

4.2 Introduction

Older people in Queensland make significant and wide-ranging contributions to our community. These important contributions are provided through their knowledge and experience, involvement in paid, voluntary and community work, and current and future economic contributions.

Many factors determine and influence health. It is now understood that “health status results from a complex interaction of social, economic, environmental, behavioural and genetic factors”.¹ As reported in *The State of Health of the Queensland Population*: “The diverse determinants of health status and health inequalities across the population need to continue to be addressed to meet the challenges for health (in Queensland) over the next 20 years.”¹

The factors that lead to someone developing disease are likely to have had their beginnings years earlier, through a complex chain of events fashioned by interactions of the individual, the environment, and broader social and economic factors. Determinants of health is a term used for those factors that have either a positive or negative influence on health at the individual or population level. Health determinants can be broadly divided into ‘upstream’ determinants (education, employment, income, living and working conditions), ‘midstream’ (health behaviours and psychosocial factors) and ‘downstream’ (physiological and biological factors).²

Health Determinants Queensland 2004 contains a consolidated set of indicators of the determinants of health and selected outcome indicators of relevance to prevention services. *Health Determinants Queensland 2004* is comprised of five population based chapters, reflecting the life course approach and the age specific nature of health determinants and outcomes. This *Older people* chapter reports the determinants of health that specifically affect older people in Queensland, key health outcomes and interventions to address these determinants. Chapter 1 of *Health Determinants Queensland 2004* relates to the whole population of Queensland, and thus reports additional determinants of health of relevance to older people. The *Children, Young people* and *Indigenous peoples* chapters reflect the health determinants of specific relevance to those populations.

Each of the five population based chapters of *Health Determinants Queensland 2004* compiles the major socioeconomic, environmental and behavioural determinants of health and recent trends or estimates of these for the major population groups in Queensland. It also describes the relationship between health determinates and outcomes and recommends evidence based interventions to reduce their impact on population health. The sequence of indicators in all chapters of this report is structured following the *National Health Performance Framework*.³ This framework and the criteria for indicator inclusion are described in section 4.6. *Health Determinants Queensland 2004* is the second in the series of Health Indicator reports produced by Queensland Health. The first reports were published in 2001.⁴⁻⁶

Older persons are defined as aged 65 years and older. Queenslanders aged 65 years and older are an important and growing segment of our population. In 2001 there were 422,300 older persons in Queensland, including almost 200,00 aged 75 years or older.⁷ Older persons

Quality of life as people age is enhanced by optimising opportunities for health, participation and security

comprise 12.4% of the population in Queensland, and 12.6% in Australia. In Australia, the proportion of older persons is greater among overseas-born population (17.7%) compared with 10.9% of those born in Australia. The population of Queensland is ageing. The proportion of the population aged 65 years and older is projected to increase to 14.8% in 2016, or 672,967 people. It is estimated that by 2051, one in four Queenslanders (28%) will be aged 65 years or older.⁸ The elderly dependency ratio, that is the percentage of persons aged 65 years and older to persons aged 15-64 years is projected to increase from 17% in 2001 to 48% in 2051.

Increases in life expectancy and changes in fertility patterns over the twentieth century, and differential interstate migration of older people to Queensland,⁹ have contributed to the increased proportion of older people in the Queensland population. In 2001, the life expectancy for Australian males aged 65 years was 81.6 years, and females 85.4 years.¹⁰

In 2002, the Second World Assembly on Aging adopted the *International Plan for Action on Aging 2002*. This plan aims to “respond to the opportunities and challenges of population ageing in the twenty-first century and promote the development of a society for all ages”.¹¹ The World Health Organisation (WHO) Active Ageing policy was also released as part of this assembly. Active Ageing is defined as “the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age”.¹¹

Healthy ageing is one of the national priorities in the *National Strategy for an Ageing Australia*. This states that 'it will be important for older individuals and for our society and economy to have older people spend as much of their old age with good health'.¹² The Queensland Framework for Ageing 2000-2004 consists of five key action areas, encompassing the social and lifestyle determinants of health for older Queenslanders.¹³ Healthy ageing in older people includes improving quality of life, the prevention of functional disability and ensuring they have the opportunity to remain independent for as long as possible. The move towards healthy ageing focuses on both the maintenance of good health in later life, and on prevention of as many chronic conditions that are highly prevalent in the older population.¹²

Older people have a variety of life experiences, of cultural backgrounds, and of current circumstances. The diversity among older people may be greater than among people at earlier life stages, since their longer life permits a wider range of experiences. Addressing the determinants of health, as described in this report, is integral to healthy ageing in Queensland.

This report provides the burden of disease and injury data for Queensland to allow assessment of the relative impact of conditions and health behaviours on the health of the population. Population groups within Queensland with excess mortality, morbidity and prevalence associated with conditions and determinants are also identified. This information is then related to the sociodemographic profile of each Health Service District to estimate those conditions and health determinants that warrant specific attention. Interventions to address these determinants in each population group are also included in each chapter.

Health Determinants Queensland 2004 provides epidemiological evidence for investment in population health both in the health sector and across government. This will assist policy development and decision making on balanced investment in line with national and state priorities. At a Health Service District level, these reports complement District population and health status profiles to support decision makers at the local level to identify priority areas for primary prevention and practical interventions where investments can be made.

Social determinants of health

The international evidence that individual, community and societal social factors are key determinants of health status is compelling. People who live in disadvantaged circumstances have more illnesses, greater distress, more disability and shorter lives than those who are more affluent.¹⁴ In order to improve the health status of populations and reduce inequalities, it is imperative to identify, report and understand the main factors that protect and promote good health.

While most older Queenslanders enjoy a full life and continue to make important contributions to the community, older age clearly brings with it an increasing number of health issues. However, it is known that increasing age alone is not the only important factor associated with poor health among older people.¹⁵ Low family income or low education level of older people has been associated with their being inactive, being overweight, smoking and accessing health services less frequently. Social factors are known to be important contributors to good health in old age.¹⁶ A lifetime of higher education, higher income, supportive personal and social environments, good medical care and good superannuation entitlements all contribute to better life chances in old age, and thus to a higher likelihood of maintaining good health at advanced ages.

In order to fully realise the potential offered by the growing proportion of older people, current prejudices and misconceptions about ageing and older people need to be addressed by the community and service providers.¹³ Ageism is the process of systematic stereotyping and discrimination against older people on the basis of age.¹⁷ Stereotyping of the older person focuses on characteristics of the least capable, least healthy and least alert of older persons.¹⁸ Ageism is pervasive through society and can invade the self image of an ageing person,¹⁹ and may therefore limit an older person's expectations of their health and potential, and therefore their engagement in health promoting activities.

Access to community care for older people who are frail or suffer from one or more chronic conditions has become more and unnecessarily complex. This is at odds with the wishes of older people, who report that easy access to appropriate care is particularly important.²⁰ This is recognised as a key challenge for the healthcare sector for older persons.

In addressing the burden of disease and health determinants for older people, certain actions at the individual, community and system levels can modify this course. Given the multifactorial nature of these complex interactions, such measures often require effective partnerships between different areas of the health system, and across different government and non-government sectors. Actions to address the burden of disease and prevent the impact of health determinants specifically for older people are reported in section 4.5. In addition, the actions to affect the total population are in the *Whole of population* chapter.