national effort that can mobilise capable researchers and research organisations to generate good policy relevant research on healthy ageing, that can provide the essential evidence base for policy and program development for the future. Australia, its States and Territories, have clearly recognised the need for such a coordinated approach and the need to engage the wider community and the private sector in the process. What is urgently needed now is a well developed framework and strategy to vigorously and systematically pursue these objectives.

Global directions in healthy ageing research and policy

- 1.11 Following the 1997 World Congress of Gerontology held in Adelaide, the United Nations Program on Ageing launched a joint project to be undertaken with the International Association of Gerontology for the development of a worldwide, policy-related research agenda on ageing for the twenty-first century. The research agenda aims to increase understanding of the new policy-related aspects of ageing in order to improve quality of later life, reduce inequalities and ensure the sustainability of societal and human development. The aim is to assist policy makers and others in defining policy goals, selecting priorities for interventions, identifying measures for policy implementation, evaluating policy impacts, and supporting capacity building.
- 1.12 This commitment to data collection and research underpins policy and program development by international intergovernmental agencies. The 1998 program of the WHO Ageing and Health (AHE) states: ‘In light of its key perspectives, AHE has shifted its research focus away from a disease-oriented paradigm towards one primarily concerned with health. For that, the previous three program components are crucial: it is only by strengthening the information bases and disseminating the information gathered that knowledge gaps can be clearly identified. Further light can be thrown on the research agenda that is needed, through advocacy—involving new players (the consumers included) in the broad consultation. In particular, three main research areas are the subject of special attention by the program...AHE efforts are concentrated on supporting the development of multidisciplinary research agendas and infrastructures at a country level. AHE also fully recognises the importance of adopting new approaches to research on ageing and health, in order to establish the knowledge base for public health action in an ageing global population.’
- 1.13 The *United Nations Population Fund* (UNFPA) similarly stresses the value of research for policy development, in its working paper on population ageing:
- In attempting to develop new policies and programmes the real needs and preferences of older people need to be determined and both the direct and indirect consequences of their implementation (including the side effects of unrelated policies) evaluated. For such policies and programmes to be effective, adoption of a holistic approach will ensure that in dealing with one particular issue the broader needs of older persons and of wider society are recognised, that the influence of earlier life experiences of the current aged are acknowledged, and that the prospects for meeting the needs of future older cohorts are not compromised.
- 1.14 In the United States the commitment to research is evidenced by the National Institute on Ageing (NIA). The Institute’s draft *Strategic Plan for Fiscal Years 2001-2005* provides a comprehensive research agenda for healthy ageing. The primary research goals are:
- to improve health and quality of life of older people;
 - to understand the healthy ageing process;
 - to reduce health disparities among older persons and populations; and
 - to enhance resources to support high quality research.
- 1.15 An important feature of this plan is that it was developed through a process involving both researchers and policymakers. NIA funding over five years is projected at \$596,521,000.
- 1.16 Additional national initiatives in healthy ageing are found throughout Europe, North America, and other developed regions including the following:

- The Canadian Healthy Ageing Program, established within the National Health and Research Development Program, includes the Seniors Independence Research Program and other efforts to strengthen policy developments for the present and future ‘seniors’ with priority given to dissemination.
- The New Zealand Intergenerational Relations and Positive Ageing program, set as a priority theme within the national public good science fund, aims to add to knowledge in areas of national goals. It relates closely to the Prime Minister’s Ministerial Task Force on Positive Ageing and emphasis is given to ‘end-point’ users of the research.
- The United Kingdom, Improving the Quality of Later Life Research program, closely related to European as well as national policy development, funds research on the determinants of well-being including the contributions of older people and the influence of social structures on their employment and other opportunities.

1.17 Australia can benefit by committing comparable research support for healthy ageing developments and by contributing in this international research effort.

The brief and the report

1.18 This review was commissioned by the Commonwealth Office for Older Australians on behalf of the Community Services Minister’s Advisory Council, to determine information needs for Commonwealth and State policy development in healthy ageing. The brief invited the team to review current and planned research in healthy ageing, ascertain the existing position, possible future directions, and present and future ‘players’. It was envisaged that there would be liaison with State, Territory, and Commonwealth Government agencies (to determine possible collaborative action); liaison with Non Government Organisations concerning healthy ageing strategies; and consideration of funding and other strategies for contributing to knowledge and its application to policy and programs.

1.19 The Consultancy was conducted from March to June 2000 by the five investigators and it included the following steps:

- Ongoing telephone briefings and consultations between the Commonwealth project coordinators from the Commonwealth Department of Health and Aged Care, Office for Older Australians and the consultancy team to specify the directions of the consultancy (March, April, May, June, July).
- A team meeting in Canberra to clarify the objectives, scope and work program and the expectations of the consultancy and the report (March, 23).
- 20–30 minute telephone interviews with policy, program and advisory groups, in each State and Territory, to identify demand for information (April).
- A web page questionnaire was developed and distributed to researchers to gather views from a research perspective, and to provide information on the current focus of research.
- Consultations in each State (QLD, NSW, VIC, TAS, SA, WA) including a cross-section of policy makers, consumers, service providers and NGOs, and researchers.
- A project team meeting was held in Melbourne in late May to workshop the recommendations of the report. This enabled an opportunity to draw on informed judgments and to incorporate further input of the information sources.
- Several teleconferences between the investigators were convened at critical stages during the review.

- 1.20 This report presents findings and recommendations from the review. This first section has introduced key policy and research issues and presented an overview of the processes in conducting the review. Section 2 presents findings on the information needs and uses of governments, providers, and consumers. Section 3 reviews existing research providers, their studies, and their views on research. Section 4 considers funding directions for shaping and further building research on healthy ageing including approaches to funding, coordination, and dissemination.

2 Who needs information and why

Introduction

2.1 Information collected through research on healthy ageing is required by a diverse range of stakeholders: government policy and program managers, service and provider organisations, advocacy organisations, consumers and the wider community. While all stakeholders need information the priorities and types of information required vary with the activities each performs. This section reports on the information needs of the different stakeholders; their priority areas for research, views on the adequacy of existing information and its accessibility, and suggestions for improving the conduct of research and dissemination of findings to meet their needs. Also explored is the stakeholders' understanding of the term 'healthy ageing research' and its appropriateness from their perspective.

Information needs of the different stakeholders

Government policy and program managers

2.2 Policy makers require information which answers core program data needs. Often this relates to specific target groups. Policy makers seek the broad picture, rather than details, requiring only sufficient information to be informed of the implications for healthy ageing when allocating resources. They need to know what is working and what is not and why, and are concerned with issues of cost and efficiency. They require information that can be put up to a minister and can be acted on quickly. A widely held perception is that there is a lack of timely availability and use of relevant research findings and information in policy formulation processes. There is increasing recognition that there is a need to bring the views of older consumers into policy.

2.3 Policymaking clearly does need to be supported by research that can provide answers to specific gaps in knowledge on key policy questions and issues. In the absence of such research based information many policy decisions will be made in a knowledge vacuum, reflecting current political pressures and lobbying forces. There is no guarantee that good information and knowledge leads to good policy, but at least there is the prospect of more informed evaluation of policy options based on sound data. As a new policy area 'healthy ageing' makes great demands for information which is clearly needed.

- Information is crucial to building a 'whole of government' approach to healthy ageing.
- Many of the most important actions of government are arrived at by agencies (e.g. transport and land use planning) which do not have a 'cross-portfolio facility' awareness of their impacts on ageing or health issues.
- Information is essential to show which programs can be expected to achieve the desired outcomes and how to implement them effectively.
- Population-based information helps to direct resources to those who need them and to monitor changes over time.
- Its potential needs to be demonstrated to politicians, administrators and financial analysts who do not yet know the potential for improvement of health in later life.

- The views of older people must be brought into decision making to ensure that programs are appropriate for them.

Service provider organisations

- 2.4 Provider organisations and formal care providers themselves are clearly in need of up to date research findings and information relevant to their work. Practitioners are providing services and interacting with the consumer upon whom the information has a direct impact. Quality of life outcomes for consumers, now a requirement for government funders, can be achieved through a healthy ageing approach. For example, quality of care needs to include efforts to foster independence and self care.
- 2.5 In general, acquisition of research findings and information relevant to organisational policies and practice is obtained through ad hoc arrangements. Individual providers are expected to keep themselves informed as part of personal professional development and larger organisations can support in-service training and update activities that, among other things, can bring relevant current research findings to attention. Service providers and their peak bodies need information which focuses on quality of life and individual person outcomes; fostering independence; prevention and improvement, as well as on issues of care, such as application in practice and training.

Advocacy organisations

- 2.6 Advocacy groups need information on topics of concern to older people. Information access is important for consumer organisations and advocacy groups as it allows them to become a more authoritative voice in what they disseminate and promote to government and others. Such groups generally have to access relevant research and information on their own initiative. There is a strong case for making findings of research more available and to have them presented and interpreted in ways relevant to the needs of such groups. When the endeavours of advocacy groups are properly informed and backed by sound evidence they are more likely to be acted upon. Research is especially important for them to speak on behalf of the most vulnerable older people who cannot easily participate in public fora.

The older ageing population itself and informal carers

- 2.7 The need for targeted information to be provided to older persons (of all ages) themselves is self-evident. It is important to expose the myths and present the realities of healthy ageing in useful and catchy ways to support positive attitudes and actions. Much of the information that should be provided to the general public will be relevant but to effectively connect with older persons themselves the presentation and accessibility of the material needs to be given special consideration. There are growing numbers and modes of communication with the older population through print and electronic media, and these avenues should be tapped to provide an effective conduit for dissemination of sound current research based information on healthy ageing. Those with a caring relationship with older relatives and other informal carers have a special need to be informed. The existence of organisations representing carers provides one avenue of providing this group with information.

The private sector

- 2.8 The increasing numbers and wealth of older people underscores the enormous potential for the private sector in responding to their demand for high quality life styles. Market research is the key to providing consumers with the housing, recreation, and many other services, they want at an affordable price. Banks, insurance firms and other large organisations are well-positioned to keep their customers informed on ways to achieve healthy ageing.

The wider community

- 2.9 The general public is now barraged with various forms of information on ageing with a fair amount of such information relating in one way or another to the idea of 'healthy ageing' and associated issues. Such information appears in the print media, television and radio and increasingly on the World Wide Web. Most of the information provided in this way is through 'public information' services provided by the media. Some however is directly or indirectly commercial in nature and is primarily about promoting some product or another that is claimed to have positive effects on age-related problems of health and function. Indeed there appears to be an emerging industry promoting anti-ageing therapies including dietary supplementation, 'natural' products, hormonal replacement, dietary schemes, exercise related devices and cosmetic interventions including surgery.
- 2.10 There is a need to ensure that sound scientific and verifiable information based on valid research findings is available to offset the more spurious claims that may be made for relatively expensive and potentially harmful products and procedures in certain circumstances. Dissemination of accurate information on healthy ageing to the wider community will also reduce the likelihood of negative stereotypes and increase the recognition of the worth of older people who can remain active and productive members of the community.

Information sources

- 2.11 Two main sources of information were used to ascertain the information on priorities and perspectives of the stakeholders reported in this section:
- individual telephone interviews with State policy officers; and
 - group State consultations with stakeholders.

Individual telephone interviews with State policy officers

- 2.12 Individual telephone interviews were conducted with State policy officers during March and April 2000, to examine views on the kinds of information which would be useful for policy and program development; priority areas and suggested ways in which funding programs could be developed or shaped to maximise the usefulness of applied research in the field. Participants were selected based on recommendations of the Commonwealth Project Officers' and participants from the Healthy Ageing Research Forum (November, 1998). Letters were sent to key players in each State, explaining the purpose of the project and expressing the project teams' interest in obtaining their views. Contact arrangements were made with ten individuals who had played significant roles in policy and program development covering all States and Territories.
- 2.13 An interview outline was designed as a common guide for questions to be covered during the telephone consultations addressing the term healthy ageing research, key players, perceived information needs (of government, NGOs, service providers, consumers, ATSI and

culturally and linguistically diverse populations), the quality and scope of current information, information value, use and access. This enabled clear comparisons in responses across organisations and States. Responses were noted during the telephone interviews; distributed amongst the project team and compared, to inform key topic areas as per the government healthy ageing priorities; and to define the information needs of National and State Governments.

Group State consultations with stakeholders

2.14 During April and May 2000, group consultations were conducted in each State with a cross-section of key representatives of each of the main stakeholders: consumers, service providers, policy officers, researchers, CEO's and Managers of aged care industry. Also included were a small number of researchers to represent the research provider perspective. The six focus groups comprised a total of 54 representatives (9 consumers; 9 policy officers; 9 service providers; 9 advocacy; 10 NGOs; and 8 researchers), providing an overall balance of perspectives. Participants were selected based on the consultants' contacts in the field and recommendations from liaison officers in each of the State Departments. Further invitations were sent to additional key players as required. A principal investigator visited each capital city to facilitate the group consultation.

2.15 The following issues were explored in each group:

- What is encompassed by the term 'healthy ageing research'?
- Is it an appropriate terminology?
- What is happening in this area in your State?
- Who are the main players?
- What are the priority areas for research?
- What might be done to improve work in this area?
- How can results be better incorporated into policy and practice?
- How can 'consumers' be more involved and benefit more?
- How could efforts in this area be promoted and better supported in the future?

Note: Transcripts from each State group consultation were analysed to identify the specific needs and perspectives of the different stakeholders, and also the range of opinion and level of agreement, for each issue raised.

What is healthy ageing research?

2.16 This question was asked of policy makers in the individual interviews and their responses were generally similar. Coverage of areas under the term 'healthy ageing research' was broad, including quality of life, well-being, work, volunteering, independence, self-care, financial control and management. Ageing as a process was emphasised, as was a social view of health, rather than health confined to physical and/or mental aspects. Although the use of the word 'healthy' was conceded as narrow, it was not seen to matter greatly because it was not interpreted narrowly. As one policy maker said: 'Health can be considered broadly due to the health agenda being well accepted'. Thus for policy makers the term 'healthy ageing' was considered appropriate, and while the term 'positive ageing' was viewed as acceptable it was not preferred, and there was no support for replacing the term 'healthy ageing' with 'successful ageing'.

2.17 Responses from other stakeholders obtained through the group consultations indicated greater concern over the possible misinterpretation and implications of the term ‘healthy ageing research’. In particular, advocacy groups and consumers were concerned that the term excluded older people who were not in robust health. Like the policy makers, there was consensus that the areas in which ageing research was needed was broad and should not be limited to physical and mental health, but should include topics like transport and employment as well. ‘It is a quality of life issue, not a health (in terms of disease) issue’. Despite their concerns they expressed difficulty in deciding on a more appropriate term than ‘healthy ageing’ to encompass the range of areas requiring research. There was some support for replacing ‘healthy ageing’ with ‘positive ageing’, but not with ‘successful ageing’ which was viewed as a pejorative term. It was noted that while the early work on health and ageing concentrated on sick people, as community perceptions about old age change the term ‘healthy ageing’ broadly defined is becoming more appropriate.

Priority areas for research on healthy ageing

2.18 The two questions asked of the participants in the group consultations pertinent to this section of the report were ‘*What are the priority areas for research in healthy ageing?*’ and ‘*What might be done to improve work in this area?*’

2.19 A number of broad themes emerged from the consultations:

- The research topics need to be tackled from a multidisciplinary perspective that also includes input from older people.
- Healthy ageing research is not just about older people, but about the process of ageing across the adult lifespan and inter-generational relationships. We need to think of ageing people not older people.
- Promoting healthy ageing requires a better understanding of the psychological and social factors that impact on health.
- Many interventions are good for the whole community even when they are primarily targeted at older people.
- Many large databases about older Australian people are available but have not been fully analysed or integrated.

2.20 There was a high degree of consistency in the responses to these questions across the stakeholders. Table 2.1 lists the topics elicited by the stakeholders and some representative comments elicited during the consultations. This feedback identifies a range of priority areas which require further research. The suggestions to improve work in these areas clearly indicate that a shift in the present research focus, and in some instances the method of data collection, is required if the information collected is to contribute to our understanding of healthy ageing and to answer the information needs of the stakeholders.

Table 2.1 Priority topic areas in healthy ageing research suggested in group consultations and suggestions to improve work in this area

Priority topic area	Representative comments re: improvement
Measuring and changing community attitudes	This is fundamental to promoting physical and psychological health in old age. It is about empowerment and quality of life
Socially isolated older people	They need to be located and the barriers to participation identified. This information can then be used to design appropriate interventions
Elder abuse, safety and security	There is fear in the community but the extent of the problem is exaggerated by the media. Older people need realistic information that does not discourage participation
Nutrition	Under-nutrition is a particular problem for older single men and obesity in older people is a risk factor for diabetes and other diseases which can be prevented
Mental health and illness, mental health promotion	Research need to focus on well being as well as mental illness. What characterises a person who has good mental health? How can we promote well being and effective responses to stress?
Medication use and poly pharmacy	Still a big problem
Life-long learning	Needs to be promoted to improve participation and well being
Health differentials	Not much research on this in older groups. Need longitudinal studies to map cumulative effects of socio-economic status on health
Area/regional/context based research	Too much research is about 'averages' across large geographic regions. Need to focus on specific areas and contexts and design interventions to meet the needs of specific groups. Older people live in a context and this needs to be recognised in research programs
Population groups: cultural and linguistic diversity, diversity in terms of frailty, gender	Need to recognise that older people in Australia come from varied backgrounds. We know very little about our ethnic aged for example. We need to recognise the diversity in health status and functioning
Cohorts	Need to recognise that the experience of ageing may be different for different cohorts (e.g., baby boomers vs current older cohort)
Prospective evaluations of interventions	Many interventions are poorly evaluated. In order to achieve best practice we need prospective evaluations of interventions
Broader approaches to measurement of outcomes	Need to shift balance between disease based and quality of life approaches to measurement of outcomes
Consumer decision making	Need better measures of capacity to make informed choices about health care
Transport	Need multidisciplinary approaches not just economic approaches. Driving is an important aspect of independence and wellbeing
Housing	Need to promote good design for all ages
Carer stress	Current policies have not addressed the consequences of ageing in place for carers
Impact and use of information technology	This is a potential positive for older people but we need to design user friendly education programs
Employment, unemployment, under employment, retirement	This is an issue for the current cohort of 50 to 60 year olds

Barriers to effective use of research findings

2.21 There are a number of barriers that may apply to the effective policy use of the available data and research findings in general. Some of these barriers relate to policy makers or the demands under which they operate, others to researchers and the quality and type of information provided, while many relate to problems of communication and dissemination between the various stakeholders. The following are examples of barriers elicited in the group discussions:

- imposition of political imperatives ('policy on the run', or 'policy on the back foot');
- lack of timely information provided by researchers to policy makers;
- researchers publish in academic journals where the information is not available to stakeholders for years after data collection;
- misunderstanding by researchers and data gatherers of the policy process;
- misunderstanding by policy and decision makers of the relevance of information and research;
- inadequate analysis methodologies for interpreting research and information in policy relevant terms;
- lack of appropriate enumeration of available data, etc; and
- inappropriate and/or poor presentation of research findings and information.

Access to and dissemination of research findings

2.22 Stakeholders were asked how research findings could be better incorporated into policy and practice. They noted problems of access to information, which frequently is only available in academic journals or in reports (with limited circulation and generally written in a form which is difficult to understand and use). They also emphasised the importance of being involved in the framing of the research questions and in the doing and reporting and dissemination of the research. The following are some of the key points made during the consultations:

- While some stakeholders thought that there was not enough information, others considered that the problem was not the amount but the quality of the data and its accessibility.
- There is inadequate translation of the available information between the providers of information and the different user groups.
- It was noted that some audiences see the conduct of research as an answer in itself, and do not always know how to use the information and findings.
- There is a demand for evidence-based research which is presented simply in a way appropriate to the differing audiences.
- Research should be disseminated widely in different formats depending on the information level required.

- Information needs to be made available to those who are most at risk, e.g. older people of low socio-economic status.
- Researchers need to be more active in promoting their findings and in demonstrating the practical applications.
- Consumer groups noted that findings from research which is publicly funded should be made publicly available, even if the findings do not fit the interests of policy makers.

3 Who provides research?

Introduction

- 3.1 The production of useful knowledge on healthy ageing depends on having a capable and responsive research community. Researchers can be influenced and enabled by incentives and resources that direct them towards useful studies and communicating findings to those who will apply them. It is important therefore to review research production in Australia and to consider ways in which healthy ageing research strategies can build on their strengths and overcome their weaknesses.
- 3.2 The focus of this section is on University researchers although attention is also given to government research. Researchers in our survey of healthy ageing are working primarily within Universities. Unlike Europe or North America, Australia does not have large independent research institutes doing applied work (for example, there is no RAND Corporation or Brookings Institution) nor are there major advocacy groups or consultancy firms which maintain core research expertise in the area. The large medical research institutes in Australia conduct basic research, which is largely beyond the scope of applied healthy ageing research.
- 3.3 This section focuses on the following questions:
- What are the researchers views about the term healthy ageing?
 - How and where is research in the field of healthy ageing in Australia conducted and who does it?
 - What is the current funding approach to research in Australia?
 - What areas of healthy ageing research exist in Australia?
 - What do the researchers consider are the priority topic areas and types of research needed in the area of healthy ageing?
 - What are the barriers to the application of research findings to healthy ageing policy and how can we overcome these barriers?
 - How do the results of our consultations relate to national and international research agendas on healthy ageing?

Information collection

- 3.4 Two main sources of information were used to ascertain who provides research on healthy ageing in Australia and how it is conducted, and to seek the perspectives of researchers in the area of healthy ageing on a range of issues. These sources included:
- A Web-based survey of Australian researchers working in the field of ageing.
 - A content analysis of the 1996 Australian Ageing Research Directory, and consultations with the developers of the 2000 Australian Ageing Research Directory.

The web-based survey of researchers

- 3.5 A web page questionnaire was used as an efficient and cost effective tool to gather researchers' perspectives on healthy ageing research. Key informants for this survey across Australia were identified from the consultants' networks in the field and from the Research Directory on Ageing (1996). A list consisting of 90 researchers was created and these people received an email with the web page questionnaire attached. This approach not only increased the professional image and profile of the project, but proved to be an appropriate communication medium for researchers. Forty-one researchers responded to the survey.
- 3.6 A web page questionnaire was developed comprising 12 questions. Respondents were asked to define the term 'healthy ageing', to nominate up to five broad topic areas for policy related research on ageing, and to outline the barriers to dissemination and recommendations to improve dissemination. They were also asked about their future research plans and to give suggestions on how to improve research on ageing in Australia.

1996 and 2000 Australian ageing research directories

- 3.7 We conducted a content analysis of the 1996 Australian Ageing Research Directory using the categorisations included in the index. We then collapsed these categories into broad content areas of healthy ageing research topics. During the consultancy, the 2000 Research Directory on Ageing was being collated and produced. In order to ensure that we had up to date information about the key areas of research currently being undertaken in Australia we met with the developers of the 2000 Directory and conducted a content analysis of that Directory. This allowed comparisons between the 1996 and 2000 directories, and highlighting of changes in research focus over the intervening years. Information gained from the directories included healthy ageing content areas, types of research teams and centre-based research.

What is healthy ageing research?

- 3.8 The first question asked of the researchers in the web based survey was what is meant by the term 'healthy ageing' and whether other terms might be more appropriate? Thirty-four of the respondents answered these questions. The term was considered appropriate by slightly less than half of the respondents (16), with a similar proportion (15) preferring one of the alternative terms listed (positive (3), active (2) or successful (4) or nominating another term (6). Six of the respondents indicated indifference to the term. These findings provide some support for the retention of the term healthy ageing, particularly given the absence of a consensus for a replacement term, but highlight concerns about the narrowness of a term that focuses on health.

The context of healthy ageing research in Australia

- 3.9 The purpose of this sub-section of the report is to outline the context in which healthy ageing research is conducted in Australia. The discussion is based on our observations as academics working in Universities and on the analysis of the projects and teams included in the Australian Ageing Research Directories (1996 and 2000). The Australian Ageing Research Directories show that in Australia *Universities remain the fundamental knowledge-based institutions* for most aspects of healthy ageing research. In the ideal, Universities provide some independence of thought and a measure of public legitimacy. University researchers should have the skills and understanding necessary for conducting the full

research process involving specification of research questions, collecting data, analysing data, and reporting on findings. Academic staff form a scholarly community which connects Australia to research elsewhere in the world (hastening the transmission of international advances) and they also connect knowledge to entry and continuing professional education. Those who are research active should have a reasonable understanding of the potential areas for knowledge gain (something which users of research are less likely to have).

- 3.10 At the same time *traditional academic researchers face serious disincentives* in contributing effectively to applied research on healthy ageing. Their institutional and career incentives have been to meet the expectations of rigor and innovation for their disciplines or professions more than substantive (often multi-disciplinary) knowledge on aspects of healthy ageing. The measure of achievement is more publications in peer-reviewed journals than it is in useful transmission of knowledge to practitioners or policymakers. While there has been a long-term trend to break down these Oxbridge traditions, severe funding pressures are requiring that staff devote scarce time to the core business of teaching and publication with less attention to community contributions and knowledge dissemination.
- 3.11 Of the various approaches to conducting healthy ageing research, the most common approach, based on the content analysis of the Australian Ageing Research Directories, is individuals or small groups, conducting specific investigations sometimes along with graduate students. The Web-based survey indicated that these researchers working in the field of healthy ageing come from a variety of backgrounds including biomedical, clinical, psychosocial and social policy backgrounds and work in departments of geriatric medicine, psychology, public health, nursing and public policy. It should be noted that DETYA policy is requiring more focus on institutional strengths and it is increasingly difficult for individual researchers to garner the infrastructure or critical mass necessary to do more than fill small niches in knowledge building in the area of healthy ageing.
- 3.12 An alternative approach to research is provided by Centres that bring together researchers focused on a common mission. This 'network' can provide a range of skills, peer critical review, and a capacity to re-adjust workloads and take on priority work at short notice. They potentially provide continuity of staff essential to maintain the core knowledge and skill base. These networks can be made available to strengthen specific studies as they arise from time to time. Centres are well positioned to provide workshops and conferences that connect the users and producers of research and as focal points for disseminating research knowledge.
- 3.13 Along with their potential, centre structures have significant vulnerabilities. They do not sit easily within established University structures where funding is allocated on the basis of teaching and (much less so) modest multipliers of external research funds attracted. Universities must painfully 'top-slice' from those who earn educational funds if they are to support the four core centre functions, which are explored further in the next section of the report:
- mission-specific, multi-disciplinary research on ageing;
 - a base providing ongoing studies;
 - convener of critical debate and information sharing; and
 - a capacity to serve as focal point for dissemination.
- 3.14 A small centre, however, cannot pursue such an ambitious vision or set of expectations that stretch farther than its funding. Specific research funding does not help with this problem because infrastructure costs associated with these four functions are seldom supported by grants or consultancies.

3.15 Australian states presently have a number of Centres concerned with healthy ageing and their research is generally well represented in the Australian Ageing Research Directory:

- In Victoria there are the Lincoln Gerontology Centre for Education and Research (LGC) at La Trobe University, the Alma Unit on Women and Ageing at Victorian University of Technology and the National Ageing Research Institute (NARI) at North West Hospital affiliated with the University of Melbourne:
 - The multi-disciplinary LGC had the four centre functions until 1997 when the ARC Key Centre funding was completed. Since then, it has retracted to specific projects funded externally, notably longitudinal surveys on health behaviours and healthy retirement. There also is a separate program of aged care research.
 - NARI is a medical research institute, with core funding from the State government and the hospital network, and has primary research interests in clinical geriatrics and related public health programs.
 - The Alma Unit was inspired by a private individual who was concerned by the lack of information on older women and ageing. It specialises in qualitative research and women's experiences of ageing. Its main source of funding has been through a private bequest and it has also received project funding from the ARC and the Victorian Health Promotion Foundation.
- In South Australia the Centre on Ageing Studies at Flinders University is a multidisciplinary centre for population based research on ageing and it is a WHO collaborating centre for research on epidemiology of ageing. The Centre is the base for the Australian Longitudinal Study of Ageing, including 2000 older people thus far for 8 years. In addition the centre has been responsible for a series of cross-national studies in Asia and the Middle East under the auspices of WHO, United Nations Population Fund (UNFPA) and the UN. The Centre is now developing a web-based education and training platform to offer a range of accredited and informal courses in a number of aspects of gerontology.
- In Western Australia the Positive Ageing Centre was established in November 1999 'with the mission of improving the lives of older people'. The Centre is engaged in programs involving working with older persons in development of 'elder friendly' products, research and advocacy. The Centre actively networks among researchers, practitioners, older persons and their respective organisations.
- New South Wales has three focal points:
 - The Centre for Education and Research on Ageing (CERA)—operating out of Concord hospital with an affiliation with Sydney University and State research infrastructure support—has longitudinal surveys on ageing and health, clinical research, and continuing education programs;
 - The Health and Ageing Research Program (HARP) also at Sydney, supported by University infrastructure funds, is developing a 'Research Strength' across clinical, biomedical, and social researchers. This includes research on caregivers, falls prevention, environmental intervention, population-based health, housing, policies and services. It relates to post graduate education in ageing and gerontology, including distance and IT delivery across allied health, medicine and nursing professions; and
 - At the University of New South Wales the Research Centre for Study of Ageing and Retirement (RACR) facilitates a multidisciplinary perspective to major academic research studies.

- At the University of Queensland, the *Healthy Ageing Unit* was established in the medical school 10 years ago. Studies are underway on carers, older workers, falls prevention, older drivers and end of life decision making with funding from the NHMRC, ARC, Commonwealth and State governments. Recently, the Department of Family Services and the University established the *Centre for Ageing Studies*, which will incorporate the Healthy Ageing Unit with other areas of ageing research.
- 3.16 Notwithstanding the promising start made by these State and University-funded centres, at present only the *Centre for Ageing Studies* in South Australia has broad coordination responsibilities and even it does not have a full mission across the four functions listed above. The *Centre for Positive Ageing* in Western Australia has a similar mandate. Most of the Centres do not have long-term funding and they are limited in terms of the scope of their research programs. There is no national umbrella organisation or coordination arrangements among the Centres which could potentially prioritise research directions. Long term funding and coordination of research activities are fundamental to the sustainability of the Centres.
- 3.17 In addition to the University Centres specifically on ageing, it is important to take account of other University research concentrations doing related work of excellence. In Melbourne, Professor Colin Masters and his group at the University of Melbourne, are doing basic research that may lead to preventative approaches to dementia. In the ACT, Professors Jorm and Henderson at the Social Psychiatry Research Unit, ANU are leading major investigations into depression as well as cognitive decline. The project ‘Personality and Total Health (PATH) through life’ study is a longitudinal study of three age cohorts (20-24 years, 40-44 years and 60-64 years) funded through infrastructure money. The main outcomes are anxiety and depression and cognitive functioning and dementia with sub themes of positive well-being, use of health services, nutrition, DNA and injuries. Data collection has commenced and it is intended to follow each cohort over a 20 year period. At Newcastle University, the Women’s Longitudinal Study on Ageing is being conducted on women across all ages, including an older cohort.
- 3.18 Australia does not have any nationally funded research institute with a primary interest in healthy ageing. The Australian Institute of Health and Welfare focuses specifically on care issues and research on healthy ageing has not been a focal area for the ANU National Centre for Epidemiology and Population Health for some time. Among broadly similar fields the closest possible parallel might be the Australian Institute of Family Studies, which has completed substantial research on social aspects of marriage, retirement and housing in later life.

Funding of healthy ageing research in Australia

- 3.19 The scope of funding for ‘healthy ageing’ research is not separately identified within the broader context of ‘Ageing’. Furthermore, there are no cooperative or key centers on ‘healthy ageing’.
- 3.20 The Ageing Research Directory (2000) indicates that funding of ‘healthy ageing’ research is far broader than the contributions of the NHMRC and ARC. Although these organisations are the major funding bodies, they provide only minimal support to ‘Healthy Aging’ research. The majority of NHMRC and ARC investment in ageing research contributes to age-related diseases and care, and is limited in the coverage of other ageing issues.

3.21 Additional funders of research in this field, include:

- State government;
- health promotion foundations;
- private enterprise;
- universities;
- Divisions of General Practitioners;
- community based organisations, e.g., Rotary; Heart foundation; and
- international organisations.

Current research on healthy ageing in Australia

3.22 This sub-section of the report describes the content areas of healthy ageing research being undertaken in Australia and ascertains the priority topics for research and kinds of research, based on the needs and gaps identified by providers of research. The sources of data for this discussion are the Australian Ageing Research Directories 1996 and 2000 and the web-based survey of Australian researchers working in the field of ageing. We will first examine the Australian Ageing Research Directories 1996 and 2000 to gain an overview of the types of research being conducted in Australia.

Topic areas in the Australian Ageing Research Directory

3.23 The Australian Ageing Research Directory represents a snapshot of the types of research being undertaken in the field of ageing in Australia. Between 1996 and 2000 there was an increase of about 40% in the number of entries in the directory. This increase could be due to a real increase in research in the field of ageing in Australia or due to better response rates from the individuals and organisations contacted to participate in the 2000 directory. The current analysis involved tallying the number of entries under each of the main topic areas used in the directories.

3.24 Table 3.1 shows a summary of the types of topic areas covered in the 1996 and 2000 directories. About 20% of the entries for 2000 were classified as geriatric medicine (18.7% in 1996). Falls and mobility entries showed a large increase in numbers in 2000 within this category. A further 11% of the entries for 2000 focus on dementia (14.1% in 1996). Well-being and successful ageing accounted for a further 8.8% of the entries for 2000 (7.6% in 1996). Retirement and employment, well-being and successful ageing, biology of ageing, mental health, ethnic aged, transport, palliative care, elder abuse, carers and rural health showed large increases in terms of numbers of entries in 2000.

Table 3.1 Topic areas covered in the 1996 and 2000 Australian Ageing Research Directory

Topic area	2000 number of entries (%)	1996 number of entries (%)
Geriatric medicine ¹	136 (19.7)	81 (18.7)
Dementia ²	76 (11.0)	61 (14.1)
Wellbeing, health promotion, successful ageing ³	61 (8.8)	33 (7.6)
Hospital and service use	41 (5.0)	34 (7.8)
Demographic and social characteristics	39 (5.7)	26 (6.0)
Community care	39 (5.7)	37 (8.5)
Residential care	36 (5.2)	37 (8.5)
Retirement and employment	34 (4.9)	14 (3.2)
Biology of ageing	29 (4.2)	8 (1.8)
Carers and care giving	27 (3.9)	14 (3.2)
Mental health ⁴	21 (3.0)	9 (2.1)
Ethnic aged	18 (2.6)	5 (1.1)
Transport	17 (2.5)	3 (<1)
Psychology ⁵	16 (2.3)	10 (2.3)
Palliative care	13 (1.9)	5 (1.1)
Policy analysis	12 (1.7)	12 (2.8)
Elder abuse	11 (1.6)	**
Assessment	11 (1.6)	18 (4.1)
Evaluation of aged care	9 (1.3)	**
Nutrition	8 (1.2)	2 (<1)
Rural health	8 (1.2)	**
Information and communication	7 (1.0)	7 (1.6)
Education	7 (1.0)	12 (2.8)
Dental health	6 (<1)	2 (<1)
Housing	6 (<1)	4 (<1)
Service monitoring/operation	2 (<1)	**
Total number of entries	690	434

Key

¹ Includes visual problems, falls, osteoporosis, incontinence, pain and stroke

² Includes diagnosis, treatment, drug trials

³ Includes healthy ageing, attitudes, exercise and lifestyle

⁴ Includes depression, schizophrenia, suicide, mental health services

⁵ Mainly includes cognitive ageing

** These topics were not included in the 1996 directory

Note: This analysis indicates that the majority of the research reported in the Australian Ageing Research Directory focuses on the 'problems' of old age and their management, although there is a growing interest in health promotion and successful ageing research.

Priority topic areas of research and types of research on healthy ageing based on the survey of researchers

- 3.25 Researchers were asked to list up to five *priority broad topic areas* for policy related research on health and well being in an ageing population. Table 3.2 shows the response distribution by broad topic areas. Note that each respondent could list up to five topic areas so that the responses tabulated represent multiple responses.
- 3.26 One quarter of the responses focused on the prevention and management of physical illness and disability, 9.3% on mental health and 8.5% on brain disorders and cognitive ageing.

Table 3.2 Priority topic areas for policy related research based on the survey of researchers (n=41)

Priority topic area	Number of responses (%)
Disease and disability prevention and management, health promotion	33 (25.6)
Mental health and management, psychological health	12 (9.3)
Dementia and neurological disorders, cognitive ageing	11 (8.5)
Health and welfare services	9 (6.9)
Housing	8 (6.2)
Demography and epidemiology	8 (6.2)
Social gerontology	7 (5.4)
Activities, community participation	6 (4.7)
Carer support	6 (4.7)
Residential care,	6 (4.7)
Community-based care	5 (3.9)
Biology of ageing	5 (3.9)
Financial security	5 (3.9)
Employment	4 (3.1)
Education	2 (1.6)
Ethnic aged	2 (1.6)
Total responses	129

- 3.27 There is some overlap between the topics listed by the researchers as compared to the participants in the stakeholders' consultations as reported in section 2. Common topics include mental health, housing, carer issues, employment and ethnic aged. However, the participants in the consultations focused on broader issues such as attitude change, recognition of diversity in terms of individual ageing and group membership and recognising the context of the ageing experience.
- 3.28 Respondents to the web-based survey were also asked to nominate up to five *types of research* that should be undertaken in the priority topic areas identified. Thirty-two types of research were nominated but most (23) were reported by only one or two researchers. Of the remaining nine types of research nominated, the most frequently reported methods in order of frequency were: multidisciplinary research (16), longitudinal studies (13), program evaluation (13), population-based research (11), qualitative research (9), epidemiological studies (8), clinical studies (7), basic biomedical research (6), and case-control studies (4).

- 3.29 It should also be noted that there is an extensive range of research and data sources related to health and ageing available in Australia. These include Census data, national survey data, mortality and morbidity information, market research and program is provided in an appropriate form and is disaggregated by age and sex, ethnicity, urban and rural location etc. Despite these limitations there is the potential for further analyses of these data sources with respect to healthy ageing.

Barriers to the application of research findings to policy

- 3.30 An important part of our survey of researchers was to ascertain the main barriers to the application of research findings to policy on ageing and older people. In the Web based survey, respondents were asked to nominate up to five main barriers.
- 3.31 Twenty-five barriers were nominated, but most (17) were reported by only one or two researchers. The eight most frequently reported barriers in order of frequency were: insufficient funding (12), lack of appropriately trained researchers (9), poor collaborative networks (7), insufficient priority given to the area by funding authorities (6), lack of commitment by government to forward planning (4), limited application of research findings into government policies and programs (4), lack of recognition of the value of research (3), and inadequate definition of the need for research (3).
- 3.32 Many of the barriers perceived by the researchers relate to factors external to them, particularly insufficient funding and inadequate recognition by government. However, the researchers also acknowledge internal barriers, notably insufficient numbers of appropriately qualified researchers, and recognise the need to improve collaborative networks.
- 3.33 Solutions to these barriers were varied including increased funding, pressure from key players (policy makers, researchers, older people), establishing a more coordinated approach to funding and research priorities, greater dissemination of findings, training more aged care health professionals in the scientific method and increased contact between practising clinicians, researchers and policy makers.

International and national research agendas

- 3.34 It is useful to compare the strategies and priorities of national and international research agendas with the outcomes of the consultations and survey of researchers. The key documents for comparison with the outcomes of our consultations are the:
- National Strategy for an Ageing Australia Healthy Ageing Discussion Paper
 - Commonwealth, State and Territory Strategy on Healthy Ageing
 - Joint healthy ageing research forum report
 - National Institute on Aging Draft Strategic Plan 2001-2005
 - Vitality for Life: Psychological Research for Productive Ageing Report.
- 3.35 Table 3.3 lists the research priorities identified in each of these documents. There is a remarkable degree of overlap between the research priorities listed in these documents and the outcomes of our consultations.

- Promoting healthy behaviours (such as exercise, good nutrition, and social activity) needs to draw upon basic research on the biological, psychological and social processes which impact on healthy actions. Information of this kind will lead to more effective interventions. Correct medication usage, a priority area emerging from our group consultations, requires an understanding of the way older people process information about illness, their health belief systems and how they make decisions about adherence to treatment recommendations.
- The group consultations focused on functioning including mobility, access to suitable transport (including driving) and housing. These issues are of particular concern for the old-old, yet we know very little about functioning and the needs of older people in this age group.
- The stakeholders also highlighted work and retirement as areas of concern and the issues here centre around workplace performance and predictors and consequences of retirement. Negative community attitudes to older worker productivity is of particular concern.
- Mental health and specific brain disorders such as dementia, also emerged as priorities for the researchers and other stakeholders. The stakeholders were keen to emphasise mental health promotion as well as understanding and managing specific mental illnesses such as dementia and depression.

3.36 In Section 4 of this report we provide a more detailed discussion and overview of the priority research topic areas which need to be addressed in Australia.

Table 3.3 Healthy ageing research priorities highlighted in various Australian and US documents

Healthy Ageing Taskforce Final Report	Commonwealth, State and Territory Strategy on Healthy Ageing	National Strategy for an Ageing Australia: Healthy Ageing Discussion Paper	National Institute on Aging: Draft Strategic Plan 2001-2005	American Psychological Association: Vitality for Life
<ul style="list-style-type: none"> • Learning and education • Health (mental and physical) • Life span approach • Different cohorts • Independence and activity • Rural and remote ageing • Gender and class • Employment and unemployment • Economics • Cultural and linguistic diversity, indigenous Australians • Quality of life • Social context of ageing 	<ul style="list-style-type: none"> • Life-long learning • Implications of ageing • Social, health and service needs • Service standards, equity • Medication use • Compression of morbidity • Rural and remote ageing • Retirement • Employment • Adaptable housing • Culturally and linguistic diversity • Intergenerational relations • Chronic diseases and functional disabilities • Leisure and recreation • Self care and participatory care models 	<ul style="list-style-type: none"> • Active ageing • Enhanced quality of life • Improve life expectancy • Maintain functioning over the lifespan • Chronic disease prevention and management • Promoting healthy habits • Falls prevention • Medication use • Incontinence prevention and management • Health promotion 	<ul style="list-style-type: none"> • Improve health and quality of life of older people • Understand healthy aging process • Reduce health disparities among older persons and populations • Enhance resources to support high quality research 	<ul style="list-style-type: none"> • Behaviour change to prevent damage and maintain health • Psychological functioning of the Oldest-Old • Maximising and maintaining productivity • Assessing mental health and treating mental disorders

4 Ways ahead

The issues

Why research healthy ageing at this time?

Looking towards the next century, I see many challenges facing Governments to ensure that we have a health system that we can afford and that will also meet the needs of an ageing population and the expectations of increasingly well informed consumers. The ageing of the population does not have to be a burden if we manage the economy to promote growth and if we focus on ensuring expenditure is well targeted and effective. The National Strategy for an Ageing Australia will be a key element in ensuring that we meet those challenges.

These economic and policy challenges are critical...

(The Hon. Bronwyn Bishop MP, *The National Strategy for an Ageing Australia—Background Paper*).

- 4.1 The framework for the *National Strategy for an Ageing Australia* recognises the major consequences of the relatively new phenomenon of population ageing. There is now urgent need to identify and meet the social, health and economic challenges and opportunities posed by the major demographic shifts towards significantly greater numbers and proportion of older persons in Australia's population in coming years. With foresight and planning, ageing can emerge as a massive opportunity rather than a problem.
- 4.2 A central question to be addressed will be how can the health and well being of this increasing proportion of older persons enjoying greater than ever life expectancy be best assured. Evidence is mounting that sound policies and good information can enable older people to continue to make active contributions economically and socially. The prospect of a large 'baby boomer' population entering older ages adds special urgency and complexity to this critical question. Just as research on older people and carers guided the vision and development of community care over recent decades, so there now is a need for research pointing the way to improve the health and increasing the economic and social opportunities for an ageing population.
- 4.3 As more resources are invested in responding to ageing so there is a clear need for investment in research that can guide national and state action and support program development and monitor outcomes. In a knowledge-driven society facing rapid social change, it is essential to incorporate new knowledge quickly and effectively into policy making, professional practice and broader community understanding. Cost-effective decision making demands the best available information on what is the best way, what has already worked and what has not, what is likely to be most appropriate and effective, and which are the greatest priorities for action?
- 4.4 The value of sound knowledge to guide action is recognised by the strong emphasis given to research and information in the *National Strategy for an Ageing Australia* framework. Australia needs research investments which overcome our lag behind ageing research developments in comparable countries and the neglect of ageing research relative to that given to other social priorities in Australia. These actions would follow the lead set by earlier investments in research on women's health and gender inequalities over the 1990s; health and welfare since the 1980s; and family studies since the 1970s. Over the last year concerted national commitments also have been given to coordinated policy-related research in supporting housing and shelter policies, and to depressive illnesses in the community.

- 4.5 The opportunity is now here to develop a coordinated approach and commit resources to building a national research capacity on ageing. Our consultations with policymakers, consumer groups, and researchers—as well as our own judgments—show both the need and potential for this action. There already is substantial expertise and commitment in the area but these efforts are piecemeal and under-resourced, not directed as well as they could be to national priorities, and poorly disseminated to those who use the information. It is time to build on existing national and state strengths to develop a coordinated research agenda on healthy ageing and the resources and structures necessary to achieve it.

The priorities

What are the key research needs on healthy ageing?

Towards a strategic approach

- 4.6 There appears to be widespread support among policymakers, consumer groups, and researchers that more research and data collection is needed on healthy ageing. Consultation with researchers throughout Australia elicited a number of key factors limiting a comprehensive response to this need:
- Most research on healthy ageing at present is conducted by individuals or small groups from the disciplines and/or areas of geriatric medicine, psychology, sociology, social policy and public health,
 - A number of small research centres conduct research on healthy ageing but their scope is limited, there is little synthesis or dissemination of knowledge, and there is little networking or coordination between them and
 - There are limited opportunities within the NHMRC, the ARC and other funding bodies to focus on healthy ageing research.
- 4.7 The most common topic areas of recent and ongoing studies in the field, as listed in the Australian Ageing Research Directory (2000), are geriatric medicine, dementia, well-being and successful ageing. These topics underscore the Australian age related-research community's emphasis more on issues of dependency and care than on promotion of positive experiences of ageing. At present there is a relatively narrow perspective on healthy ageing research with relatively little work on applied topics of priority concern for consumer and government action.
- 4.8 A more strategic approach is clearly needed to further develop health and social policy related research on ageing. Governments and other potential users of this information should have more involvement in formulating and supporting research in the field. There is a real need to carefully identify knowledge priorities and then:
- ensure that the best available minds conduct the necessary research and disseminate the findings; and
 - synthesise international knowledge on healthy ageing as an essential input to setting the most beneficial and achievable program directions.
- 4.9 These are the focal actions for maintaining strong connections between Australian researchers and those who can best use their findings. They also provide the key to ensuring that Australia is well-connected to emergent knowledge overseas with minimal time lag in applying it to meet local needs.

- 4.10 A mix of types of research on healthy ageing is necessary to yield both short and long term benefits for the quality of life for older people. All of these approaches ultimately have the potential to play a significant role in informing policy and practice. Like the Will's report on directions for the NHMRC, there are three main forms of research:
- Fundamental (basic) research that is largely investigator driven, maintains standards maintained through peer review, and yields middle and long term benefits that can be profound but that are difficult to anticipate;
 - Priority-driven research that is led mainly by government funders, focuses on current issues that are important in the Australian context but relatively under-researched, and yields results over a medium term of several years;
 - Development and evaluation research, short term and specific work usually led by government program delivery managers, assessing new knowledge, evaluating new initiatives and informing policy and practice for the benefit of the community.
- 4.11 To meet increased knowledge needs will also require major steps ahead in the kinds of research being conducted. There remains a continuing need for basic descriptive studies identifying the social, health, economic and functional characteristics of the ageing population and basic needs analysis especially related to particular groups of the community. In our considered view, there is a priority for more development in the following directions:
- Larger scale studies that can lead to more definitive results (with fewer small, one-off studies);
 - More highly developed research capable of identifying causal relations including intervention studies that find out what works;
 - Larger population-based multidisciplinary longitudinal studies as well as sophisticated controlled trials and outcomes research; and
 - Evaluation research that shows how well and why interventions work (or not) and their benefits and costs.

Dissemination of findings

- 4.12 Information is not useful unless it is available to inform someone who can act usefully on it. This requires the presentation of knowledge in forms which are appropriate and accessible to a variety of quite different audiences. Dissemination is the part of the knowledge circle which in our view is one of the most serious area of current deficiency and needs to be addressed urgently to deal with the following concerns:
- New knowledge is seriously delayed in its application because quality research is disseminated years after data collection and analysis primarily through peer reviewed journals.
 - Knowledge is disseminated primarily to audiences of other scholars with less synthesis and translation of findings to non-specialists. Healthy ageing needs to be part of the massive trend towards improved knowledge dissemination, e.g., to support evidence-based practice in medicine.
- 4.13 There are many reasons why research findings may not be effectively conveyed to those who can use it most productively, including a number of barriers that may apply to optimal policy use of the data and research findings such as:
- Misunderstanding by policy and decision makers of the relevance of information and research

- Poorly presented information and research findings
 - Lack of timely information
 - Inappropriate presentation of research findings and information
 - ^a Misunderstanding by researchers and data gatherers of the policy process
 - Inadequate analysis methodologies for interpreting research and information in policy relevant terms
 - Imposition of political imperatives ('policy on the run' or 'policy on the back foot')
 - Lack of appropriate enumeration and presentation of available data, etc.
- 4.14 Clearly any effective framework must address these barriers to dissemination to ensure a better link between the conduct and reporting of research and its presentation to those, including policy makers, who can use it.

National directions for priority topics

- 4.15 As part of the National Strategy for an Ageing Australia framework, the 1999 Healthy Ageing Discussion Paper identified 'challenges for the future' that warrant close consideration in setting a healthy ageing research agenda. Similarly, the Commonwealth, State and Territory Strategy on Healthy Ageing, published in March 2000, identifies a closely related list of priority topics. The 1998 research workshop convened by the National Healthy Ageing Task Force, as well as the consultations in the present research agenda effort, provide further input to this process.
- 4.16 These sources provide an excellent start in setting research priorities and they have informed our recommendations below. However, final decisions on topics for research funding require close involvement of funders, providers, and users of research through the organizational frameworks and processes such as those considered in the following section. Ongoing review of research priorities on a national basis is required to respond to emerging new knowledge, changing political, social and economic environments and the progressive identification of special needs in a heterogeneous society.
- 4.17 In determining priorities it will be important for a healthy ageing research agenda to include a balance of research topics across a number of broad levels of investigation.
- Thus at one level attention must be given to fundamental research on healthy ageing aimed at improving basic understanding of just what defines it (healthy ageing), and identifying the natural processes and interventions that can maintain and promote it in individuals, populations and specific population sub-groups;
 - at another level research needs to be undertaken on prevention, to identify the measures that may be effective in preventing or delaying the onset of age associated disease, disability and social and economic disadvantage that may accompany older age; and
 - finally, research is required to identify the adaptive mechanisms, strategies and services that can ameliorate the consequences of age related disability and dependence towards fostering healthy ageing in those suffering established chronic morbidity and socio-economic deprivation.
- 4.18 To further this process of topic identification we provide the following overview of seven suggested priority topic areas. Each of these areas needs to take into account the general criteria set out below in the section on a 'National Research Funding Program'. The priority areas are summarized in research topic areas with key points, below.

Priority research topic area and key points

1. Well-being, independence and activity

- Research needs to embrace the aspirations and views of older people as well as the social and physical context in which they live their lives.
 - Research needs to address individual and population group variability in terms of:
 - Gender
 - Socioeconomic resources
 - Housing
 - Neighborhood
 - Life transitions such as retirement, changing home, giving up driving, widowhood etc.

2. Social and cultural diversity

- Includes people living in rural and remote locations, and indigenous, culturally and linguistically diverse communities. These issues are highly salient in Australia.
- Includes people ageing with disabilities.
- It is important to understand ageing from the very different experiences of different social groups.
- However, we also need to be able to make comparisons about key outcomes and influences between different social groups.

3. Improving and maintaining health

- An important set of topics on the health of older people have already been identified in key policy reports:
 - Health status and needs of the very old
 - Changing patterns of disability and morbidity
 - Health impacts of changing income patterns.
 - Preventative health actions of older people which provide core knowledge for fostering self-care and participatory care models.
- Need to include those with chronic diseases and disabilities as well as 'healthy' older people.
- Need to address the role of health professionals in health promotion.

4. Intergenerational relations and planning for ageing

- Ageing is a life-long process
- Intergenerational influences are important in forming social attitudes
- The experiences of younger cohorts can set the bases for experiences in later life
- How can successive birth cohorts plan for the ageing process
- Retirement planning
- Life-long learning
- Knowledge to help dispel negative myths of ageing.

5. Income, employment and voluntary contributions

- There is mounting evidence that the quality of ageing experiences depend heavily on having adequate financial means and a sense of contribution.
- Further, a key factor in negative societal views of ageing concerns the perception that older people are a major financial drain on the public purse.
- Mature age workers (i.e., people over 45) will become more important to the economy and the community as the population ages. They will add to the economic growth through contributions to the tax base and the skills and experience required in an expanding global economy. The longer they remain in the workforce (instead of retiring early through voluntary decisions or compulsory retirement as a result of restructuring decisions) will determine their capacity to save for and enjoy a quality retirement experience expected to last for a significant period.
- It is equally important to understand how superannuation works to enable different groups of older people to support their own old age.

6. Program and services research

- Policy development requires much better knowledge on the most effective health promotion measures for older people particularly as part of mainstream efforts in health service and aged care delivery.
- Another key issue concerns understanding how housing provision and community planning and design influence ageing experiences.
- A number of pilot programs are being developed on aspects of healthy ageing and it is important to assess factors that influence their efficacy and their potential for application in different settings.

7. The baby boom cohort and social change

- There are strong indications that experiences of ageing will change radically as the massive baby boom cohort advance through middle age into later life.
- At the same time the economic and social realities in which people grow older in Australia are changing substantially, for example, with the demands and opportunities afforded by Information Technology.
- The future also will see the emergence of new issues such as the entry to old age of people in a variety of experiences including people ageing with a disability, the long-term unemployed, ageing prisoners, and changes in household types (more living alone) etc.
- All of our research knowledge on ageing needs to be tested and where necessary re-assessed in the light of changes such as the heightened expectations of older people when the baby boom cohort takes the place of those who reached adulthood during the Depression.

A framework for systematic national effort

How can we go about organising coordination of healthy ageing research?

- 4.19 In spite of calls for more and targeted research related to healthy ageing from many quarters, our consultations and review found that present structures are not very effective for pursuing this objective. It is important to establish structures that mobilize the ‘users’ and ‘producers’ of healthy ageing research in a structured and strategic approach to funding which effectively uses the evidence base for policies, programs and practice. This approach can contribute substantially to actions that enhance positive outcomes for older people.
- 4.20 To be fully effective the organisational framework for a healthy ageing research strategy must reflect Australia’s federal character and build on the collective strengths of the Commonwealth its States and Territories. At the national level, the key is a capacity to lead, coordinate and support, particularly in funding, research and innovation. Authority is required to interact effectively with other major players in health and social research and to draw upon and work collaboratively with significant information gatherers. The States are the level which is essential to relate healthy ageing knowledge to the delivery of health and social services, and to the involvement of researchers with service providers and local communities.
- 4.21 Researchers surveyed recommended four main ways in which ageing research in Australia could be improved:
- creating a national institute on ageing
 - a network of state institutes with a national institute as the coordinating focus
 - the establishment of specific ageing funding bodies and/or specific purpose funding arrangements
 - increased funding for research training in the field of ageing including scholarships, training fellowships and postgraduate fellowships.

- 4.22 In the discussion below we consider these options as part of an integrated national strategy on healthy ageing research. We suggest inter-related options that build on the capacities of existing efforts in related organisations. The aim is to move healthy ageing, from the periphery into the central stage of research and policy. This approach promises ‘multiplier’ benefits through marshalling additional resources to ageing from existing funding sources.

Existing national structures

- 4.23 A major priority for a national healthy ageing research strategy is to build on the cornerstone of existing national structures contributing information and research to national priorities. The most notable of these resources are the *National Health and Medical Research Council* (NHMRC), the *Australian Research Council* (ARC), the *Australian Bureau of Statistics* (ABS) and the *Australian Institute of Health and Welfare* (AIHW). These bodies, along with consultancies from government departments, are essential to the increasing mainstream commitment to healthy ageing related research.
- 4.24 The central missions of the national research funders and providers—to inform national policy development—would be well served by devoting more resources to healthy ageing. However, a significant reorientation is required because the ageing field traditionally has not been seen as very attractive or positive by many researchers and funders. Further, while excellence is essential to useful research, the excellence criteria tends to direct resources to well-established fields unless it is balanced by attention to national needs for knowledge.
- 4.25 In the case of the *NHMRC*, the influential Wills’ Report recommended more strategic research devoted to national priorities. It noted population ageing as a factor in the projected \$43 billion increase in health care costs over the next twenty years. There is mention of ‘aged care’ in the context of priority-setting, quality use of medicines in nursing homes, and population ageing as increasing consumption of medical products and technologies. Moreover, the *NHMRC* already is the major funder of fundamental, investigator-initiated research on ageing and health. The Wills report does not recognise, however, that ageing is an improvable, and potentially positive, experience.
- 4.26 A strong case needs to be put to *NHMRC* to review the impacts of population ageing on the health of Australians and to devote some of its recent funding increases to this area. As with the US National Institute on Ageing and national funders in other countries, the *NHMRC* is well positioned to involve researchers and policymakers in developing a three year research agenda on healthy ageing. The Council has the capacities to invite and critically assess investigator-initiated proposals to conduct research in these areas. Similarly, investments in doctoral and postdoctoral training can greatly enhance the national capacity for multi-disciplinary, applied research in priority aspects of healthy ageing. This proactive approach is much more effective than earlier efforts in which ageing was set as a priority without dedicated funding.
- 4.27 The *Australian Research Council* has not had major funding increases but its recent white paper outlines consolidation of its research programs on ‘discovery’ (basic research) and ‘application’ (including partnership research). Overall, the *ARC* is best regarded as a resource for conducting basic, investigator-initiated research. The *ARC*’s new Program Managers of discipline panels could be invited to explore the priority issues in ageing and ways in which the *ARC* could set the area as a priority. The *ARC*’s Strategic Partnerships with Industry-Research and Training Scheme (SPIRT) program has considerable potential for bringing together the users and providers of research knowledge in productive partner-

ships. While healthy ageing does not as yet involve a significant industry, it is closely related to the aged care sector that has considerable potential for joint funding by government and service providers.

- 4.28 The *Australian Bureau of Statistics* contributes essential data on population ageing and conducts high quality, national surveys of disability, time use, employment, retirement, and other topics central to healthy ageing. While valuable summary reports are released, there has been limited analysis of these rich data sources. Their recent release in ‘unit record’ form provides notable opportunities if the expertise and funding can be marshaled for more extended analyses. While the AIHW and its Aged Care Branch makes a valuable contribution in analysing and monitoring program statistics, the Institute is less well positioned to lead healthy ageing research that does not yet have a major program base.
- 4.29 Finally, national and state agencies, including health promotion foundations, support numerous small-scale evaluations in which program managers require particular information on the operations of pilot programs. Consultancy research is seldom peer-reviewed for quality and it often does not relate to earlier research nor yield findings released for use by other bodies. The Wills report argued for the NHMRC to work with government agencies in partnerships that improve the quality of this research. A register of consultancies on healthy ageing interventions and applied research on them would be a start in building more commutative information across program areas.

A national institute on healthy ageing and research funding program

- 4.30 A national approach to healthy ageing research can be furthered significantly by a national focus for leadership. We see great merit in this approach where the national focus is not just a consumer of resources and the sole major government supported agency undertaking healthy ageing research but is rather a coordinating, priority setting mechanism. A National Institute on Healthy Ageing should operate in close collaboration with national research and policymaking bodies. It also should work closely with state and institutional based centres in ensuring that research is conducted in a systematic, coordinated and co-operative fashion.
- 4.31 A national institute and related State centres (see below) can better coordinate and enhance research on ageing by bringing more closely together the users and producers of research finding, and by facilitating communication and collaboration amongst them. They provide focal points for bringing together experts from a variety of a disciplinary and other fields of expertise, thus enhancing the holistic understanding of healthy ageing and its multiple dimensions in various applications. They also can have an ongoing responsibility that can improve the cumulative building of knowledge and expertise. Finally, Centers are relatively visible and can attract interest from the media, service providers, international exchange, and other interested parties. Core responsibilities of the proposed National Institute on Healthy Ageing would include the following:
- Development of a National Healthy Ageing research vision and agenda and the management of a funding program that supported researchers in implementing it. The research agenda would need to be developed collaboratively with the range of researchers, policymakers, and consumer groups. It could be based on the seven priority research areas identified above and should involve thorough position papers reviewing existing knowledge and information needs.
 - Management of a targeted research funding program that supports researchers in conducting healthy ageing research that does not fit centrally in the responsibility of other research funding bodies. Funding should be provided on the basis of investigator-initiated proposals subjected to peer assessment prior to funding decisions. The agenda

would focus primarily on strategic and evaluation topics leaving to the ARC and NHMRC responsibility for more basic research.

- Leadership in the translation of research findings into policymaking and, in turn, bringing back the information needs of policymakers and consumers groups.
- The establishment and operation of a National Clearinghouse as a resource centre for ageing research in Australia. This can include ‘state of the art’ reviews in priority areas; on line information bases; and research notes for lay and service provider audiences.

4.32 In developing the national healthy ageing research program, criteria need to be set in deciding on the kinds and topics for research supported as part of a national healthy ageing strategy. As a start in this direction, we suggest for further discussion of the following criteria in assessing proposals for funding research proposals:

- Topic areas within the broad scope of current national and state healthy ageing policies (as per the above);
- Demonstrated likelihood that the findings would inform either individual or social changes that further the objectives of healthy ageing;
- Research objectives which when achieved would clearly add to and build on (but do not replicate) existing Australian research;
- Sound methodology and demonstrated capacity by the researchers to conduct the study;
- A clear plan of involvement of relevant policymakers, program managers, service providers, and consumer groups throughout the entire research process from setting the research questions through to conducting the research and interpreting and applying the findings; and (where relevant)
- Funding and auspice partnerships—including as appropriate the private sector and consumer groups as well as service providers and levels of government—ensuring that range of groups have close involvement and a financial stake.

4.33 We recommend the establishment of a national task force with appropriate representation of key stakeholder groups to be charged within the framework of the National Strategy for an Ageing Australia and the Commonwealth State and Territory Strategy on Healthy Ageing to investigate the feasibility and propose a structure, organisation and funding sources for the Institute.

A network of State centres

4.34 In our view a coherent research program on healthy ageing requires a network of at least one comprehensive multi-disciplinary centre devoted to healthy ageing within each of the five main states. *The multi-disciplinary research centre approach potentially has significant advantages* for making comprehensive contributions across the research process contributing to knowledge on healthy ageing. Centres can provide sufficient scale and focus for the following four core functions:

- A hub for mission-specific research which brings together the disciplinary strengths of individual researchers employed in the centre and associates with part time or adjunct appointments working from outside it. Affiliated academics are particularly well-positioned to communicate findings more widely through scholarly publications and teaching.
- Continuity as a secure base for ongoing studies such as major surveys and for broader evaluation strategies of healthy ageing interventions.

- Convener of critical debate and information sharing among major parties involved with researchers, advocates, policymakers, and service providers. Information sharing can hasten knowledge transfer and deepen researcher understanding of priority needs for research results.
 - Visibility and capacity to serve as a focal point for disseminating information to older people and the public, media, service providers, and government and private agencies. This could include information systems providing quick access to literature; reviews of current knowledge as priority topics emerge; distribution of working papers and press releases; and possibly short courses and workshops for knowledge transfer.
- 4.35 It would be advantageous to have a degree of coordination and specialisation among the research centres, for example, with one or more focusing in more depth on particular priority topics (e.g. cultural diversity or rural areas), kinds of analysis (e.g., of the ABS data), and of kinds of functions (such as maintenance of national web-based information systems). In this schema the national centre would facilitate coordination and ensure a more integrated and systematic approach across the nation.
- 4.36 In the Australian Federal system, States provide the natural basis for establishing centers which relate closely to the State Government initiatives across the full scope of healthy ageing, but also brings together their multiple universities. For centers to be effective, the fundamental requirements is a core infrastructure funding which is reasonably secure over at least a 3 year time frame, that enables the appointment of key staff and reasonable planning horizons. Core funding needs to be designated for functions such as dissemination, knowledge transfer, skills development, communication between service providers, and related activities. These essential aspects of effective research are seldom funded directly through research grants or administration of Government programs.
- 4.37 A University auspice or, possibly as a coalition of Universities, is essential to ensure a degree of independence from Government, service providers, and advocacy in other sectional interest. It is notable that South Australia, Victoria, and Western Australia have already developed such centers with significant resources from their State Governments, and efforts are under way in Queensland. In New South Wales there are concentrations of expertise and aspects of healthy ageing across several Universities which could be brought together in a collaborative network drawing on their respective areas of expertise.

Longitudinal studies

- 4.38 Major resources for understanding healthy ageing are longitudinal, multi-disciplinary surveys of ageing. Australia has notable studies in individual cities such as the Australian Longitudinal Study on Ageing in Adelaide, the Health Behaviours and Outcomes study in Melbourne, and the Dubbo study of ageing. Notwithstanding the valuable National Women's Longitudinal Health Survey, we lack the kind of comprehensive national survey that underpins ageing research in Europe and North America. We recommend that consideration be given to national support for the following:
- 4.39 Analyses across the main Australian longitudinal surveys to provide key findings concerning the priority topics as suggested above. Particular attention can be given to comparisons of how outcomes vary depending on local factors (e.g. service available and/or employment or housing markets) and also to outcomes for rare groups where samples need to be pooled across the surveys to have enough cases for analysis.
- 4.40 Extension of the current studies by following existing respondents through to the end of their lives and through the addition of younger cohorts to compare their experiences to those who preceded them in old age.

- 4.41 The formulation of *a new national survey of the baby boom cohort*, following them from middle age onward, as a national investment in understanding the changing face of ageing in Australia. This new study needs to take research into a new level of understanding, including more emphasis on the aspirations of older people themselves including more comprehensive understandings of aspects of quality of life and the complex health, personal, and social influences on key outcomes not only for individuals but also for Australian society and governments. Such a survey needs to be developed by a national team of multi-disciplinary experts and the data needs to be widely available for analysis and for dissemination to popular and policy audiences. It is estimated that a study of this kind could be conducted with annual funding in the order of one to two million dollars.
- 4.42 The 1999 Will's NHMRC report provides strong arguments for longitudinal studies. It states that: 'Australia is well placed to conduct cohort studies due to its unique mix of ethnic groups, social and cultural conditions, a good system of health surveillance and health services information...' The Report notes the need for dedicated funding over long periods. The Wills report further states that once cohorts have been established, funding bodies should encourage researchers to utilize them, particularly to promote multi-disciplinary research.
- 4.43 We recommend that the funding of longitudinal studies on ageing be explored as a core component of the ongoing partnerships between the proposed National Institute and State Centres on ageing.

Conclusion

- 4.44 This consultancy has aimed to provide advice to the Commonwealth and State Governments on directions to advance useful knowledge and policy relevant information on healthy ageing. This knowledge is essential to inform the full range of individual, societal and government decision-making on ways to respond constructively and proactively to massive ageing of the Australian population over the next 20 years. Governments, non-profit organisations, carers and ageing persons themselves need to collaborate closely with researchers in setting questions, conducting research, and disseminating and using findings.
- 4.45 A coherent national approach requires Commonwealth-State joint action with leadership through the Commonwealth Office for Older Australians, together with the parallel offices and/or units in each of the States. This will advance a national focus to coordination, priority setting and disbursement of dedicated ageing research funds. The core elements are the formation of a National Institute and State Centres on Ageing together with a dedicated national funding program for healthy ageing. This core will be a focal point for marshalling the range of national research resources to further an improved vision of ageing. The initiative should be an integral element of the proposed National Strategy for an Ageing Australia.

Key documents

Government publications

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URL Links

National

- Commonwealth Department of Health and Aged Care
www.health.gov.au
 - Aged and Community Care, National Strategy for an Ageing Australia
<http://www.health.gov.au/acc/nsaa/nsaapubs.htm>
 - Healthy Ageing Discussion Paper
<http://www.health.gov.au/acc/nsaa/download/healthy.pdf>
 - World Class Care Highlights Sheet
<http://www.health.gov.au/acc/nsaa/download/wcchigh.pdf>
 - World Class Care Discussion Paper
<http://www.health.gov.au/acc/nsaa/download/wccpaper.pdf>
 - Independence and Self Provision Highlights Sheet
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- Independence and Self Provision Discussion Paper
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- Employment for Mature Age Workers Highlights Sheet
<http://www.health.gov.au/acc/nsaa/download/maturhigh>
- Employment for Mature Age Workers Discussion Paper
<http://www.health.gov.au/acc/nsaa/download/mature.pdf>
- National Strategy for An Ageing Australia Highlights Paper
<http://www.health.gov.au/acc/nsaa/download/highlights.pdf>
- National Strategy for An Ageing Australia Background Discussion Paper
<http://www.health.gov.au/acc/nsaa/download/discuspr.pdf>
- Commonwealth, State and Territory Strategy on Healthy Ageing March 2000
<http://partners.health.gov.au/acc/healthage/hatstrat/index.htm>; <http://partners.health.gov.au/acc/healthage/download/strategy.pdf>
- NHMRC The virtuous cycle: Working together for health and medical research <http://www.hmrsr.com>
- NHMRC Clinical Excellence In Hospital Based Research
<http://www.health.gov/nhmrc/publicat/pdf/r14.pdf>
- Australian Bureau of Statistics
<http://www.abs.gov.au>
- Australian Institute of Health & Welfare
<http://www.aihw.gov.au/publications/corporate/ar/ar98-9>

State

NSW

- Ageing and Disability Department
<http://www.add.nsw.gov.au>
- NSW Department of Health and Aged Care
<http://www.health.nsw.gov.au>

QLD

- Good Health & Better Health Services 1990-2004
http://www.health.qld.gov.au/odg/quality_framework/3130_framework.htm
- Our Shared Future: Queensland's Framework for Ageing 2000-2004
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VIC

- Victorian Department of Health and Aged Care
<http://www.vichealth.gov.au>
- Victoria Health Strategic Directions
<http://www.vichealth.vic.gov.au>

SA

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<http://www.healthysa.sa.gov.au/directory.asp?category='Older%20people>
- Moving Ahead: A Strategic Plan for Human Services for Older People In South Australia 1999-2004—Background Paper: A Profile of South Australia.
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WA

- Western Australia's Office of Seniors Interests
<http://www.osi.wa.gov.au/5yeardis.html>
- Office of Seniors Interests: Time On Your Side: A Five year Plan for Western Australia's Maturing Population—Discussion Paper.
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TAS

- Tasmania Plan For Positive Ageing
http://www.dchs.tas.gov.au/services/healthy_living/pages/new.html#Anchor
- Our Future: Towards Positive Ageing in Tasmania: Discussion Paper
<http://www.dchs.tas.gov.au/services/healthyliving/pages/ageing1.pdf>

International

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- Gerontological Society of America
<http://www.geron.org/>
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- EuroLink Age
<http://www.eurolinkage.org.sitearchitek/eurolink.nsf>
- MediaAge net
<http://www.mediaage.net/nieuwa.php>
- Seniors On-Line
<http://www.agofreaseon.com/sol.htm>
- Policies and Programmes on Ageing
<http://www.seniorweb.nl/un/memberstates/showdoc.asp>
- EURAG—Senior Organisation in Europe
<http://www.eurag.org/>
- United Nations Program on Ageing
<http://www.un.org/esa/socdev/ageing/index.html>
- England-Age Concern
<http://www.ace.org.uk/SiteArchitek/abou>
- Policy on Ageing: Ministry of Social Affairs and Health
<http://www.vn.fi/stm/english/pao/publicat/agepol/age1.htm>

- Canadian Study of Health and Ageing
<http://www.uottawa.ca/academic/med/epid/csha.htm>
- The Canadian Senior Policies and Programs database
<http://www.sppd.gc.ca/scripts/sppdsrch.dll/browse>
- Centres for Studies in Ageing (CsiA)
<http://wwwresearch.sunnybrook.on.ca/~csia/>
- Canadian Association on Gerontology
<http://www.cagacg.ca/>
- Northern Educational Centre for Ageing and Health
<http://www.lakehead.ca/~necahwww/sitemap.html>
- New Zealand: Age Concern
<http://www.ageconcern.org.nz/>