

Exploring the wellbeing and prevalence of health concerns amongst Australians aged 65 years and over

Kerryn Cooper

Supervisor: Dr Louise Horstmanshof

ABOUT THE RESEARCHERS



Kerryn Cooper

Kerryn completed her psychology honours thesis at Southern Cross University in 2024, under the supervision of Dr Louise Horstmanshof.

With a background of seventeen years in Nursing, Kerryn has a passion for health equality and the wellbeing of older adults.



Dr Louise Horstmanshof

Senior Lecturer, Faculty of Health , Southern Cross University, and registered psychologist with over 20 years experience in teaching and research. She is passionate about the wellbeing of older adults. Louise is a member of the ACT-ICOPE International Research Network and the ACT-ICOPE Scientific Advisory Group.

BACKGROUND

Global ageing
population

Chen et al., 2021

If health needs are
not met, potential
for greater social
and economic cost

Stanley & Cheek, 2005

WHO – Framework
for personalised
care delivery

WHO, 2017

BACKGROUND

ACT Assess Tool (6 domains)

Craig et al., 2015; Tobias et al., 2010, Philip et al., 2014

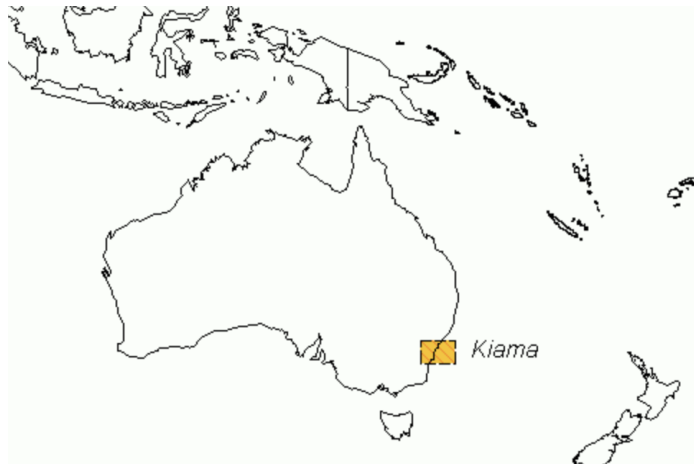
By 2060, it is predicted that 25% of Australians will be 65+

AIHW, 2018

Top-down, one-size fits all approach to health in Australia

Leask et al., 2019

BACKGROUND: Kiama



- Kiama is a regional coastal town, 120 kilometers south of Sydney in the Illawarra region of New South Wales, Australia.
- At the 2021 census, Kiama had a population of 8,786 people.
- The median age of residents was 51 years (compared to the national average of 38 years)
- 31.8% of the Kiama population are aged 65 years and over (compared to the national average of 17.2% of the population aged 65 years and older)

GAP & AIM

No study had examined the wellbeing and prevalence of unreported health concerns amongst adults aged 65yrs+, who live *independently* in the Kiama region on the South Coast of NSW

Aim was to explore and understand health concerns and assess if these differed by age and gender



HYPOTHESES

1. After controlling for age, gender will have a significant effect on subjective wellbeing

(Hosseinpour et al., 2012; Josefsson et al., 2016; Li & Liang, 2007)



2. Each of the unreported health concern domains (ACT Assess) will make a significant contribution to subjective wellbeing scores, after controlling for age and gender

RESEARCH DESIGN



Procedure

- Integrated Care for Older Persons Framework
- Target population, 100 participants
(Lee et al. 2015; Talarska et al., 2016)

Eligibility criteria

- 65 years +
- Living in the Kiama region
- Living Independently at home

Survey design

- Cross-sectional design
- Qualtrics survey

Ethics approval

- HREC Southern Cross University

What matters to *your* wellbeing?

Have Your Say

We are examining wellbeing and unreported health concerns amongst residents, aged 65+ in the Kiama region.

As part of a Psychology Honours Project, this study aims to understand the actual health priorities of people. It is hoped this will assist policy makers and care providers in pre-planning to meet future needs.

Participation is anonymous, with only combined group data to be reported on.

This survey should take 10-30 minutes to complete.

All Australian adults aged 65+, who live independently in the Kiama region are invited to take part.

Research conducted by:

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Scan here to have
your say!



To complete the survey via phone, please email k.cooper.32@student.scu.edu.au

Survey will close:
9th August, 2024

Approved by the Southern Cross University Human Research Ethics Committee.
HREC Approval Number 2024/063

CRICOS Provider: 01241G | TEQSA Provider Code: PRV12043 Australian University

DATA COLLECTION

Participant Recruitment

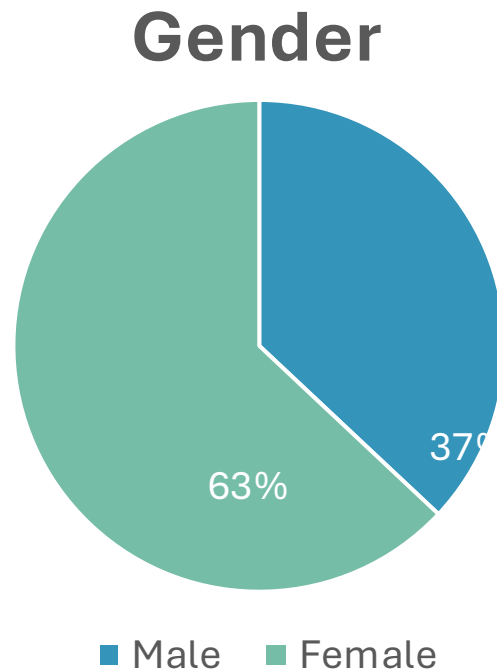
- Local clubs
- Snowball technique
- Data collected from 13th June – 9th August 2024

Analytic strategy

- Data was analysed in SPSS version 29
- ANCOVA (hypothesis 1)
- Multiple Hierarchical Regression (hypothesis 2)

RESULTS:

DEMOGRAPHIC STATISTICS

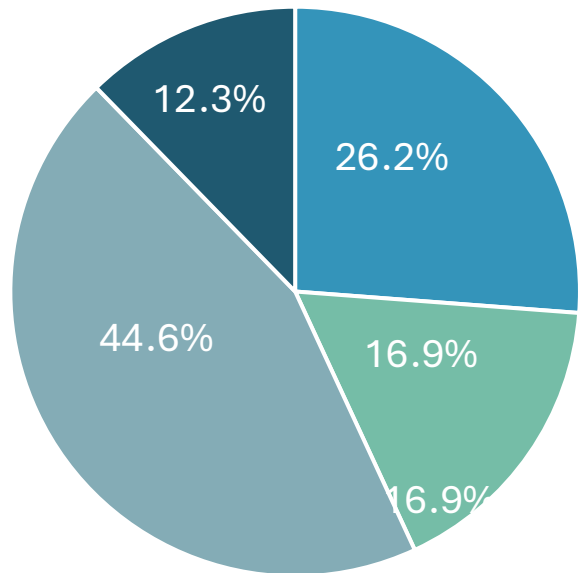


- In total, 65 participants completed the survey
- More women completed the survey than men, no participant selected 'other' or used the textbox for gender
- The average age of participants was 72.58 years, with the youngest participant 65 and the oldest 85
- The majority of participants were retired

RESULTS:

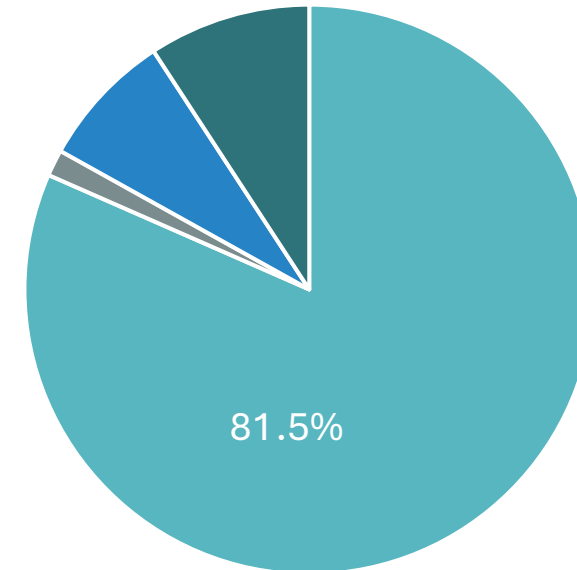
DEMOGRAPHIC STATISTICS

Education Level



- School Certificate
- Certificate III/IV
- Bachelor Degree
- Master/Doctorate Degree

Marital Status



- Married
- Living Partner
- Divorced/Seperated
- Widowed

RESULTS: SWB & GENDER

- WHO-5 index questionnaire was used to assess subjective wellbeing
- Measured on a six- point Likert-Scale (0 = *At no time*, to 5 = *All of the time*)
- Answers based on participants experience over the past two weeks
- Highest possible score of 25, lowest score of 0

Subjective wellbeing scores, $M = 17.74$, $SD = 3.89$

Analysis of Covariance for Subjective Wellbeing by Gender with Age as a Covariate (N = 65).

Variable	SS	df	MS	F	p
Intercept	247.77	1	247.77	18.13	<.001
Gender	105.16	1	105.16	7.70	.007
Age (Covariate)	36.31	1	36.31	2.66	.108
Error	847.31	62	13.67		
Total	21423.00	65			

Female Group ($M = 16.75$, $SE = .581$)

Male Group ($M = 19.43$, $SE = .763$)

DISCUSSION – HYPOTHESIS 1

- **After controlling for age, females had significantly lower SWB compared to males**
- Result were consistent with previous global findings, but the explanation was not
 - Attributed to widowhood, illiteracy and loneliness
 - However, in this study the majority were married and had all received formal education
- So, I thought, what if loneliness scores differed by gender?
- Results showed that women had significantly higher loneliness scores compared to men in this study (women ($M = 0.39$, $SD = 0.59$), men ($M = 0.08$, $SD = 0.28$), $t(61) = -2.84$, $p = .006$)

(Matud et al., 2020; Kendig et al., 2014; Li & Liang, 2007)

RESULTS: UNREPORTED HEALTH CONCERNS & SWB

Hierarchical Regression Using Unreported Health Concerns to Predict Subjective Wellbeing (N = 65)

				95% CI			
Variable	B	SE	β	Lower	Upper	sr ²	p
Step 1							
Age	-0.15	0.09	-0.20	-0.34	0.04	.19	.108
Gender	-2.68	0.97	-0.34	-4.61	-0.75	.33	.007**
Step 2							
Age	-0.11	0.07	-0.14	-0.25	0.04	.13	.136
Gender	-1.82	0.76	-0.23	-3.35	-0.29	.20	.020*
Getting Around	-0.36	0.29	-0.14	-0.94	0.22	.11	.220
Accommodation & Finances	0.52	0.85	0.06	-1.19	2.23	.05	.548
Safety & Relationships	0.36	0.41	0.09	-0.46	1.17	.08	.383
Staying Healthy	-0.16	0.31	-0.06	-0.78	0.45	.05	.600
Mental Health	-0.87	0.22	-0.40	-1.31	-0.42	.33	<.001***
Looking After Yourself	-1.33	0.37	-0.39	-2.06	-0.59	.31	<.001***

UNREPORTED HEALTH CONCERN CHARACTERISTICS



Overall Health



Getting
Around



Accommodation/
Finances



Relationships /
Safety



Staying
Healthy



Mental
Health



Looking after
yourself

DISCUSSION – HYPOTHESIS 2

- The result partially supported the hypothesis

Mental Health domain: high scores reported for pain, sleep disturbances, memory impairment, loneliness

Looking After Yourself domain: high scores reported for urinary incontinence

- The domains *Getting Around, Accommodation & Finance, Safety & Relationships* and *Staying Healthy* did **not** make significant individual contribution to SWB.

IMPLICATIONS

Individual

Community

Research

- The findings from this research project may be used for future service planning for local retirement and aged care facilities.
- Interventions could look at Mental Health screening in primary care, social groups to reduce loneliness for women, and physiotherapy groups to help address urinary incontinence.
- Further studies could evaluate the effectiveness of these targeted interventions on levels of subjective wellbeing.
- The findings add to current research on unreported health concerns of older adults who live independently in Australia.

IMPACT TO DATE



Nearly half of the participants selected the option of being emailed a summary of the findings



Two local aged care facilities were emailed a summary of the findings and have expressed interest in a copy of the published findings, to support future planning initiatives such as a physiotherapy groups to address urinary incontinence

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