

## Redefining old: Optimising health and wellbeing

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### *Abstract*

*Globally, people are ageing. Accordingly, during this time of population change, quality of life, including health and wellbeing, are increasingly being addressed in positive and meaningful ways. Determinants of health and the 'Five Ways to Wellbeing' model provide an anchor point for this paper to discuss how a positivistic view has evolved. Further, effective models of care, as well as social, behavioural, personal, and economic determinants of health are discussed. Finally, first-hand stories from older people redefine 'old,' and highlight personal strategies to optimise health and wellbeing.*

*Keywords: Ageing, Health, Wellbeing*

### **Introduction**

Ageing is a condition affecting people globally and has increasing health significance for populations. Over the last 100 years worldwide shifts in population trends have been observed, with significant increases in the population distribution of older people (McDonald Higgins, & Gibson, 2013). This trend is expected to continue, so that by the year 2050 it is estimated that the number of individuals over the age of sixty years will almost triple, rising from 673 million in 2005 to 3 billion in 2050 (United Nations World Population Prospects, 2006). This exponential rise in the older population is expected to have

major impacts on health and health care, as ageing is traditionally associated with complex multi-morbidity, including decreased mental health, chronic lung disease, cardiovascular disease, metabolic conditions, sensory loss, musculoskeletal dysfunction and cancer (Heine & Browning, 2014; Marengoni et al., 2011). One way of overcoming the health care challenges associated with the ageing trend is to realign society's expectations and traditional focus from being old as a time of disease and infirmity towards expectations that focus on the determinants of health and wellbeing. More importantly, the determinants of health, concepts of healthy active ageing and wellbeing are integral to the quality of life for older people.

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In this paper we outline the determinants of ageing well and apply the ‘Five Ways to Wellbeing’ model: connect, be active, take notice, keep learning and give (Aked, Marks, Cordon & Thompson, 2008). We also illustrate how these strategies are evidenced in the stories of older people who are ageing well with disease and in some cases, infirmity.

### **Ageing well**

As noted, ageing has traditionally been viewed as a time of slowing down and decline, associated with illness, disease, dependence, loneliness, and cognitive deterioration often due to the complex multi-morbidities associated with growing old (Bevan & Jeeawody, 1998). These views of ageing still continue within some cultures, today. Old people have been considered “desiccated relics of a bygone age – grandma in her rocking chair with gently clicking knitting needles, grandpa peering myopically at the newspaper through thick lensed glasses” (Thiel in Koch, Annells and Brown, 2000, p.ix).

Of concern, is that many approaches to the care of older people support a ‘dependency model’ with disengagement from social roles and society (Ryburn, Wells & Foreman, 2009). As would be expected, disengagement of older people works against the premise that connecting with others is essential to health and wellness in older people (McMahon & Fleury, 2013). The dependency model, and notion of disengagement, also hampers the efforts of international governments as they recognise the role older people play as important resources to society. Thus, amongst the many concerns of all nations today, is how best to ensure healthy, active ageing and wellbeing into the future (WHO, 2002).

The more recent and emerging focus on ageing well has spurred a range of terms which have become a part of everyday vernacular, for example: healthy ageing, productive ageing,

successful ageing, positive ageing, and active ageing (Ryburn, Wells & Foreman, 2009).

Notably in the literature and in policy documents, healthy ageing, like ageing well, is used interchangeably with the terms active ageing, successful ageing and positive and productive ageing. However, whilst there is no universal definition for ageing well; it is more than physical or functional health (Renehan, Dow, Lin, Blackberry, Haapala, Gaffy, Cyarto, Brasher & Hendy, 2102). For example, productive ageing embraces mature age participation in the workforce on the basis that it not only improves commercial productivity but that it is likely to have physical and mental health benefits for older people (GAP/ACHR Conference on Productive Ageing, 2013). In addition, there are a range of definitions of successful ageing depending on the approach taken: biomedical, psychosocial or a combination of these (Bowling & Dieppe, 2005). The most commonly proposed definition of successful ageing is “satisfaction with one’s life” (Bowling & Dieppe, 2005, p.1549). Theoretical definitions include concepts such as life expectancy; life satisfaction and wellbeing, including happiness and contentment; mental and psychological health; cognitive function; personal growth, learning new things; physical health and functioning, independent functioning; psychological characteristics and resources, including perceived autonomy, control, independence, adaptability, coping, self-esteem, positive outlook, goals, sense of self; social, community, leisure activities, integration and participation; social networks, support, participation, and activity (Bevan & Jeeawody, 1998; Bowling & Dieppe, 2005). Lay definitions include; accomplishments; enjoyment of diet; financial security; neighbourhood; physical appearance; productivity and contribution to life; sense of humour; sense of purpose and spirituality (Bevan & Jeeawody, 1998; Bowling & Dieppe, 2005).

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Positive ageing moves the notion of successful ageing from the narrower definitions of successful ageing to a broader approach incorporating wellness, primary health and a life course perspective (Minichiello & Coulson, 2005). Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life (WHO, 2002). Regardless of the term or terms used, the essential messages are that there is a shift in focus on ageing that is inherently positive and refreshing and that redefines being old.

Fortunately, evidence suggests that increased life expectancy has changed perspectives on health and ageing. Many older men and women live long, meaningful and enriching lives. Stories from some older people suggest that growing old can be a time for positive change, challenge, excitement and opportunity, with many debunking negative myths and stereotypes. There are older people who continue to do the things they were doing and enjoying fifty years before (Koch, Annells & Brown, 2000, pp.1 -13). As Margery Irving, an award winning stage actress, who sang and danced at her ninetieth birthday party, said:

Ageing has never been a subject that I have thought about, or whether I'm ageing well. I muddle through life... I just muddle through. As I say, sometimes I think it is not true. I'm me. Of course that is my brain and not my poor physical body which has let me down, and which can infuriate me...People tell me my attitude is good... Also, I have good friends. The old clichés like 'make the best of every moment', and 'every day is a new day', are a good idea, but it is difficult at times.

Margery's conversation suggests that she does not think of herself as being old; she just gets on with life with a physical body that has seemingly slowed her down. Her story suggests she is ageing well; she has a positive

attitude, she is well connected with a circle of friends and her physical body does not prevent her from being herself: the singing, dancing actress. It also shows that there are difficult times and that she "muddles" through sometimes, that her life it is not always straight forward or easy.

It has long been recognised that models of care, along with attitudes towards ageing, need to focus on healthy, positive ageing and wellbeing (Bevan & Jeeawody, 1998; WHO, 2002; Ryburn, Wells & Foreman, 2009). In particular there is a need to systematically integrate that promote all aspects of health care, growth and wellbeing in older people (Ryburn, Wells, & Foreman, 2009;) including encouraging older people to engage in social activity (Ryburn, Wells & Foreman, 2009, p. 84): the obverse of the traditional view and dependency model. The rapid growth of an ageing population mandates a life course focus on health with disease prevention at its core. This includes taking into account both a community and individual perspective of the determinants of health. In order for wellbeing to be realised by individuals there is a need to take a life course approach and embrace ways of being well and presupposes that the determinants of ageing well are met with individuals taking control of their own health. Essentially, being old today comes with an obligation to embrace activity; connectivity, productivity, and positivity for attaining wellness and success.

### Determinants of ageing well

The keys to ageing well are the social determinants of health, a life span approach and social change. Importantly, ageing well means investment in the development of children and adults across the life-span (Kendig & Browning, 2011). If ageing is to be positive, then a longer life needs to be full of opportunity for health and participation. It is for this reason, WHO (2012) adopted the term "active ageing".

Active ageing is determined by a number of factors and their interactions (WHO, 2002). Figure 1 illustrates these determinants, including: health and social services; behavioural and personal determinants; physical and social environments; and economic determinants.

An interaction of some or all of these factors will influence the process of active ageing. Further, intersecting this process, are culture and gender.

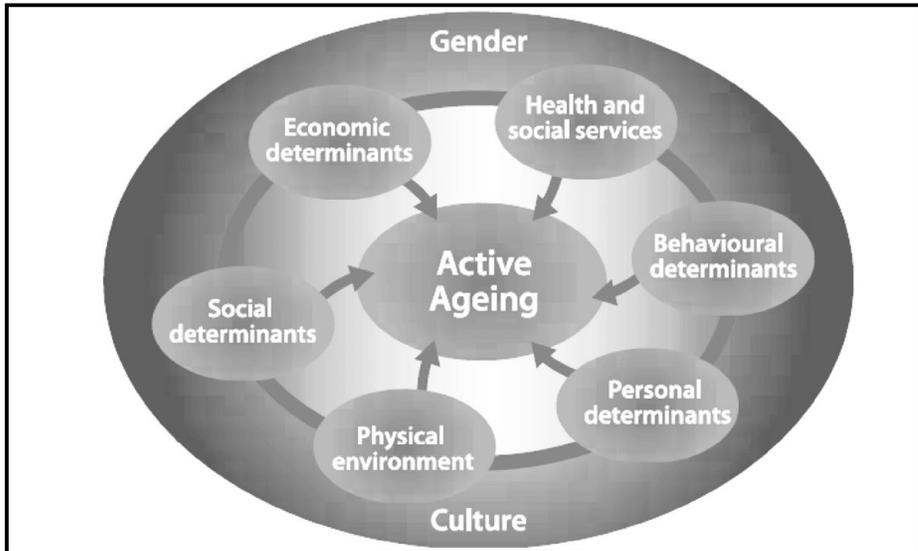


Figure 1: The determinants of Active Ageing (WHO, 2002, p. 19)

### Culture and gender

According to WHO (2102) gender is a “lens” that needs to be considered in relation to health care policy development. Across cultures, men and women hold different values about their health and experience ageing differently. For example, women are often assigned caregiver roles while men work outside the home for money.

Culture imbues our values and beliefs about ageing; it shapes how we experience ageing, how younger generations perceive the older person; how health policies and programs are shaped. From a traditional perspective, South Korea has been influenced by the cultural values of ‘filial piety (so called ‘HYO’ in South Korea)’ and ‘family-centred’, ideas which underpin informal ‘family-centred care for older people’ (Kim & Lee, 2003). ‘Filial piety’ is based on the fundamental ideas of Confucian ideology which promote numerous

moral virtues of humans, in particular, that older people should be respected and protected because of ‘ageing-itself’ (Yu & Mo, 2000). In this traditional model, ‘ageing well’ means that families and relatives live together or close by and are cared for their family members including their parents and grandparents (Kim, 2007). In a study designed to develop care standards for older people who live in residential care in Korea (Cho, Jeong, McMillan, Conway & Higgins, 2014) older people emphasised the importance of filial piety, family centred relationships and care. When asked about what was important to them, older people said:

Family members should visit me every fortnight at least if they can do it. I think that I should stay out at my son’s and daughter’s house once a month.

Sharing a room with other friends is better than having a single room. It is not lonely.

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Another room-mate can help me when I need help. It is better to share (a room) with other person.

### Health and social services systems

In order to promote healthy ageing, each county's health and social service systems must be aligned to disease prevention: the management of the common conditions of ageing such as the non-communicable diseases and injuries. There are, however, three levels of prevention: primary, as in the avoiding the use of tobacco, secondary, as in early detection of chronic diseases, and tertiary prevention with a focus on the appropriate management of diseases. Whilst the Australian healthcare system is in the process of reform (Willis & Elmer, 2013), one of its key components, the Medicare insurance system, provides Australians with access to affordable primary, secondary and tertiary health care whilst also enabling consumers access to private health services (Willis & Elmer, 2013).

Access to all levels of health systems is important for older people to age well. It provides early assessment, diagnosis and treatment, access to health education to prevent complications of existing and newly identified conditions, disease and injury management, rehabilitation and palliation. In addition, it has been recognised that a person's self-management in partnership with health professionals, slows chronic disease progression and limits adverse consequences for independence and quality of life (Kendig & Browning, 2011). Self-management and partnership based care with primary health general practitioners (GPs) helps older people to implement chronic disease self-management plans for preventive care. Health promotion programs based on improving self-efficacy and behavioural change in older people have demonstrated how interventions targeting vulnerable older people help them to age well (Clemson, Cumming, Kendig et al, 2004). In addition, Australian primary health care services, particularly Medicare Locals, focus on aligning

services to the needs of local communities and have the potential to promote broader social health approaches based on the needs of the population as people age (Kendig & Browning, 2011).

### Behavioural determinants

How individuals behave in relation to their health throughout life is an important determinant of healthy ageing. WHO (2002) argue the need for a life course approach to ageing with a focus on health promotion, disease prevention, access to primary health care and long term care. Promoting health enables individuals to take responsibility for their own health and its improvement throughout the life course.

Adopting a healthy lifestyle and taking responsibility for one's own health are paramount. As noted by WHO (2012) it is never too late to change to a healthy lifestyle. Health promotion based on improving self-efficacy and behavioural change in older people, for example a falls prevention program, have demonstrated how health promotion can be effective for vulnerable older people and helped them to age well (Clemson, Cumming, Kendig et al, 2004).

Health care professionals recognise that lifelong behaviours can determine how well individuals age. Behaviours such as physical inactivity, smoking and poor nutrition, that may have begun in childhood or younger adulthood and continue in older age, have life-long implications and may markedly decrease and individual's capacity for successful ageing. These issues are of major importance to the older population of today and will continue to have an impact unless behavioural change is achieved in earlier life.

Physical activity has many health benefits and overall is associated with successful ageing. The benefits include a reduction in the development of chronic disease, prevention of

the loss of mobility and aid in the maintenance of community interdependence (Rantakokko et al., 2010). Despite this there are disturbing rates of physical inactivity and sedentary behaviour among older adults, particularly those with a disability (Motl & McAuley, 2010).

Physical inactivity and sedentary behaviour are important modifiable risk factors that in the general population have a major impact on health and survival. Indeed, physical inactivity has been attributed to approximately 9% of a premature deaths globally, an astounding statistic that is comparable to the impact of smoking (Lee et al., 2012). There are convincing data that supports the multiple health benefits of light to moderate physical activity, including a reduction in deaths (Warburton, Nicol, & Bredin, 2006). Accordingly, physical inactivity and sedentary behaviour are important modifiable risk factors in older populations.

### ***Smoking***

Cigarette smoking is known to cause many negative health effects; smoking contributes significantly to the development of chronic disease, accelerates the decline in lung function that accompanies ageing (James, Knuiman, Bartholomew, & Musk, 2005), and is associated with both premature ageing and premature death (Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service, 1964; Holford et al., 2014). The 2013 WHO report that tobacco related non communicable disease such as cancer, diabetes, and chronic lung disease were responsible for 63% of premature death. Smoking cessation at any age is recommended and is associated with improved outcomes in older people (Fletcher & Peto, 1977; Gellert, Schottker, Muller, Holleczeck, & Brenner, 2013).

### ***Nutrition***

Good nutrition throughout life is a protective factor and is associated with successful ageing

(Smith, 2014). Malnutrition, however, is a common symptom of ageing especially among people older than 70 years (Flegal, Carroll, Ogden, & Johnson, 2002). Ageing is also associated with a progressive loss of skeletal muscle and this is often accompanied by weight loss (Kamel, 2003). In older populations progressive weight and skeletal muscle loss are associated with poorer outcomes and are important predictors of mortality. In many studies of older people a BMI in the range of 25-30 kg/m<sup>2</sup> is associated with the lowest mortality; these studies report a U-shaped association between BMI and all causes of mortality (Grabowski & Ellis, 2001; Losonczy et al., 1995; Oreopoulos, Kalantar-Zadeh, Sharma, & Fonarow, 2009; Villareal et al., 2005).

Conversely, obesity is observed at high rates of prevalence in older populations and the prevalence is increasing (Haslam & James, 2005). Data from the National Health and Nutrition Examination Survey indicate the prevalence of obesity increases with age up to 69 years and then decreases. Among those in the 65-69 age group, 38.1% of the study's male population and 42.5% of females were obese (Flegal, et al., 2002). The rates of obesity then decrease in the over 75 age group as 14% of men and 17% of women fall into the obesity category (Flicker et al., 2010). Obesity is usually associated with increased risk of all causes of mortality in the general population, and is linked to metabolic syndrome (Aronson et al., 2004; Florez et al., 2006). Being mildly overweight, however, in the general population of older people with a BMI between 25 and 30 kg/m<sup>2</sup> is associated with the lowest mortality risk (Flicker, et al., 2010).

Interventions targeting weight loss in older populations must consider the specific nutritional requirements of this population and include exercise strength training to prevent functional decline and the loss of muscle mass that occurs as older people lose weight (Oreopoulos, et al., 2009)

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### Personal factors as determinants

It has been known for some time that biology and genetics play a role in how people age and that these are moderated by our lifestyle behaviours, diet, exposure to the environment over time and to some extent chance (WHO, 2002). Intelligence and cognitive capacity also play a role in relation to active ageing and ageing well in terms of self-efficacy, coping, adaptability and adjustments as people age. Likewise, a person's self-perception of how they are ageing impacts on their participation in health behaviours that promote healthy ageing. For example, the individual who experiences an episode of ill-health may interpret this as evidence of ageing rapidly and reduce physical activity and decrease their contribution to previously enjoyed social activities (Wurm, Warner, Ziegelmann, Wolff, & Schuz, 2013). Conversely, the person who holds a positive image of themselves as ageing well, is able to counter the impact of negative stereo-types of ageing (Weiss, Sassenberg, & Freund, 2013).

### Physical environment as a determinant

The physical environment or where older people live, is also an essential consideration for ageing positively because of its influence on mobility, levels of independence, quality of life and autonomy (State of Victoria, Department of Health, 2012). The physical environment can make the difference between independence and dependence (WHO, 2011). For example, many older Australians live in community dwellings (approx. 94%) (Productivity Commission, 2011). Of this number about 69% live in private dwellings and most of these are owner occupied (AIHW, 2013). Very few older Australians live in overcrowded housing or slum like conditions. Over half (57%) of older Australians live in a couple household while 25% live alone (AIHW, 2013). Many older Australians are able to live in their own home because they receive significant levels

of assistance. Significant levels of support may come from spouses, family or significant others and/or from the community aged care services developed by the Australian Government (PC, 2011). Recent revisions in government policy in Australia will lead to a further expansion of community support services, some with increased consumer direction of their care (National Aged Care Alliance, 2013), which enables older Australians to live at home with higher levels of independence, autonomy and a better quality of life. Of concern, however, is the seven percent of older Australians who are homeless; these community members have significantly higher mortality rates and levels of disability. Despite their entitlement to Medicare funded health care and other free services they are less likely to access these services; they do not feel empowered to do so or have low levels of health literacy (Productivity Commission, 2011). Ensuring this group of older people have a physical environment that assists them to age well remains a challenge, as does ensuring healthy housing for Aboriginal and Torres Strait Islander people (AIHW, 2011). Whereas non-Indigenous homelessness is more likely to occur in major cities, indigenous homelessness occurs in major cities and elsewhere. In addition, Indigenous households are ten times more likely to be over-crowded compared to non-Indigenous households (AIHW, 2011).

Living in a place that is age friendly, is free from hazards and supports continued community engagement, enables older people to age well. While older Australians live in private dwellings these are not necessarily free from hazards and often alone; falling at home continues to be a significant risk (New South Wales Department of Health, 2011). A Medicare funded home based assessment of people 75 years and over, introduced nationally in 1999, is one strategy that addresses falls risk as well as the identification of other current or potential health issues (Byles, et al., 2004). Because of Australia's geography, private

modes of transport remain the primary way of travelling particularly for the people who live outside the major metropolitan areas. Accessible and affordable public transportation becomes more of an issue for older Australians once they retire from driving which, for many, reduces opportunities for social engagement and leads to isolation. Interestingly, there have been moves to drop aged based medical tests for older drivers in order to encourage older people to continue being active in the community (The Advertiser, 2013).

### **Social/environmental determinants**

Active ageing encourages older people to stay connected and engaged with the community. Social networks, both informal and formal, promote an older person's health, levels of independence and quality of life. An Advisory Panel on Positive Ageing has been created to investigate ways of increasing older Australians positive engagement with the community (AIHW, 2013). A range of areas currently being explored include lifelong learning, employment, volunteering, and cyber-participation. Very few older people participate in lifelong learning in Australian; 0.2% in formal and 0.8% vocational education. The University of the Third Age is more popular with older Australians (2.2%) and courses can be accessed online increasing accessibility for those with geographical or physical limitations.

### **Economic determinants**

Income, social protection and work impact active ageing significantly and being old and poor increases the risk of illness and disability (WHO, 2012). It is for this reason that Governments need to ensure policies that reduce poverty, provide social protection and promote the valuing of older people to stay in the work force if they choose. For example, income for older Australians comes from a number of sources: employment, the Australian

government funded aged pension, savings and superannuation. However the majority of older Australians receive a government funded age pension (AIHW, 2013). Even though older person households tend to have lower incomes than other households, they are currently more likely to have greater wealth as high levels of home ownership contribute to a large part of their wealth. However, not all older people are economically secure. Workforce participation amongst older people in developed countries has not been fully realised as they are reduced in favour of younger people when there is a need to create jobs, however in developing countries older people continue to work in order to subsist. Unpaid work in the form of volunteering helps to keep older people socially engaged thus promoting their psychological wellbeing and the notion of ageing well.

Whilst the determinants to ageing provide the background to ageing well, the five ways to wellbeing provide the strategies for redefining old and ageing well.

### **Five Ways to Wellbeing**

In response to the UK Government's call for policy reform to address issues predicted to impact society in the future, Aged, et al., (2008) conducted a review of the evidence relating to wellbeing, and identified five "ways" to wellbeing (see Figure 2 below). The review highlighted social relationships, physical activity and awareness, learning and giving, as important elements of wellbeing. Wellbeing comprises the elements "feeling good and functioning well" (p.1). Happiness, contentment, enjoyment, curiosity and engagement characterise someone who experiences life positively. Being functional in the world is equally important. Given that wellbeing is a crucial aspect of healthy ageing, it is appropriate to apply this model to better understand and explain the process of healthy ageing.

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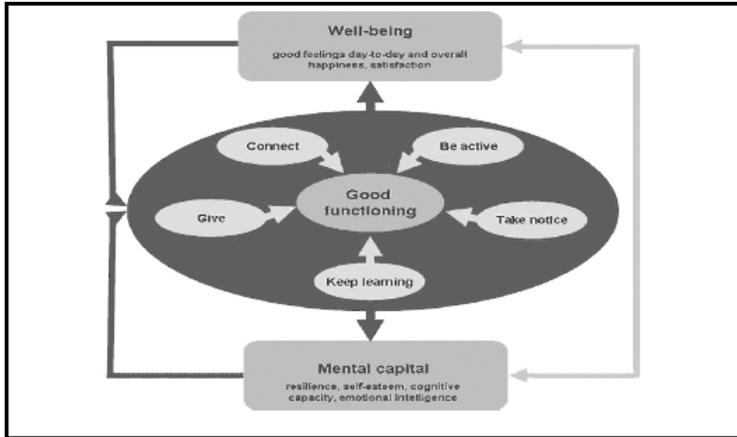


Figure 2: Five ways to wellbeing Reproduced from Aked, J., Marks, N., Cordon, C., & Thompson, S. (2008)

Aked et al's (2008) Five Ways to Wellbeing Model describes how a set of focused actions operates to enhance well-being.

Each action theme (connect, be active, take notice, keep learning, give) positively enhances personal well-being...following the advice of these interventions enhances personal well-being by making a person feel good and by bolstering his/her mental capital (2008, p.13).

The actions described are universal, rather than highly specific or prescriptive, with an emphasis on language that can be easily understood and adapted to the individual's situation (2008, p.15). While there may be gaps in knowledge and services directed towards supporting ageing well, there are practical actions and behaviours that we can encourage older people to engage in, that will support wellbeing. Examining the stories of older people whose lives epitomise 'ageing well' provides examples of how these actions are embedded within their everyday lives to support their ageing well.

### Be active

While ageing inevitably results in diminution of physical capacity overtime,

keenly seeking out activities that suit the individuals' level of mobility and fitness serves to support well-being. While in her eighties, Yuk Lin Chung continued to promote the benefits of remaining active. She taught daily Tai Chi classes stating:

I think it is good for aged people to learn Tai Chi...Tai Chi is very gentle. You move slowly. If you are aged, then you can learn Tai Chi step by step and not be pushed. It can relax all the body and improve circulation. It is peaceful.

(Koch, Annells & Brown, 2000, p.69).

The benefits of the ancient Chinese exercise Tai Chi, a mind body exercise that through gentle activity and bodily awareness, are described as promoting relaxation (Lee et al 2009), improving physical strength, balance and preventing falls in older people (Hyun et al 2005, Lee et al 2011).

Likewise, Catherina van der Linden, in her mid-eighties, continued to participate in a range of physical activities, gardening and walking. Of note is that she entered and completed a 12-kilometre fun run/walk at age 85. She also described how she saw the benefits of physical activity.

## Rachel Rossiter et al.

Normally, I go swimming once a week.... Swimming is good for your movements and joints. Mostly I swim for health reasons as I would like to keep as fit as possible and live as 'good' as possible.

(Koch, Annells & Brown, 2000, p. 162-163).

For undergraduate nursing students from the School of Nursing and Midwifery at the University of Newcastle, on a recent cultural study tour in northern Thailand, one of the highlights was spending a day with active older citizens of the community of a local district. The Senior Health Promotion Club is held each Friday at the local Nursing College and is attended by 200 people between 65 to 92 years. The older people participate in singing, physical exercises, tai chi and yoga. One Australian student reflecting on her experience visiting the senior citizens club stated;

What stands out for me was the aged care day with all the beautiful older Thai people. They welcomed us warmly with open arms 'literally' and were so fit they out danced us. We have been privileged to be immersed in a culture quite different from our own; one in which health promotion for older people and illness prevention is at the forefront of nursing care, which promotes and religiously believes in a holistic approach to health and wellbeing, and which fosters a community spirit that was inspiring and beautiful to witness.

### Give

Nursing pioneer and nurse historian, Joan Durdin endorses the ability of older people to give to those around them and describes contributing as integral to ageing effectively.

I've been fortunate to be given good health, but I do know of many people, who despite extraordinary constraints in their health, are still ageing very effectively...I believe that older people can contribute. I just have to

look around me to see that. I look at my friends...and many of them are well over eighty, but still contributing very actively.

(Koch, Annells & Brown, 2000, p. 109)

Bill Schmitt experienced extreme hardship in early adulthood as a prisoner of war in Changi. Out of those experiences he has built a life of service and giving to others.

I enjoy what I'm doing now – making contact with people, mixing with people, helping them. That's the main thing, helping people without gain, only satisfaction. It may even cost a bit. I think I've worn out a car working for the Ex-POW Association, through just running around

(Koch, Annells & Brown, 2000, p. 172).

### Take notice

Taking notice is about the notion of "mindfulness"; an awareness of being present in the moment. Research details the benefits of mindfulness, on emotional well-being, psychological functioning and pro-inflammatory gene expression in older adults (Bowlin & Baer, 2012; Creswell et al. 2012; Rosenkranz et al., 2013). While decrying the limitations associated with getting older, legendary jockey and horse trainer Colin Hayes emphasised the importance of 'being present'.

Coping with being older comes back to keeping your mind active and not losing interest in what is happening around you. It doesn't matter what walk of life you are in...It is a matter of staying interested and being vital. It is an attitude.

(Koch, Annells & Brown, 2000, p.13).

As a member of the Sisters of Mercy, Deidre Jordan, has devoted her life to the

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service of others. Amidst the busyness of life as an educator and academic, Deidre takes time to notice the beauty around her and observe what others are doing.

Walking is delightful because I walk along the River Torrens and it lifts your whole soul up to work there in the morning. Even when I'm overseas I walk, because I go early and it's the time when people are just about their ordinary daily duties, if you know what I mean. So it is very interesting to see the things that people are doing. If it's not very picturesque, as many parts of the world aren't, nevertheless it is very interesting.

(Koch, Annells & Brown, 2000, p.176)

### Keep learning

Recent research findings demonstrate the positive and long-lasting impact of activities designed to improve cognitive abilities in older people (Rebok et al., 2014). The benefits of lifelong learning on well-being and resilience are well known (Feinstein & Hammond, 2004; Hammond, 2004). As a career teacher, Don McDonald is well situated to affirm the importance of life-long learning. At 85 years of age, he was a strong proponent of the University of the 3rd Age, continuing his involvement as both a tutor and participant.

You can't stop. That's life. Life-long learning is the goal...so now we follow up the avenues that particularly appeal to us, or that we would have liked to follow in other times, but were restricted by the demands of employment. Yes, it's good to be able to march to your own drum!

(Koch, Annells & Brown, 2000, p.121)

### Connect

Being connected to and appreciated by fellow human being is a fundamental human need. Grasping opportunities to remain

connected with family, friends and wider community networks is clearly described by older people whose lives are vibrant and fulfilled. At seventy-seven, life-long fisherman Nick Angelakis describes how much he enjoys staying connected with family and friends.

It's early, about five in the morning, when I get ready. Then I come down to the factory and go with my son Tom to the wholesale market where we buy all the fish that we want. That's what I do. We've got friends there, and we joke a bit and all that, and laugh. That's makes you feel good. And then we come over to the factory and sometimes I start filleting, if they are short-handed...From previous experience I can see what has to be done.

(Koch, Annells & Brown, 2000, p.121).

### Conclusion

The intention in presenting stories in support of the need to address the health challenges for older people is to both highlight the global concerns for an ageing population and examine ways in which we, as professional health care workers, can positively influence, advise, direct and manage the health and wellness of older people. Ageing has been considered a time of decline for most people over the age of 65 largely because it is often associated with illness, disease, dependence, loneliness, and cognitive deterioration. Traditional models of care and expectations for older people tended to support the notion of dependency. As noted above, dependency and disengagement from the social world hampers the efforts of international governments as they increasingly recognise the role older people can play as important resources within society. Disengagement of older people from their lifelong connections and networks hinder their ongoing health and wellbeing. Refocusing on health and wellness in older people; on notions of healthy ageing, productive ageing, successful ageing, positive ageing, and active

ageing, presents us with new ways to think about ageing and how we can influence new models of care. All however, deliver the same messages: the need to redefine being older and ageing well.

Two models were discussed: The WHO determinants of health and the Five Ways to Wellbeing. The WHO determinants of health provide insight into the broad elements for health and wellbeing at a social and community level whilst the Ways to Wellbeing model provides directions for strategies for individuals to take up in order to promote their own wellbeing. The many stories shared by older people, some of whom were octogenarians, testify to the utility of the wellbeing model.

## 摘要

### 重新定義年長：優化身心健康

全球面對老齡化，正面及有意義的生活質素（包括身心健康）愈來愈受重視。健康主要決定因素及“Five Ways to Wellbeing”模範為本文提供了穩固的基礎，以討論如何發展正面思維。本文亦探討有效的照顧模式、社交、行為、個人及健康主要的經濟決定因素。最後，長者親自重新定義年長，並重點介紹優化個人身心健康的策略。

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