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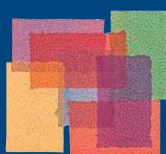


A REVIEW OF THE LITERATURE ON ACTIVE AGEING

Prepared for the Australian Government Department of Health and
Ageing by the Healthpact Research Centre for Health Promotion
and Wellbeing
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CONTENTS

Summary	5
The emergence of the term ‘active ageing’	7
Active ageing – the problem with competing definitions	8
Canada	11
New Zealand	14
Sweden	15
United Kingdom (UK)	18
USA	23
The interpretation of the World Health Organisation’s active ageing term in Australian states and territories	29
Australian Capital Territory (ACT)	29
Northern Territory (NT)	30
Western Australia (WA)	31
South Australia (SA)	33
Tasmania	35
New South Wales (NSW)	37
Victoria	39
Queensland	41
Comments on proposed five elements of active ageing in Australia	45
Absent Determinants of Health	50
Research in the future	51
Research that draws on the strategic successes of other OECD countries	51
Research that examines the best methods of ensuring policy uptake at the coalface	51
Research that identifies the best methods of evaluating the impact of approaches and policies	51
Research that addresses particular problem areas linked to active ageing	52

Research that leads to the creation of positive living competencies	52
Research that leads to creation of positive living environments	52
Appendix I	55
Appendix II	57
Appendix III	59
UK – approaches, policies and initiatives	59
Significant non-Government active ageing programmes	66
Appendix IV	69
Appendix V	71
USA – approaches, policies and initiatives	71
Appendix VI	73
<i>Positive Ageing – A Strategy for Current and Future Senior Victorians (2005) Initiatives</i>	73
References	75

SUMMARY

The World Health Organisation's (WHO) *Active Ageing Framework* was launched in 2002, and is an umbrella health and wellbeing policy term. Active ageing is defined as: *'the process of optimising opportunities for participation, health, and security in order to enhance quality of life as people age'*. 'Active ageing' is an emerging policy direction internationally and is further informed by the WHO Social Determinants of Health focus.

This literature review describes how member countries of the Organisation for Economic Co-operation and Development (OECD) and states and territories in Australia are interpreting WHO's Active Ageing Framework, with a specific focus on the social determinants of health for the population of people 45 years and over. It also provides a commentary on the five elements of active ageing proposed in the Australian context, namely, financial security, being active socially, mentally and physically and workforce participation. Further areas of research in this field are also identified.

This literature review incorporates literature obtained through searches of the World Wide Web using the terms - active OR healthy OR productive AND ageing OR aging; and Social Determinates of Health, through search engines such as Google, Yahoo and country specific search engines. Searches were limited to English content and thus limited access to some literature of non-English speaking OECD member countries. In-depth searches were undertaken of peer reviewed journals from 2000 using terms - active OR healthy OR productive AND ageing OR aging; and Social Determinates of Health, thus searching multidisciplinary databases such as: Science Direct; Web of Knowledge, Factiva, Informit (Family and Society), EBSCO, and AGELINE.

The term 'active ageing' has become central to international and national ageing policy development, however, there is a paucity of literature comparing countries' active ageing implementation strategies and their subsequent progress. Closely aligned with the active ageing approach are the social determinants of health: culture; gender; economic determinants; social environmental determinants; physical environment; personal determinants; and behavioural determinants. These factors have been shown to influence the health and wellbeing of individuals in society, and are promoted by the World Health Organisation as key areas requiring international attention.

Canada, New Zealand, Sweden, the United Kingdom, and U.S.A. have been actively implementing, to varying degrees, active ageing policies. These policies provide Australia with vital sources of strategic direction, best practice policies, and an opportunity to draw on the lessons, both positive and negative being learnt overseas by their fellow OECD partners.

There is still much to be done, both in Australia, and internationally. Despite the looming financial and social implications of an ageing world population, and the growing evidence emphasising the role played by the social determinants of health on health/disease outcomes and health equity, Australian and many international active ageing policies remain at risk of being less focused on the social determinants of health, promoting them merely as rhetoric, and more motivated to devise active

ageing policies based on economic and political imperatives, reflected in the introduction of short-term and narrowly focused policy initiatives.

Some of the initiatives found through this literature review illustrate the strong commitment of governments, both internationally, nationally and at Australian state levels, to implement cutting edge, innovative initiatives. These initiatives can be used as a valuable resource to influence and direct the Department of Health and Ageing's (DoHA) active ageing policy development and implementation into the future. It is worth noting that active ageing policies, in most cases, are still in their infancy and further evaluation and research will need to be undertaken to assess the ongoing viability and success of these initiatives.

The five draft elements proposed by the DoHA for its initial active ageing policy – financial security, active socially, mentally and physically, and work force participation – may be found in much of the international and national literature but with different emphasis. Some of the international approaches are quite visionary and try to take a full account of the social and political context in which they operate and strive to develop policies that can shape environments resulting in better health and enhanced quality of life across the life course. Despite, the DoHA's acknowledgement of the Social Determinants of Health in the Australian policy context, it was decided that active ageing could be progressed more easily using the devised five elements of active ageing. With this background in mind, a focus on only these five draft elements may limit the Australian active ageing policy's progress when compared with other OECD countries and Australian state and territory governments. However, how the five elements will be actioned across Australian Government portfolios is yet to be determined, and the production of this literature review is part of the initial phase in this policy development process.

THE EMERGENCE OF THE TERM 'ACTIVE AGEING'

The term 'active ageing' has become the catch word of international and national ageing policy development. The impetus of structural ageing on the world's population has lent urgency to international agencies such as the United Nations (UN), World Health Organisation (WHO), the Organisation for Economic Co-operation and Development (OECD), and the European Union (EU) to provide leadership and direction in negotiating the looming economic and social challenges ahead. Active ageing is not a new concept, yet efforts to embed and generally use the term in operation have been influenced by both emerging evidence from extensive ageing research and different political agendas.

At present no one definition agreed to by key international agencies prevails and thus, there is a paucity of literature comparing countries' active ageing implementation strategies and their subsequent progress. The literature available has been largely collated by international organisations promoting active ageing and these documents are influenced by the organisational interpretation of the term.

The term 'active ageing' can be traced back to the early 1960s in the United States of America (USA) where it was argued that the key to 'successful ageing' was activity and financial success. 'Successful ageing' was said to rely upon people maintaining into old age the activity patterns and values typically associated with middle age. This approach was criticised for being too idealistic. It placed "unrealistic expectations on ageing individuals to maintain higher levels of activities associated with middle age into their advanced old age"¹ and made no account for other confounds such as disability, illness, frailty, inter-cultural relevance, obesity, drug or alcohol addiction or a lifetime of inactivity. The concept of 'successful ageing' was thus criticised for "making generalisations about the ageing process and homogenizing older people".¹

In the USA in the 1980s, a new strategy for ageing was promoted –'productive ageing'. This concept incorporated a life course perspective; that communities, workplaces (and older people themselves) have much to gain from older people being active well beyond the usual retirement age. Activists petitioned for the rights of older people to take up alternatives to retirement, such as continued full-time or part-time employment. This action coincided with US policymakers' growing concern for the implications of an ageing population on healthcare and pension expenditure.² At the same time, it became a key component of the social policy proposals of the EU and OECD.^{2,3}

In the 1990s a new concept of active ageing began to emerge, influenced by WHO. This was a broader approach to active ageing, extending the emphasis to include health, and active participation and the inclusion of older citizens in all areas of family, community and national life. WHO summed up its policy by stating that: "Years have been added to life; now we must add life to years".^{1,2}

By the early 2000s, WHO, OECD, and EU policies were actively promoting the term 'active ageing'. A number of key documents have helped to shape the reform agendas on ageing internationally. These documents are outlined below and they reflect many of the important domains of influence such as human rights, the specific needs of older people, health outcomes and inequalities, cultures and the social determinants of health and illness.

- *UN Declaration of Human Rights*⁴ – adopted and proclaimed by General Assembly, (Resolution 217 A (III) on 10 December 1948
- *UN Principles for Older People*⁵ – adopted by the United Nations General Assembly on 16th December 1991 (Resolution No.46/91)
- UN World Social Situation 2005: The Inequality Predicament⁶
- The Social Determinants of Health Commission established by WHO in Geneva. “The Commission, created in March 2005, is the World Health Organisation’s vehicle to draw the attention of governments, civil society, international organizations, and donors to pragmatic ways of creating better social conditions for health”⁷
- WHO Europe Region’s *The Solid Facts* 2nd Edition, 2003⁸
- *Health Inequalities: A Challenge for Europe*⁹ commissioned by the UK Presidency of the European Union in October 2005
- WHO’s *Ottawa Charter for Health Promotion*¹⁰. The first International Conference on Health Promotion, meeting in Ottawa on 21 November 1986, presented a charter for action to achieve ‘health for all’ by the year 2000 and beyond
- WHO’s *Bangkok Charter for Health Promotion*¹¹, agreed to by participants at the 6th Global Conference on Health Promotion, held in Thailand from 7–11 August 2005
- WHO’s *Active Ageing – A policy framework*¹², developed by WHO’s Ageing and Life Course Programme as a contribution to the Second United Nations World Assembly on Ageing held in April 2002
- Marmot and Wilkinson’s *Social Determinants of Health* 2nd Edition¹³ published in Oxford by Oxford University Press in 2005
- Dennis Raphael’s (as general editor) *Social Determinants of Health – a Canadian Perspective*¹⁴ published in Toronto by Canadian Scholars Press Inc, in 2004
- Richard Wilkinson’s *Mind the Gap – Hierarchies, Health and Human Evolution*¹⁵, published in London by Weidenfeld and Nicolson in 2000
- *Report on Socio-Economic Differences in Health Indicators in Europe*¹⁶, published in Bielefeld, Germany, by the Institute of Public Health, in 2003
- *The Equity Gauge: Concepts, Principles, and Guidelines*¹⁷ authored by The Global Equity Gauge Alliance in Durban, South Africa by the Global Equity Gauge Alliance and Health Systems Trust in 2003.

Active ageing – the problem with competing definitions

At the Second United Nations World Assembly on Ageing in Madrid 2002, WHO defined active ageing as “the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.”¹² The WHO definition stresses that activity refers to the continuing participation of seniors in social, economic, cultural, spiritual and civic affairs, not just on their ability to remain physically active or participate in the workforce. WHO, through its active ageing agenda, focuses on the human rights of older people and the UN principles of

independence, participation, dignity, care and self-fulfilment³. Central to WHO's life course approach is the document *Active Ageing: A Policy Framework 2002*¹², which is reliant on the broad determinants of active ageing as outlined below:

- culture
- gender
- economic determinants (income, social protection, and work)
- health and social services (health promotion and disease prevention, curative services, long term care, and mental health services)
- social environmental determinants (social support, absence of violence and abuse, and education and literacy)
- physical environment (safe environments, access to services, people living in rural environments, accessible and affordable transport, safe housing, fall prevention, and clean water, clean air and safe foods)
- personal determinants (genetics, biology, and psychological factors)
- behavioural determinants (tobacco use, physical activity, healthy eating, oral health, alcohol, medications, health problems induced by diagnosis or treatments, or adherence to long term therapies)¹²

Closely aligned with this approach to active ageing are the social determinants of health published in *The Solid Facts*⁸ (WHO 2003) which focuses on ten primary areas for tackling health issues across the lifespan:

- the social gradient
- stress
- early life
- social exclusion
- work
- unemployment
- social support
- addiction
- food
- transport.

This multi-dimensional strategy operates both at an individual and societal level. It calls for greater cross portfolio collaboration for national policy reform, requiring the integration of all relevant sub-policy areas of national government and research, such as employment, health, social protection, social inclusion, transport and education.

The OECD defines active ageing more narrowly as “the capacity of people, as they grow older, to lead productive lives in the society and the economy.”³ This means that people can make flexible choices in the way they spend time over life – learning, working, and partaking in leisure activities and in giving care. The main focus of the OECD policy is to promote choice for older people to remain productive. This reform

agenda seeks to explore methods to maintain or enhance people's (over 50 years¹⁸) productive capacity.

This definition is somewhat constricted, and the OECD's resulting policy approach focuses largely on the critical transition from work to retirement, particularly the financing and length of retirement; the choice of flexible options for the work-retirement transition; the health, social and economic wellbeing of people of traditional retirement age, and the contribution to the economy and society of those people choosing to remain in the workforce.³ The OECD places responsibility largely on individuals and assumes that all retirees are in the position to make autonomous, individual choices. This policy focus is intentionally narrow to simplify monitoring and reporting processes and therefore does not take into account the various environments that influence health and wellbeing across the life course.

The EU defines active ageing as:

- “a coherent strategy to make ageing well possible in ageing societies. Active ageing is about adjusting [sic] life practices to the fact that we live longer and are more resourceful and in better health than ever before, and about seizing the opportunities offered by these improvements. In practice it means adopting healthy lifestyles, working longer, retiring later, and being active after retirement.”³

The EU definition incorporates a life course perspective and is closer to the WHO definition than the OECD's, but is framed more practically.

The inconsistency of the meaning of the term 'active ageing' makes the goal of identifying common ground at global discussions and comparing policy implementation and research more complex, both internationally and nationally. In addition, policy development may be undermined by the tenacious existence of previous terms for ageing such as 'positive, productive, healthy and successful'. This confusion can be seen in the address to the Second United Nations World Assembly on Ageing in Madrid, Spain in 2002 by Gary Andrews, the then Immediate-Past President, International Association of Gerontology:

- “A new vision of ageing was proposed [at the Valencia forum] that accepts the realities of a fundamentally genetically driven bio-molecular process leading to death but with the prospects of achieving *healthy, active, productive, successful and positive ageing* to the very end through lifestyle modifications and interventions that work”.¹⁹

However, the lack of a clear and agreed definition has not halted the drive to address the potential problems associated with increasing longevity within global populations. This is coupled with a shrinking workforce in many developed countries and expanding health care demands and needs. A very significant level of policy development has already occurred within a generalised understanding and interpretation of the WHO active ageing framework.

THE INTERPRETATION OF WORLD HEALTH ORGANISATION'S ACTIVE AGEING TERM IN SELECTED OECD COUNTRIES

Canada

The Public Health Agency of Canada (PHAC) developed, as part of a collaboration with Mexico and Canada, *A Guide for the Development of a Comprehensive System of Support to Promote Active Aging* (2003).²⁰ This document incorporates the WHO definition of active ageing and the key social determinants of health.

The conceptual framework evokes the vision of “a comprehensive system of support that promotes active aging to enhance quality of life”²⁰, where:

- the agents of support are the individuals themselves, family and friends, community services and the state
- active ageing is defined using the WHO definition
- quality of life is described as “a broad ranging concept, incorporating in a complex way, a person’s physical health, psychological state, level of independence, social relationships, personal beliefs, and relationship to salient features of the environment.”²⁰

PHAC promotes active ageing as a multi-sectoral, multidisciplinary and coordinated strategy which seeks to foster enabled participation and equity for older people. Important enablers of active ageing are: living in a safe home with adequate nutrition; having appropriate transportation and a social network, and having access to information, health and social services. A number of important factors are considered, such as gender, income, marital status, education, cultural values, ethnicity and functional capacity. Various sectors are seen to contribute to the implementation of the active ageing strategy²⁰ (summarised in Table 1). Specific programmes are proposed for four specific target groups: independent seniors; seniors with disabilities; dependant seniors, and seniors near the end of their lives.

The Policy Research Initiative (PRI) conducts research in support of the Canadian Government’s medium-term agenda. One current research project is the Population Aging and Life-course Flexibility project. In its report, *Encouraging Choice in Work and Retirement Project Report* (2005)²¹, PRI sought firstly, to determine the social and economic implications of population ageing in relation to the Canadian labour market while maintaining “a respect for the opportunities and need for people to exercise choice in the best interests of themselves, their families and society.”²¹ This report contained findings from an Alliance of Sector Councils report which indicated there had been little done in Canada in relation to attracting, retaining and maintaining older workers.²¹

Table 1: Contributions to the promotion of health and active ageing by Canadian Government sectors

Sector	Relationship to the promotion of health and active ageing
Education	Educate and train personnel for an ageing society Promote literacy and lifelong learning
Housing	Provide suitable and accessible housing to sustain health
Transportation	Facilitate personal transport to enhance mobility
Labour	Facilitate the integration of older workers in appropriate jobs
Social and legal	Guarantee human rights and provide access to basic services for poverty alleviation
Health	Provide a comprehensive system of health promotion, prevention, care and rehabilitation programmes

Another quoted report, endorsed by a Canada-US-UK alliance of business organisations²², suggested that large employers in Canada were in fact beginning to formulate general strategies to retain older workers²¹. PRI findings indicated that Canada's present system still encourages early retirement, particularly for holders of defined-benefit pension plans and the incentives for the overall population were not particularly strong when compared internationally²¹. The OECD in 2005 suggested workers and the Canadian economy would benefit from providing its older workforce participants with more opportunities to remain longer in the workforce. The OECD contends that older Canadians would prefer to remain in paid employment for longer if the appropriate policies and workplace practices were in place.²³

Another significant development from Canada was the Toronto Charter in 2002. *Strengthening the Social Determinants of Health: The Toronto Charter for a Healthy Canada*²⁴ documents the resolutions made at this conference of more than 400 representatives of Canadian government, research and community organisations. The eleven key elements of the paper included early childhood development; education; employment and working conditions; food security; health care services; housing shortages; income and its inequitable distribution; social exclusion; social safety nets; unemployment and employment security, and Canadian women, Aboriginal people, Canadians of colour and new Canadians.

However, Raphael and Bryant in their 2006 paper, *The State's Role in Promoting Population Health: Public Health concerns in Canada, USA, UK, and Sweden*²⁵, assess Canada's public health activity as largely focused on the biomedical "traditional roles of health protection and behavioural approaches to health promotion²⁵". Despite major organisations – such as Health Canada, the Canadian Public Health Association and other social welfare and social policy organisations – highlighting the influence of the broader social determinants on health, "...there is little penetration of these concepts into public awareness or public health action. There are only isolated instances of public health action to influence healthy public policy²⁵".

The OECD report, *Ageing and Employment Policies: Canada 2005*²⁶, part of the OECD series on Ageing and Employment Policies²⁷, states that Canada is now better placed to meet the challenges facing its ageing population. The OECD report suggested further workforce participation and pension policy reforms by increasing flexibility for combining pensions with work income. This can be accomplished by allowing older workers to combine pension income with salaries by:

- abolishing the clause where workers aged 60 to 64 years must stop working a month before receiving the first pension payment
- reviewing the income tax and private pension systems so financial incentives to retire early are minimized
- allowing people to accumulate future pension rights.

In addition the OECD report indicated that this could be achieved by investigating the extent of age discrimination in the workplace and updating the evidence regarding employer attitudes and perceptions, and strengthening the employment services for the unemployed. The federal and provincial/territorial Governments should remodel employment programmes and services by extending eligibility of Employment Benefit and Support Measures; increasing participation of older job seekers in employment programmes; building upon the lessons learned from the Older Workers Pilot Projects Initiative (in particular greater provision of training for older people), and increasing resources available to employment programmes.

Box 1: Ageing policy Canada – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Incorporates the WHO framework and social determinants model across the lifespan • Aims for a multi-sectorial coordinated approach in government • Recognises the needs of Indigenous people, Canadians of colour and New Canadians • Programmes for four specific target groups: independent seniors, seniors with disabilities, dependant seniors, and seniors nearing the end of their lives. • Established the Policy Research Initiative (PRI) to conduct research in support of the government’s medium term agenda 	<ul style="list-style-type: none"> • Further pension policy reforms needed to enhance older workforce participation • Canada’s public health activity focuses on the biomedical approach to health protection and behavioural approaches to health promotion

New Zealand

The *New Zealand Positive Ageing Strategy*²⁸ was launched by the Minister for Senior Citizens in 2001. This strategy seeks to:

- provide policy and service development across a broad range of portfolio areas
- establish a society where people can age positively, where people 65 and older are highly valued, and where they can continue to have opportunities to contribute and participate in society in ways that older people choose.

Positive ageing is viewed as a lifelong process: “it begins at birth”²⁸. The Strategy outlines key policy principles for positive ageing and sets out priority goals and key actions in ten areas:

- secure and adequate income for older people
- equitable, timely, affordable and accessible health services for older people
- affordable and appropriate housing options for older people
- affordable and accessible transport options for older people
- older people feel safe and secure and can age in place
- a range of culturally appropriate services allows choice for older people
- older people living in rural communities are not disadvantaged when accessing services
- people of all ages have positive attitudes to ageing and older people
- elimination of ageism and the promotion of flexible work options
- increasing opportunities for personal growth and community participation.²⁸

The principles of the Strategy are to:

- empower older people to make choices that enable them to live a satisfying life and lead a healthy lifestyle
- provide opportunities for older people to participate in and contribute to family, whānau (extended family) and community
- reflect positive attitudes to older people
- recognise the diversity of older people and ageing as a normal part of the lifecycle
- affirm the values and strengthen the capabilities of older Māori and their whānau
- recognise the diversity and strengthen the capabilities of older Pacific people
- appreciate the diversity of cultural identity of older people living in New Zealand
- recognise the different issues facing men and women

- ensure older people in both rural and urban areas live with confidence in a secure environment and receive the services they need to do so
- enable older people to take responsibility for their personal growth and development through changing circumstances.²⁸

Each year the central Government is given a number of specific key actions to undertake under each goal. The Ministry of Social Development coordinates action plans each year to implement the *Positive Ageing Strategy* across all areas of Government. The *Positive Ageing Action Plan for 2001/2002* was released simultaneously with the *Positive Ageing Strategy* and included 120 work items across 27 government agencies. The formulation of annual action plans and the requirement for annual reporting back to government on these plans has ensured the momentum of the Strategy (see Appendix I for key government portfolios and ageing policy areas allocated to each portfolio²⁹). Annual reports have been issued every year since the inception of the Strategy and renewed annual action plans have been issued highlighting policy initiatives for the coming year.

*New Zealand's Positive Ageing Strategy*²⁸ was released prior to WHO's Active Ageing policy. However, New Zealand's Strategy is broad-reaching, and reflects WHO's active ageing framework¹². New Zealand has successfully integrated its ageing policy in a multidisciplinary, cross-portfolio framework which maintains momentum through consistent annual reporting and re-evaluation. That New Zealand has only one layer of government may have facilitated the country's ability to be leading the field in this area. New Zealand was not included in the OECD's 21 country reviews published in the series *Ageing and Employment Policies*.²⁷

Box 2: Ageing policy New Zealand – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Cross portfolio approach within the Government • Uses the term 'positive ageing' as a lifelong process • Adopts a social determinants approach • Targets ten large goal areas with specific key actions to be undertaken and measured under each goal annually • Specific focus on the elimination of ageism and the promotion of flexible work options • The annual reporting mechanism provides momentum and highlights policy initiatives for the coming year • The Ministry of Social Development coordinates the development of action plans • Specific portfolios for Maori and Pacific Islander peoples supports action 	<ul style="list-style-type: none"> • No specific references to policy reforms around pensions and working beyond the current retirement age

Sweden

Sweden's public health strategy was launched in the late 1990s and has an international reputation for being an advanced, innovative health programme that addresses the WHO social determinants of health across all ages. Social, economic and environmental determinants of health influenced the development of the national health policy; however its focus is largely on the determinants of health at the societal level.³⁰

In April 2003, the Swedish Parliament (Riksdagen) adopted a public health bill which was introduced to improve public health and reduce differences in health between various population groups – that is, “the creation of social conditions to ensure good health, on equal terms, for the entire population”.³¹ The government highlighted that it is “particularly important to counteract differences in health based on gender, class, ethnic group or sexual orientation”³¹.

The objectives of Sweden's public health policy³² include:

- participation and influence in society
- economic and social security
- secure and favourable conditions during childhood and adolescence
- healthier working life
- healthy and safe environments and products
- health and medical care that more actively promotes good health
- effective protection against communicable diseases
- safe sexuality and good reproductive health
- increased physical activity
- good eating habits and safe food
- reduced use of tobacco and alcohol, a society free from illicit drugs and a reduction in the harmful effects of excessive gambling.

The responsibility for meeting these objectives is significantly shared among individuals, non-profit organisations, and local/regional/national government. The Swedish Government's implementation of its health policy involves most of the other ministries. The determinant approach made this necessary³³.

The Riksdagen defined the following objectives for a national policy for older people (over 65 years). Older persons will:

- be able to lead active lives and have influence in society and in issues affecting their daily lives
- be able to age with security and with their independence preserved
- be met with respect and have access to good health and social care services³⁴.

In 2004 Sweden's National Institute of Public Health (SNIPH), a state agency under the Ministry of Health and Social Affairs, released *A Healthier Elderly Population in Sweden*³⁵. This report refers to the WHO Active Ageing Framework, but instead of using WHO's definition of older people as 60 years and over, the SNIPH refers to older people as 65 years and older. In this report, several possible measures for increasing health in the older population are put forward. These measures include³⁵: helping to create and maintain strong social networks for older people to reduce loneliness and isolation; encouraging the active participation of older people in social activities, daily activities and cultural activities such as theatre, concerts, art exhibitions or the cinema; providing access to public places and necessary services and public transport; providing secure and safe housing and local communities free from violence, and assisting older people to stay living at home even when in need of extensive care and social services³⁴ to maintain a sense of security, continuity, control over daily life, and to maintain social networks. The key features of this policy's implementation³⁴ to date are attached as Appendix II.

The OECD's report *Ageing and Employment Policies – Sweden, 2003*³⁶ indicates Sweden has already taken important steps to address its ageing population. Reforms include: the implementation of a major reform of the public pension system introduced in 1999 by making pensions neutral to work and retirement choices; more flexibility for senior employees to combine work and pensions from 61 years old (removing the need for part pension system), and social security and tax systems based on an individual's own employment income rather than family or household income.

OECD commends Sweden's well established tradition of lifelong learning, relatively high employment rates and well developed public care system. Future policy for older people will need to focus on the recruitment and retention of appropriately qualified personnel to provide care and other services. Senior Citizen 2005³⁷, the Parliamentary Committee on the elderly, has proposed how policies for older people should be designed from the year 2005. Senior Citizen 2005 has four key areas of focus: working life; influence and participation; accessibility and housing; and health care and social services.³⁷

Box 3: Ageing Policy Sweden – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Addresses the WHO social determinants of health across all ages • Social, economic and environmental determinants of health influence the development of the national health policy • The responsibility for meeting key objectives is significantly shared among individuals, non-profit organisations, and local/regional/national government • The Swedish government's implementation of its health policy involves most of the other ministries • Major reform of the public pension system making pensions neutral to work and retirement choices • Flexibility for senior employees to combine work and pensions from 61 years old • Social security and tax systems based on an individual's own employment income rather than family or household income 	<ul style="list-style-type: none"> • No perceived weaknesses

United Kingdom (UK)

No direct references are made to the WHO definition of active ageing in UK Government ageing policy documents. However Professor Philp, the national director of older people's services in the National Health Service (NHS), and one of the UK's foremost experts on ageing, believes 'active ageing is key to the success of the white paper, *Our Health, Our Care, Our Say: A New Direction for Community Services*.^{38,39} He states that the reforms will allow the right kind of care to reach the right kind of people by creating a framework for health and social care services to be delivered more rapidly to help more people.

In *Ageing in the UK – Issues, Barriers, Policy Directions*⁴⁰, prepared by the Active Age Consortium, funded by the EU in 2005, active ageing is defined using the OECD definition and summarised as "allowing people to remain independent and achieve their potential regardless of age."⁴⁰ However there has also been much work under the 'banner of health inequalities that has followed from *The Acheson Report on Health Inequalities*⁴¹ (an independent inquiry in inequalities in health), and the *Tackling Health Inequalities – A Programme for Action* launched in 2003.⁴² One of the recommendations of the Acheson Report was to use health impact or equity assessments of policies or interventions to inform future work. However these policy assessment tools have not been widely used to date⁴³.

At government level there is a Cabinet sub-committee that looks at older peoples' issues across government portfolios. In 1998, the Better Government for Older People (BGOP) Steering Committee was set up. The BGOP programme was a unique partnership that involved central government, voluntary and other non-governmental organisations and local government. Its role is to guide government through developing and testing integrated inter-agency strategies; exploring innovative means of delivering services, and actively involving older people in community-wide, consultative processes. The motto of BGOP is "Better Government for older people: Better Government for all."⁴⁰

In 2000, Better Government for Older People made 28 recommendations to the UK Government in five key areas. These five areas included combating age discrimination; effectively engaging older people to participate in active ageing activities such as learning, employment and volunteering; improving decision making; successfully meeting old people's needs through improved information dissemination and delivering services differently, and promoting a strategic and integrated approach.^{44,45} The programme highlighted how citizen-focused services and an integrated, inclusive, strategic approach could assist the Government's aims to deliver 'best value'; regenerate local communities; mobilise neighbourhood renewal strategies; tackle social exclusion, and modernise government and improve public services.⁴⁴

In 2001, the Government responded to the recommendations made by BGOP programme. At this time much had already been achieved with important initiatives underway. These initiatives included action to tackle age discrimination in employment, vocational training and guidance, including consultation on a Code of Practice on Age Diversity marked to be in place by 2006; best value – which focuses

on service users and requires local authorities to implement strategies to secure continuous improvement in service delivery; The National Health Service Plan (2000) and the National Service Framework for Older People, and the Long-Term Integrated Transport Strategy to transform the transport system by delivering more accessible, affordable, reliable and safer services.⁴⁶

The Government committed itself to the recommendations of the BGOP programme report^a. Several briefings have been issued by the BGOP since its inception. In 2002, the briefing *Life Long Learning*⁴⁷ was issued. BGOP emphasised its commitment to ensure that links were made between learning and other policy agendas. Life long learning impacts on health by encouraging more informed choices, reducing 'dependency' and enhancing wellbeing; volunteering/citizenship by supporting neighbourhood renewal, regeneration and social inclusion; community planning by capacity building and the involvement of older people in community decision making; social inclusion through improving awareness of and attitudes to the various ways a heterogeneous community co-exists and tackles the causes of poverty and discrimination, and employment by providing a wider range of available skills to support re-entry to the workforce of older people.

Another Government programme, *Older and Bolder*, works closely with BGOP to investigate and promote the most effective means to make education programmes accessible, relevant and affordable to older people.⁴⁷ In 2004, BGOP published summary findings from 128 UK local government bodies in relation to local government strategies implemented to assist older people from black and minority groups. These findings⁴⁸ showed that nearly one third of councils were actively working on strategies and plans for their black and minority ethnic older citizens; a fifth of councils commenced work on their strategic responses; and just over one third of councils had no plans to develop a specific strategy for this older target group. Councils' priorities varied – many were conscious of the need to improve access to services through improved information and culturally sensitive services and staff, while others focused on specific areas such as extra care, housing, or the need to build up channels of communication and consultation. Many councils expressed a need for assistance in developing strategies in this area from national and regional networks, discussion websites and seminars.

Also in 2004 BGOP, in a joint initiative with Action on Elderly Abuse, released a policy discussion paper *Placing Elder Abuse Within the Context of Citizenship*.⁴⁹ This paper argued for new approaches to preventing and protecting older people. The paper, rather than suggesting a separate or preferential treatment for older people, proposed that all adult protection should be "relocated within the current policy direction of developing 'whole system' citizenship approaches."⁴⁹

The UK has produced a large number of documents exploring a range of more focused policy initiatives and approaches as outlined in Table 2. More details of these can be found in Appendix III.

^a An interesting aside, this response from Government had a slogan on its front cover: Life begins at 50.

Table 2: The UK – Government and non-Government initiatives

Government initiatives/policies	
<i>National Service Framework for Older People 2001</i> ⁵⁰	This part of the Government's agenda is a ten-year programme of action and reform implemented through local health and social care partners and national underpinning programmes. Progress will be monitored through a series of milestones and performance measures and will be overseen by the NHS Modernisation Board and the Older People's Services.
<i>Living Well in Later Life – A Review of Progress Against the National Service Framework for Older People</i> ⁵¹	Released in March 2006 by the Healthcare Commission, the Commission for Social Care Inspection and the Audit Commission.
<i>Moving Out of the Shadows (MOOTS)</i> ⁵²	A report on mental health and wellbeing in later life was prepared in collaboration with the BGOP partnership and its UK Older People's Advisory Group and Help the Aged in 2004.
<i>Choosing Health White Paper</i> ⁵³	Published in November 2004, this white paper focuses on the prevention of ill health rather than funding only reactive acute care and disease diagnosis and treatments. This new public health policy resulted from extensive and unprecedented consultation with the public about what they wanted and how they could be supported to realise improvements in health.
<i>Independence, Wellbeing and Choice: Our Vision for the Future of Social Care for Adults in England</i> ⁶⁴	This consultation paper sets out proposals for the future direction of social care for all adults in all age groups in England. The proposals were developed after consultations with a number of stakeholders, both within and outside the Government.
<i>Health, Work and Wellbeing – Caring for Our Future: A Strategy for the Health and Wellbeing of Working Age people</i> ⁵⁵	Published in 2005 by the Department of Health, one direct outcome of this Strategy is that it assists the Government to care for its decreasing and ageing workforce.
<i>Our Health, Our Care, Our Say: A New Direction for Community Services White Paper</i> ³⁸	The Department of Health released this white paper, January 2006. This report sets out a new direction for the UK health and social care system in response to key public consultations from the <i>Independence, Wellbeing and Choice</i> , Green Paper and a listening exercise, <i>Your health, your care, your say</i> .
<i>A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People</i> ⁵⁶	Released in April, 2006 by the UK Department of Health, this report sets out the government's priorities for the second phase of the ten-year National Service Framework for Older People.

Government initiatives/policies

*Opportunity Age: Meeting the challenges of ageing in the 21st century*⁵⁷

Published in March 2005 by the Department of Work and Pensions to put forward a strategy to manage the demographic change of an ageing population. This strategy provides direction and impetus to further drive the Government's commitment to embed, the values of active independence, quality and choice in all policies directed towards older people.

Altering prejudices and stereotypes towards older people is a key element in achieving the Government's goals in this report. This proposal sets out to establish an independent Commission for Equality and Human Rights (CEHR) and states the Government's intention to introduce legislation against age discrimination both in employment and vocational education, and the outlawing of unjustified mandatory retirement ages below 65.

*A Sure Start to Later Life: Ending Inequalities for Older People – a Social Exclusion Unit Final Report*⁵⁸

Released in January 2006 by the Office of the Deputy Prime Minister's Office. The *Sure Start to Later Life* programme aims to provide comprehensive services to empower older people and to improve their quality of life, through building inclusive communities where older people can lead change.

*Employment Equality (Age) regulations*⁵⁹

It was announced in May 2006, that these regulations will come into effect on 1 October 2006. The regulations (which will not affect the age at which people can claim their state pension) will: ban age discrimination in terms of recruitment, promotion, and training; ban unjustified retirement ages of below 65, and remove the current age limit for unfair dismissal and redundancy rights.

*Security in Retirement: Towards a New Pensions System*⁶⁰

Another new initiative which was introduced by the Department of Work and Pensions in May 2006. This strategy builds on the progress already achieved in tackling pension poverty, and improving the system by building a reformed pensions system.

Significant non-Government active ageing programmes

*Promoting Mental Health and Wellbeing in Later Life*⁶¹

A first report from the UK Inquiry into Mental Health and Wellbeing in Later Life which was published by Age Concern and the Mental Health Foundation in June 2006. This inquiry was launched because of "a shared concern that mental health in later life is a much neglected area"⁶¹. The report presented findings and recommendations on the promotion of mental health and wellbeing in later life.

The OECD on its *Ageing and Employment Policies: UK*⁶² in 2004, commended the UK government on the steps it had already taken to reduce the considerable barriers that faced older workers who wanted to work longer. It acknowledged the UK government's efforts to:

- eliminate disincentives to continue working
- change employer attitudes through its Age Positive campaign and Code of Practice on Age Diversity in Employment
- increase active labour market participation through its unique *New Deal 50 plus* and *Experience Works* initiatives
- support training through Employer Training pilots and various lifelong learning initiatives and skill improvement programmes.

However, despite the fact that the proportion of people aged between 50 and 64 who work in the UK is higher than the averages of both the EU and the OECD, there are other countries such as Denmark, Iceland, Japan, New Zealand, Norway, Sweden, Switzerland and the United States with higher ratios – indicating there is still room for improvement. To do this, the UK can adopt the coordinated and comprehensive package of measures that the OECD recommended for reform, including:

- further pension reform to simplify the system and encourage later retirement
- further steps to prevent disability-related benefits being used for early retirement exits
- measures to increase the willingness of employers to hire and retain older workers
- strengthening older workers employability.

Box 4: UK Ageing Policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Cabinet sub-committee that looks at older peoples' issues across government portfolios• Established the Better Government for Older People (BGOP) Steering Committee to help shape policy and governance• Large number of wide ranging and strategic policy initiatives in recent years to tackle a complex array of related areas• Approach includes the identification of milestones and performance measures• Attempts to target age discrimination, social exclusion and elder abuse.• Identifies employed work and volunteering as areas for development• Specific focus on mental health and wellbeing in older people• Emphasis on life long learning and accessible education for older people.• Planned reforms of the pensions system to tackle pension poverty• Reduced the barriers that faced older workers who wanted to work longer.	<ul style="list-style-type: none">• No perceived weaknesses

USA

In 1965, during a time of rising concern for the poor and disadvantaged, the *Older American Act* (OAA)⁶³ was created. The OAA set ten broad objectives which remain relevant today. These objectives include⁶³:

- an adequate income in retirement
- the best possible physical and mental health – without regard to economic status
- obtaining and maintaining suitable housing to be available at affordable costs
- full restorative services for those who require institutional care, and a comprehensive range of community-based long-term care services – including support to family members
- opportunity for employment
- retirement in health, honour and dignity
- participating in, and contributing to meaningful activity
- effective community service – which provides choice – with an emphasis on maintaining a continuum of care

- immediate benefit from proven research knowledge which can sustain and improve health and happiness
- freedom, independence and the free exercise of individual initiative – and protection against abuse, neglect, and exploitation.

The OAA has been ‘reauthorised’ (in relation to changes on funding and particular provisions in the Act) fourteen times since 1965.⁶³ Currently, a reauthorisation bill awaits approval, after being unanimously passed through the House of Representatives (21/6/06) and the Senate HELP Committee (28/06/06). The Bill will now move to the full senate for a vote.⁶⁴ Key provisions of the proposed new reauthorisation include⁶⁵:

- the creation of a National Center on Senior Benefits Outreach and Enrolment to help educate eligible older individuals on the benefits of enrolling in Federal and State programmes
- the creation of an Office of Elder Abuse Prevention and Services to carry out justice programmes
- reduction of the eligibility age of a grandparent or relative caregiver caring for a child from 60 to 55, and expansion of eligibility for children
- impetus for the creation of innovative models that allow individuals to remain in their own home as they age
- allowance for individuals with Alzheimer’s disease who are 50 or older to be covered under the caregiver support programme
- promotion of mental health screening in attempt to increase awareness of mental health conditions and reduce stigma
- encouragement for communities to prepare for the increased numbers of older people
- focus on consumer-driven care and empowerment of the individual when planning for their long-term care needs.

However, as with other legislative strategies, for success there needs to be processes in place to enforce or monitor the enactment of the law at a local level.

The US Government is acutely aware that the population is facing major health challenges which, if left unchecked, will further negatively impact on health costs and, ultimately, the country’s long-term economic growth. Alarming health statistics led the US Government to develop, and in 2000, launch *Healthy People 2010*. *Healthy People 2010*^{66,67} is a ten year programme that contains a comprehensive set of disease prevention and health promotion objectives for America, with its second goal of particular interest to active ageing.

Goal one is to increase the quality and years of healthy life by helping individuals gain the knowledge, motivation, and opportunities they need to make informed decisions about their health, while simultaneously encouraging local and State leaders to develop community and state endeavours that promote healthy behaviours, create healthy environments, and increase access to high quality health care.

Goal two is to eliminate health disparities based on gender, race and ethnicity, income and education, disability, geographic location and sexual orientation.

To reach these goals *Healthy People 2010* is supported by specific objectives in 28 focus (healthy ageing) areas which are at Appendix IV.⁶⁶ The *Healthy People 2010* objectives are predominately broken down by age group, but when the objectives are viewed together, a life course approach emerges⁶⁸ that recognises people's late life quality of life depends markedly on the life they have led throughout their whole lives. *Healthy People 2010* sets out 467 measurable, evidence-based health objectives, many focusing on specific diseases. It also established Leading Health Indicators (LHIs), developed to measure the health of the nation for the ten year duration of *Healthy People 2010*. The LHIs cover⁶⁹:

- physical activity
- overweight and obesity
- tobacco use
- substance abuse
- responsible sexual behavior
- mental health
- injury and violence
- environmental quality
- immunisation
- access to health care.

In 2005, a midcourse review assessed the status of the national objectives and made necessary changes to ensure that *Healthy People 2010* remained current, accurate and relevant, while concurrently assessing emerging public health priorities. The main proposed changes to the *Healthy People 2010* objectives take the form of establishing baselines and targets for former developmental objectives; changing the language of objectives and sub-objectives, and revising baseline and targets. Many developmental objectives since the launch of the plan have secured a national data source or national baseline data and are therefore now measurable. Developmental objectives with no national baseline data source were proposed for deletion as part of the midcourse review assessment. For older people, *Healthy People 2010* is evolving to be closer to a healthy ageing, rather than an active ageing process.

In 2002, President George W. Bush launched HealthierUs⁷⁰ with the goal of helping Americans live longer, better, and healthier lives. The President's *HealthierUs* initiative intends to improve the health and fitness by encouraging all Americans to be physically active every day; eat a nutritious diet; access preventative screening and immunisation, and make healthy life choices.

In 2003, the US Department of Health and Human Services initiated the five year *Steps to a HealthierUs Cooperative Agreement Program*⁷¹ (Steps Program). The steps to a *HealthierUs* are:

- promote health and wellness programmes at schools and work sites and in faith and community based settings
- enact policies that promote healthy environments
- ensure access to a full range of quality health services
- implement programmes that focus on eliminating racial, ethnic and socioeconomic-based health disparities and educate the public effectively about their health.

The Steps Program Office was established to lead and coordinate an integrated approach to chronic disease prevention. Programmes integrate activities involving⁷² health issues – diabetes, obesity, asthma, tobacco use, physical inactivity, and nutrition community sectors such as public health, education, business, health care, local communities and faith-based organisations, individual, interpersonal, organisational, environmental and policy areas, and Government players – local, state, national, and between communities.

A number of further wide ranging initiatives have been reported in the literature and these are summarised in the table below (Table 3), while details about these may be found in the Appendix V.

Table 3: The USA – Government initiatives

Initiative/Policy	Comment
You Can! Steps to Healthier Aging campaign ⁷³	In 2004 the Administration of Aging (AoA) announced this national outreach programme which was initiated to promote better nutrition and physical activity for seniors.
<i>The State of Aging and Health in America, 2004</i> ⁷⁴	Released by the Merck Institute of Aging and Health, Centre for Disease Control and Prevention (CDC) and the Gerontological Society of America. This report assessed the health status of older Americans and made recommendations to improve the mental and physical health of all Americans.
White House Conference on Aging ⁷⁵	<p>In 2005 participants gathered to develop and improve national, state and local ageing policies such as long-term care, nutrition, care-giving, disability, the healthcare workforce, older workers, financial and health literacy, and other age-related issues.</p> <p>The White House Conferences on Aging are responsible for making recommendations to the President and Congress to assist national ageing policies over the next decade. The final report from the conference was expected to be presented to the President and Congress by June 2006. To date it has not been presented.</p>
Center for Disease Control and Prevention (CDC) released two papers: <i>Healthy Aging: Preventing Disease and Improving Quality of Life among Older Americans, 2006</i> ⁷⁶ , and <i>Racial and Ethnic Approaches to Community Health (REACH) 2010: Addressing Disparities in Health, 2006</i> ⁷⁷	<p>In 2006 CDC and its partners outlined their future directions with a particular emphasis on eliminating ethnic disparities in health.</p> <p>REACH 2010 seeks to support community coalitions in designing, implementing, and evaluating community driven strategies to eliminate health disparities.</p>

The OECD in its *Ageing and Employment Policies: United States, 2005*⁷⁸ recommended that the US consider a more balanced approach to Social Security reform so as to improve the long-term financial sustainability of Social Security; maintain or improve income adequacy in retirement as the poverty rate for people 65 and over is quite high by international standards, and encourage older worker to carry on working. To improve work incentives and employment options for older Americans the OECD also recommended the following⁷⁹:

- raising the minimum age for social security and speed up the transition from 65 to 67 for the full retirement age
- strengthening measures to combat age discrimination

- eliminate the ‘Medicare-as-secondary-payer’ rule to reduce the cost of employing older workers
- improving access of older job seekers to employment services and increasing training opportunities for low-skilled workers
- improving working conditions. American older workers have much longer hours of work than do most other OECD countries and there are major barriers to phased retirement.

Box 5: Ageing Policy USA – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • The creation of a National Center on Senior Benefits Outreach and Enrolment to help educate eligible older individuals on the benefits of enrolling in Federal and State programmes • The creation of an Office of Elder Abuse Prevention and Services • The development of innovative models that allow individuals to remain in their own home as they age • Adopts a life course approach which recognises the people’s late life quality of life depends on the life they have led, throughout their whole lives • The promotion of mental health screening in attempt to increase awareness of mental health conditions and reduce stigma • The encouragement for communities to prepare for the increased numbers of older people • Development of a set of disease prevention and health promotion objectives • <i>Healthy People 2010</i> sets out 467 measurable, evidence-based health objectives, many focusing on specific diseases • Established the Leading Health Indicators (LHIs), developed to measure the health of the nation. 	<ul style="list-style-type: none"> • Focus on healthy ageing (i.e. determinants of disease), rather than active ageing (i.e. determinants of health) • A lifestyle/individual responsibility focus rather than a social determinants focus, the latter that will require significant systemic and government changes • Requires a more balanced approach to Social Security reform and improve work incentives and employment options for older Americans.

THE INTERPRETATION OF THE WORLD HEALTH ORGANISATION'S ACTIVE AGEING TERM IN AUSTRALIAN STATES AND TERRITORIES

Australian Capital Territory (ACT)

The ACT Department of Health released its *ACT Health Action Plan*⁸⁰ in 2002 which set out the directions for the Territory's public health for the following three to five years. The plan recognises the influence of social factors on health and acknowledges ten determinants of health and wellbeing: the social gradient; stress; early life; social exclusion; work; unemployment; social support; addiction; food and transport (determinants as highlighted in WHO Europe Region's *The Solid Facts 2nd Edition, 2003*⁸), as well as access to safe and affordable shelter or housing, and a clean and safe physical environment. The ACT plan calls for a comprehensive, cross-sectoral approach to respond to the social determinants of health and the ACT Government recognises that this is not the sole responsibility of the health portfolio, but believes the health portfolio can take a lead role particularly by working across government and in national arenas to achieve quality outcomes.

In order to achieve outcomes under this *Action Plan*, the ACT Health Department states it will:

- support policies and activities which foster community involvement and community cohesion for all citizens
- engage with business partners to promote health by the creation of employment opportunities and the implementation of health friendly work practices
- encourage and promote good health in the physical environment through initiatives such as cycle and walking tracks, safe community projects and ensuring public places are well lit
- foster joint responsibilities at the whole of Government level for health outcomes in key areas – e.g. problematic drug use, Aboriginal and Torres Strait Islander health, youth crime, and mental health
- support policies and develop strategies and services to ensure affordable, secure and safe housing.

In 2006, the ACT Ministerial Council on Ageing released the *Healthy and Meaningful Ageing: Strategic Plan 2006–2008*⁸¹. Five key areas form the priorities for action and research for 2006-2008. These five key areas are:

- dignity and worth of older people are recognised and valued by the community
- promoting health and wellbeing through older people having access to a range of programmes to enhance their physical and mental health and to live in safety and harmony within the community
- participation of older people in education, employment and life long learning without fear of discrimination
- access to appropriate and affordable housing

- availability of options for transport and parking appropriate to their capabilities and needs.

Box 6: Australian Capital Territory ageing policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • ACT Health Action Plan incorporated WHO determinants of health • Adopts a cross-sectoral approach to respond to the social determinants of health • Recognises that the health portfolio is not solely responsible for promotion of strategic changes • Recognises how the physical environment can play an important role in health and wellbeing promotion • Developed a specific plan for healthy and meaningful ageing. 	<ul style="list-style-type: none"> • Limited details for measuring change and progress. • No new funding announced to implement the Healthy and Meaningful Ageing Plan

Northern Territory (NT)

The Office of Senior Territorians is the NT Government’s lead agency for senior Territorians. The role of the office is to⁸²: provide high level advice on seniors’ policy; enhance cooperation and coordination between government agencies, non-government organisations and the community on issues relating to seniors, and improve the access of senior Territorians to Government by providing secretariat support for the Advisory Council on Ageing (NT). The Office of Senior Territorians also coordinates a website called *Staysafe*^b which provides simple information and suggestions on how seniors can make their home safer, feel safer, and stay healthy.

Recently, the NT Office of Senior Territorians released a consultation discussion paper on active ageing. *Building the Territory for all generations: a discussion paper on active ageing in the Northern Territory*⁸³. The government will use the comments collected to develop an active ageing strategy for the NT that will complement other state and national initiatives. The first phase of the consultation is complete, and it is anticipated that the Strategy will be endorsed late 2006.

The vision for the work is to make the NT “a place where people can age in a positive way”⁸³. This means older people will be treated with respect; encouraged, and are able to contribute as active participants in society; and remain active, healthy and independent”⁸³. The principles underpinning the development of the strategy are:

- active ageing- the WHO definition of active ageing is used. This discussion document takes a life course perspective and includes maintaining a good diet and weight; keeping physically active; staying mentally active by continuing to learn new things; staying at work; taking up a new hobby, volunteering, or talking to others and maintaining links with family and the

^b www.staysafe.nt.gov.au

community. It is anticipated that action on these issues will provide for a quality lifestyle as people age and enhance wellbeing and health

- Focusing on autonomy which is defined as the freedom of older people to make decisions about their own lives, remaining independent and financially secure, feeling safe in their own homes and communities and leading a fulfilling life in the way they choose
- Honouring all Territorians with an equal right to opportunities and access to services.

Box 7: Northern Territory ageing policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Special Office for Senior Territorians as policy advocates for older people • Adopts the WHO definition of Active Ageing with a life course perspective. 	<ul style="list-style-type: none"> • Short on details to date for measuring change and progress in a research context • Limited consideration of those living in remote areas.

Western Australia (WA)

In 2004, the WA Department of Community Development, Office for Seniors Interests and Volunteering, produced *Generations Together: A Guide to the Western Australian Active Ageing Strategy, March 2004*⁸⁴. This Strategy was a whole-of-government framework devised to ‘shift community attitudes and planning around ageing by promoting partnerships with local governments and community organisations. This Strategy, again, uses the WHO definition of active ageing⁸⁴. The Strategy sets out to ensure the State Government’s programmes and policies are better able to meet the demands of demographic change; provide a framework for an integrated policy and programme response to ageing across the life span, and invite local Governments, community organisations and individuals to take up active ageing initiatives to improve older people’s quality of life.

The *Strategy* listed five priority areas:

- health and wellbeing
- employment and learning
- community awareness and participation
- protection and security
- planning, services and design of built-environment to meet needs of diverse, ageing population.

In 2005, the WA Department of Consumer and Employment Protection, Labour Relations, released the more specific *Mature Age Employment Strategy*⁸⁵. The key components of the Strategy are to raise awareness of the impact of an ageing population on the workforce such as possible future labour and skills shortages; the financial, economic and social benefits of mature age employment for both

employers and employees; the ongoing capability and willingness of older employees to stay in employment and older employees need for more adequate retirement planning and funding, and promote and encourage mature age employment by encouraging employers to attract and retain mature age workers, and encouraging mature age workers to delay their retirement with incentives such as ongoing training and development opportunities, alternative job opportunities and more flexible working arrangements and phased retirement options.

In 2005, as part of the WA Government's *Active Ageing Strategy*, the Department of Local Government and Regional Development coordinated a funding initiative to encourage older and ageing people to play a more active role in community life. The *Active Ageing at the Local Level Initiative*⁸⁶ encourages local governments, community and business/industry organisations, volunteer organisations, educational institutions and philanthropic foundations to apply for financial assistance to encourage active ageing.

In 2006, the *Western Australia's Seniors Active Ageing Benchmark Indicators*⁸⁷ were released. The benchmark indicators highlighted the areas that policies and strategies will need to reach to facilitate active and healthy ageing among Western Australian seniors. The areas are:

- improving the health and wellbeing of Indigenous seniors
- increasing involvement in physical activity, particularly among female seniors
- encouraging healthy eating, particularly among male seniors
- improving the social participation of seniors, particularly male seniors
- reducing and managing the physiological risks of high blood cholesterol, high blood pressure and obesity
- increasing employment opportunities, particularly for female seniors
- encouraging access to and training in computers and the internet, particularly for female seniors
- improving financial security, particularly for female seniors and Indigenous seniors
- improving community attitudes towards ageing among the general community and among seniors themselves.

The WA Department of Community Development hosts a website *Senior's Resources On Line*^c that links communities to information. The site has information on services, publications, the Seniors Card, retirement planning, the *Carers Recognition Act 2004*, grand parenting, elder abuse, Intergenerational Playgroups Small Grants Programme, active ageing, carers services, research and seniors links. In addition, *Generations Together: A Progress Report on the Western Australian Active Ageing Strategy, 2006*⁸⁸ was recently released. This progress report indicated how many of the 58 actions outlined in the original strategy have been completed (15), commenced (16), ongoing (25), delayed (1) or given a revised approach (1).

^c <http://www.community.wa.gov.au/Communities/Seniors/Seniors.htm>

Box 7: Western Australia ageing policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Uses the WHO definition of Active Ageing • Recognises cultural diversity in the population and special needs of Indigenous peoples • Produced a number of strategic plans dealing with Active Ageing, Mature Age Employment and Active Ageing locally • Office for Seniors Interests and Volunteering based in the community development portfolio • Emphasis on a whole-of-government framework to 'shift community attitudes and planning around ageing by promoting partnerships with local governments and community organisations • Benchmark indicators to monitor progress with particular emphasis on Indigenous seniors, female seniors, the use of computers and internet and enhancing community attitudes. 	<ul style="list-style-type: none"> • No major weaknesses perceived

South Australia (SA)

The Government of SA, through the SA Department of Families and Communities, released its *Improving with Age: Our Ageing Plan for South Australia*⁸⁹ in 2006. The broad plan focuses on⁸⁹:

- enabling choice and independence in where seniors live, in getting around, connecting with their community and staying healthy
- valuing and recognising contribution in work, as grandparents, carers and as volunteers
- providing safety, security and protection in homes, communities
- as consumers, delivering the right services and the right information and staying in front through research, innovative practices and collaboration with others.

The action plans under each area of focus are outlined below in table 4.⁸⁹

Table 4: Summary of primary focus and action areas

Area of focus	Achieved through action on
Enabling choice and independence	<ul style="list-style-type: none"> Housing – helping people stay in their homes, income and independence, housing to meet seniors' changing needs, innovative partnership, regional communities, Indigenous housing, reducing homelessness and good neighbourhoods Transport – better access to services, mobility and safety Health – on active ageing, promoting good health, home care and staying out of hospital, making health services accessible, better dental health, understanding and responding to dementia, understanding mental health, and residential aged care
Valuing and recognising contribution	<ul style="list-style-type: none"> workforce development strategy, reducing the barriers, leading the way in the public sector, recognising volunteers and providing opportunities and grand parenting
Providing safety, security and protection	<ul style="list-style-type: none"> legislative protection, safety in homes and protecting against elder abuse
Delivering the right services and the right information	<ul style="list-style-type: none"> keeping seniors informed, better coordination of housing services, having a say and keeping up with technology
Community care services	<ul style="list-style-type: none"> improving care services, improving participation, community care reform, older people and disability, carers and community care workforce
Staying in front	<ul style="list-style-type: none"> staying in front with research

The Office for the Ageing in the Department of Families and Communities will oversee implementation of the Plan. A sum of \$2 million worth of projects in key areas will initiate the implementation of the Plan. In 2004, the Office for Recreation and Sport, in partnership with Active Ageing SA^d, released *Targeting Mature Age Participants*⁹⁰, a pro-active measure to assist sport and recreation organisations to promote physical activity to cater to the rapidly increasing over 50 population.

^d This organisation in South Australia, Active Ageing SA, is a non-government organisation that focuses only on physical activity.

Box 8: South Australia ageing policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Specific and focused action plan• Utilising research to guide policy and actions• Consulting and informing seniors• Indigenous housing• Funding initiatives to ensure that mature participants engage in sport.	<ul style="list-style-type: none">• Limited details for measuring change and progress in a research context.

Tasmania

In 1999, the Tasmanian Government released the *Tasmanian Plan for Positive Ageing 2000–2005*.⁹¹ The Plan provided a broad policy and planning framework for action by the Tasmanian Government, the Tasmanian community – including local government, businesses and community based organisations – and individuals. The Plan addressed five major issues.⁹¹

- developing more positive community attitudes towards older people and ageing
- increasing the participation of seniors in the community, in recreation, employment and voluntary service
- improving local planning and design and access to transport, and enhancing seniors’ feelings of safety and security both in their homes and in the community
- supporting and promoting older peoples’ maintenance of a healthy lifestyle and independence in the community
- improving older Tasmanians’ access to, and understanding of, information, continuing education and technology. The Plan identified 85 strategies, with The Department of Health and Human Services taking the lead with 49 strategies.

In 2005, *Final Report Tasmanian Plan for Positive Ageing 2000–2005*⁹² was published to report on the success of the implementation of these strategies. The report concluded that most targets had been met, some to a greater degree than others, but did not highlight areas for future improvement.

The Department of Premier and Cabinet in 2005 released *All Ages, All Tasmanians Together*⁹³, a discussion paper to generate input for the development of the next ageing plan, *Tasmanian Plan for Positive Ageing 2006–2011*. In this paper, ‘successful ageing’ (and not active ageing) was defined as “the ability to maintain a low risk of disease or disability, a high level of mental and physical function, and an active engagement with life”.

The *Plan for Positive Ageing 2006–2011: Summary of Consultations*⁹⁴ was published in October 2005. The responses generated by the consultations and the discussion paper could be categorised within the following four major themes:

- attitudes, information and communication
- self reliance and positive thinking
- community spirit and connectedness
- the role of governments.

Summaries of the major ideas and considerations under each theme are provided in Table 5 below.

Table 5: Summary of major themes linked with key considerations

Major theme	Key considerations
Attitudes, information and communication	An emphasis was placed on education and publicity. Tasmanians needed to be more aware of the consequences of an ageing population, and individuals needed to take greater responsibility for their own health and wellbeing. A publicity and communication campaign was identified as one strategy to reduce feelings of social isolation in the older community.
Self reliance and positive thinking	Respondents highlighted their belief that older people are capable of changing, staying positive, learning new skills, and acquiring new knowledge. However, independence, autonomy and self-reliance can only be possible if the necessary range of services is available to older members of the community by the public and private sectors. Services need to be developed by governments, communities and businesses with close attention to the needs of older Tasmanians.
Community spirit and connectedness	Many responses called for an improved sense of community as a precursor to personal wellbeing, greater public security and respect. Respondents suggested old people could: 'watch their diet and lifestyle be given encouragement to join groups and organisations like School for Seniors and National Seniors, try new things, join community programmes and volunteer at schools, hospitals or nursing homes'. Other suggestions included: communities need to include people of different ages, more police officers, police protection and harsher penalties for home invaders or any offenders as well as more and improved street lighting.
Role of communities, businesses and governments	The findings of the consultations indicated that the community has high expectations of government, businesses and their community. Additionally, new services or improved existing services were nominated. Responses included: 'introducing a more versatile bus service, smaller more frequent buses, more generous financial concessions, government provision of low cost rental units, safer and well maintained footpaths and streets, provision of more community cars.

Box 9: Tasmania ageing policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Specific plan which provides a framework for a wide range of contributors• Ensure people have access to, and understanding of information, continuing education, and technology• 85 strategies were identified to achieve the plan• Emphasis on the consultative processes that shape future directions.	<ul style="list-style-type: none">• Limited details for measuring change and progress in a research context.

New South Wales (NSW)

In October 1998, the Ageing and Disability Department and NSW Health published the *NSW Healthy Ageing Framework 1998–2003*⁹⁵. The objectives of the framework were to: improve attitudes to ageing and older people and decrease unlawful age discrimination; increase participation of older people in the workforce; education, leisure and volunteering provide accessible and supportive living environments that make it possible for older people to live as independently as possible; promote the independence, wellbeing and health for older people through the provision of health, accommodation, care and support services, and develop a planned approach to policy and service provision in NSW for older people, based on high quality data and research and supported by equitable and sustainable resourcing.

Healthy ageing is defined by the Framework as “more than the absence of disease or ill-health. How old people realise independence and quality of life will vary from individual to individual. For example, for some, it may be about access to public transport so they can get to the shops, attend appointments, and meet friends, and for others it may be about improving the opportunities for social contact while living in a nursing home or hostel.”⁹⁵

The Minister for Ageing, The Hon. Carmel Tebbutt presented some of the achievements of the *1993–2003 Framework*, at the Forum for Ageing in 2004. The achievements included⁹⁶:

- developing a plan of action for volunteering in the International Year of Volunteers (2001) that guided volunteering initiatives since that time
- the establishment of the Seniors Information Service, and the Seniors Online Strategy which helps old people use computers and the internet
- the development of an \$11 million dementia plan to meet the needs of people with dementia, their families and carers
- the dramatic expansion of Seniors Week and Seniors Card
- the substantial increase in the Home and Community Care programme (co-funded with the Australian Government) which has enabled more than

129,000 clients to continue to live at home – through services such as Meals-on-Wheels, community transport, day centres and social support services

- In 2000 and 2002, providing a programme, *Yarn Up and Yarn Up 2*, to bring together hundreds of Aboriginal elders, seniors, and young people to discuss issues affecting Indigenous people.

No updated ageing framework has been released since 1998. A new policy paper *Action on Ageing* is currently under development by staff in the Office for Ageing.⁹⁷

In 2004 and 2005, the NSW Ministerial Advisory Committee on Ageing (MACA), in order to further inform their advice to the Minister, undertook consultations^{98,99,100,101} with older people (including one consultation specifically with older Aboriginal people) in various locations in NSW focusing on the issues of:

- mobility, location and financial security
- what 'positive ageing' or 'ageing well' means to older people
- the factors that encourage or discourage positive ageing
- attitudes towards ageing and older people
- interactions between older and young people
- transport problems
- housing
- health
- community care
- social support and activities
- staying in touch
- cost of living
- age-friendly communities
- Aboriginal issues
- perspectives on government services and the quality of the customer service received
- the availability and design of services.

These consultations were exploratory rather than comprehensive; however they provided insights into what older people regarded as issues of concern, and good and bad features of government service¹⁰². Many of the key issues centred on the following: access to and modes of transport; banking and financial services accommodation; volunteering security, personal safety; respect; services for Aboriginal people; policing, and mental health and the quality of residential care.

At a local level, the Hunter Valley is ageing faster than the whole NSW population, with an increasing number of people choosing the Hunter region as a retirement location. In 2001, the NSW Department of Ageing, Disability and Home Care (DADHC), in conjunction with the Hunter Area Health Service, established a Hunter Healthy Ageing Strategy Working Party to explore the issue of healthy ageing

specifically in the Lower Hunter. *The Positive Ageing Strategy Hunter (PASH) Stage 1– Research Report*¹⁰³ was released in June 2004. Ten priority areas were identified through the research: employment and training; lifelong learning; retirement planning; volunteering; physical activity; health (including nutrition, mental health, vision, hearing and oral health, medication management, and access to health services); the caring role, the community setting (including accommodation and housing, transport access, mobility and crime prevention and safety), and community participation and information. The report provided background information regarding healthy and active ageing in the Hunter region.

Box 10: New South Wales ageing policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Healthy Ageing Framework is currently in the process of being updated • Consultative approach to identifying needs and resources • Recognising cultural diversity and the needs of Aboriginal peoples. 	<ul style="list-style-type: none"> • Delay in the development of a new framework from 2003.

Victoria

In Victoria, active ageing work is based in two government agencies i.e. VicHealth and the Office of Senior Victorians. In September 2003, the document, *Strategic Directions 2003–2006 Victorian Health Promotion Foundation*¹⁰⁴ was released. The Victorian Health Promotion Foundation enables ongoing funding to VicHealth and works collaboratively with a range of organisations to produce innovative responses to complex social, economic and environmental forces that influence the health of all Victorians. Although VicHealth’s policies are not directed specifically towards older people, they do focus on improving the health status of all Victorian population groups, and on reducing health inequalities.

VicHealth takes social determinants of health approach to health and health promotion by focusing on the social, economic, cultural, and environmental factors that impact on the health of Victorians. In the period 2003–2006, VicHealth’s major programmes focused on¹⁰⁴:

- tobacco control
- mental health and wellbeing
- physical activity to reduce obesity
- healthy eating to reduce obesity
- health inequalities (see ^{e, f})
- strengthening collaborations with sport, the arts, and community organisations

^e http://www.vichealth.vic.gov.au/assets/contentFiles/HI_Background_Paper_latest.pdf

^f http://www.vichealth.vic.gov.au/assets/contentFiles/HI_Position_Paper_latest.pdf

- extending partnerships with local government and planning
- strengthening their research and evaluation capacity and
- supporting innovation.

The Office of Senior Victorians (OSV) was established in 2002 to provide a coordinated, whole-of-government, inter-sectoral response to policy areas affecting older Victorians. The OSV's five key areas of interest are¹⁰⁵:

- the Positive Ageing Initiative
- Healthy and Active Living for Seniors Initiative
- Elder Abuse Prevention
- The Victorian Seniors Festival
- The Seniors Card Programme.

In the 2004/2005 Budget, the Victorian Government allocated \$5.1 million over four years to the OSV to "encourage positive ageing behaviour, inform community projects to promote changes in the attitudes in workplaces, and the media, and enhance community participation and technology usage by older Victorians."¹⁰⁶ *Positive Ageing – A Strategy for Current and Future Senior Victorians*¹⁰⁷ was released in May 2005. For Positive Ageing initiatives in 2005 see Appendix VI.

The OSV also manages the *Healthy and Active Living for Seniors Initiative*, which is part of the Victorian Government's Health and Active Victoria and *Go For Your Life* campaign. As part of the *Healthy and Active Living for Seniors Initiative*, the OSV produced the *Go For Your Life: A Physical Activity Guide for Senior Victorians*¹⁰⁸. This guide provides information specifically for senior Victorians to be physically active in everyday life.

In December 2005, the OSV also published the *Report of the Elder Abuse Prevention Project*¹⁰⁹. This report was based on published research material as well as information from a series of public meetings in Melbourne and rural areas with a broad range of professionals and service providers, associations of retired people and representatives from the ethnic community. Recommendations addressing the issues identified in the report were provided to the Minister responsible for Senior Victorians. Summaries of the recommendations include¹⁰⁹:

- strengthening the Victorian Government's response to elder abuse
- giving responsibility to the Department of Victorian Communities for developing, maintaining and monitoring a whole-of-government policy framework on prevention and responses to elder abuse
- developing community education programmes to raise awareness of the risks of abuse
- establishing a state-wide information and education service to provide information, telephone assistance and referral support to older people experiencing abuse

- engendering a broad alliance of government and community agencies to promote the prevention of abuse and provide leadership and advice to the state-wide service
- finalising the Department of Human Services' update of its existing guide for funded agencies on elder abuse
- assisting new and existing local agency networks to develop protocols to appropriately respond and support older people subject to abuse
- strengthening Victoria's approach to the prevention of the abuse and neglect of older people, by improving cooperation and collaboration beyond the health and community services to include Office of the Public Advocate, Victoria Police, financial services, legal and advocacy programmes, community groups and spiritual communities
- supporting Victorian communities to be age-friendly where older people can feel safe and confident
- ensuring the Victorian Government works with Commonwealth and other State and Territory governments to research both the extent of elder abuse and the best practices for prevention, detection and service responses
- investigating the provision of specialised community legal services targeted to the specific needs of disadvantaged older people to improve their access to justice.

Box 11: Victoria ageing policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Adopts social determinants of health approach. • Several important policies developed. • Established an Office of Senior Victorians. • Funding initiatives. • Comprehensive project targeting the prevention of elder abuse. 	<ul style="list-style-type: none"> • Limited focus on cultural diversity

Queensland

In 1999, the Queensland Government produced a five-year plan on ageing *Our Shared Future: Queensland's Framework for Ageing, 2000–2004*.¹¹⁰ The following principles underpinned the vision for this Plan: older people should have the same rights and opportunities to participate in society as other people; older people are valuable contributors to society and should be provided with opportunities to share their knowledge and skills with younger generations; older people should have equitable access to cultural, recreational, educational, health and employment opportunities; older people should be provided with opportunities to participate actively in the formulation and implementation of policies, programmes and services that affect their lives and services; support and information provided should be responsive to the needs of, and appropriate for, older people from culturally diverse backgrounds.

These principles were used to inform and guide the policies and action of all Queensland Government departments and agencies in their initiatives and dealings with older people. The plan addressed five key areas for action but was not limited by these. The five key areas included¹¹⁰:

- State Government leadership on ageing issues
- Community participation
- Community infrastructure
- Health and wellbeing
- Employment and retirement planning.

A new *Queensland's Framework for Ageing* is currently under development. It will work within the WHO (2002) definition of active ageing and is anticipated to be published in late 2006. The proposed priority areas include: physical activity, social isolation, elder abuse, security, access to culturally appropriate services, support and information, and grand parenting.¹¹¹

In September 2003, the Queensland Department of Families published a discussion paper about the ageing of the Queensland population, *Queensland 2020: A State for All Ages*.¹¹² This paper was intended to stimulate community discussion about preparing for the future challenges and opportunities of an ageing population. The paper provided an overview of the demographic and social implications for an ageing Queensland population over the next twenty years, and defined the Government's ageing agenda as: an issue for all ages and a future orientated approach. The key outcome areas addressed were:

- wellbeing
- social cohesion
- intergenerational equity
- sustainability.

In 2002, the Queensland Government funded a range of projects in Queensland to promote social networks and improve the social participation of older people. A literature review was produced by the Australasian Centre on Ageing, as an initiative of the Mental Health and Social Isolation Working Party of the Queensland Government's Ministerial Advisory Council on Older Persons (later to be known as the Cross Government Project to Reduce Social Isolation of Older People). The literature review, *Social Isolation and Older People*¹¹³, became part of Phase One of the Cross Government Project, and informed later phases of the wider project, specifically by identifying existing international social isolation interventions and summarising their effectiveness.¹¹⁴

The primary goal of the Project is to "identify, develop and disseminate information on innovative, sustainable and community capacity building responses that reduce or prevent social isolation. The project is expected to make a significant contribution to national and international evidence-based best practice models in this field"¹¹⁵.

The project has five phases¹¹⁶:

- research and analysis of current responses to social isolation through a literature review
- identification of local responses to social isolation through community meetings and forums and a submission process
- identification of innovative and effective approaches to social isolation based on the research findings of phase 1 and 2
- development, implementation and evaluation of demonstration projects based on innovative approaches/leading practice models
- dissemination of information about best practice models that prevent and reduce social isolation, and project finalisation.

The project is currently in phase 4.

In 2006, the *Cross Government Project to Reduce Social Isolation of Older People, Interim Report: Project Phases One to Three*¹¹⁵ was published. The report identifies a complex array of key protective and risk factors for social isolation; critical life events and transition times that impact on social isolation; vulnerable groups; success factors; findings and areas for development, and key requirements that demonstration projects should meet.

In 2004, Queensland's Department of Health published *Health Determinants Queensland 2004*¹¹⁷, a key government resource for guiding government to focus their resources on areas that would provide the greatest health gains. It highlights the major behavioural, social, economic and environmental determinants of health and their corresponding trends in Queensland. This document was intended to inform both state, local and non-government agencies on key areas to target to improve health and to prevent the burden of disease and its associated costs in the future. The report iterated that the influences of health go "well beyond the scope of health agencies."¹¹⁷ The Health Department stated that in order to successfully promote a healthier Queensland five strategic areas needed to be addressed¹¹⁷:

- healthier staff
- healthier partnerships
- healthier people and communities
- healthier hospitals
- healthier resources.

No significant follow-up action on Health Determinants Queensland 2004 has been announced.

Box 12: Queensland ageing policy – perceived strengths and weaknesses

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Draws on WHO's Active Ageing framework and social determinants approaches• Several key policies and approaches• Future planning focus until 2020• Emphasis on cultural diversity• Emphasis on social participation and reducing social isolation in older people• Acknowledge the importance of research.	<ul style="list-style-type: none">• Limited consideration to monitoring and measurement of achievements.

COMMENTS ON PROPOSED FIVE ELEMENTS OF ACTIVE AGEING IN AUSTRALIA

“The ability to maintain psychological and physical well being is dependent on five main categories of resources. These are human capital, psychological capital, financial capital, social capital and time.¹¹⁸” These issues have been expanded in the Australian Government umbrella ageing strategy, the National Strategy for an Ageing Australia¹¹⁹.

It is clear from the earlier two sections that the five draft elements proposed in the Australian environment – financial security, active socially, mentally and physically, and work force participation – may be found in much of the international and national literature but with different emphasis. Some of the international approaches are quite visionary and try to take a full account of the social and political context in which they operate and strive to develop policies that can shape environments resulting in better health and enhanced quality of life across the life course. With this background in mind, a focus on five areas may limit progress when compared with other OECD countries.

The literature also highlights another important consideration. The Australian Government Department of Health and Ageing (DoHA) differentiates between active ageing and healthy ageing. DoHA defines *active* ageing strategies as those that seek to address the underlying causes of ill health and are classified under five major categories mentioned above. In contrast, DoHA categorises *healthy* ageing strategies as those that seek to reduce the risk of living with a chronic disease/condition, determinants of disease, and include physical inactivity, poor nutrition, mental health, overweight and obesity, smoking and alcohol misuse. DoHA’s current draft promotes active ageing as a means to comprehensively address the underlying causes of ill health and includes the five above elements.

Both active ageing and healthy ageing activities aim to increase the health and wellbeing of older Australians and consequently reduce the future fiscal burden on the health and aged care systems. Active ageing ‘environments’ are more likely to impact on the social and economic determinants of health which have been shown to be critically linked to improving wellbeing and health, rather than to a biomedical focus on the determinants of disease.

The DoHA acknowledges the Social Determinants of Health in the Australian policy context but decided active ageing could be progressed more easily using the devised five elements of active ageing. DoHA aims through its *active* ageing policies to comprehensively address the underlying causes of ill health – the environments that people exist in. However, the literature points repeatedly to a “cross sectorial/ministry approach” implying that a more inclusive approach across portfolios may lead to more strategic outcomes. How the five elements will be actioned across Australian Government portfolios is yet to be determined, and the production of this literature review is part of the initial phase in this policy development process.

Active Socially

The Social Determinants of Health as outlined by WHO in its *Active Ageing Policy Framework*¹² highlights the health determinants related to social environment such as social support, opportunities for life long learning and education, peace, and protection from violence and abuse as key factors in achieving active ageing. All international active ageing policies centrally promote this element because of its pivotal role in enhancing older people's capacity to maintain their physical, mental and psychological wellbeing. Loneliness, social isolation, illiteracy and a lack of education, abuse and exposure to conflict are linked to poor outcomes such as disability and early death. Social isolation can be partly remedied by strategies that encourage social participation.

The benefits derived from supportive networks and shared cultural norms are referred to as 'social capital'. The potential value of social capital to older people can be substantial, but older people's contribution to their community can significantly contribute to a *community's* social capital. Older people can build social capital by taking advantage of the opportunity to remain in the workforce, or by becoming involved in neighbourhood and community activities.

Maintaining and maximising social support is a key element of international and national active ageing policies, however peace and protection from violence and abuse is only starting to appear on policy agendas. Poor social environments are a major source of stress, often causing people to develop an encompassing real or perceived "untrustworthiness" appraisal of others and their social environment. This can lead to further isolation, thus exacerbating decline in physical activity, mental health and overall wellbeing and quality of life. It is notable, too, that transport has been identified as an important social determinant in policies to counter social isolation. Abuse can occur outside an older person's place of residence (unsafe environments) or within home environments. Physical, psychological and financial abuse can occur within homes and needs to be addressed in active aging policies.

Active Mentally

It has been suggested that:

"...while the maintenance of mental function is a worthy goal, there are strong, and as yet uncontrolled, age-determined forces that pose major obstacles to achieving this successful ageing outcome"¹²¹.

Continued participation in the workforce, volunteering, community activities or family responsibilities contributes to the maintenance of mental capacity and a sense of wellbeing in older adults. This is a type of psychological capital or the "extent to which the person can deal with threats to mental health – whether, for example, they can resist depression and anxiety when under stress. Individuals who have built up their psychological capital are resilient and able to cope with change and other stresses."¹¹⁸

In addition, workforce participation often requires upskilling and ongoing education for individuals to keep up with technological and environmental changes within the work place. Many workers that have worked largely in physically demanding

employment may need to retrain to seek employment in less demanding work environments to maximise their working lives. International government programmes have been implemented to facilitate the upskilling and retraining of older people and to make accessibility to further education for older people a priority. Therefore, other areas of focus to be included under this element would be life long learning, retraining, and education and literacy programmes.

However, cognition ultimately deteriorates with time as a consequence of ageing. Information processing times decline exponentially after the age of 60, with most clinically significant declines in cognition occurring after 70. This decline shows wide variability among individuals in regard to learning new things, remembering names, plans, and conversations. Degenerative diseases of the brain, principally dementia, are also associated with age with 15% of adults who live to 65 developing some form of dementia, and by 85, that proportion increases to 35%. Mental and cognitive effectiveness is a critical factor to ageing well, as mental effectiveness assists a person to maintain daily activities associated with overall health.¹²⁰

The Social Determinants of Health as outlined by WHO in its Active Ageing Policy Framework includes cognitive capacity under personal psychological factors, grouped with intelligence, ability to adapt to change, and the ability to solve problems. Also included in this category are coping styles and self efficacy. However, cognitive declines are often exacerbated by “disuse (lack of practice), illness (such as depression), behavioural factors (such as the use of alcohol and medications), psychological factors (such as lack of motivation, low expectations and lack of confidence), and social factors (such as loneliness and isolation) rather than ageing”¹². Special consideration needs to be made to target populations with special needs. In contrast, other research has indicated that maintaining physical activities (especially cardiovascular fitness while discouraging smoking and excess alcohol consumption), completing mental exercises, low fat intake, caloric restriction, continuous education in older age and increased leisure activities can enhance the retention of mental functioning.¹²¹

Active Physically

The need to promote greater levels of physical activity (across the life course as well as for those over 45 years) needs to be contextualised in the wider social context:

“Intersectorial collaboration is a critical mechanism to develop and deliver interventions that increase participation in physical activity. It is vital because most of the levers to improve physical activity outcomes sit outside the health sector (e.g. in workplaces, communities, local government). The wider social and physical environment often needs to be supported and modified to make physical activity more interesting, enjoyable, attractive and safe.”¹²²

This behavioural determinant appears in active ageing policies in Sweden, USA, New Zealand and Canada, and is supported by extensive research which links adequate physical activity with increased health and well-being in older people’s lives and improved functional independence. However, it is also important to acknowledge that there may be significant barriers to physical activity for some older people and initiatives should refrain from promoting a homogenous, ‘one-size-fits-all’ perspective to promoting physical activity which targets only the physically able, and ignores the

implications of frailty, injury or disability, poverty of time, language and cultural barriers, isolation, financial costs and a lack of community safety.

‘Active physically’ initiatives (strength, resistance-based and aerobic exercise) should then target all populations of older people including the frail, older people with disabilities, people confined to home/care facilities, people who are inactive, and other special priority populations including the Aboriginal and Torres Strait Islander population, other minority ethnic populations, people from different socioeconomic backgrounds and older persons in gaols. Minorities may experience different barriers to physical activity, including low income, language and cultural considerations which may affect information uptake and participation. These factors need to be researched and considered, in any active ageing strategy development that is sufficiently diverse to address the needs all members of the community.

In the *International Council on Active Aging’s Vision Paper: Physical Activities for the Elderly*¹²³ prepared for the 2005 US House Conference on Aging in June 2005, it was highlighted that despite physical activity being a powerful means to prevent age-related loss of function, reduce the risk of chronic disease, improve mental and physical health and support quality of life, the number of older adults exercising remains small. Some 28.8% of 50 to 64 year olds, and 25.6% of 65 to 74 years olds, and 16.3% of these 75 years plus in the USA are physically active. In Australia the latest National Health Survey showed a similar picture with 75% of Australians 65 years and over being sedentary¹²⁴. Although Baby Boomers attitudes towards physical activity are positive, their behaviour does not reflect this, despite campaigns to promote the benefits of physical activity. In light of this, it is imperative to identify factors that encourage older adults to participate in physical activity and exercise, and research and implement best practices that will result in the uptake and long-term maintenance of physical activity.

‘Active physically’ should incorporate the notions of both active leisure and non-recreational activity. It is imperative therefore, that the wider environment be safe for physical activity such as walking or cycling e.g. improved street lighting, secure cycle lanes, pedestrian crossings, and urban planning that maintains access for older people to services they regularly access within walking/wheelchair/motorised vehicle distance, either directly or via access to public transport that allows them mobility.

While the benefits of physical activity far outweigh the risks, the risks of physical activity to a minority of older people should not be ignored. Great care should be taken not to make arbitrary distinctions between the determinants of health and determinants of disease, as areas requiring attention may be overlooked or given lesser priority. It is impossible to increase and maintain moderate levels of physical activity if nutrition is poor and people continue with unhealthy lifestyle choices such as smoking, overeating, substance or alcohol abuse. To separate the determinants of health could lead to simplistic, individualistic strategies that are discriminatory in their assumptions regarding base levels of health and well-being of older people.

Financial Security and Workforce Participation

The WHO’s Active Ageing Policy Framework emphasises the economic determinants of health, which can be incorporated under the DoHA’s element of financial security.

These economic determinants include income and social protection (which used to be the responsibilities of families, but now governments often provide social protection for those that cannot earn an income, are alone and are vulnerable). WHO includes workforce participation under the broader banner of Economic Determinant's of Health, however, DoHA has chosen to promote workforce participation as a separate element.

In Australia, the financial security of older people is provided through the aged pension, numerous government payment and allowance schemes, employer-employee superannuation schemes and subsidised access to health care services through the Medicare Benefit Scheme. The OECD in its *Ageing and Employment Policies: Australia (2005)*¹²⁵ noted that the Australian welfare system will be less sensitive to population ageing than those in most other OECD countries because:

- Australia's protection system is based on flat rate and means-tested benefits designed to prevent and alleviate poverty
- a growing number of older people will rely on incomes from superannuation schemes.

OECD commented that there appeared to be few institutional barriers in Australia to the hiring and retention of older workers due to Australia's employment protection legislation not being overly strict and wages and other labour costs not increasing steeply with age. OECD acknowledged Australia's action in taking important steps to address the challenges it faces as a result of an ageing population. These include "measures addressed at older workers to: strengthen work incentives remove barriers to employment on the side of employers and improving employability".

If the participation rate of older people in the workforce is to be maximised, initiatives will need to be introduced to ensure workplaces are safe, adaptable and provide older people with job satisfaction. OECD recommended in their 2005 report that the government should initiate national surveys of job satisfaction and the work environment to formulate policies to help improve working conditions for older people to encourage them to stay in the workforce. Initiatives to assist older people (and younger people) to plan for their retirement to ensure they can maximise their financial capital and minimise the loss of self esteem when they do leave the workforce should be incorporated in this element. The reforms around access to pensions and work currently being actioned in some OECD countries need to be monitored by DoHA staff and their impact assessed as these may provide strategic directions for Australia.

Some consideration needs to be given to the potential toll on older people (physically, psychologically and socially) resulting from continued participation in the workforce and the key will be to ensure that some form of balance may be achieved. The toll may be quite different when blue collar and white workers are compared over time.

Workforce participation as a term could be mistaken to imply only working for a salary. DoHA clearly includes other activities such as volunteering, community service, family responsibilities and caring in this element. Alternatively, this element could be called 'active participation' which would remove any ambiguity and allow for clarification in promotion.

Absent Determinants of Health

Culture

DoHA's draft elements of active ageing do not pay significant attention to the cultural determinants of health. It is anticipated that the proportion of older people who are from culturally and linguistically diverse backgrounds aged 65 years and over is projected to increase from 18% in 1996 to 23% by 2011.¹²⁶

The cultural determinants include societal views of older people and the ageing process, cultural issues of co-residency with families or living alone, variations in help-seeking behaviours, and the impact of a plethora of different multicultural values and traditions on active ageing policy. Some state community consultations have attempted to obtain views from a range of older people including Aboriginal and Torres Strait Islander peoples, however greater research needs to be undertaken in these areas. There is the potential for the five elements to only target a homogenous, white, Anglo, working, healthy population and ignore the minority populations. Further research could be undertaken to elucidate what strategies other countries are using to target their heterogeneous populations.

Gender

Issues relating to differences in gender (gender is listed by WHO as a determinant of health) also appears to be not considered in DoHA's draft policy framework. Women often experience reductions in work force participation and financial security as a result of their working life being disrupted to fill the primary carer's role for children, and disabled family members. This often leaves them vulnerable due to their reduced ability to invest in superannuation schemes to finance their older years. Men are more likely to suffer debilitating injury, and exhibit differences in risk taking behaviour which may directly impact on their capacity to age actively. This is another area for possible further research.

RESEARCH IN THE FUTURE

The review of the literature has highlighted a large number of potential areas for research in the Australian context that may foster a visionary and strategic response for the future. Research that is underpinned by the notion of equity is required to ensure that all of the diverse peoples in Australia are included and targeted with special cognisance to the needs of Indigenous peoples – many of whom do not live to be old.

The following areas are particularly important:

Research that draws on the strategic successes of other OECD countries

- specific in-depth studies into what can be learned from other countries' approaches to active ageing and the successes they have had with policy reform and initiatives
- research could be undertaken to ascertain the effectiveness of international (and national) physical activity campaigns targeting older people with a view to implementing evidence-based 'best practice' initiatives to increase, and *maintain* moderate physical activity in older populations.
- a specific assessment of how well these may fit within the Australian context would be advantageous. Approaches that show merit could be modelled with a view to adaptation through a specialist research centre such as the National Centre for Social and Economic Modelling (NATSEM) so that well-informed strategic directions may be recommended.

Research that examines the best methods of ensuring policy uptake at the coalface

Research that studies:

- the most effective methods of getting good policies into practice
- how to get different system or sectors of policy and service delivery working most effectively.

Research that identifies the best methods of evaluating the impact of approaches and policies

Research that studies:

- the most appropriate measurable targets for change over time
- the most appropriate modes for evaluation
- interim and long term approaches to evaluations which indicate where strategic change may be required.

Research that addresses particular problem areas linked to active ageing

The literature review evoked a number of important areas that reflect minorities who may experience different barriers to physical, social, mental and participative activity including low income, language and cultural considerations which may affect information uptake and participation. Research could be undertaken to elucidate what strategies other countries are using to target their heterogeneous populations. At the same time research in the Australian context must be sufficiently diverse to address the needs of all ageing members of the community.

There is a need therefore to identify effective ways of promoting active ageing in the following vulnerable groups:

- older people in residential aged care facilities
- Aboriginal and Torres Strait Islander peoples
- people who live in rural and remote areas
- other minority ethnic peoples and older persons in gaols
- older people who experience inequalities in health.

Research that leads to the creation of positive living competencies

Research that:

- seeks to reduce age discrimination (while noting that the Australian Aged Discrimination Act 2004 exists)
- seeks to promote illness prevention strategies
- examines the physical, psychosocial, social and economic effects of working longer
- includes the appropriate evaluation of programs incorporating social participation
- identifies the most effective ways of promoting self-efficacy in older people
- focuses on the implementation of best practices that will result in the uptake and long-term maintenance of physical activity.

Research that leads to creation of positive living environments

Research that identifies initiatives that have shown efficacy in:

- promoting and developing access to appropriate infrastructure such as walking/wheelchair access to transport and facilities
- developing community, intergenerational programmes and facilities to promote physical activity in older people and others
- ways of improving community perception of safety, and so increase non-structured physical activity within a local neighbourhood

- promoting and developing physical activity through mentoring by older persons
- promoting the use of information technology to improve the health and wellbeing of older people.

APPENDIX I

New Zealand Positive Ageing Strategy – Key portfolios and issues²⁸

Portfolio	Related policy issues
Health	<ul style="list-style-type: none">• Personal health• Disability support• Mental health services• Health promotion• Palliative care• Services for ageing in place• Carer support
Housing	<ul style="list-style-type: none">• Assistance with housing costs• Home ownership• Pensioner housing• State housing
Statistics	<ul style="list-style-type: none">• Information on 65+• Time Use Survey• Presentation of data
Transport	<ul style="list-style-type: none">• Information on 65+• Time Use Survey• Presentation of data
Inland revenue	<ul style="list-style-type: none">• Effect of tax provision on investments/saving
Fire service	<ul style="list-style-type: none">• Safety and security
Police	<ul style="list-style-type: none">• Safety and security
Income support	<ul style="list-style-type: none">• Retirement income• Supplementary assistance• Living standards• Service delivery
Veterans' Affairs	<ul style="list-style-type: none">• Veterans' issues
Immigration	<ul style="list-style-type: none">• Older refugees and migrants
Senior citizens	<ul style="list-style-type: none">• Intergenerational initiatives
Education	<ul style="list-style-type: none">• Community and adult education• Intergenerational initiatives

Portfolio	Related policy issues
Justice	<ul style="list-style-type: none"> • Welfare guardians/PPPR Act • Access to grandchildren • Retirement village regulations • Human rights issues • Jury service
Employment	<ul style="list-style-type: none"> • Reducing barriers to employment • Promoting employment for 45+ • Careers advice and skill development • Vocational services
Community development	<ul style="list-style-type: none"> • Funding for mobilising communities and positive ageing initiatives
Social policy	<ul style="list-style-type: none"> • Access to grandchildren • Support for ageing in place • Funding for older people's groups • Elder abuse and neglect prevention
Consumer affairs	<ul style="list-style-type: none"> • Consumer protection and safety
Accident compensation	<ul style="list-style-type: none"> • Fall prevention • Interface with health services
Labour	<ul style="list-style-type: none"> • Safety in the workplace
Economic development	<ul style="list-style-type: none"> • Mentors for business • New technology
Rural affairs	<ul style="list-style-type: none"> • Rural issues
Ethnic affairs	<ul style="list-style-type: none"> • Issues for ethnic communities
Women's' affairs	<ul style="list-style-type: none"> • Gender issues
Pacific Island affairs	<ul style="list-style-type: none"> • Issues for older Pacific people
Māori development	<ul style="list-style-type: none"> • Issues for older Māori
Local Government	<ul style="list-style-type: none"> • Local government role • Local authority rates • Pensioner housing • Transport • Community service

APPENDIX II

Sweden's Key Features of Ageing Policy Implementation ³⁴

Policy Area	Action/Issues
Housing and accessibility	<ul style="list-style-type: none"> • Great majority of elderly (93%) live in ordinary homes most in homes that are modern, centrally heated, and well equipped. Great majority live by themselves or with a spouse. Very few live with their children • Grants for housing adaptations available for people with functional impairment so they may stay in their own homes. • Parliament (Riksdagen) passed the Bill <i>From Patient to Citizen: A national action plan for disability policy</i> in 2000. The Bill outlines a number of strategies to improve access, including public transport for people with disabilities.
Transport	<ul style="list-style-type: none"> • Municipalities offer special transport services for the same price as public transport services to people unable to use public transport because of functional impairment. • Regional and national journeys are possible within this framework.
Pensions and allowances	<ul style="list-style-type: none"> • New pension system implemented 1999 designed to guarantee older people a basic measure of economic security. Contains several components: an income related pension (based on full lifetime earnings) a pre-funded pension (portion of a pension that a person may invest in a fund of their choosing) and a guaranteed pension (to guarantee basic protection for people who have had little or no earnings) • Retirement age is flexible • Time devoted to caring for children, military service and studies confers pension rights • Low income pensioners can obtain housing supplements (means tested) • In January 2003 the maintenance support for older people was enacted. People 65 years and over whose basic maintenance needs are not met though other benefits in the pension system are eligible for maintenance support (most entitled people have not lived in Sweden for 40 years and do not qualify for a full guarantee pension)
Care of elderly <i>Responsibility of Care</i>	<ul style="list-style-type: none"> • Responsibility for care of older people rests at three levels: national, regional (21 county councils are responsible for providing health and medical care) and local level (290 municipalities have statutory duty to meet social services and housing needs of older people)
<i>The Health and Medical Services Act (HMSA)</i>	<ul style="list-style-type: none"> • Defines municipal responsibilities with regard to health care and medical services including rehabilitation and assistive technology in special forms of housing accommodation and in daytime activities

<p><i>Social Services Act (SSA)</i></p>	<ul style="list-style-type: none"> • Focused on equity of access to all members of society. • Municipalities responsible for providing social services and care for older persons • Responsibility for ensuring older people are able to live independently, in secure conditions and with respect shown for their self-determination and privacy also held at municipal level • The Act requires municipalities to establish special forms of housing accommodation with service and care for older people in need of special support.
<p><i>Home help service and home nursing</i></p>	<ul style="list-style-type: none"> • Home help service is provided by the local municipality under SSA. Includes such services as: cleaning, completing laundry, helping with shopping, errand running and meal preparation. Personal care includes assistance with eating, dressing, personal hygiene and getting about.
<p><i>Daytime activities and short-term care</i></p>	<ul style="list-style-type: none"> • Means tested support, provided under SSA and/or HMSA • Includes service blocks, old people's homes, group housing, and nursing homes.
<p><i>Special housing accommodation</i></p>	<ul style="list-style-type: none"> • In most municipalities only those in need of extensive care and attention can qualify for special housing accommodation.
<p><i>Funding and expenditure</i></p>	<ul style="list-style-type: none"> • Above 80% of care and services for older people is financed by taxes levied by municipalities from their residents. Smaller part is funded by state grants paid to municipalities.
<p><i>Private care</i></p>	<ul style="list-style-type: none"> • Private entrepreneurs provide approximately 11% of care to older people. However, funding and supervision of older people remains under municipality responsibility.

APPENDIX III

UK – approaches, policies and initiatives

National Service Frameworks

The National Service Frameworks (NSF) are part of the Government's agenda and include a ten-year programme of action and reform implemented through local health and social care partners and national underpinning programmes. Progress will be monitored through a series of milestones and performance measures and will be overseen by the NHS Modernisation Board and the Older People's Services.⁵⁰ In 2001, the UK Department of Health released the National Service Framework for older people (NSFOP⁵⁰). The NSFOP addresses the needs of older people by setting standards for the care of older people, (both those being cared for at home, or those in residential settings), across health and social services. The eight older people's NSF standards are:

- Standard One – Rooting out age discrimination
- Standard Two – Person-centred care
- Standard Three – Intermediate care
- Standard Four – General hospital care
- Standard Five – Stroke
- Standard Six – Falls
- Standard Seven – Mental health in older people
- Standard Eight – The promotion of health and active life in older age⁵⁰

*Living Well in Later Life: A Review of Progress Against the National Service Framework for Older People*⁵¹ was released in March 2006 by the Healthcare Commission, the Commission for Social Care Inspection, and the Audit Commission. The key findings at this point, halfway through the implementation timeline of ten years, showed that there had been some significant progress. However, further action is required in the following three key areas:

- tackling stubborn ageist discrimination and attitudes
- increasing awareness of other diversity issues such as those affecting black and minority ethnic community groups
- ensuring all the standards of the NSF are met
- strengthening working partnerships between all agencies that provide services to older people⁵¹.

Recent Policy Documents

*Moving Out of the Shadows (MOOTS)*⁵², a report on mental health and wellbeing in later life, was prepared in collaboration with the BGOP partnership, its UK Older People's Advisory Group and Help the Aged in 2004. This initiative was launched in 2003 and aims to achieve greater inclusion and quality of life for older people with mental health problems. The MOOTS' report was a culmination of all participants'

contributions at this event. The MOOTS' partnership's vision is social inclusion for older people with mental health difficulties, mental illness and dementias. Their endeavour is to move away from a health and social care perspective towards more citizen-centred approaches shaped by what people say they need and want. MOOTS put forward three broad categories of priorities and actions needed to be addressed to drive their agenda forward. These include inclusion and quality of life – social inclusion, participation and options and opportunities to increase choice and control; developing responsive, person-centred services and encouraging wider national influence. Detailed activities can be found in the report under these three criteria.

The *Choosing Health White Paper*⁵³, published in November 2004, focuses on the prevention of ill health rather than funding only reactive acute care and disease diagnosis and treatments. This new public health policy resulted from extensive and unprecedented consultation with the public about what they wanted, and how they could be supported to realise improvements in health.

The consultation process also established a shared set of priorities for action, which aim to impact on older people. They are:

- reducing the number of people who smoke
- reducing obesity and improving diet and nutrition
- increasing exercise
- encouraging and supporting sensible consumption of alcohol
- improving sexual health
- improving mental health.⁵³

This paper also sets out how the environment people live in, their social networks, people's sense of security, their socio-economic circumstances, and facilities and resources in their local community can affect their experience of health. This is reminiscent of the social determinants of health approach as presented by WHO.

The proposed systematic approach for delivering local health improvements would or will be supported by a team of organisations that includes: Government departmental inspectorates such as the Healthcare Commission and the Audit Commission; regional bodies such as Regional Development Agencies and Government offices, and NHS arms-length bodies and local government organisations.⁵³

In the same year (2004), the UK Department of Health released a social care green paper *Independence, Wellbeing and Choice: Our Vision for the Future of Social Care for Adults in England*.⁵⁴ This consultation paper sets out proposals for the future direction of social care for all adults in all age groups in England. The proposals were developed after consultations with a number of stakeholders, both within and outside the Government. This green paper sets out a vision for adult social care over the next 10 to 15 years and how this might be realised. The key proposals to deliver this vision include:

- wider use of direct payments and the piloting of individual budgets to stimulate the development of modern services delivered in the way people want

- greater focus on preventative services to allow for early targeted interventions, and the use of the local authority wellbeing agenda to ensure greater social inclusion and improved quality of life
- a strong strategic and leadership role for local government working in partnership with other agencies, particularly the NHS, to ensure a wide range of effective and well-targeted provisions, which meet the needs of diverse communities
- encouraging the development of new and exciting models of service delivery and harnessing technology to deliver the right outcomes for adult social care.⁵⁴

In 2005, the UK Department of Health released another publication *Health, Work and Wellbeing – Caring for Our Future: A Strategy for the Health and Wellbeing of Working Age People*.⁵⁵ One direct outcome of this Strategy is that it assists the Government to care for its decreasing and ageing workforce. The strategy seeks to ensure:

- the health and wellbeing of people of working age is given due attention
- work is recognised by all as important and beneficial and institutional barriers to start, return to, or remain in work are removed
- healthcare services in the NHS and independent sector meet the needs of working aged people so they can remain in, or ease their return to work
- health is not negatively affected by work, and high quality advice and support is available and accessible to all
- work offers opportunities to promote individual health and wellbeing, and access to, and the retention of work promotes and improves the overall health of the population
- people with disabilities and health conditions are able to optimise their work opportunities
- people make the right life-style choices from an early age and throughout their working lives.

The Department of Health released the white paper, *Our Health, Our Care, Our say: A New Direction for Community Services*³⁸ in January 2006. This report sets out a new direction for the UK health and social care system in response to key public consultations from the *Independence, Wellbeing and Choice*, green paper and a listening exercise *Your Health, Your Care, Your Say*.

The paper identifies five targets areas for change³⁸:

- personalised care will be more accessible and more funding will be provided for the patient as well as an expanded network of NHS walk-in-centres
- increased investment in community hospitals and facilities so services can be closer to people's homes
- improved coordination between local councils and the NHS leading to improved sharing of information between social services and health care providers

- increased autonomy for people by introducing a direct payment or care budget for people to pay their own home help or residential care
- targeted focus on the prevention of health including the introduction of a new NHS 'Life Check' service and a 'fitter Britain' scheme to be launched during the build up to the 2012 London Olympics.

In April 2006, the UK Department of Health released *A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People*⁵⁶. This report sets out the Government's priorities for the second phase of the ten-year National Service Framework for Older People. The report presents ten programmes under three major themes: dignity in care; joined-up (integrated) care, and healthy ageing.

Aims under the programme for **dignity of care** include strengthening the following activities⁵⁶:

- upgrading and improving nutrition and the physical environments in hospitals and care facilities
- maintaining skills, competence and leadership in the workforce to ensure older people are treated with respect for their dignity
- assuring quality by working closely with inspectorates and regulators to ensure the provision of dignity is central to their work
- ensuring dignity for older people with mental health problems
- ensuring dignity at end-of-life
- ensuring equalities and human rights are upheld, notably with the establishment of a Commission for Equalities and Human Rights in 2007
- championing change amongst care providers and staff to remove unacceptable standards of care, and involving older people as citizens and service users to improve services and ensure dignity in care
- adapting and implementing best practice models for end of life care for older people living at home and in hospital
- facilitating best practice in commissioning, delivering and training in end-of-life care in care homes.

A fundamental principle in the care of frail older people is that of timely intervention through integrated care services. This involves early detection of problems and treatment to prevent a crisis and minimising the time for a patient to return to good health. Timely interventions are not only beneficial for older people but also reduce the long-term cost of care. Care systems are being implemented to improve prevention, treatment, rehabilitation and care services in, stroke services, falls and bone health, mental health in old age, complex needs, urgent care and care records. Aims under the programme for healthy ageing include⁵⁶:

- improving physical fitness through encouraging and promoting the benefits of moderate regular exercise for older people
- assisting older people to overcome barriers through the provision of equipment, foot care, oral health care, continence care, low vision and hearing services

- improving access to health care and promotion services for older people who may be affected by poverty, social isolation, mental health problems and belonging to black or minority ethnic groups, and protecting vulnerable people from cold and heat related illnesses
- continuing work to prevent disease and modifying health behaviours through life checks and social marketing techniques.

Aims under the programme for **independence, wellbeing and choice**, part of healthy ageing, include⁵⁶:

- increasing the use of assistive technology to promote independence
- strengthening leadership and partnership between councils, local NHS services and the voluntary sector to promote the wellbeing of older people and their families
- increasing the use of direct payments and individual budgets to increase autonomy and choice in social care options
- increasing assessment and responses to carers needs.

Other Government initiatives

In March 2005, the report, *Opportunity Age: Meeting the challenges of ageing in the 21st century*,⁵⁷ was published by the UK Department of Work and Pensions to put forward a strategy to manage the demographic change of an ageing population. This strategy provides direction and impetus to further drive the Government's commitment to embed the values **of active independence, quality and choice** in all policies directed towards older people. This strategy highlights that income is not the only factor in achieving a good quality of life and therefore, policies must also address other issues that enable all older people, whatever their age, to live full lives and actively participate as citizens in their community.

Proposals are set out in three areas seen as priorities for action:

- to achieve higher employment rates overall, and provide greater flexibility for over 50s to continue in the workforce through managing any health conditions and combining work with family (and other) commitments
- to enable older people to play a full and active role in society, with adequate income and decent housing
- to allow all of society to maintain independence and control over their lives as they grow older, even if constrained by the health problems which can occur in old age.

Altering prejudices and stereotypes towards older people is a key element in achieving the Government's goals under the *Opportunity Age* report.⁵⁷ This proposal sets out to establish an independent Commission for Equality and Human Rights (CEHR), and states the Government's intention to introduce legislation against age discrimination both in employment and vocational education, and the outlawing of unjustified mandatory retirement ages below 65. The Government undertakes to continue tackling inequality by implementing good decision making to ensure the sustainability of pensions, and to meet the future needs of older people. Additionally, gender inequalities in retirement income will also be addressed.

This strategic response to ageing focuses initially on **employment**. Increasing employment rates at all ages is the most effective way to offset the impact of future demographic changes. The government's aim is to achieve an 80 per cent employment rate. This can be done by encouraging more over-50 year olds to remain employed or to increase their skills through attractive options to work longer, if they desire. Law reform allows for an employee to work both full-time and part-time and start drawing an occupational pension. People, who choose to draw their state pension later will be rewarded (up to as much as £30,000 for someone who chooses to work an extra 5 years).

This proposal advocates **active ageing** as another key principle to the programme's success. The Central government and local government roles are to support individuals in their choices by removing the barriers in society that reduce older people's ability to participate fully. In order to do this, central government and local authorities, and the voluntary sector will work collaboratively to⁵⁷:

- identify and fight issues that limit older people's ability to live full, active lives, including removing age discrimination, and combating fear of crime and poor housing
- ensure that older people can be actively engaged locally in influencing decision making that affects their lives, such as planning local transport
- ensure older people have access to opportunities locally, such as learning, leisure, and volunteering
- promote healthy living at all ages.

The Government also seeks to **promote independence and a sense of personal control** for older people through developing services which will increasingly focus on the promotion of independence and wellbeing; be easy to access; be customer focused and aimed at tackling social exclusion. The Government's *Opportunity Age* programme aims to⁵⁷:

- give older people the support they need to remain in their own homes for as long as possible, in warmth and comfort
- pilot individualised budgets, so that those who wish to purchase their own care packages can do so, and simplify the assessment process
- gather evidence regarding the impact of shifting resources from high-level to lower-level care support
- create a Pension Service, an organisation dedicated to pensioner poverty
- allow patients to retain full benefits on entering hospital for the full length of their stay
- provide a Link-Age project to deliver one-stop services so that people only need to be given information once, and an integrated visiting service so that people can obtain a full, personal, assessment of their needs and entitlements
- promote health among older people
- ensure that people in residential care receive high quality service

- tackle rural exclusion
- tackle the specific disadvantages that black and minority ethnic communities can experience
- the Social Exclusion Unit will publish an agreed plan for government action on exclusion in 2005/2006 (see below).

As promised in the *Opportunity Age* strategy, the Office of the Deputy Prime Minister's Office released *A Sure Start to Later Life: **Ending Inequalities** for Older People – A Social Exclusion Unit Final Report*⁵⁸ in January 2006. This report introduces a programme called *Sure Start to Later Life* (another Sure Start programme already existed for children and families in disadvantaged areas) which locates a single accessible gateway to a wide range of services in the community, where potential problems are identified quickly and prevented from escalating. The *Sure Start to Later Life* programme aims to provide comprehensive services to empower older people, and to improve their quality of life, through building inclusive communities where older people can lead change.

It was announced in May 2006, that the UK Employment Equality (Age) **regulations**⁵⁹ will come into effect on 1 October 2006. These regulations (which will not affect the age at which people can claim their state pension) will:

- ban age discrimination in terms of recruitment, promotion, and training
- ban unjustified retirement ages of below 65
- remove the current age limit for unfair dismissal and redundancy rights.

The regulations will also introduce a right for employees to request to remain working beyond retirement age and a duty on employers to consider that request, and a new requirement for employers to give at least six months notice to employees about their intended retirement date so that individuals can plan better for retirement and ensure retirement is not being used as a guise for unfair dismissal.

Another new initiative, *Security in Retirement: Towards a New Pensions System*⁶⁰, was introduced by the Department of Work and Pensions in May 2006. This strategy builds on the progress already achieved in tackling pension poverty and on improving the pensions system by building a reformed pension system. The major proposals for reform include:

- introducing measures to make it easier for people to save more for their retirement⁶⁰
- making state pensions more simple and generous to provide a solid foundation on which people can save
- by 2010, making state pensions fairer and more widely available
- supporting and encouraging extended working lives
- streamlining the regulatory environment.

Significant non-Government active ageing programmes

In June 2006, a first report from the UK Inquiry into Mental Health and Wellbeing in Later Life was published by Age Concern and the Mental Health Foundation. This inquiry, *Promoting Mental Health and Wellbeing in Later Life* was launched because of “a shared concern that mental health in later life is a much neglected area”⁶¹.

The report presented findings and recommendations on the promotion of mental health and wellbeing in later life. Clear and consistent evidence was found that there are five main areas that influence mental health and wellbeing. They are:

- discrimination on the basis of age
- participation in meaningful activity, staying active and having a sense of purpose
- secure and supportive social networks with family, friends or pets
- good physical health
- financial security.

This report made 15 recommendations for action across government and non-government agencies, listed in the Table 6.

Table 6: Recommendations made in Promoting Mental Health and Wellbeing in Later Life⁶¹ 2006

Who	Number	Recommendation
Local authorities	1	Establish “healthy ageing” programmes, involving all relevant local authority departments, in partnership with other agencies.
	2	Identify funding and support for community based projects that involve older people and benefit their mental health and wellbeing.
Government	3	Introduce a duty on public bodies to promote age equality by 2009.
	4	Ensure that the Commission for Equality and Human Rights tackles age discrimination as an early priority in its work programme.
	5	Ensure that the <i>2007 Comprehensive Spending Review</i> takes into account the findings of this Inquiry, and commits to setting a target date for ending pensioner poverty. By 2009, Government should publish a timetable for achieving this and report on progress against milestones.
	6	Work to achieve consensus, both within Government and with external stakeholders, on long-term pension arrangements.
Health departments	7	Ensure the active ageing programmes promote mental as well as physical health and wellbeing in their design, delivery and evaluation.
	8	Ensure the mental health promotion programmes include and provide for older people.
Education departments	9	Ensure that school programmes promote attitudes and behaviours that will lead to good mental health and wellbeing, and healthy ageing.
	10	Encourage work practices that support a healthy work-life balance for employees, as a contribution to long-term mental health and wellbeing.
Public bodies	11	Abolish mandatory retirement ages and enable flexible retirement for older employees.
Public bodies and businesses	12	Provide pre-retirement information and support for all employees.
	13	Educate and train all staff who have direct contact with the public to value and respect older people.

Who	Number	Recommendation
Age Concern and the Mental Health Foundation	14	Work with other organisations, including the media, to improve public attitudes towards older people and promote better understanding of mental health issues.
Voluntary organisations and local authorities	15	Encourage and support older people to take advantage of opportunities for meaningful activity, social interaction and physical activity and provide information, advice and support to enable people to claim the benefits to which they are entitled.

APPENDIX IV

The 28 Focus Healthy Ageing Areas in the USA: *Healthy People 2010*⁶⁶:

1. Access to quality health services
2. Arthritis, Osteoporosis and chronic back conditions
3. Cancer
4. Chronic kidney disease
5. Diabetes
6. Disability and secondary conditions
7. Educational and community-based programs
8. Environmental health
9. Family planning
10. Food safety
11. Health communication
12. Heart disease and stroke
13. HIV
14. Immunizations and infectious diseases
15. Injury and violence prevention
16. Maternal, infant, and child health
17. Medical product safety
18. Mental health and mental disorders
19. Nutrition and overweight
20. Occupational safety and health
21. Oral health
22. Physical activity and fitness
23. Public health infrastructure
24. Respiratory diseases
25. Sexually transmitted diseases
26. Substance abuse
27. Tobacco use
28. Vision and hearing

APPENDIX V

USA – approaches, policies and initiatives

In April 2004, the US Administration of Aging (AoA) announced the *You Can! Steps to Healthier Aging* campaign.⁷³ This national outreach programme was initiated to promote better nutrition and physical activity for seniors. *The State of Aging and Health in America 2004*⁷⁴ was released by the Merck Institute of Aging and Health, CDC and the Gerontological Society of America. This report assessed the health status of older Americans and made recommendations to improve the mental and physical health of all Americans in their later years. The national report showed that of the ten indicators, four (oral health, no leisure time physical activity in past month, eating 5+ fruits and vegetables daily, and hip fracture hospitalisation) failed to meet the *Healthy People 2000* targets.

At the 2005 *White House Conference on Aging*⁷⁵, participants gathered to develop and improve national, state and local ageing policies such as long-term care, nutrition, care-giving, disability, the health care work force, older workers, financial and health literacy and other age related issues. The White House Conferences on Aging are responsible for making recommendations to the President and Congress to assist national ageing policies over the next decade.

Delegates selected the top 50 resolutions to present at the conference (the full list can be accessed at http://www.whcoa.gov/about/resolutions/whcoa_voting_results_50.pdf), and participated in working groups to develop strategies for implementing the resolutions. The top 10 resolutions, as voted by the delegates, were closer to active ageing, and include resolutions to⁷⁵:

- Reauthorize (amend) the Older Americans Act within the first six months of 2006
- develop a coordinated, comprehensive long-term care strategy by supporting public and private-sector initiatives that address financing, choice, quality, service delivery and the paid and unpaid work force
- ensure that older Americans have transportation options to retain their mobility and independence
- strengthen and improve the Medicaid programme for seniors
- strengthen and improve the Medicare programme
- support geriatric education and training for all health-care professionals, paraprofessionals, health-profession students and direct-care workers
- promote innovative models of non-institutional long-term care
- improve recognition, assessment and treatment of mental illness and depression among older Americans
- attain adequate numbers of health-care personnel in all professions who are skilled, culturally competent and specialised in geriatrics
- improve state and local-based integrated delivery systems to meet the 21st-century needs of seniors.

The final report from the conference was expected to be presented to the President and Congress by June 2006. To date (September 2006) it has not been presented.

In 2006, the Centers for Disease Control and Prevention released two papers: *Healthy Aging: Preventing Disease and Improving Quality of Life among Older Americans 2006*⁷⁶, and more importantly *Racial and Ethnic Approaches to Community Health (REACH) 2010: Addressing Disparities in Health, 2006*⁶⁴ CDC and its partners outlined their future directions as⁶⁶:

- providing data on the health status and health behaviours of older Americans, with a focus on health disparities
- expanding prevention research efforts to foster the development of evidence-based health promotion programmes and strategies and developing opportunities for professionals to increase their expertise in using data for action, implementing evidence-based health promotion strategies
- promoting the importance of healthy lifestyles and advance care planning to older adults.

The CDC, in its report *Racial and Ethnic Approaches to Community Health (REACH) 2010: Addressing Disparities in Health, 2006*⁷⁷ states one of its key roles is to provide leadership in carrying out the goals set out in *Healthy People 2010*^{66 67} one of which involves eliminating racial and ethnic disparities in health. Although REACH's strategy does not directly specify older black or ethnic minority Americans, the broad context of the programme's aim to influence all Americans also relates to senior Americans who are often doubly disadvantaged.

Reach 2010 is designed to eliminate disparities in six priority areas: cardiovascular disease, immunisations, breast and cervical cancer screening and management, diabetes, HIV/AIDS, and infant mortality. The groups targeted include: African Americans, American Indians, Alaska Natives, Asian Americans, Hispanics, and Pacific Islanders. REACH 2010 seeks to support community coalitions in designing, implementing, and evaluating community driven strategies to eliminate health disparities.

APPENDIX VI

Positive Ageing – A Strategy for Current and Future Senior Victorians (2005)¹⁰⁷ **Initiatives**

Towards a more age-inclusive society

- partnership projects with local government to develop more age-friendly communities, to promote volunteering and accessible public open spaces
- Image of Age grants to foster more inclusive images of older people on film, TV and theatre
- forums for older people to express their views on the significant issues that affect them (e.g. elder abuse and housing)
- development of intergenerational projects
- Elder Prevention Project to develop a community awareness and education strategy
- providing additional assistance to the University of the Third Age Network.

Opportunities for participation

- employer education to improve retention and retraining of older people
- research into labour market experience of older women
- research into risks and benefits of financial products available for lower-income older people.

Access to information

- enhancement of Seniors Information Victoria provided by the Council of the Ageing Victoria
- campaign to encourage take-up rates of information technology
- in partnership with the State Library, improving internet access for people from culturally and linguistically diverse communities.

Better understanding the challenges of positive ageing

- seminars and publications on key ageing issues
- research on financial and social issues
- research on the diverse range of interests within Victoria's ageing population.

REFERENCES

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- ¹ Walker A. A strategy for active ageing. (Second World Assembly on Ageing). International Social Security Review 2002; 55(1):121-139.
- ² Walker A. Active ageing in employment: its meaning and potential. Asia-Pacific Review 2006; 13(1):78-93.
- ³ Christensen DA, Ervik R, Helgoy I. The impact of institutional legacies on active ageing policies: Norway and UK as contrasting cases. Stein Rokkan Centre for Social Studies. Working Paper 18, 2003. Available from: <http://www.ub.uib.no/elpub/rokkann/N/N18-03.pdf> (accessed on 13/6/06).
- ⁴ United Nations. Universal Declaration of Human Rights. General Assembly of the United Nations, 10 December 1948. Available from: <http://www.un.org/Overview/rights.html> (accessed on 3/8/06).
- ⁵ United Nations. United Nations Principles for Older People. United Nations General Assembly, 16 December 1991. Available from: http://www.seniorindian.com/united_nation_principles_for_old.htm (accessed on 3/8/06).
- ⁶ United Nations. Report on the world social situation 2005: the inequality predicament. Available from: http://www.un.org/esa/socdev/rwss/media_05/cd-docs/fullreport05.htm (accessed on 3/8/06).
- ⁷ The Social Determinants of Health Commission [On-line]. Available from: http://www.who.int/social_determinants/en/ (accessed on 3/8/06).
- ⁸ World Health Organisation (WHO). The Solid Facts, 2nd Edition. WHO Europe Region: 2006. Available from: <http://www.epha.org/a/856> (accessed on 3/8/06).
- ⁹ Judge K, Platt S, Costongs C, Jurczak, K. Health inequalities: a challenge for Europe. UK Presidency of the European Union October 2005. Available from: http://www.fco.gov.uk/Files/kfile/Hi_EU_Challenge_0.pdf (accessed on 3/8/06).
- ¹⁰ WHO, Ottawa Charters for Health Promotion - International Conference on Health Promotion, Ottawa: WHO, Canada, 21 November 1986. Available from: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html> (accessed on 3/8/06).
- ¹¹ WHO. Bangkok Charter for Health Promotion - 6th Global Conference on Health Promotion WHO, Bangkok, Thailand: 7-11 August 2005. Available from: http://www.who.int/entity/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf (accessed on 3/8/06).
- ¹² WHO. Active ageing. A policy framework. Geneva: WHO, 2002. Available from: http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf (accessed on 1/7/06).

-
- ¹³ Marmot M, Wilkinson R. Social determinants of health 2nd Edition. Oxford: Oxford University Press, 2005.
- ¹⁴ Raphael D. (general editor), Social determinants of health - A Canadian perspective. Toronto: Canadian Scholars Press Inc, 2004.
- ¹⁵ Wilkinson R. Mind the gap - Hierarchies, health and human evolution. London: Weidenfeld and Nicolson, 2000.
- ¹⁶ Institute of Public Health. Report on socio-economic differences in health indicators in Europe. Bielefeld: Germany Institute of Public Health, 2003. Available from: http://www.loegd.nrw.de/1pdf_dokumente/1_allgemeine-dienste/wissenschaftliche_reihe/wr16_socio-economic-differences.pdf (accessed on 3/8/06).
- ¹⁷ The Global Equity Gauge Alliance. The equity gauge: concepts, principles, and guidelines. Durban, South Africa: The Global Equity Gauge Alliance and Health Systems Trust, 2003. Available from http://www.gega.org.za/download/gega_guide.pdf (accessed 3/8/06).
- ¹⁸ OECD. Live longer, work longer. Paris: OECD, 2006.
- ¹⁹ Andrews G. Second United Nations World Assembly on Ageing, Madrid, Spain, 2002. Available from: <http://www.valenciaforum.com/una.html> (accessed on 20/6/06)
- ²⁰ Public Health Agency of Canada. A guide for the development of a comprehensive system of support to promote active ageing. Public Health Agency of Canada. Canada, 2003.
- ²¹ Policy Research Initiative. Encouraging choice in work and retirement - Project report October 2005. Canada, 2005.
- ²² Robson W. Aging workers and the workforce: challenges for employers 2001. British-North American Committee. Ottawa: CD Howe Institute, 2001.
- ²³ OECD. Canadians must have more opportunity to extend their working lives, says OECD. [Online]. 2005. Available from: http://www.oecd.org/document/20/0,2340,en_33873108_33873277_35386964_1_1_1_1,00.html (accessed on 13/6/06).
- ²⁴ Strengthening the social determinants of health: the Toronto charter for a healthy anode. Toronto, Canada, 29 November – 1 December 2002. Available from: <http://www.socialjustice.org/subsites/conference/torontoCharter.PDF> (accessed 5/8/06).
- ²⁵ Raphael D, Bryant T. The state's role in promoting population health: public health concerns in Canada, USA, UK, and Sweden. Health Policy, 2006 78:39-55.
- ²⁶ OECD. Ageing and employment policies: Canada. Paris: OECD, 2005.

-
- ²⁷ OECD Ageing and employment policies, country home page.
http://www.oecd.org/infobycountry/0,2646,en_2649_34747_1_1_1_1_1,00.html
(accessed on 11/9/06)
- ²⁸ New Zealand Ministry of Social Policy. The New Zealand positive ageing strategy. Wellington, 2001.
- ²⁹ New Zealand Ministry of Social Policy. The New Zealand positive ageing strategy. Appendix 1. Wellington, 2001.
- ³⁰ Vega J, Irwin A. Tackling health inequalities: new approaches in public policy. Bulletin of the World Health Organisation. WHO. 2004;82(7) 482-483.
- ³¹ Government Offices of Sweden. Public health objectives. Fact Sheet. 2003
[Online] Available from:
http://www.sweden.se/upload/Sweden_se/english/factsheets/RK/PDF/RK_public_health_objectives.pdf (accessed on 17/5/06)
- ³² O'Hara P. Creating social and health equity: adopting an Alberta social determinants of health framework. Discussion paper. Canada: Edmonton Social Planning Council, 2005.
- ³³ Ministry of Health and Social Affairs. Public health policy of Sweden - building a strategy based on wider determinants of health. Presentation by Ms. Ewa Persson-Goransson. Ministry of Health and Social Affairs. 2005 August. [Online] Available on:
http://www.who.int/healthpromotion/conferences/6gchp/virtualcentre/daythree/hpr_6gchp_policy.pdf
- ³⁴ Ministry of Health and Social Affairs, Sweden. Policy for the elderly. Fact sheet. Sweden: Ministry of Health and Social Affairs, 2005.
- ³⁵ Berleen G. A healthier elderly population in Sweden. National Institute of Public Health, 2004.
- ³⁶ OECD. Ageing and employment policies: Sweden. OECD: Paris 2003.
- ³⁷ Parliamentary Committee on the Elderly. Senior Citizen 2005. Policies for the elderly: a vision of the future. Sweden, date unknown. [Online] Available from:
<http://www.senior2005.gov.se>.
- ³⁸ UK Department of Health. Our health, our care, our say: a new direction for community services. London: Department of Health, Jan 2006.
- ³⁹ Harrison S. Nursing Standard. 'Active ageing' key to success of white paper. 2006; 20(24):15-16.
- ⁴⁰ Mayhew L. Active ageing in the UK – issues, barriers, policy directions. Innovation: The Euro J Social Sci 2005;18(4) 455-476.

-
- ⁴¹ Acheson Sir Donald (chair). Independent inquiry into inequalities in health report. UK: The Stationery Office, November 1998. Available from: <http://www.archive.official-documents.co.uk/document/doh/ih/contents.htm> (accessed on 9/8/06).
- ⁴² UK Department of Health. Tackling health inequities: a programme for action. UK, July 2003. Available from: http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/ProgramForAction/ProgramForActionGeneralArticle/fs/en?CONTENT_ID=4072948&chk=%2B0wc2 (accessed 8/8/06).
- ⁴³ Exworthy M., Bindman, A., Davies, H. & Washington, A.E. Evidence into Policy and Practice? Measuring the Progress of US and UK Policies to Tackle Disparities and Inequalities in US and UK Health and Health Care. *The Milbank Quarterly* 2006; 84(1):75-109. (accessed on 11/9/06)
- ⁴⁴ Better Government for Older People. All our futures: the report of the Better Government for Older People Steering Committee. UK: Wolverhampton, 2000.
- ⁴⁵ Making a difference. The Better Government for Older People Programme Evaluation Report. UK: Local Government Centre, Warwick Business School, University of Warwick, Coventry, 2000.
- ⁴⁶ UK Department of Social Security. Building on partnership: the Government response to the recommendations of the Better Government for Older People Programme. UK: Department of Social Security, London, 2001.
- ⁴⁷ Better Government for Older People. Briefing: Life long learning. London: Better Government for Older People, 2002.
- ⁴⁸ Better Government for Older People. Briefing: Older people from black and ethnic minority groups – local government strategies. London: Better Government for Older People, 2004.
- ⁴⁹ Better Government for Older People & Action on Elder Abuse. Policy discussion series no. 1. London: Better Government for Older people, Sept 2004.
- ⁵⁰ National service framework for older people. London: UK Department of Health, March 2001.
- ⁵¹ Healthcare Commission, Audit Commission, Commission for Social Care Inspection. Living well in later life: a review of progress against the National Service Framework for older people. London: Commission for Healthcare, Audit and Inspection, 2006.
- ⁵² Bowers H, Eastman M, Harris J, Macadam, A. Moving out of the shadows. London: Health and Care Development Ltd, 2005.

-
- ⁵³ UK Department of Health. Choosing health: making healthier choices easier. Executive Summary. London: Department of Health, 2004.
- ⁵⁴ UK Department of Health. Independence, wellbeing and choice: our vision for the future of social care for adults in England. London: Department of Health, 2005.
- ⁵⁵ UK Department of Health. Health, work and wellbeing – caring for our future: a strategy for the health and wellbeing of working age people. London: Department of Health, Oct 2005.
- ⁵⁶ Philp, I. A new ambition for old age: next steps in implementing the National Service Framework for Older People. London: Department of Health, April 2006.
- ⁵⁷ UK Department of Work and Pensions. Opportunity age – meeting the challenges of ageing in the 21st century. London: Department of Work and Pensions, March 2005.
- ⁵⁸ UK Office of the Deputy Prime Minister. A sure start to later life: ending inequalities for older people. London: Office of the Deputy Prime Minister, Jan 2006.
- ⁵⁹ Age Positive. The Employment Equality (Age) Regulations 2006 come into force on 1 October 2006. Age Positive Web Site. [Online] Available from: <http://www.agepositive.gov.uk> (accessed on 27/6/06).
- ⁶⁰ UK Department of Works and Pensions. Security in retirement: towards a new pensions system. London: Department of Works and Pensions, May 2006.
- ⁶¹ Inquiry into Mental Health and Wellbeing in Later Life. Promoting mental health and wellbeing in later life. London: Age Concern and Mental Health Foundation, June 2006.
- ⁶² OECD. Ageing and employment policies: UK. Paris: OECD, 2004.
- ⁶³ US Administration on Aging. Older American Act – A layman's guide. A fact sheet. US Department of Health and Human Services. Last updated 27/8/03. [Online] Available from: <http://www.co.pierce.wa.us/xml/abtus/ourorg/humsvcs/altc/pierceseniorinfoolderamericansactguide.pdf> (accessed on 3/7/06).
- ⁶⁴ Center for Social Gerontology. Updates on 2005-06 reauthorization of the Older Americans Act. [Online] Available from <http://www.tcsg.org/updatesreauth.htm> (accessed on 4/7/06).
- ⁶⁵ Enzi M. Press release from US Senator Mike Enzi – HELP Committee unanimously approves Bill to protect, serve nation's senior citizens. 28 June 2006. [Online] Available from: <http://www.tcsg.org/updatesreauth.htm> (accessed on 4/7/06).

-
- ⁶⁶ Office of Disease Prevention and Health Promotion. Healthy people 2010: the cornerstone for prevention. Maryland: Department of Health and Human Services, Rockville, 2000.
- ⁶⁷ Healthy People 2010. A systematic approach to health improvement 2000. [Online] Available from http://www.healthypeople.gov/Document/html/uih/uih_2.htm#goals (accessed 13/6/2006).
- ⁶⁸ Marshall V, Altpeter M. Cultivating social work: leadership in health promotion and aging: strategies for active aging interventions. Health and Social Work. 2005;30(2)135-144.
- ⁶⁹ Healthy People 2010. What are the leading health indicators? [Online]. Available from <http://www.healthypeople.gov/LHI/lhiwhat.htm>. (accessed 13/6/06).
- ⁷⁰ HealthierUs: the President's health and fitness initiative. Washington, June 2002 [Online] Available from: <http://www.whitehouse.gov/infocus/fitness/toc.html> (accessed 13/6/06).
- ⁷¹ US Department of Health and Human Services. Steps to a HealthierUs: a program and policy perspective. The power of prevention. US Department of Health and Human Services, 2003. [Online] Available from: <http://www.healthierus.gov/STEPS/summit/prevportfolio/power/index.html> (accessed 13/6/060).
- ⁷² US Department of Health and Human Services. Steps to a HealthierUs: cooperative agreement program. [Online]. Available at: <http://www.healthierus.gov/steps/index.html> (accessed 4/7/06).
- ⁷³ US Administration on Aging. AoA announces you can! Steps to a healthier aging campaign. Media Release. 30 April 2004. [Online] Available at http://www.aoa.gov/press/pr/2004/04_Apr/04_30_04.asp (accessed 15/06/06).
- ⁷⁴ Merck Institute of Aging and Health (MIAH). The state of aging and health in America 2004. USA: MIAH, 2004.
- ⁷⁵ USINFO 2005. White House conference focuses on needs of older Americans. [Online] Available at: <http://usinfo.state.gov/scv/Archive/2005/Dec/19-231845.html> (accessed 13/6/06).
- ⁷⁶ Centers for Disease Control and Prevention. Healthy aging: preventing disease and improving quality of life among older American. Atlanta: At A Glance, 2006.
- ⁷⁷ Centers for Disease Control and Prevention. Racial and ethnic approaches to community health (REACH) 2010: addressing disparities in health 2006. Atlanta: At A Glance, 2006.
- ⁷⁸ OECD. Ageing and employment policies: United States. Paris: OECD, 2005.

-
- ⁷⁹ OECD. OECD recommends balanced approach to social security reform in the United States. [Online]. 2005. Available from: http://www.oecd.org/LongAbstract/0,2546,en_33873108_33873886_34744510_1_1_1_37419,00.html (accessed on 13/6/06).
- ⁸⁰ ACT Department of Health. Health action plan, 2002. Canberra, 2002. Available at: <http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1073873667&sid=> (accessed 8/6/06).
- ⁸¹ ACT Ministerial Advisory Council on Ageing. ACT Ministerial Advisory Council on Ageing strategic plan 2006-2008: healthy and meaningful ageing. Canberra: ACT Ministerial Advisory Council on Ageing, 2006.
- ⁸² Department of the Chief Minister, Office of Senior Territorians [On-Line]. Available at: <http://www.nt.gov.au/dcm/units/seniors.shtml> (last updated 2006). Accessed on 4/6/06.
- ⁸³ NT Department of the Chief Minister. Building the Territory for all generations: a discussion paper on active ageing in the Northern Territory. Darwin, 2006. Available at: <http://www.nt.gov.au/dcm/seniors/pdf/ActiveAgeingDiscussionPaper.pdf>. (accessed on 23/5/06).
- ⁸⁴ WA Department of Community Development. Generations together: a guide to the Western Australian active ageing strategy, March 2004. Perth: CDC, 2004. Available at: <http://www.community.wa.gov.au/Communities/Seniors/Active+Ageing/> (accessed on 23/5/06).
- ⁸⁵ WA Department of Consumer and Employment Protection. Mature Age Employment Strategy: a strategy to increase the workforce participation of mature age people in Western Australia. Perth: WA Department of Consumer and Employment Protection, 2005. Available at: http://www.docep.wa.gov.au/LR/LabourRelations/Media/Mature_overview.pdf (accessed on 8/7/06).
- ⁸⁶ WA Department of Local Government and Regional Development. Active Ageing at the Local Level Initiative. Perth: WA Department of Local Government and Regional Development, 2005. Available at: <http://www.dlgrd.wa.gov.au/regionDev/financialAssist/ActiveAgeing.asp> (last updated 16/6/06). (accessed on 8/7/06).
- ⁸⁷ WA Office for Seniors Interests and Volunteering. Western Australia's seniors active ageing benchmark indicators 2006. Perth: Office for Senior Interests and Volunteering, March 2006. Available at: <http://www.community.wa.gov.au/NR/rdonlyres/AFF1F644-54F9-489B-9B16-FB598943D31D/0/DCDRPTActiveAgeingBenchmarksFullReportSection13.pdf> (accessed 16/6/06).
- ⁸⁸ WA Department of Community Development. Generations together: a progress report of the Western Australian Active Ageing Strategy 2006. Perth: WA Department of Community Development, 2006. Available at: (accessed on 28/6/06).

-
- ⁸⁹ Government of South Australia. Improving with age: our ageing plan for South Australia. Adelaide: Department of Families and Communities, February 2006. Available at: http://www.familiesandcommunities.sa.gov.au/DesktopModules/SAHT_DNN2_Documents/DownloadFile.aspx?url_getfileid=322 (accessed on 28/6/06).
- ⁹⁰ Government of South Australia, Office for Recreation and Sport. Targeting mature age participants. Adelaide: Office for Recreation and Sport, 2004. Available at: http://www.recsport.sa.gov.au/programs-services/targeting_mature_age_partic.pdf (accessed 16/6/06).
- ⁹¹ Seniors Bureau. Tasmanian plan for positive ageing 2000-2005. Tasmania: Department of Health and Human Services, 1999. Available at: http://www.dpac.tas.gov.au/divisions/seniors/pdfs/dhhs_tasposageplan2000-5.pdf (accessed 28/6/06).
- ⁹² Seniors Bureau. Tasmanian Plan for positive ageing 2000-2005. Final Report. Tasmania: Tasmanian Department of Premier and Cabinet. Available at: http://www.dpac.tas.gov.au/divisions/seniors/documents/plan_for_positive_ageing.pdf (accessed 28/6/06).
- ⁹³ Seniors Bureau. All ages, all Tasmanians together. A discussion paper. Tasmania: Tasmanian Department of Premier and Cabinet, 2005. Available at: http://www.dpac.tas.gov.au/divisions/seniors/discussion_paper/discussion_paper.pdf (accessed 28/6/06).
- ⁹⁴ Seniors Bureau. Plan for positive ageing: 2006-2011 – summary of consultations. Tasmania: Tasmanian Department of Premier and Cabinet, October 2006. Available at: http://www.dpac.tas.gov.au/divisions/seniors/documents/2005-10-17CommunityConsultationsSummaryv3_000.pdf (accessed on 7/7/06).
- ⁹⁵ NSW Healthy Ageing Framework 1998-2003. Sydney: Ageing and Disability Department, NSW Health, 1998. Available at: <http://www.dadhc.nsw.gov.au/dadhc/Publications+and+policies/Older+People/> (accessed on 18/6/06).
- ⁹⁶ Government Forum on Ageing 2004. Leadership in ageing: celebrating the wisdom, wit and inspiration of older people. Sydney: Government Forum on Ageing, NSW 2004. Available at: <http://www.dadhc.nsw.gov.au/NR/rdonlyres/77B8EF60-08DA-4B8B-BC9F-EADAD56449E6/1376/ForumonAgeingReport.pdf> (accessed 7/7/06).
- ⁹⁷ Office for Ageing. Information by phone from Thomas Lopata – Senior Project Officer, NSW 10 July 2006.
- ⁹⁸ NSW Ministerial Advisory Committee on Ageing (MACA). Consultations with Older People: on mobility, location and financial security, June-July 2004. Sydney: MACA, December 2004. Available from: http://www.maca.nsw.gov.au/pdf/mobility_location_%20fin_securityjuly04.pdf (accessed 1/7/06).

⁹⁹ NSW MACA. Consultations on the Central Coast – May 2005. Sydney: MACA, July 2005. Available from: http://www.maca.nsw.gov.au/pdf/central_coast.pdf (accessed on 1/7/06).

¹⁰⁰ NSW MACA. Consultation at Kings Cross – October 2005. Sydney: MACA, December 2005. Available from: http://www.maca.nsw.gov.au/pdf/kingscross_report_oct05.pdf (accessed on 1/7/06).

¹⁰¹ NSW MACA. Consultations at Taree – November 2005. Sydney: MACA, December 2005. Available from: http://www.maca.nsw.gov.au/pdf/taree_report_nov05.pdf (accessed on 1/7/06).

¹⁰² NSW MACA. Half yearly report July-December 2005. Available at: <http://www.maca.nsw.gov.au/pdf/halfyearlyreportjuly-dec05.pdf> (1/7/06).

¹⁰³ Positive Ageing Strategy Hunter (PASH) Stage 1- research report. Department of Ageing, Disability and Home Care (DADHC). Sydney, June 2004. Available at: <http://www.dadhc.nsw.gov.au/NR/rdonlyres/D2C8E080-D907-4C10-B658-1BF50E7296FE/918/Stage1ResearchReport1.pdf> (accessed 1/7/06).

¹⁰⁴ Victorian Health Promotion Foundation. Strategic directions 2003-2006 – Victorian Health Promotion Foundation. VicHealth, Sept 2003. Available at: https://www.vichealth.vic.gov.au/assets/contentFiles/Strategic_plan_2003_2006.pdf (accessed on 1/7/06).

¹⁰⁵ About Office of Senior Victorians. Office of Senior Victorians, Department of Victorian Communities [On-line] Available at: <http://www.seniors.vic.gov.au/web19/osv/dvcosv.nsf/headingpagesdisplay/about+us> Last updated 23/6/06 (accessed 8/7/06).

¹⁰⁶ Office of Senior Victorians, Department of Victorian Communities. Positive ageing. [On-line] Available at: <http://www.seniors.vic.gov.au/web19/osv/dvcosv.nsf/HeadingPagesDisplay/Positive+Ageing?OpenDocument>. Last updated: 23/6/06 (accessed 8/7/06).

¹⁰⁷ Office of Senior Victorians, Department of Victorian Communities. Positive ageing – strategy for current and future senior Victorians, 2005. Available at: [http://www.seniors.vic.gov.au/web19/osv/rwpgslib.nsf/Graphic+Files/PositiveAgeingStatement.pdf/\\$file/PositiveAgeingStatement.pdf](http://www.seniors.vic.gov.au/web19/osv/rwpgslib.nsf/Graphic+Files/PositiveAgeingStatement.pdf/$file/PositiveAgeingStatement.pdf) (accessed 1/7/06).

¹⁰⁸ Office of Senior Victorians, Department of Victorian Communities. Go for your life: a physical activity guide for senior Victorians. March 2005. Available at: [http://www.seniors.vic.gov.au/web19/osv/rwpgslib.nsf/Graphic+Files/Physical+Activity+Guide+for+Seniors.pdf/\\$file/Physical+Activity+Guide+for+Seniors.pdf](http://www.seniors.vic.gov.au/web19/osv/rwpgslib.nsf/Graphic+Files/Physical+Activity+Guide+for+Seniors.pdf/$file/Physical+Activity+Guide+for+Seniors.pdf) (accessed 30/6/06).

¹⁰⁹ Office of Senior Victorians, Department of Victorian Communities. Strengthening Victoria's response to elder abuse: report of the Elder Abuse Prevention Project. Melbourne, December 2005.

-
- ¹¹⁰ Queensland Department of Families, Youth and Community Care. Our shared future – Queensland’s framework for ageing: overview 2000-2004. Brisbane: Office of Ageing, 1999. Available at: http://www.communities.qld.gov.au/seniors/publications/documents/pdf/osf_overview.pdf (accessed on 29/6/06).
- ¹¹¹ Office for Seniors, Queensland’s Department of Communities. Information by phone from Jill White, Acting Director, 10 July 2006.
- ¹¹² Queensland Department of Families. Queensland 2020: A state for all ages – a discussion paper about the ageing of the population in Queensland. Brisbane, September 2003. Available at: www.communities.qld.gov.au/department/futuredirections/qld2020/documents/word/qld2020_discpaper.doc (accessed 12/7/06). Original no longer available online.
- ¹¹³ Findlay R, Cartwright C. Social isolation and older people: a literature review. Australasian Centre on Ageing. Queensland: University of Queensland, 2002. Available at: http://www.communities.qld.gov.au/seniors/isolation/consultation/lit_review.html (accessed 8/7/06).
- ¹¹⁴ Department of Communities. Seniors, Cross Government Project to Reduce Social Isolation of Older People. Literature Review. Project Reports. [On-line] Available at: http://www.communities.qld.gov.au/seniors/isolation/consultation/lit_review.html. Last Updated: 30/7/04. (Accessed 8/7/06).
- ¹¹⁵ Department of Communities. Cross Government Project to Reduce Social Isolation of Older People: interim report: Project phases one to three, 2006. Available at: http://www.communities.qld.gov.au/seniors/isolation/consultation/summary_report.html (accessed 1/7/06).
- ¹¹⁶ Department of Communities. Seniors, Cross Government Project to Reduce Social Isolation of Older People: project phases. [On-line] Available at: <http://www.communities.qld.gov.au/seniors/isolation/phases.html> Last updated: 29/3/05 (accessed 8/7/06).
- ¹¹⁷ Queensland Department of Health. Health determinants Queensland 2004. Chapter four: older people. Queensland Department of Health, Brisbane 2004. Available at: <http://www.health.qld.gov.au/hdq/chapter4.asp> (accessed 14/6/06).
- ¹¹⁸ Watson C, Hall S. Older people and the social determinants of health. Journal on Ageing 2001, 20(3) 23-26.
- ¹¹⁹ Australian Government Department of Health and Ageing. National Strategy for an Ageing Australia (including amendments). 2002.
- ¹²⁰ Hawkins B. Aging well: Towards a way of life for all people. Prev Chronic Disease, 2005; 2(3), A03.

¹²¹ Nakasato Y, Carnes B. Health promotion in older adults – Promoting successful ageing in primary care settings. *Geriatrics*, 61(4), 2006.

¹²² Ministry of Health New Zealand. DHB Toolkit: Physical Activity. 2003.
<http://www.newhealth.govt.nz/toolkits/physical/intervention.htm>

¹²³ International Council of Active Ageing. ICAA vision paper: Physical activities for the elderly. 2005 White House Conference on Aging. Available from <http://www.icaa.cc/Press2005/visionpaper.pdf> (accessed on 1/7/06).

¹²⁴ Australian Bureau of Statistics. National Health Survey: Summary of Results 2004-05. Cat 4364.0

¹²⁵ OECD. Ageing and employment policies: Australia. Paris: OECD, 2005.

¹²⁶ AIHW. Diversity Among Older Australians in Capital Cities 1996-2011. Bulletin Number 18. Cat number AUS-51