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| **Title of Symposium:** Environments for health equity in older age: Taking a life course perspective |
| **General Objective**The New Zealand cross government Positive Ageing Strategy (Ministry of Social Development, 2001) is currently being reviewed. This is an ideal time to consider contributions that research can make to policies for the promotion of the health of older people. The current Positive Ageing Strategy focusses on older people as a discreet group of the population (whose needs must be balanced against those of younger groups). The strategy is aimed at supporting people who have already aged, and does not include the recognition that a lifetime of ageing contributes to wellbeing after 65.The more recent Healthy Ageing Strategy (Ministry of Health, 2016) has highlighted the direction for change by taking a life course approach. This approach recognises the broader influences on people’s health including health in younger years, exposure to health risks such as poor housing, workplace discrimination and family violence, and access to resources and opportunities. The strategy “recognises that we age in different ways and have different needs at different times, and that our health is affected by our environment.” (p.6). A focus here is on reducing health inequities by removing barriers to equal opportunities and building on the factors that support equity.In this symposium we aim to contribute to the development of this approach to healthy ageing in Aotearoa. The research presentations will report on longitudinal research which highlights the specific lifetime and environmental factors that support good health in older age. These findings can contribute to the new Positive Ageing Strategy and to the review of the Healthy Ageing Strategy by suggesting specific areas that are directly amenable to influence by government policy. Specific childhood factors that predict poor health in older age are highlighted for immediate policy attention; alcohol use across the life course suggests ongoing consideration of the laws governing the provision of alcohol; and good quality housing for older people is shown to be an important aspect of the environment related to trajectories of health in older age. The importance of these research findings for policy will be discussed.**Proposed format of the session**This session will include three research presentations of 15 minutes each followed by a moderated discussion of 45 minutes with the Vice-President of Grey Power. The moderated discussion will focus on the policy and practice implications of the research findings presented.**Conference theme and/or subthemes addressed** Health equity - Ensure health equity throughout the life course.  |

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| **Title of Presentation 1** Importance of early lives to inequalities in older age |
| **Maximum 2500 characters (including spaces but excluding title)****General Objective**There are clear differences in how older people age. Although most older New Zealanders are ageing well, and maintaining physical and mental health, there is a small but important group that reaches later life in compromised health. The environments and health practices that influence healthy ageing generally reflect a lifetime of inequitable access to resources. Older people who reach old age in poor health are further disadvantaged by health promotion advice to increase physical activity or maintain work or volunteering. Examining the factors that predict vulnerable health in later life provides a focus for early intervention to improve the health of future generations of older people. In this presentation, we will examine the life course factors that best predict whether older people will have robust or vulnerable health in later life. Using the Health, Work and Retirement longitudinal study of ageing life history data, we will demonstrate how early life factors such as childhood socioeconomic status, childhood health, and lifetime education and occupational status influence health over the whole life course. Examining these factors provides a clear focus for efforts to ensure health equity throughout the life course, and consequently minimise the health disparities we see in later life in New Zealand. Recognition of the factors that produce vulnerability alters the focus from healthy behaviour in later life to environments for health equity across the life course.**Proposed format of the session**Research Presentation**Conference theme and/or subthemes addressed**Health equity - Ensure health equity throughout the life course.  |

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| **Title of Presentation 2** Alcohol use across the life course: Influences on health in old adulthood |
| **Maximum 2500 characters (including spaces but excluding title)****General Objective**Over one-third of older New Zealanders are hazardous drinkers, drinking more frequently and in higher quantities than older people in many other countries. Hazardous drinking is one of the main risk factors for mortality, morbidity, and injury in older adults. One way to prevent alcohol-related harm in later life is to understand how drinking behaviour develops over the life course and to identify sensitive periods when targeted interventions are more effective. Utilizing data from the New Zealand Health Work and Retirement Study Life Course History Interviews, we modelled life course trajectories of alcohol use of adults aged 61 to 81 (n = 749). Participants indicated average frequency and average quantity of alcohol consumption per occasion for each decade of life starting from late teens up to their 70s. Analyses yielded three life course drinking trajectories for men: 1) frequent heavy drinkers (12.8%); 2) frequent low quantity drinkers (51.4%); and 3) infrequent low quantity drinkers (35.8%). Female drinkers were separated into two groups: 1) infrequent low quantity drinkers (47.8%); and 2) frequent low quantity drinkers (52.2%). While alcohol consumption decreased with age for some individuals, it was not the typical pattern for older New Zealanders. More than 50% of older men and women were drinking frequently (i.e., 2-3 times a week) and around 13% of older men drink large quantities (i.e., 3-4 drinks) per occasion. Next, we linked life course data on alcohol consumption to self-reported data on health collected biannually from 2006 to 2016. Analyses showed that a life course spent with frequent and heavy drinking was more likely to lead to vulnerable health and limitations in mental health in older age, even after controlling for socio-economic wellbeing. These findings indicate that alcohol use in later life is the culmination of life course factors, which are targets for early intervention. Drinking behaviour consolidates in early- to mid-life, which highlights the importance of early interventions.**Proposed format of the session**Research presentation**Conference theme and/or subthemes addressed**Health equity - Ensure health equity throughout the life course.  |

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| **Title of Presentation 3** The importance of housing to health: A Capabilities Approach to unequal trajectories of healthy ageing |
| **Maximum 2500 characters (including spaces but excluding title)****General Objective**Sen’s Capability Approach provides a framework that focuses on the role of the environment (rather than individual responsibility) to promote health among all older people. In this paper, we describe the use of Sen’s approach in the new WHO strategy for healthy ageing, alongside the results of an empirical study to demonstrate the relationships of the environment with physical, social and mental health.From a capabilities perspective we predicted that quality of housing and neighbourhoods would be related to physical, mental and social health trajectories over time. We analysed longitudinal data from 2483 New Zealanders (55-70 years of age in 2006) surveyed biennially for ten years. Analysis showed five different longitudinal profiles of wellbeing among older people: those with robust health; average good health; declining physical health; limitations in mental health and social wellbeing or vulnerable health. Health profile membership was significantly related to standard of living, satisfaction with housing, quality of neighbourhood, and social cohesion of neighbourhood (in 2016).The findings support our argument that inequalities in health may be more usefully explained by inequalities in capabilities, rather than by individual abilities or choices. Policies to offset such inequalities would focus on social and physical environmental support for individuals’ abilities to meet their valued practical, social and participatory needs. These findings support growing evidence that the environment is a key factor in the health of older people. Further in depth qualitative and participatory research is planned to highlight the valued aspects of the environment that promote healthy ageing.**Proposed format of the session**Research presentation**Conference theme and/or subthemes addressed**Health equity - Ensure health equity throughout the life course. |

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| **Title of Presentation 4** Advocating for health equity |
| **Maximum 2500 characters (including spaces but excluding title)****General Objective**Research findings such as those discussed in this symposium have important implications for public health and health promotion for older people. In particular, current approaches, which focus on individual education campaigns for behaviour change in later life, neglect the environmental and behavioural effects across the life course on health and wellbeing for older people. The presenter will provide an advocacy perspective on health equity. They will moderate discussion of how research evidence can be used to advocate for a more equitable distribution of health and wellbeing over the life course. The discussion will focus on the implications of this research programme for policy and practice. We will discuss how policy solutions can take a broader perspective towards health promotion in older age.**Proposed format of the session**Moderated discussion format. Audience questions will be supplemented with discussion prompts to provoke discussion of the policy and practice implications of this research programme.**Conference theme and/or subthemes addressed**Health equity - Ensure health equity throughout the life course. |