



Healthy Ageing

Research report

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Executive Summary

Background

The primary purpose of this research was to provide iLA with the insights to expand into different domains and an expanded target audience in a strategic and evidence-based way. The research mapped out the current 'playing field' and identified what types of gaps existed in the delivery of information and resources across the various domains of healthy ageing in Australia.

Research Questions

Q1. How is 'healthy ageing' conceptualised and applied within an Australian and international context?

Q2. How are the different domains of healthy ageing represented and resourced within an Australian context?

Methods

To answer the research questions, the following activities were undertaken:

- **Literature review:** A literature review on the concept of healthy ageing and the different domains of healthy ageing, including for audiences aged 45 and over.
- **Desktop environmental scan:** A desktop environmental scan was undertaken to identify online resources and research on healthy ageing domains in Australia. This scan identified resources including evidence-based screening tools that could help audience to better conceptualise and measure self-care and self-management of a domain.

Outputs

The findings of the research were analysed and synthesised to provide iLA with a research report that included a topline summary of key insights and an overarching strategic approach.

Definitions and terminology

The following are definitions of key terms used in this report.

- **Health:** The World Health Organisation (WHO) established their definition of health in their constitution in 1948 and still stand by the initial definition.
- **Domains:** In the context of healthy aging, 'domain' refers to various aspects or dimensions of life that contribute to overall well-being and quality of life as people age. These domains are often used as frameworks for understanding and assessing several factors that can influence the aging process.
- **A life course approach:** Recognises that key stages in people's lives have a particular relevance for their health.

Key Insights and Findings

RQ1. How is 'healthy ageing' conceptualised and applied within an Australian and international context?

1.1 The most widely used and referenced definition of healthy ageing in the academic and grey literature is the World Health Organisation's definition: 'Healthy ageing is defined as 'the process of developing and maintaining the functional ability that enables wellbeing in older age' (WHO, 2021, p.ixi). WHO's definition of healthy ageing is based on three key components: functional ability, intrinsic capacity, and environments.

1.2 There is a lack of consensus on what are the domains of healthy ageing, or how to measure healthy ageing, and its conceptual parameters. Several different definitions exist in the literature, and in part this is a result of the variability between studies.

1.3 The most cited and influential model is Lara et al (2013) concept of the 'Healthy Ageing Phenotype,' which outlines five fundamental domains of healthy ageing: physiological and metabolic health, physical capability, cognitive function, social well-being, and psychological well-being.

1.4 This report proposes a framework that combines the Healthy Ageing Phenotype with WHO's key components of healthy ageing and recent additions from the Australian academic literature.

1.5 The international grey literature (McKinsey Health Institute, 2022) outlines some general models of healthy ageing which offer a more consumer friendly way to represent the different domains of healthy ageing.

1.6 There are several studies (academic and market research) into perceptions of ageing in Australia, which highlight what older Australians think are the 'important ingredients' for ageing well. Some key findings from the Australian market research on perceptions of healthy ageing include:

- Attitudes to health are largely life stage dependent (Bastian Collective/Latitude, 2019).
- Generally, older people perceive healthy ageing more broadly and in more diverse ways than the academic views which tend to focus more on physical and mental health and social functioning in later life (Hung et al, 2010).
- Irrespective of age, Australians say the three top ingredients for ageing well are financial security, an active lifestyle, and good relationships (Bolton Clark, 2023).
- Being able to get around was a major determinant of quality of life, with 92 per cent of seniors rating personal mobility as critical to health, social wellbeing, and independence (Victorian Government, 2020).

1.7 There are no agreed upon standard to measure healthy ageing nor a definitive contextual discourse to establish the conceptual parameters. In Australia, there have been two proposed ways to measure healthy ageing:

- **Healthy Ageing Quiz:** Is a consumer facing tool designed to help middle-aged and older people assess their current state of health and provides evidence-based strategies to maximise not only their current and future health but also their physical, social, and psychological wellness.
- **Healthy Ageing Scorecard:** Is a composite tool for measuring healthy ageing within an epidemiology context.

1.8 There are three 'hotspots' for international research on healthy ageing: (a) physical activity and mental health of older adults, (b) diseases impacting the health and lifespan of older adults, and (c) neuroscience. Some emerging themes in research include loneliness, frailty and resilience (Zang et al, 2024).

RQ2. How are the different domains of healthy ageing represented and resourced within an Australian context?

2.1 There has been some research into the availability and suitability of online healthy ageing resources that older people can access in Australia. Some key findings of this research include:

- While there are many sources of information on healthy ageing, but not one place that integrates and draws this material together in a user-friendly format (Cyarto et al, 2013 p15).

- Many online healthy ageing resources are unlikely to be easily accessible to the typical internet user, and difficult to identify by a standard internet search. (National Seniors Australia, 2017).
- Mental health and alcohol had identifiable resources for each category of resources. Mental health is particularly well resourced.
- Older Australians see health and aged care as within the realm of what the government is 'allowed' to get involved with and talk about. Interest in health information from the government is strong across all age groups (Bastian Collective/Latitude, 2019).

2.2 The following are the results of the desktop research which focused on the identifying the availability of three types of resources for each domain: (1) Information – includes web content, factsheets, and videos, (2) Guides and guidelines – includes guidelines for exercise and nutrition guides, and (3) Tools – includes clinical measurement tools, apps, checklists and quizzes.

Key Insights:

The **most represented domains** in terms of available online resources are:

- **Domain 5. Psychological Wellbeing**, Subdomains: Mental health focusing on depression and anxiety
- **Domain 2. Physical capability**, Subdomains: Exercise and physical activity and falls prevention
- **Domain 1. Physiological and metabolic health**, Subdomains: Nutrition and diet
- **Domain 3. Cognition**, Subdomains: Dementia

The **least represented domains**

- Domain 4. Social Wellbeing (including social network, social functioning, sense of purpose)
- Domain 6. Environment
- Domain 7. Financial

2.3 Australia is in the top ten healthy ageing research producing countries in the world. This was noted by Zang et al (2024) in the review of the global scientific landscape of healthy ageing research over the last 22 years.

Key Insights:

The **most represented domains** in the academic research on healthy ageing are:

- Domain 3. Cognition – Dementia and cognitive decline
- Domain 2. Physical capability – Exercise and physical activity, frailty and falls prevention

- Domain 6. Environment – Built environment, technology and systems, policies and integrated models of care
- Domain 1. Physiological and metabolic health – Nutrition and diet
- Domain 5. Psychological Wellbeing – Mental health focusing on depression and anxiety.

The **least represented domains**:

- Domain 4. Social Wellbeing (including social network, social functioning, sense of purpose)
- Domain 7. Financial Security.

Recommendations: Strategic Approach

It is recommended that iLA should adopt a life course approach as the foundational framework for its future activities. This approach is grounded in research demonstrating that Australians' health attitudes and behaviours are life stage dependent (Bastian Collective/ Latitude, 2019), and it offers three strategic advantages: evidence-based audience segmentation, tailored resource development and a dynamic conceptualisation of healthy ageing.

Background

The primary purpose of this research was to provide iLA with the insights to expand into different domains and potentially an expanded target audience in a strategic and evidence-based way. The research mapped out the current 'playing field' and identified what types of gaps existed in the delivery of information and resources across the various domains of healthy ageing in Australia.

Research Questions

Q1. How is 'healthy ageing' conceptualised and applied within an Australian and international context?

Q2. How are the different domains of healthy ageing represented and resourced within an Australian context?

Methods

To answer the research questions, the following methods were used:

- **Literature review**

A literature review on the concept of healthy ageing and the different domains of healthy ageing, including for audiences aged 45 and over. The review of the academic and grey literature focused predominantly on an Australian context but included the United Kingdom (UK) and Asia where appropriate and relevant. As part of the review, a brief scan of contemporary research on healthy ageing which has the potential for practical application and immediate impact was conducted.

- **Desktop environmental scan**

A desktop environmental scan was undertaken to identify online resources and research on healthy ageing domains in Australia. The scan relied on Google search strategies as well as targeted searches of key organisational websites for items of relevance. It identified resources including other evidence-based screening tools that could help audience to better conceptualise and measure self-care and self-management of a domain.

Outputs

The findings of the research were analysed and synthesised to provide iLA a topline summary of key insights and an overarching strategic approach.

Definitions and terminology

The following are definitions of key terms used in this report.

Health

- The World Health Organisation (1948) established their definition of health in their constitution in 1948 and still stand by the initial definition. This definition defines being healthy as not solely determined by the absence of disease, even though may be a contributor.
- The WHO's definition also highlights the three main domains of health: physical, mental, and social well-being. Separating healthy ageing into these three domains can facilitate the development of a framework to assess and guide an individual towards healthy ageing (Abdud et al, 2022).

Domains

- In the context of healthy aging, 'domain' refers to different aspects or dimensions of life that contribute to overall well-being and quality of life as people age.
- These domains are often used as frameworks for understanding and assessing various factors that can influence the aging process. By considering these various domains, researchers, healthcare professionals, and policymakers can develop holistic approaches to promote healthy aging that address the multifaceted needs of older adults.

Life course approach

- A life course approach is about recognising that key stages in people's lives have a particular relevance for their health (WHO, 2011). It is an approach that recognises the importance of these stages on when, as well as how to intervene, to encourage healthy ageing behaviours.
- It can be contrasted with a 'disease-oriented approach, which focuses on interventions for a single condition, often at a single stage of life. A life course approach considers the critical stages, transitions, and settings where significant differences can be made in promoting or restoring health and wellbeing (Public Health England, 2019).
- Furthermore, a life course approach means 'identifying opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at important life stages' (Public Health England, 2019).
- Broadly, speaking a life course approach offers a way to think about healthy ageing as a dynamic concept across a span of time rather than as something that happens only at later stages of life.

Key Insights and Findings

RQ1. How is 'healthy ageing' conceptualised and applied within an Australian and international context?

1.1 Defining healthy ageing

Key Insights

- > There are **many definitions of healthy ageing**, a term which is often used interchangeably with terms such as 'active ageing,' 'successful ageing,' 'positive ageing,' and 'productive ageing.'
- > The concept of healthy ageing marks a **distinct shift away from stand-alone disease model** towards a person-centred one and seeks to overcome current models of care that almost exclusively focus on acute diseases and gives more consideration to chronic conditions.
- > Although there is no universal definition of healthy ageing, there is general acceptance that it involves **more than just physical or functional health**.
- > A concise definition is offered by Lara et al (2013, p.190): Healthy ageing as the 'ability to be socially engaged, productive and to function independently both at physical and cognitive levels.'
- > Recognition that the **concept of healthy ageing is complex and multidimensional, and that it is not appropriate to have one singular definition**. As noted by Menassa et al (2023, p30), It has become clear that a monistic model or definition of healthy ageing cannot practically accommodate the heterogeneous concept across different populations, dimensions, and contexts.'
- > There has also been an increased shift in research and practice from focusing only on biological ageing and **towards psychosocial models and resilience**. In this light, there is the growing recognition that psychosocial components and environmental factors play a huge component in healthy ageing.

World Health Organisation: The Decade of Healthy Ageing 2020–2030

The World Health Organisation's (WHO, 2021) definition of healthy ageing in the most widely used and referenced definition of healthy ageing in the academic and grey literature in Australia and internationally.

'Healthy ageing is defined as 'the process of developing and maintaining the functional ability that enables wellbeing in older age. Healthy ageing is about creating the opportunities that enable people to be and do what they value throughout their lives. Being free of disease or impairment is not a requirement for healthy ageing; many older people have one or more health conditions that, when

well managed in an enabling environment, have little influence on their well-being. Rather, optimizing functional ability is the key to healthy ageing.’
(WHO, 2021, pxiii)

Three key components of healthy ageing

The WHO (2021, pp10–13) definition of healthy ageing is based on three key components:

1. Functional ability	2. Intrinsic capacity	3. Environments
<p>Functional ability combines the intrinsic capacity of the individual, the environment a person lives in and how people interact with their environment.</p> <ul style="list-style-type: none"> ➤ Ability to meet basic needs to ensure an adequate standard of living ➤ Ability to learn, grow and make decisions ➤ Ability to be mobile ➤ Ability to build and maintain relationships ➤ Ability to contribute to society. 	<p>Comprises all the physical and mental capacities that a person can draw on.</p> <p>Important domains include a person’s:</p> <ul style="list-style-type: none"> ➤ locomotor capacity (physical movement) ➤ sensory capacity (such as vision and hearing) ➤ vitality (energy and equilibrium). ➤ cognition ➤ psychological capacity. 	<p>Environments shape what older people with a given level of intrinsic capacity can be and do.</p> <ul style="list-style-type: none"> ➤ Products, equipment and technology that facilitate movement, sight, memory and daily functioning. ➤ The natural or built environment. ➤ Emotional support, assistance and relationships provided by other people and animals. ➤ Attitudes (as these influence behaviour both negatively and positively). ➤ Services, systems and policies that may or may not contribute to enhanced functioning at older ages. ➤ Environments provide a range of resources or barriers that will ultimately decide whether older people are able to engage or participate in activities that matter to them. The development of enabling, age-friendly environments that optimize functional

		ability is another key for healthy ageing.
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Action areas and enablers to healthy ageing

Broadly speaking, WHO (2021, p.xiii) outlines four action areas and enablers of healthy ageing:

Four action areas	Four enablers of healthy ageing
<ol style="list-style-type: none"> 1. Change how we think, feel and act towards age and ageing. 2. Ensure that communities foster older people's abilities. 3. Deliver person-centred integrated care and services that respond to older people's needs. 4. Provide access to long-term care for older people who need it. 	<ol style="list-style-type: none"> 1. Meaningful engagement with older people, families, caregivers and others. 2. Building capacity for integrated action across sectors. 3. Linking stakeholders to share experience and learn from others. 4. Strengthening data, research and innovation to accelerate implementation.

Other key considerations

WHO (2020) also outlines two other critical considerations for healthy ageing:

(1) Diversity in the ageing population: Older adults vary enormously in their capabilities.

Certain individuals aged 80 years demonstrate physical and cognitive capacity equivalent to that of 30-year-olds, whereas others of comparable chronological age require extensive assistance with fundamental activities of daily living, including dressing and eating. Policy frameworks should be designed to enhance functional capacity across the entire spectrum of older adults.

Inequality across lifespans: Around three-quarters of the variation in older people's abilities and situations stems from accumulated advantages and disadvantages throughout their lives. Significantly, the nature of individual-environment interactions is shaped by structural and social determinants, including family of origin, sex, ethnicity, educational attainment, and socioeconomic resources.

1.2 What are the domains of healthy ageing?

Key Insights

- There is a **lack of consensus** on what are the domains of healthy ageing or how to measure healthy ageing and its conceptual parameters.

- **Several different definitions** exist in the academic literature, and in part this is a result of the variability between studies (See Table 1).
- Broadly speaking, healthy ageing has been defined based **on two dominant approaches** (separately or combined):
 1. Through **health outcomes** across cognitive, physical, social, and psychological dimensions, mainly depicted as the absence of disease and disability at the individual level and compression of morbidity and mortality at the population level.
 2. Through **developmental adaptation processes** of life long, dynamic person-environment interactions to changes accompanying ageing across many dimensions. (Menessa et al, 2023)
- The most cited and influential model is **Lara et al (2013) concept of the ‘Healthy Ageing Phenotype,’** which outlines the different domains, subdomains and measurement tools for healthy ageing. Subsequent research has used this model as a foundational framework for further development.
- The Healthy Ageing Phenotype outlines **five fundamental domains of healthy ageing:** physiological and metabolic health; physical capability; cognitive function; social well-being, and psychological well-being.

Table 1. Differing definitions of the domains of healthy ageing

This table provides a snapshot of the different definitions of the domains of healthy ageing in the academic literature.

Article	Definition of the domains of healthy ageing
Cosco TD, Howse K, Brayne C (2017) Healthy ageing, resilience and wellbeing. <i>Epidemiology and Psychiatric Sciences</i> , 26(6):579–583.	Recommended the addition of adversity to the healthy ageing model via resilience makes this concept much more accessible and more amenable to the ageing population.
Hornby-Turner Y, Peel N, Hubbard R (2017) Health assets in older age: a systematic review. <i>BMJ Open</i> 7:013226	Categorized healthy ageing into four domains: personal, social, economic, and environmental.
Hung L. W., Kempen G. I. J. M., & De Vries, N. K. (2010) Cross-cultural comparison between academic and lay views of healthy ageing: a literature	Identified twelve domains or key components in the definitions of healthy ageing were identified: physical functioning, mental/cognitive functioning, social functioning, independency, happiness/wellbeing, life satisfaction, longevity, living with/close to family,

review. Ageing & Society, 30(8), 1373–1391.	adaptation, financial security, personal growth and spirituality.
John EE, Astell-Burt T, Yu P, Brennan-Harley C, Feng X (2023) Development of a composite healthy ageing score: evidence from middle-to-older aged Australians, Health Promotion International, Volume 38, Issue 4	Found that eight of the thirteen health domains, namely: physical functioning, cognitive function, balance and falls, overall health, mental health, quality of life, sleep and social connections were crucial to ageing well.
Lara J, Godfrey A, Evans E, Heaven B, Brown LJ, Barron E, Rochester L, Meyer TD, Mathers JC (2013) Towards measurement of the Healthy Ageing Phenotype in lifestyle-based intervention studies. Maturitas 76:189–199	Developed five fundamental domains of healthy ageing: physiological and metabolic health; physical capability; cognitive function; social well-being, and psychological well-being.
Lu W, Pikhart H, Sacker A (2019) Domains and Measurements of Healthy Aging in Epidemiological Studies: A Review. Gerontologist, Jul 16;59(4): e294-e310.	Identified that the domains of physical capability, cognitive function, metabolic and physiological health, psychological well-being, and social well-being are more frequently used than other domains to assess healthy ageing.

1.3 Healthy Ageing Phenotype (HAP)

One of the most cited definitions of the domains of healthy ageing is Lara et al (2013) concept of the healthy ageing phenotype. Their model (Lara et al, p.191) outlines the **five fundamental domains** of healthy ageing: physiological and metabolic health; physical capability; cognitive function; social well-being, and psychological well-being. It also includes the different domains, subdomains and measurement tools for these domains.

1.4 Essential domains of healthy ageing framework

The framework below has been developed by combining the HAP with WHO's key components of healthy ageing.

Table 2 Domains of Healthy Ageing

Type (WHO Framework)	Domain	Subdomains	Examples of tools/measures
INTRINSIC	1. Physiological and metabolic health	<ul style="list-style-type: none"> > Cardiovascular function > Lung function > Glucose metabolism > Body composition > Diet and nutrition (John et al, 2023) > Alcohol intake (John et al, 2023) 	<ul style="list-style-type: none"> > Blood pressure > Blood lipids > Lung function Forced expiratory volume (FEV1) > Blood glucose > Glucose metabolism - Glycated hemoglobin (HbA1C) > Waist circumference > Waist to hip ratio > Body mass index (BMI)
INTRINSIC	2. Physical capability	<ul style="list-style-type: none"> > Strength > Locomotion > Endurance > Dexterity > Balance and falls (John et al, 2023) > Sensory capacity (such as vision and hearing) (WHO) > Vitality (energy and balance) (WHO) 	<ul style="list-style-type: none"> > Handgrip strength > Gait speed > Endurance Walk endurance test > Pegboard dexterity test > - Standing balance test
INTRINSIC	3. Cognitive function	<ul style="list-style-type: none"> > Processing speed > Episodic memory > Executive function 	<ul style="list-style-type: none"> > Speed reaction time > Symbol digit modalities test > Story recall > Word list recall > Paired associate learning > Stroop > Trail making tests A & B
FUNCTIONAL	4. Well-being	<ul style="list-style-type: none"> > Social network > Social functioning > Perceived emotional/social support > Sense of purpose 	<ul style="list-style-type: none"> > Lubben social network scale > NIH Toolbox: friendship > PROMIS: companionship > Social isolation > Social functioning PROMIS: satisfaction with social roles and activities > Revised UCLA loneliness scale

			<ul style="list-style-type: none"> > Social support behaviours scale > NIH Toolbox: emotional support > Instrumental support > Loneliness > Perceived rejection scale > Sense of purpose > NIH Toolbox: psychological wellbeing > Meaning and purpose
INTRINSIC	5. Psychological well-being	<ul style="list-style-type: none"> > Positive and negative affect > Life satisfaction > Quality of life > Mental health > Resilience > Loneliness 	<ul style="list-style-type: none"> > Positive and negative affect schedule (PANAS) > Life satisfaction with life scale (SWLS) > Quality of life Control, autonomy, pleasure and self-realization, quality of life scale (CASP-19) > WHO quality of life-BREF (WHOQOL-BREF) > Mental health Centre for epidemiological studies depression scale (CES-D) > Warwick-Edinburgh mental wellbeing scale (WEMWBS) > Resilience Psychological resilience scale
ENVIRONMENTS	6. Environments Environments shape what older people with a given level of intrinsic capacity can be and do. Environments include the home, community	<ol style="list-style-type: none"> 1. Products, equipment and technology that facilitate movement, sight, memory and daily functioning. 2. The natural or built environment and local environment (Johns et al, 2023) 3. Emotional support, assistance, and 	

	and broader society, and all the factors within them.	<p>relationships provided by other people and animals.</p> <ol style="list-style-type: none"> 4. Attitudes (as these influence behaviour both negatively and positively). 5. Services, systems and policies that may or may not contribute to enhanced functioning at older ages. <p>WHO Age-friendly Cities Guide proposes eight interconnected domains that can help to identify and address barriers to the well-being and participation of older people. https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/</p> <p>8 interconnected domains:</p> <ul style="list-style-type: none"> > Community and healthcare > Transportation > Housing > Social participation > Outdoor space and building > Respect and social inclusion > Civic participation and employment > Communication and information 	
FINANCIAL	7. Financial security	Financial security enables older adults to meet their basic needs and maintain a good quality of life.	

		It involves having access to resources such as savings, pensions, and affordable healthcare.	
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1.5 Differences between academic, grey literature and market research on healthy ageing and its domains

General models/frameworks for healthy ageing from grey literature

The international grey literature also outlines some models of healthy ageing which are useful to consider because they offer a more consumer friendly way to represent the different domains of healthy ageing.

A. McKinsey Health Institute (2022) Living longer in better health: six shifts needed for healthy ageing (United States)

The McKinsey Health Institute has produced a healthy ageing framework which identifies the four dimensions of health and how they are influenced by both personal and social factors (McKinsey Health, 2022, p.5).

B. United Kingdom Research and Innovation

Healthy Ageing Social, Behavioural and Design Research Programme, Healthy Ageing Challenge Framework (United Kingdom)

In the United Kingdom, the [UK Research and Innovation](#) (government funded body) funds research and innovation into healthy ageing. They have developed the [Healthy Ageing Framework Challenge](#) which aims to 'to help people remain active, productive, independent and socially connected across generations for as long as possible.' The framework identifies seven 'key themes' of healthy ageing:

- > sustaining physical activity
- > maintaining health at work
- > design for age-friendly homes
- > managing common complaints of ageing
- > living well with cognitive impairment
- > supporting social connections
- > creating healthy active places.

1.6 Academic and market research on perceptions of healthy ageing

This section outlines the key findings of Australian and international market research on perceptions of healthy ageing.

Key Insights:

- > There is a small but growing body of grey literature (including market research) that has investigated how healthy ageing is perceived by the older people themselves.
- > This research is important because it provides a secondary source of data, which **is informed by a lived experience lens, on what domains of healthy ageing are important to older people themselves**. As Hung et al (2010, p1375) note, including the subjective and 'qualitative perceptions of older people' is valuable from a public health policy perspective.
- > Generally, **older people perceive healthy ageing more broadly and in more diverse ways** than the academic views which tend to focus more on physical and mental health and social functioning in later life. (Hung et al, 2010).
- > **'Lay definitions' included more domains** including independency, family, adaptation, financial security, personal growth, and spirituality. (Hung et al, 2010)
- > Scholars (Hung et al, 2010) have recommended that academic researchers **should integrate the more holistic perspectives of older lay people and cultural diversity into the classical 'physical-mental-social' healthy ageing concept**.

Australian Research

There are several studies (academic and market research) into perceptions of ageing in Australia, which highlight what older Australians think are the 'important ingredients' for ageing well. This research offers us a snapshot of current perceptions about ageing and what Australians think are the top priorities that can influence our ability to age well today.

Bolton Clark: Ageing Well Report (2023)

This report outlined the results of a national survey conducted in December 2022 with 2000+ Australians aged 25 – 75+ years about their attitudes to ageing and priorities for ageing well.

Key Findings:

- > Irrespective of age, Australians say the **three top ingredients for ageing well are financial security, an active lifestyle and good relationships**.
- > **Staying active tops the list for older Australians**. In contrast, financial security is the number one priority for those aged 25–64.
- > More than half of all respondents **over 65 said staying active and access to health services** are the most important ingredients for ageing well.

- When it comes to care, about **one in six over-55s say it's time to think about new models of support.**
- **Independence is key for older Australians**, with those aged 55+ most likely to believe they are responsible for their own care (Bolton Clarke, 2023).

Victorian Government: Ageing well in changing world: a report commissioned for the Commissioner for Senior Victorians (2020)

One of Australia's largest pieces of research examining the views of seniors and involved consultations with almost 5000 participants. The study participants were aged 60 and older and came from diverse backgrounds and cultures. The methodology included in-depth conversations with 231 participants in community consultations and an online survey of 4726 senior Victorians.

Key Findings: (pp.2-3)

- Being able to get around was a major determinant of quality of life, with 92 per cent of seniors rating personal mobility as critical to health, social wellbeing and independence.
- The following were **nine factors identified by participants as being 'highly important'** for ageing well:
 1. Having secure housing
 2. Personal mobility
 3. Feeling safe in the community
 4. Self-management of my health
 5. Adequate financial resources
 6. Independence in decision making
 7. Access to good services and support when needed
 8. Having a meaning and purpose in life
 9. Social interactions with friends and/or family.
- The report identified the **eight attributes of ageing well:**
 1. A positive attitude
 2. Life has purpose and meaning
 3. Respect and respectful
 4. Connected to family, friends and society
 5. In touch with a changing world
 6. Safe and secure at home and financially
 7. Able to manage health issues including mental health
 8. Able to get around

Barriers to ageing well

- Older people considered **financial constraints the key challenge.**
- Other barriers included being:
 - unprepared for life changing events
 - isolation and loneliness

- the significance of the digital divide
- lack of opportunities to meet their interests
- feeling unsafe when out in the community
- practical problems such as: – inadequate parking facilities, inadequate community transport, loss of mobility, difficulty navigating service systems to find support.

Other key findings:

- > **70 per cent of participants experienced some level of satisfaction with their quality of life** as they aged, but significant numbers felt isolated, disconnected and disempowered. Factors reducing quality of life included the cost of engaging in activities (43 per cent) and ageism and disrespect (28 per cent).
- > **More than 40 per cent of seniors said they were lonely, with one in five saying they lacked the 'love and friendship' they wanted.** Loneliness was consistently reported, regardless of gender, age and location.
- > 28 per cent of study participants ranked **ageism and disrespect** as a factor most diminishing their quality of life –the same result recorded for feeling unsafe in public places.
- > Seniors reported '**digital discrimination,**' with many struggling to access health, support and other services online. Seniors wanted more support to develop technology skills and greater availability of face-to-face options and other alternatives.

Bastian Collective/Latitude: Healthy Ageing Developmental Research Report (2019)

The Department of Health (Australian Government) commissioned independent social and market research agency Bastian Latitude to conduct a developmental study into 'healthy ageing', identifying how best to encourage Australians to make the most of their later years.

Key Findings:

- > **Attitudes to health are largely life stage dependent with one of the main triggers of awareness of the role of health is ill health itself.** Good health is rarely discussed: it takes experience and indeed a diagnostic to realise its importance and the need for healthy behaviours throughout life.
- > **The aspiration of Australians is to maintain choice and agency into old age:** there is not one single path to successful seniority but as many as there are people. However, all share a dream of an authentic, full, well-lived life in their senior years. This points to the need for a positive, energetic tone and a highly active depiction of the senior.
- > **Chronic conditions are seen as a natural or 'normal' part of old age,** meaning most fail to see potential for prevention.

- **Maintaining mobility is often more of a direct concern than chronic condition management.** In fact, it becomes a priority and entering the seventies even a challenge. This includes mobility in the home, where in home help becomes highly valued but also importantly outside: getting around is key to maintaining mental wellbeing.
- **Dementia is the ultimate concern.** It is often connected with the idea of loss of independence and “nursing homes”, which most if not all would rather avoid. Conversations about dementia often lead to talk of checking out and indeed euthanasia. Dementia signals the end of life.
- **Mental wellbeing is important and valued with age.**
- **Having a sense of purpose matters:** At an age where they slow down and have time to take stock of their lives, a sense of purpose becomes central to mental wellbeing. The need for purpose is not usually articulated so directly but expressed through such terms as “keeping busy” or being “healthy and happy”.
 - activity
 - mental capacity
 - social support networks
- **Diet and exercise play a supportive role:** Conversations about the preventative aspect of diet and exercise are usually limited. While knowledge of their importance is high, it is often not actively acted upon until it needs to be
- **Despite more health conditions, sentiment improves with age.** While Australians experience more health issues as they age, how they feel about their future years in terms of their health also increases with age.
- **As social isolation is very much seen as an individual problem, seniors don’t expect the government to intervene.** Mostly, it could offer information about available options from clubs and community organisations, volunteering, studying and indeed work opportunities.
- **There is a need to shift from being reactive to proactive about health**
While the findings showed that, Australians report being more proactive about their health as they age there is still significant room for improvement. This is particularly the case with nearly half of younger Australians being reactive to their health rather than proactive. Even amongst those aged 70 or older, one in four are still reactive, not proactive. Not surprisingly, those with chronic illnesses are more proactive about their health (p.40).

Mapping the life stage dependent attitudes to health

As noted, two of the key findings are that (a) the trigger for awareness of the role of health is ill health itself, and (b) the attitudes to health are life stage dependent. The report provides the following useful outline of these life stages and their influence on attitudes to health (Bastian Collective/Latitude, 2019 pp37–39):

- **Fifties:** This decade often brings the first noticeable signs of physical ageing and prompts initial lifestyle adjustments. Changes typically involve basic improvements to diet and exercise and are often made in response to specific concerns rather than

as preventative measures (for example, making changes because the body isn't functioning as well or a doctor has recommended it).

- **Sixties:** More significant health issues commonly emerge during this decade, requiring more substantial adjustments. These changes are usually prompted by medical diagnoses and can range from dietary modifications and light exercise to managing ongoing health conditions. Many people view chronic conditions as a normal part of entering their sixties. Medical interventions become more common, with many requiring routine procedures such as joint replacements or cataract surgery.
- **Seventies onwards:** Increasingly serious health conditions typically characterise this period, and health concerns begin to significantly restrict lifestyle choices. Health management becomes a daily priority, often taking precedence over other life aspects such as financial concerns for the first time. In-home care and continuous support services become increasingly important, bringing decisions about care arrangements to the forefront.

The report (Bastian Collective/Latitude, 2019 pp67-68) further outlines the need for **tailored approach when addressing the needs of all Australians 45 years and older**.

- **Different age groups need different approaches:** Clear differences emerge as people age, requiring targeted strategies for different age groups within the 45+ population. Messages about positive ageing and future planning must specifically reach the 45-49 age group, who are the most negative and uncertain about their future. This group doesn't identify as 'seniors' and won't relate to content aimed at retirees aged 65+, yet they have the largest knowledge gaps about planning ahead.
- **People need options to choose what works for them:** Australians prepare for ageing when it feels right for them personally. Expecting everyone to plan early across all areas is unrealistic. Instead, people are more likely to focus on areas that feel relevant at a time that suits them. Providing a flexible framework with different options allows people to take action in the areas that feel easiest or most pressing when opportunities arise.
- **Engage people early when they first notice ageing:** From their mid-forties, Australians start experiencing events or attitudes linked to getting older. At this early stage, they feel the most negative and anxious about ageing. Introducing future planning concepts early is crucial for building confidence. Engaging people when these experiences first occur helps them act while it's still highly effective. This allows people to dip in and out of different planning areas and gradually prepare at their own pace.

- **Support the transition that starts in the early fifties:** From around age 50, Australians begin transitioning toward retirement, usually starting with preparations that don't disrupt their current life but may benefit them later (such as starting a course). This is a critical moment requiring deeper engagement with different planning areas. Ongoing progress updates help maintain momentum, highlighting the need for tracking tools like 'One You' and 'Money Smart' that show people how they're progressing along the way.

International Research

McKinsey Health Institute, *Age is just a number: How older adults view healthy ageing* (2023)

McKinsey Health Institute (MHI) surveyed more than 21,000 older adults (defined as those aged 55 and older) across 21 countries. The results of a survey shed light on the health perceptions and priorities of people aged 55 and older.

Key Findings:

- Respondents largely agree about the importance **of having purpose, managing stress, enjoying meaningful connections with others, and preserving independence.**
- **Financial stability matters.** Older adults who have financial stability—no matter their country—are more likely than their peers to be able to adhere to healthy habits, including those that boost cognitive health
- **Older people use technology: Overcoming the knowledge gap is the key to greater technology adoption.**
 - And contrary to the perception that older adults are tech laggards compared with their younger peers, the results find widespread technology adoption, especially in smartphone use, among the older adult population.
- **Having purpose, managing stress, physical activity, lifelong learning, and interacting with others matter most to overall health.**
- **Mental and spiritual health are the most favourably rated dimensions.** Overall, survey respondents perceived health across all four dimensions declines with age. Physical health has the sharpest drop—38 percent—when looking at the average response, across all countries, between the youngest and oldest cohorts. For those aged 55 to 64, mental health tends to be the most positively rated dimension. For those aged 65 and older, spiritual health becomes the most positively rated dimension. Of the countries represented in the survey, Australia and Japan were the only two where perceived mental, social, and spiritual health increased with age, with scores among those aged 80 and older higher than those of their counterparts aged between 55 and 64.
- Living longer may not mean better perceived health.

- **Addressing factors of health individually** can have outsize impact on overall perceived health.
- Feeling respected by one's community and feeling that one's perspective as an older adult is valued also result in substantial uplifts. This supports the idea **that reframing aging has the potential to alter how older adults perceive their own health.**
- Older adults are socially active, and many want to do even more.
- Societal participation aligns with better perceived health.

Perspectives from specific cohorts

First Nations

There has been very little research about how First Nation's people understand and conceptualise the concept of healthy ageing in Australia. The two empirical studies outlined below have sought to address this gap in the literature.

Study 1

In this study, Coombes et al (2018) conducted eight yarning circles in six locations in NSW with 76 participants aged 45 years and over.

Key Findings: (Coombes et al, 2018 p.363)

- There is a difference between western and First Nation people perceptions of health.
- Participants in the study highlighted that the notion of healthy ageing included the physical and mental ability to pass on traditional values, cultural knowledge and cultural spirituality.
- When participants were asked how they viewed healthy ageing, there was an expressed need for language, art, tradition, ceremonies and the ability to look after country. These elements were viewed as important to living a holistically healthy life.
- Healthy ageing was viewed as more than just getting older, rather, it was viewed as the ability to continue in key roles as cultural leaders and the keepers of traditional knowledge. The significance of self-worth and maintaining involvement in the community was highlighted by participants.
- Participants pointed to the possibility of a holistic, culturally appropriate and safe healthy ageing program run in the community. Drawing on their own knowledge, belief systems and realities of their own community's culture, participants stated that it was imperative to have a holistic, culturally appropriate and culturally safe healthy ageing program. A healthy ageing program for Elders was thought to provide an opportunity for older people to come together to celebrate culture with art, song and dance.

Study 2

Wettasinghe et al (2020) conducted semi-structured interviews with 34 Aboriginal Australians aged 50 years and older from regional and urban communities.

Key Findings: (Wettasinghe et al, 2020 p.12)

- Most participants extended their discussion on health and ageing beyond physical health to include their social and emotional well-being, cognitive health, and even their access to health services.
- From the perspective of older Aboriginal people, a successful healthy ageing program model includes physical and cognitive activities, social interaction, and health education. The program model also provides culturally safe care and transport for access as well as family, community, cultural identity, and empowerment regarding ageing well as central tenets. Technology could also be a viable approach for program delivery.
- Co-design approach needed for healthy ageing programs: Participants were keen to engage in healthy ageing programs, but current programs do not meet their needs. Findings on the apparent lack of suitable programs and disengagement due to previous negative experiences demonstrate the failure of programs to meet the community's needs and emphasize that a co-design approach is essential.

Multicultural Communities

In this study, Hui et al (2020) conducted 11 in-language interviews with Chinese older adults who had moved to Australia in later life in order to examine the subjective meaning of successful ageing.

Key Findings: (Hui et al, 2020 p.29)

- Like older adults from Western cultures, these study participants placed an emphasis on health in their perspective on ageing well.
- The concept of healthy ageing can have underlying culturally specific meanings.
- The inability to maintain independence, and thus the perceived burden to their children, is more of a concern to older Chinese participants than having an illness.
- As a result, participants in this study prioritised financial self-sufficiency to ensure access to health care and independence, mostly with an intention to minimise burden to their children.
- Findings suggest that minimising the caregiving burden to their children is a strong motivational factor for ageing well.
- Participants' perspectives on successful ageing emphasised the importance of contributions from individual, social and societal levels to support ageing and the postimmigration adjustment process.

1.7 Measuring Healthy Ageing

This section examines the Australian and international literature on measuring healthy ageing as a measurable outcome for empirical validation and comparison.

Key insights:

1. There **is no agreed upon standard to measure healthy ageing** nor a definitive contextual discourse to establish the conceptual parameters. (John et al, 2023)
2. There has been a body of research in Australia and internationally that has sought to **establish some standards for defining and quantifying the concept of healthy ageing**.
3. Broadly speaking, there has been some consensus that healthy ageing should include **measuring the capacity to function well and adapt to environmental challenges** in domains assessing physical, mental and social well-being (Peel et al, 2004).
4. In Australia, there have been two key proposed ways to measure healthy ageing:
 - a. **Healthy Ageing Quiz:** Is a consumer facing tool designed to help middle-aged and older people assess their current state of health and provides evidence-based strategies to maximise not only their current and future health but also their physical, social and psychological wellness.
 - b. **Healthy Ageing Scorecard:** Is a composite tool for measuring healthy ageing within an epidemiology context.

Australian context

(a) Healthy Ageing Quiz (HAQ)

Source: Cyarto, E. V., Dow, B., Vrantzidis, F., & Meyer, C. (2013). Promoting healthy ageing: Development of the healthy ageing quiz. *Australasian journal on ageing*, 32(1), 15-20.

About the Healthy Ageing Quiz

- The HAQ is an evidence-based resource for middle-aged and older people that not only increases their awareness and knowledge of how to age well but also allows them to judge the adequacy of their current lifestyle choices and recommends action steps to maximise their present and future health.
- The initial development of the quiz involved a literature review, focus groups with older adults, and advice from an expert advisory panel.
- In 2021, the National Ageing Research Institute updated the HAQ based on extensive input and feedback were collected from community members and older people as part of its development. The HAQ is available online and as a downloadable PDF: [Home – NARI Healthy Ageing Quiz](#)

- The HAQ provides middle-aged and older people with a tool to assess their current state of health and provides evidence-based strategies to maximise not only their current and future health but also their physical, social and psychological wellness.
- HAQ consists of 22 questions under the broad topics of physical activity, balance and falls, smoking and alcohol use, weight, diet, chronic conditions and medical care, sleep, stimulating your mind, social connections and productive engagement, and optimism and adaptability.
- It has tips for each health domain, a BMI table, a summary of the key actions for ageing well and an action planning worksheet.
- For each lifestyle factor identified as needing improvement, space is provided to list actions that will be taken, people/ groups to contact and a date for completion.

Limitations

Several scholars (John et al, 2023) have critiqued the HAQ and highlighted the following limitations:

- The HAQ did not report validated psychometric properties of the score.
- Further, measuring physical activity instead of physical functioning for the elderly misrepresents their capacity to do the activities they value and need to live independently.
- Another limitation of the HAQ was limited sample size (297 participants) and poor representation from a national level.

(b) Healthy Ageing Scorecard (HAS)

Source: John, E.E., Astell-Burt T., Yu P., Brennan-Harley C., Feng X. (2023) Development of a composite healthy ageing score: evidence from middle-to-older aged Australians, Health Promotion International, Volume 38, Issue 4.

About the HAS:

- This study was the first assessment of the healthy ageing construct in Australia to empirically validate an extended item HAS and its reliability on a large representative sample of the Australian population.
- Examined 13 domains that can influence healthy ageing: chronic diseases/comorbidity, physical functioning, smoking, BMI, diet and nutrition, alcohol intake, cognitive function, mental health, sleep, quality of life, balance and falls, social connections and overall health. Data to measure these domains was extracted from the 45 and Up Study baseline.
- Found that eight out of the 13 health domains, namely: physical functioning, cognitive function, balance and falls, overall health, mental health, quality of life, sleep and social connections were crucial to ageing well.

- Developed a Healthy Ageing Scorecard based on these eight items and can be further partitioned into two latent structures:
 - a functional capacity dimension (using measures of physical functioning, cognitive function, balance and falls and overall health)
 - a resilient dimension (using measures of mental health, quality of life, sleep and social connections.)
- The HAS ranges from 0 to 16 with higher scores indicating a better health profile.

International context

The following are two examples of international studies that have proposed models to measure healthy ageing.

China

Several scholars (Wu et al, 2018) proposed a Chinese Healthy Ageing Index, having six components: systolic blood pressure, peak expiratory flow, telephone interview for cognitive status, estimated glomerular filtration rate, fasting glucose, C-reactive protein.

Europe

Scholars (Jasper et al, 2017) used data from the Rotterdam study starting in 1990 to develop a HAS and compared its difference across age and sex. The score included seven domains: chronic diseases, mental health, cognitive function, physical function, pain, social support, and quality of life.

1.8 Future directions of healthy ageing research – international trends

In a recent review (Zang et al, 2024) of the global scientific landscape of healthy aging research over the last 22 years, scholars noted the rapidly growing number of research studies on healthy ageing worldwide. The following is a summary of their key findings:

- **3 key hotspots for research on international context (includes Australia)**

Research hotspots in healthy aging were identified based on the co-occurrence analysis of keywords:

 1. physical activity and mental health of older adults.
 2. diseases impacting the health and lifespan of older adults.
 3. neuroscience.
- **Emerging themes include loneliness, frailty and resilience**

The following emerging themes in healthy ageing research include gut microbiota, loneliness, frailty, mitochondria and resilience were the emerging themes in healthy aging research.

➤ **Australia is in the top ten research producing**

The United States of America (USA) garnered the most attention with 2313 (36.0 %) publications, followed by United Kingdom (UK) (913 publications, 14.2 %), Australia (608 publications, 9.5 %), Canada (589 publications, 9.2 %) and Germany (575 publications, 9.0 %).

Another key shift is towards focusing on those who are ageing well

Several scholars have also called for future healthy ageing research to focus on people who are ageing well. As (Peet et al, 2004, p.115) note, 'healthy ageing needs to be recognised by researchers as not simply the opposite of ageing with disease or functional impairment.'

RQ2. How are the different domains of healthy ageing represented and resourced within an Australian context?

2.1 Market research

There has been some research into the availability and suitability of online healthy ageing resources that older people can access to assess their risk of chronic disease and find information about preventing physical and cognitive decline in later life.

The two key reports outlined in this report are:

➤ **National Seniors Australia – Healthy Ageing the state of the evidence and available resources (2017)**

This report was commissioned by National Seniors Australia (NSA) to (a) evaluate the current state of play in evidence pertaining to the association between modifiable risk factors and healthy ageing, and (b) identify and explore the availability of online healthy ageing resources that seniors may access to assess their risk of chronic disease and find information about preventing physical and cognitive decline in later life.

➤ **Bastian Collective/Latitude: Healthy Ageing Developmental Research Report (2019)**

The report addressed the issue of resources and perceptions on who should be providing information about healthy ageing to the Australian community.

Key Insights:

- While there are **many sources of information on healthy ageing, but not one place that integrates and draws this material together in a user-friendly format** (Cyarto et al, 2013 p15).
- **Many online healthy ageing resources for seniors are unlikely to be easily accessible.**
Many of the resources are unlikely to be easily accessible to the typical internet user, and difficult to identify by a standard internet search (National Seniors Australia, 2017).
- **Mental health and alcohol have identifiable resources for each category of resources. Mental health is particularly well resourced.**
Mental health was serviced by some particularly strong resources. Beyond Blue, the Black Dog Institute, and Mind Spot all offered content supporting all available categories (noting that no formal guidelines were expected of specific health conditions) (National Seniors Australia, 2017).
- **Social activity and cholesterol appear to be less resourced lifestyle factors.**
Cholesterol lacked any identifiable intervention or personalised support resources, while only preparation resources were identified (National Seniors Australia, 2017).
- **No personalised support services were identified for physical, social, or cognitive activity.**
This is a clear gap between some of the support services offered. However, more alarmingly – considering the notoriety of healthy weight as an important factor to good health – no personalised services were identifiable for obesity, diet, or physical activity (National Seniors Australia, 2017).
- **Older Australians see health and aged care as within the realm of what the government is ‘allowed’ to get involved with and talk about.**
Interest in health information from the government is strong across all age groups. This is clearly a topic where the government is expected to play a role (Bastian Collective/Latitude, 2019).
- **Financial planning and transition to retirement garnered much lower interest.**
Suggested that these topics are the role of independent professionals (Bastian Collective/Latitude, 2019).
- **There is also less interest in information about social connectedness.**
Suggest that this may be because it is unclear as to what that would involve and not necessarily something that a lot of people are thinking about (Bastian Collective/Latitude, 2019).
- **The UK’s NHS ‘One You’ website and particularly the ‘How Are you Quiz’ tested well with Australian audiences.** It was described as a ‘highly popular and potentially a game- changing tool, helping a shift from reactive to preventive health, even amongst the young. The promise of a score can help people understand how they are tracking and provides them with a personal and external trigger for action (Bastian Collective/Latitude, 2019).

➤ **Limitations of the National Seniors Report 2017**

The findings of this report, based on research conducted in 2017, are now seven years old. The rapid growth in the use of digital technology (including tools like apps) for the delivery of information and health interventions should be considered when assessing the relevance of the findings in 2024. In this light, the findings may be better viewed as a valuable benchmark for the research conducted in the following sections of this report.

2.2 Findings: Domains represented and resourced online in Australia

The desktop research has focused on the identifying the availability of three types of resources for each domain:

1. **Information** – includes web content, factsheets and videos.
2. **Guides and guidelines** – include guidelines for exercise and nutrition guides.
3. **Tools** – includes clinical measurement tools, apps, checklists and quizzes.

Key Insights:

- The **most represented domains** in terms of available online resources are:
 - **Domain 5. Psychological Wellbeing**, Subdomains: Mental health focusing on depression and anxiety
 - **Domain 2. Physical capability**, Subdomains: Exercise and physical activity and falls prevention
 - **Domain 1. Physiological and metabolic health**, Subdomains: Nutrition and diet
 - **Domain 3. Cognition**, Subdomains: Dementia
- The **least represented domains**
 - Domain 4. Social Wellbeing (including social network, social functioning, sense of purpose)
 - Domain 6. Environment
 - Domain 7. Financial
- These insights into the most represented domains support the findings of the National Seniors Report (2017) and show that **mental health continues to be a well resource domain** in terms of availability of online resources.
- The findings indicate that there are two key audiences these resources are targeted at:
 1. **Health professionals** – this includes clinical assessment and measurement tools.
 2. **Consumers** – this includes general tools/apps for self-assessment, self-support and intervention.
- As noted, previously there has been a rapid growth in the use of digital technology (including tools like apps) for the delivery of information and health interventions since

2017. Since the National Seniors Report (2017), this research has identified **an increase in the number of apps for consumers** in the healthy ageing domain. Some examples include:

- [Healthy Habits App](#)
 - [MyCompass App](#)
 - [ReNeuWell app](#)
 - [Brain Track App](#)
 - [icon-FES Mobile Application](#)
 - [Incidental and Planned Exercise Questionnaire Mobile Application](#)
- **There is still a gap for consumers when it comes to accessing information in one central place.** While there are several general resources available for consumers to find information on 'healthy ageing,' there is still not one central place that 'integrates and draws this material together in a user-friendly format (Cyarto et al, 2013 p15).
- **The average consumer may still find it difficult to navigate and find information about healthy ageing with confidence.** As noted, the quality of the consumer health information available on the internet is vast, ranging from personal opinions of non-professionals to intensively researched evidence-based material' (National Seniors, 2017 p.6).
- **Many resources including high quality education materials and intervention tools are often behind paywalls.** This is particularly the case with clinical/evidence-based intervention tools developed by peak health sector organisations.

General 'healthy ageing' resources

There are number of general resources (mainly information) available on 'healthy ageing' or "active ageing' provided by government (at all levels), government agencies, not for profit and businesses. Some key examples below:

Organisation	Type of resource
Australian Government Department of Health and Aged Care	Information https://www.health.gov.au/topics/positive-ageing
Health Direct	Information Seniors' health webpage https://www.healthdirect.gov.au/seniors-health * Covers most domains Tools: Embeddable health tools https://about.healthdirect.gov.au/embeddable-health-tools Healthdirect Australia produces a range of free health widgets and clickable buttons for health services and organisations to use on their

	<p>websites. Our widgets and buttons provide quick access to the information we manage about health topics and health services, so organisations don't need to create and maintain their own content or applications.</p> <p>The customisable widgets display as an easy-to-use information box on a host webpage, creating an instant pathway to trusted up-to-date health services and information. More than 100 organisations use our widgets, including Primary Health Networks, Local Health Districts, health departments, non-government organisations and our Information Partners.</p> <p>Our health tools</p> <ul style="list-style-type: none"> • Health Information Search • Medicines Search • healthdirect Symptom Checker • National Health Services Directory • healthdirect Risk Checker • Opioid Medicines & Pain Hub
Australian Capital Territory Government	<p>Information and factsheets</p> <p>Promoting healthy ageing https://www.act.gov.au/directorates-and-agencies/act-health/strategies-programs-and-reports/strategies-and-plans/act-preventive-health-plan/promoting-healthy-ageing</p> <p>Focus on healthy ageing in ACT factsheet https://www.act.gov.au/_data/assets/pdf_file/0020/2161640/POPH_Focus-On-Healthy-Ageing_2018.pdf</p>
Australian Government Department of Veterans Affairs	<p>Healthy Ageing webinar https://www.headtohealth.gov.au/service/webinar-healthy-ageing-wellness-for-veterans-15960</p>
National Ageing Research Institute	<p>Tool - Healthy Ageing Quiz</p> <p>The Healthy Ageing Quiz is based on the latest scientific evidence about healthy ageing with input from experts in the field. The Quiz was updated in 2021. Extensive input and feedback were collected from community members and older people as part of its development. https://haq.nari.net.au/</p> <p>Domains covered in the quiz</p> <ul style="list-style-type: none"> > Physical activity,

	<ul style="list-style-type: none"> > Strength and falls > Smoking, alcohol, drugs' > Body Mass Index and nutrition > Chronic health conditions > GP visits > Sleeping > Activities that engage mind > Social and group activity
SANE Australia	Guides SANE to Ageing Well
NSW Government Centre for Health and Safety	Toolkit Healthy Older Worker Toolkit https://www.centreforwhs.nsw.gov.au/tools/healthy-older-worker-toolkit The Healthy Older Worker (HOW) toolkit is designed to guide organisations in designing healthy, safe, and sustainable workplaces for older workers.
The Well https://thewellresource.org.au/ The Well was originally developed as a joint project between the Outer East and Inner East Primary Care Partnerships (PCPs)	Healthy Ageing Portal In this portal, you will find a range of information, resources and healthy ageing projects being undertaken across the Eastern and Northern Metropolitan Regions of Melbourne. Click on the Learn, Plan, Share and Connect tabs to find out more. Learn (thewellresource.org.au) Plan (thewellresource.org.au) Share (thewellresource.org.au) Connect (thewellresource.org.au)
Bolton Clarke	Information Consumers on topics about health, wellbeing and active ageing. What is positive ageing? Bolton Clarke

Example of an integrated toolkit – Hospital context

The following is an example of an integrated toolkit that provides practical information and links to user-friendly tools in one place. While it has been created for staff working within hospital context rather than primary care/community setting, it does offer a good example how a toolkit resource can be structured in a user-friendly format.

Government of South Australia – Care of Older People Toolkit

The [Care of Older People Toolkit](#) comprises a number of key topics (domains) that contain practical, user-friendly tools to help hospital staff prevent the decline in function often experienced by older people during their hospital stay. Each topic (domain) contains:

- five tips (main things to remember) about the domain that you might like to use as a starting point
- information about the domain
- why the domain is important
- how to identify problems in the domain area
- how to prevent these problems from occurring
- how to manage them if they do occur, including strategies for patients and their families or carers
- what needs to be considered for discharge
- an illustrative case study.

Highly represented domains from highest to lowest:

The following is a summary of the key resources for each domain and subdomain.

Domain 5. Psychological Wellbeing

Subdomain:

(a) Mental health focusing on depression and anxiety

Available online resources (focusing on tools and guides)

Organisation	Resources
Black Dog Institute	MyCompass App A free internet and smartphone-based self-help program for people with mild-to-moderate depression, anxiety and stress. • It delivers proven psychological techniques used by doctors and psychologists such as cognitive behaviour therapy (CBT).
NeuRA (Neuroscience Research Australia)	ReNeuWell App A soon-to-be launched evidence-based app focused on resilience and mental wellbeing. The ReNeuWell® app includes the COMPAS-Wellbeing Scale and provides a tailored four-week program of activities. Activities used in the ReNeuWell® app draw on evidence-based psychological concepts or approaches including mindfulness,

	meditation, coping with stress, self-compassion, acts of kindness, gratitude diaries, positive event scheduling, and goal setting.
Australian Capital Territory – Agency for Clinical Innovation	Clinical screening tools for cognitive and mental health There are numerous tools available to clinicians to guide screening and assessment of older people; particularly when identifying cognitive and mental health care needs. It can be used to help identify cognitive and mental health needs in older people within the NSW Health system. https://aci.health.nsw.gov.au/networks/aged-health/resources/older-people
Ending Loneliness Together	Guide ELT_2_Guide-to-Evaluating-Loneliness-for-Community-Organisations_Dec-2021.pdf (endingloneliness.com.au)
Beyond Blue	Information Having conversations with older people about anxiety and depression Having the conversation with older people about anxiety and depression (sitecorecloud.io) Older adults opening up about anxiety and depression Fact sheet – older adults opening up about anxiety and depression (sitecorecloud.io) What works to promote emotional wellbeing in older people 329885_0616_bl1263_small_v5.pdf (sitecorecloud.io)
Sane Australia	Growing Older Staying Well – Mental healthcare for older Australians https://www.sane.org/images/PDFs/GrowingOlderStayingWell.pdf
Eastern Melbourne PHN Western NSW PHN	PHNs provide localized information about services For example, Eastern Melbourne PHN: Mental health for older people The Healthy Ageing Service is a new community mental health service that specializes in the mental health and wellbeing of older adults. https://www.emphn.org.au/what-we-do/mental-health-and-aod-test/services-menu/healthy-ageing-mental-health-services

Domain 2. Physical capability

Subdomains:

(a) Exercise and physical activity

Available online resources (focusing on tools and guides)

Organisation	Resources
NeuRA (Neuroscience Research Australia)	<p>IPEQ App – self-assessment tool for incidental and planned exercise. Incidental and Planned Exercise Questionnaire Mobile Application https://neura.edu.au/resources-tools/apps/ipeq</p>
Heart Foundation (Australia)	<p>Australian 24hr Movement Guidelines – Heart Foundation is currently consulting on these, as they are in the process of being updated from the general ‘30 mins per day’ recommendation to 24hr guidelines.</p> <p>Healthy Active Ageing Checklist https://irp.cdn-website.com/541aa469/files/uploaded/Healthy_Active_Ageing_Checklist__T63RwpBVRXi4YiaLNOHy.pdf</p> <p>Community Walkability Checklist Community Walkability Checklist HealthyActiveByDesign.com.au</p> <p>Heart Age Calculator https://www.heartfoundation.org.au/heart-age-calculator Cardiovascular Risk Calculator https://www.cvdcheck.org.au/calculator</p> <p>Healthy Habits app (developed with RACGP, who is now driving this) https://healthyhabits.racgp.org.au/patient-pathway/</p> <p>General tools and calculators https://www.heartfoundation.org.au/healthy-living/tools-and-calculators</p>
Australian Government Department of Health and Aged Care	<p>Physical activity and exercise guidelines for older Australians https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians/for-older-australians-65-years-and-over</p> <p>For more information about our activity recommendations for older Australians, see: Choose health, be active – a physical activity guide for older Australians Australia’s physical activity and sedentary behaviour guidelines – tips and ideas for older Australians.</p>

<p>Queensland Government – Queensland Health</p>	<p>Stay on your feet for seniors’ resources: Checklist https://www.health.qld.gov.au/_data/assets/pdf_file/0037/429787/33380-print.pdf</p> <p>Ageing with vitality workbook https://www.health.qld.gov.au/_data/assets/pdf_file/0029/844184/ageing-vitality-workbook.pdf</p> <p>The guide is full of tips, real-life stories and sample exercises to make being healthy and active fun. The guide suggests everyday activities and exercises for strength, balance, flexibility and endurance that you can do at home. It includes tips, simple step-by-step instructions and photographs. To be used with accompanying workbook.</p>
<p>NSW Government Active and Healthy</p>	<p>https://www.activeandhealthy.nsw.gov.au/</p> <p>Exercise circuits https://www.activeandhealthy.nsw.gov.au/active-living/healthy-ageing-online-learning/exercise-circuit-1/</p> <p>8 Online learning modules cover nutrition, falls prevention and oral health https://www.activeandhealthy.nsw.gov.au/active-living/healthy-ageing-online-learning/</p>
<p>Arthritis Australia</p>	<p>Staying Moving Staying Strong – Arthritis Australia</p> <p>The resources have been developed by the SMSS project team, in partnership with Arthritis and Osteoporosis Western Australia, with the support of Arthritis Australia and funding from the Commonwealth Government.</p> <p>https://www.stayingstrongwitharthritis.org.au/</p>
<p>Active Ageing Australia</p>	<p>Moving for life online module https://activeageing.org.au/learn/online/moving-for-life/</p>

(b) Falls prevention

Available online resources (focusing on tools and guides)

Organisation	Resources
NeuRA (Neuroscience Research Australia)	<p>The Falls Health Literacy Scale (FHLS) is a novel way of measuring fall-related health literacy in an individual.</p> <p>The FHLS consists of a 25-item subjective scale that measures self-reported fall-related health literacy of an individual and a 14-item objective scale (test-based) that provides an objective measure of a person's health literacy in the context of fall prevention.</p> <p>https://neura.edu.au/resources-tools/falls-health-literacy-scale</p> <p>icon-FES Mobile Application</p> <p>icon-FES is an innovative way of assessing fear of falling using pictures to describe a range of activities and situations.</p> <p>https://neura.edu.au/resources-tools/apps/iconfes</p> <p>Costab Mobile Application</p> <p>Costab is a coordinated stability test that requires participants to adjust balance by leaning or rotating their body without moving their feet. Costab measures a participant's ability to adjust balance in a steady and coordinated way while placing them near or at the limits of their equilibrium.</p> <p>https://neura.edu.au/resources-tools/apps/costab</p> <p>The NeuRA QuickScreen © Clinical Falls Risk Assessment (or QuickScreen © for short) was developed by researchers at Neuroscience Research Australia (NeuRA) and is a multifactorial assessment tool which was designed specifically for use in clinical settings</p> <p>https://neura.edu.au/resources-tools/quickscreen</p> <p>FallScreen</p> <p>FallScreen© is a falls risk calculator and has two forms: a short form and a long form. The short form is designed as a screening instrument suitable for General Practice surgeries, acute hospitals, and long-term care institutions.</p> <p>https://neura.edu.au/resources-tools/fallscreen</p> <p>PPA Sway Path</p> <p>Sway path has been identified as one of the most useful summary measures of postural sway. In studies conducted by researchers at NeuRA, sway path has been found to be the best measure of postural sway for predicting falls in older people and other clinical groups at risk of falls.</p> <p>https://neura.edu.au/resources-tools/apps/ppa-sway-path</p>

NSW Fall Prevention and Healthy Ageing Network	GP screen tools for falls prevention and factsheets https://fallspreventiononlineworkshops.com.au/resources/#gp Consumer resources and links to tools https://fallsnetwork.neura.edu.au/resources/community-care/consumer-resources/
Queensland Government – Queensland Health	How to say on your feet checklist https://www.health.qld.gov.au/stayonyourfeet/for-seniors/keep-safe

(c) Frailty

Available online resources (focusing on tools and guides)

Organisation	Resources
Australian Frailty Network	Frailty screen and assessment tools https://www.afn.org.au/frailty-screening-and-assessment-tools/ – Clinical Frailty scale, Frailty Index
Hunter New England and Central Coast PHN	Information See “Frailty Fundamentals” for more information, including diagnosis, referral and recommendation options for patients Identifying frailty screening tool Use of a validated screening tool will help ensure that identification of frailty is accurate, reliable and consistent. The PHN recommends use of the “FRAIL scale” to identify a level of frailty. A score of 1 to 2 indicates pre-frailty and a score of 3+ indicates that the patient is living with frailty. Download the Frailty Flowchart incorporating the FRAIL scale and referral options.
Australian Physiotherapy Association	Information https://australian.physio/inmotion/five-facts-about-frailty

Domain 1. Physiological and metabolic health

Subdomains:

(a) Nutrition and diet

Available online resources (focusing on tools and guides)

Organisation	Resources
Health Direct	BMI calculator https://www.healthdirect.gov.au/bmi-calculator
Australian Government Eatforhealthy.gov.au	Tools Nutrition calculator https://www.eatforhealth.gov.au/eat-health-calculators Information Healthy eating when you're older https://www.eatforhealth.gov.au/eating-well/healthy-eating-throughout-all-life/healthy-eating-when-you%27re-older Australian dietary guidelines https://www.eatforhealth.gov.au/guidelines/about-australian-dietary-guidelines
Australian Government Department of Veterans Affairs	Guide Healthy eating for healthy ageing guide https://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/vhw/2018/healthy-eating.pdf Healthy Ageing webinar https://www.headtohealth.gov.au/service/webinar-healthy-ageing-wellness-for-veterans-15960
NSW Government	Information https://www.activeandhealthy.nsw.gov.au/active-living/healthy-eating-for-older-adults/ 8 Online learning modules covers nutrition, falls prevention and oral health https://www.activeandhealthy.nsw.gov.au/active-living/healthy-ageing-online-learning/
Australian Government Department of Health and Aged Care	Information https://www.health.gov.au/topics/food-and-nutrition

Heart Foundation	Nutrition – healthy eating https://www.heartfoundation.org.au/healthy-living/healthy-eating-information
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(b) Cardiovascular

Available online resources (focusing on tools and guides)

Organisation	Resources
Heart Foundation (Australia)	Heart Age Calculator https://www.heartfoundation.org.au/heart-age-calculator Cardiovascular Risk Calculator https://www.cvdcheck.org.au/calculator
Health Direct	Risk checker https://www.healthdirect.gov.au/risk-checker/heart-kidney-diabetes

Domain 3. Cognition

Subdomain: Dementia

Available online resources (focusing on tools and guides)

Organisation	Resources
Dementia Australia	<p>Ask Annie (for care workers) On-the-go dementia training designed for care workers. With short, practical and interactive modules, Dementia Australia's award-winning Ask Annie app helps you fit dementia care skills development into your busy day.</p> <p>Enabling EDIE – VR experience (for families, and a version for professionals) Delivered onsite to your team, EDIE is an immersive workshop that enables participants to see the world through the eyes of a person living with dementia. Using virtual reality technology, this workshop enhances the knowledge of dementia whilst exploring enablement strategies to support a person with dementia to live more confidently.</p> <p>Brain Track App BrainTrack is a free app that helps you monitor and understand changes in cognition over time, which you can use to start a conversation with your GP.</p>

NeuRA (Neuroscience Research Australia)	Trail Making Test Trails Making Test (Trails) is a neuropsychological test of visual attention and task switching. It can provide information about visual search speed, scanning, speed of processing, mental flexibility, as well as executive functioning. It is also sensitive to detecting several cognitive impairments such as Alzheimer's Disease and Dementia. https://neura.edu.au/resources-tools/apps/trail-making-test
Macquarie University Lifespan Health and Wellbeing Research Centre	Ageing Well Tool – Risk of dementia A screening and early intervention tool designed to identify and reduce risks for dementia and enhance overall wellbeing in primary care patients aged 60–70, to set them up for ageing well. https://www.mq.edu.au/research/research-centres-groups-and-facilities/centres/lifespan-health-and-wellbeing/our-projects/cognitive-health-and-dementia/ageing-well-tool-in-general-practice
Brisbane South PHN	My Health Journal The My Health Journal aims to help reduce some of these challenges by assisting people to communicate their health needs, preferences and values with their health care professionals. Developed through intensive community consultation, the journal has been designed for people with mild to moderate symptoms of dementia who still reside within the community. https://bsphn.org.au/community-health/commissioning/older-persons-health#my-health-journal
Brain Foundation	The Healthy Brain Program , an initiative of the Brain Foundation, aims to assist Australians to keep their brains healthy into old age, through the provision of community education and research. https://brainfoundation.org.au/healthy-brain/
Bolton Clarke	Information Information for consumers on topics about health, wellbeing and active ageing. https://www.boltonclarke.com.au/news-resources/white-papers/ageing-well-report/#:~:text=We%27re%20not%20alone%20%E2%80%93%202023,integrated%20care%20and%20primary%20health Topics covered include: Understanding and Living Well with Dementia Why a healthy brain improves wellbeing

Domain 6. Environment

Subdomain: Built environment

Available online resources (focusing on tools and guides)

Organisation	Resources
Local Government NSW	Toolkits Age-Friendly Toolkit Developed by LGNSW in partnership with the NSW Department of Communities and Justice, the updated Age-Friendly Toolkit for Local Government in NSW helps councils plan for an ageing population through the application of a suite of resources and tools provided in the kit. https://lgnsw.org.au/Public/Public/Policy/Ageing-files/Ageing.aspx
Municipal Association of Victoria	Age-friendly Cities and Communities Information Kit for Local Government Councilors and Senior Management (2017) (Developed by COTA Vic and the Municipal Association of Victoria with RACV Community Grant funds) Age-friendly-cities-and-communities-information-kit-for-local-government-Jul-2017.pdf (mav.asn.au)
South Australia's Communities for All	Guidelines: South Australia's Communities for All: Our Age-friendly Future: Age-friendly Neighbourhoods: Guidelines and Toolkit for Local Government https://www.sahealth.sa.gov.au/wps/wcm/connect/e373ac0042a5706fa978edd8cec31b16/Age-friendlyGuidelinesLocalGovernment2012-PC-OFTA-20131218.pdf?MOD=AJPERES&CACHEID=e373ac0042a5706fa978edd8cec31b16

Least represented domains

Domain 4. Social Wellbeing

Subdomains: Social network, social functioning, sense of purpose

Available online resources (focusing on tools and guides)

Organisation	Resources
Beyond Blue	Information What works to promote emotional wellbeing in older people 329885_0616_bll263_small_v5.pdf (sitecorecloud.io)
NeuRA (Neuroscience Research Australia)	Tools - ReNeuWell app ReNeuWell App – a soon-to-be launched evidence-based app focused on resilience and mental wellbeing. (includes COMPAS-W Wellbeing Scale)

	https://neura.edu.au/resources-tools/apps/renewell
South Eastern Melbourne PHN	<p>Information</p> <p>Improving health through social connection (semphn.org.au) https://www.semphn.org.au/news-connect-local</p> <p>Connect Local is a program led by Bolton Clarke and established by Connecting Communities to Care, a collaboration with Australian Disease Management Association, Alfred Health and South Eastern Melbourne Primary Health Network. Launched in May 2023, Connect Local uses a co-designed community-wide social connection model to improve health and wellbeing for isolated older people in Glen Eira.</p>

Domain 7. Financial

Available online resources (focusing on tools and guides)

Organisation	Resources
Money Smart (Australian Government) https://moneysmart.gov.au/	<p>Information</p> <p>Supporting older Australians https://moneysmart.gov.au/living-in-retirement/supporting-older-australians</p> <p>Tools</p> <p>Network calculator https://moneysmart.gov.au/managing-debt/net-worth-calculator</p>
MyAged Care (Australian Government)	<p>Information</p> <p>https://www.myagedcare.gov.au/financial-support-and-advice</p> <p>Tools</p> <p>Links to tools including savings, superannuation https://www.myagedcare.gov.au/financial-support-and-advice</p>
National Seniors Victoria	<p>Money Hub</p> <p>https://nationalseniors.com.au/resources/money-hub</p> <p>Tools</p> <p>Retirement planning calculators https://nationalseniors.com.au/resources/money-hub</p>

2.3 Findings: Domains represented in academic research on healthy ageing in Australia

A desktop scan was undertaken to identify research activities on the healthy ageing domains in Australia. The scan relied on Google search strategies as well as targeted searches of key organisational websites for items of relevance.

Key Insights:

- **Australia is in the top ten healthy ageing research producing countries in the world.**
This was noted by Zang et al (2024) in the review of the global scientific landscape of healthy aging research over the last 22 years.
- The most **represented domains** in the academic research on healthy ageing are:
 - **Domain 3. Cognition** – Dementia and cognitive decline
 - **Domain 2. Physical capability** – Exercise and physical activity, frailty and falls prevention
 - **Domain 6. Environment** – Built environment, technology and systems, policies and integrated models of care
 - **Domain 1. Physiological and metabolic health** – Nutrition and diet
 - **Domain 5. Psychological Wellbeing** – Mental health focusing on depression and anxiety
- The **least represented domains**:
 - Domain 4. Social Wellbeing – including social network, social functioning, sense of purpose
 - Domain 7. Financial Security

Most represented domains from highest to lowest

The following is a summary of the key resources for each domain and subdomain.

Domain 3. Cognition

Subdomains: Dementia and cognitive decline

Organisations include:

- Macquarie University, Lifespan Health and Wellbeing Research Centre
- University of New South Wales, Centre for Healthy Brain Ageing
- The University of Sydney; Sydney Local Health District, Centre for Education and Research on Ageing (CERA)
- University of Western Australia, Centre for Health and Ageing (WACHA)
- University of Tasmania & The Wicking Dementia Institute
- Walter and Eliza Institute, Colonial Foundation Healthy Ageing Centre

Domain 2. Physical capability

Subdomains:

(a) Exercise and physical activity

Organisations include:

- University of Tasmania & The Wicking Dementia Institute CSIRO
- University of Sydney, Charles Perkins Centre
- Monash University, Rehabilitation, Ageing and Independent Living (RAIL) Research Centre
- Curtin University of Technology, Curtin Ageing Research Network (CARN)
- Bond University

(b) Frailty and falls prevention

Organisations include:

- Monash University, Rehabilitation, Ageing and Independent Living (RAIL) Research Centre
- Adelaide University, Centre of Research Excellence in Frailty and Healthy Ageing
- Flinders University, Caring Futures Institute
- University of Western Australia, Centre for Health and Ageing (WACHA)
- Melbourne Ageing Research Collaboration
- Edith Cowan University, Social Ageing (SAGE) Futures Lab

Domain 6. Environment

Subdomains:

(a) Built environment – including community

Organisations include:

- University of Newcastle

(b) Technology/Assistive technology and built environment

Organisations include:

- CSIRO
- Flinders University, Caring Futures Institute
- Monash University, Rehabilitation, Ageing and Independent Living (RAIL) Research Centre
- University of Newcastle, Collaborations with University Sunshine Coast
- University of Queensland, Faculty of Health and Behavioural Sciences
- Saxon Institute
- University of Sydney, Charles Perkins Centre

(c) Environment

Organisations include:

- Griffith University

(d) Systems, policies and integration of care

Organisations include:

Domain 1. Physiological and metabolic health

Subdomains:

(a) Nutrition and diet

Organisations include:

- CSIRO
- Deakin University, The Institute for Physical Activity and Nutrition
- Flinders University, Caring Futures Institute
- University of Sydney, Charles Perkins Centre

(b) Bone health

Organisations include:

- Australian Catholic University, Mary Mackillop Institute for Health Research (MMIHR)
- CSIRO
- Saxon Institute
- Monash University & Peninsula Health, National Centre for Healthy Ageing
- University of New South Wales, ARC Centre of Excellence in Population Ageing Research (CEPAR)
- UNSW Ageing Futures Institute

(c) Ageing process – cellular

- Centenary Institute, Centre for Healthy Ageing
- The University of Sydney; Sydney Local Health District, Centre for Education and Research on Ageing (CERA)

Domain 5. Psychological Wellbeing

Subdomains:

(a) Mental health focusing on depression and anxiety

Organisations include:

- Melbourne Ageing Research Collaboration
- Monash University, Rehabilitation, Ageing and Independent Living (RAIL) Research Centre
- University of Melbourne, Melbourne Psychology and Ageing

(b) Loneliness

Organisations include:

- Ending Loneliness in Australia
- Australian Institute of Family Studies (AIFS)
- Flinders University, Caring Futures Institute

Least represented domains

The least represented domains:

- Domain 4. Social Wellbeing – including social network, social functioning, sense of purpose
- Domain 7. Financial

Specific cohorts

There is also research focusing on specific cohorts within the older Australian community.

Women

- University of Melbourne, Melbourne Medical School
- University of Newcastle, Centre for Women's Health Research (CWHR): Healthy Ageing

Multicultural communities

- Edith Cowan University, Social Ageing (SAGE) Futures Lab
- Federation of Ethnic Communities Councils Australia

Indigenous communities

- James Cook University, Healthy Ageing Research Team (HART)
- University of Western Australia, Centre for Health and Ageing (WACHA)
- Saxon Institute

Key Australian Longitudinal Studies on Ageing

- Australian Longitudinal Study of Ageing (ALSA)
- The 45 and Up Study (45 and Up) Saxon institute
- The Dubbo Study of the Health of the Elderly (DUBBO)
- Melbourne Longitudinal Studies on Healthy Ageing (MELSHA) Program
- Sydney Older Persons Study (SOPS)
- Healthy Retirement Project (HRP)
- Stories of Ageing: A Longitudinal Study of Women's Self-Representation (SoA)
- Canberra Longitudinal Study of Ageing (CLSA)
- Florey Adelaide Male Aging Study (FAMAS)

Recommendations: Strategic Approach

Drawing from the insights, the following section provides an overarching strategic approach to guide iLA's future activities across the different domains of healthy ageing in Australia.

Strategic Approach: Adopting a life course approach to guide future activities

It is recommended that iLA should adopt a life course approach as the foundational framework for its future activities. This approach is grounded in research demonstrating that Australians' health attitudes and behaviours are life stage dependent (Bastian Collective/ Latitude, 2019), and it offers three strategic advantages:

- 1. Evidence-based audience segmentation:** A life course approach enables iLA to identify and target critical transitional stages where health interventions are most effective, moving beyond simple age categorisation to understand the specific drivers of behaviour change at each life stage.
- 2. Tailored resource development:** By recognising the distinct needs of each age cohort, iLA can develop resources and interventions that align with how people actually engage with healthy aging information—whether they are taking reactive, first steps or managing complex chronic conditions.
- 3. Dynamic conceptualisation of healthy ageing:** This approach reframes healthy aging as a lifelong, dynamic process rather than something confined to later life, positioning iLA to engage Australians earlier and more effectively.

The Bastian Collective/Latitude (2019) research identifies three critical life stages where health attitudes shift from reactive to proactive:

- **Fifties:** Reactive adjustments to diet and physical activity, typically triggered by physical changes or medical advice.
- **Sixties:** Diagnostic-driven management of more serious health conditions, including chronic disease management and common surgical interventions.
- **Seventies onwards:** Health becomes the primary life priority, with focus shifting to home treatment and continuous care options. (Bastian Collective/Latitude 2019, pp.37-39)

By structuring its activities around these life stages, iLA can deliver targeted, timely interventions that meet Australians where they are in their healthy aging journey.

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