

Healthy and Positive Ageing for All

Research Strategy 2015-2019

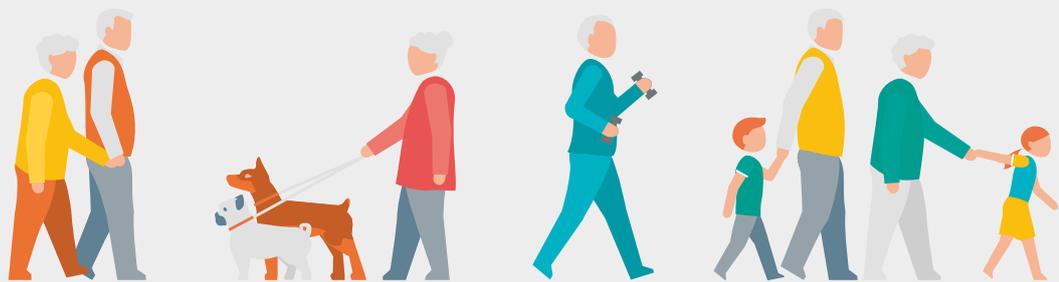


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Ageing societies present one of the greatest challenges facing governments around the world today. The number of people aged 65 and over is now higher than at any time before in history. Our life expectancy has increased from 78.8 years in 2005 to 81.4 years in 2015. This remarkable demographic shift is welcomed. The ageing of our population in Ireland offers great opportunities for our intergenerational social capital with our society benefiting from the experiences and knowledge of older persons. However, ageing can also negatively affect people's health and wellbeing and present new challenges for policy makers, society, health services and families.

In response to the changing profile of Irish society, there have been numerous policy initiatives nationally and locally. The *National Positive Ageing Strategy*, which is being implemented under the broader *Healthy Ireland* framework, focuses on a holistic and 'whole-of-government' approach to changing attitudes towards ageing. Particular emphasis is based on the life course approach, highlighting that ageing policy is an issue for all ages and sectors of society. The need for robust research and evidence to support this policy is outlined in the fourth goal of the *National Positive Ageing Strategy* 'to support and use research about people as they age to better inform policy responses to population ageing in Ireland'.

To fulfil the objectives of this national goal, the Healthy and Positive Ageing Initiative (HaPAI) has been established. The aim of the HaPAI is to promote and sustain the use of research and evidence to inform policy and practice in ageing. The key deliverable of the HaPAI is the development of a sustainable indicator set for positive ageing in Ireland to facilitate the systematic monitoring of older people's health and wellbeing outcomes.

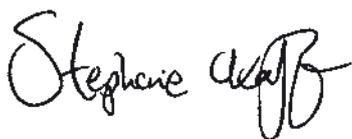
HaPAI is a collaborative partnership involving the Health Service Executive's (HSE) Health and Wellbeing Division, the Department of Health (DoH), Age Friendly Ireland and the Atlantic Philanthropies. This initiative is a co-funded programme over a five year period.

The HSE Health and Wellbeing Division is leading on the population-based Research and Data Mining activities of the HaPAI. In 2015, the HSE launched a Research Awards Fund to support and promote high quality research projects in relation to positive and healthy ageing.

Almost €485,000 was awarded to five projects in 2015. Ranging from an assessment of the impact of austerity and policy change on older people, to establishing how best to maintain social participation as people age, the projects are diverse but all aim to ultimately support the Irish population as we age. The remainder will be used to fund research projects in the second call which will be announced in Q2 of 2017.

We recognise the importance of developing new and innovative research evidence about the health and wellbeing of older people in Ireland with the voices of older people as a core element. Research based evidence will facilitate policy development and better planning of services for older persons. This will ensure we maximise the potential of all older people in society.

The 'Healthy and Positive Ageing for All' Strategy is ambitious. I believe that, with the principles of research excellence and collaboration, together we can improve the health and wellbeing of older people and make Ireland a good place to grow old.



Dr. Stephanie O'Keeffe
HSE National Director
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A Research Strategy for All

The Irish population is changing dramatically from a young homogenous population to an ageing multi-cultural Ireland. This will pose new challenges for government, policy makers, healthcare providers and society as a whole. How we respond to these changes will determine the health and wellbeing outcomes and quality of life of people as they age in Ireland.

The HSE Health and Wellbeing Division committed to developing a research strategy as part of our Research and Data Mining activities under the HaPAI. The purpose of the 'Healthy and Positive Ageing for All' Strategy is *'to enhance population health and wellbeing over the trajectory of ageing by the creation and use of knowledge to ensure Ireland is a good place to grow old'*.

'Healthy and Positive Ageing for All' identifies a range of priority research areas. Facilitating the delivery of these priorities will require a collaborative approach, involving key stakeholders and funders to consolidate a strong enabling environment for research on ageing in Ireland. This strategy aims to build on existing assets and enhance the research capability and capacity in Ireland in the area of ageing research. This will be achieved by supporting and funding research in 14 research priority areas. It must be noted that this is a population health strategy and does not include laboratory-based research.

A multi-staged consultation and prioritisation process was undertaken to identify and agree these research priorities, which are the foundation of this strategy. This fruitful process clearly demonstrates the importance of collaboration and partnership in supporting and delivering excellent and integrative research on ageing. Given the myriad and complexity of the research gaps identified in this strategy, it is clear that the HaPAI investment alone will not fund the breadth of the priorities identified. Additional funding will be required to meet our desired goals. This strategy proposes to address this by collaborating and building funding relationships internationally and nationally, through European Union (EU) funded programmes and national funding bodies e.g. Horizon 2020, Health Research Board (HRB), Science Foundation Ireland (SFI), Health Innovation Hub, voluntary bodies and industry.

Investment in research is money well spent. Excellence in population ageing research will facilitate the development and improvement of health policy and service delivery appropriate for older people, so that we can all grow old in Ireland experiencing good health and wellbeing.

This strategy marks a new direction for the HSE. We are fully committed to supporting research on the health and wellbeing of older people and to finding solutions that will make a positive difference to people as they age. I look forward to working with our many partners including Higher Education Institutions (HEIs), research centres, professional bodies, government departments, health services, the community and voluntary sector, NGOs, Older People's Councils and older people living in Ireland to turn our strategic goals into reality.



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Executive Summary

Over the last 50 years, Ireland has changed significantly. We have a multi-national, cosmopolitan and globalised society with an increasing population. Our population aged 65 years and over is growing by approximately 20,000 each year and will have increased by 111,200 people by 2022. Similarly, our population aged 85 years and over is growing by 4% each year.

Living longer poses challenges, including living with chronic disease, isolation, cognitive loss and financial hardship. Service use and the care needs of older populations differ significantly from younger populations. A critical question for consideration is whether our society is adequately prepared for this challenge? Evidence shows that it is possible to live longer with a good quality of life by developing healthy lifestyles and social capital in our families, communities and society.

'Healthy and Positive Ageing for All' marks a new milestone. The HSE will place emphasis on research on the health and wellbeing of older adults, and will focus on finding tangible solutions that will make a real difference to the Irish ageing population. As the factors that determine healthy ageing are rooted in the life course, the HSE regards ageing as an evolving process that occurs throughout every individual's lifetime. Ageing is not an illness.

The study of ageing requires a holistic, interdisciplinary approach and a comprehensive perspective, in which prevention is just as important as intervention, with excellence as the guiding principle at all times.

Our **Purpose** is *'to enhance population health and wellbeing over the trajectory of ageing by the creation and use of knowledge to ensure Ireland is a good place to grow old'*.

Our strategic plan is based on four **Pillars** of research. The first three pillars are consistent with the goals of the National Positive Ageing Strategy (2013):

Health

Participation

Security

The fourth pillar includes a number of cross-cutting research themes that have commonality with the other three pillars.

Each pillar is then supported by its designated research **Priorities**. Five research priorities have been identified for Health, three priorities for Participation, two priorities for Security, and four Cross-cutting priorities.

Underpinning our **Purpose, Pillars and Priorities** are the following four overarching goals:

1. To raise awareness amongst researchers of the challenges posed by older people's health and wellbeing;
2. To build evidence on the four pillars of research to inform and improve conditions for positive ageing in Ireland;
3. To strengthen communication and inform whole-of-government policy about new evidence relating to ageing; and
4. To increase capacity and capability to conduct high quality innovative research on ageing.

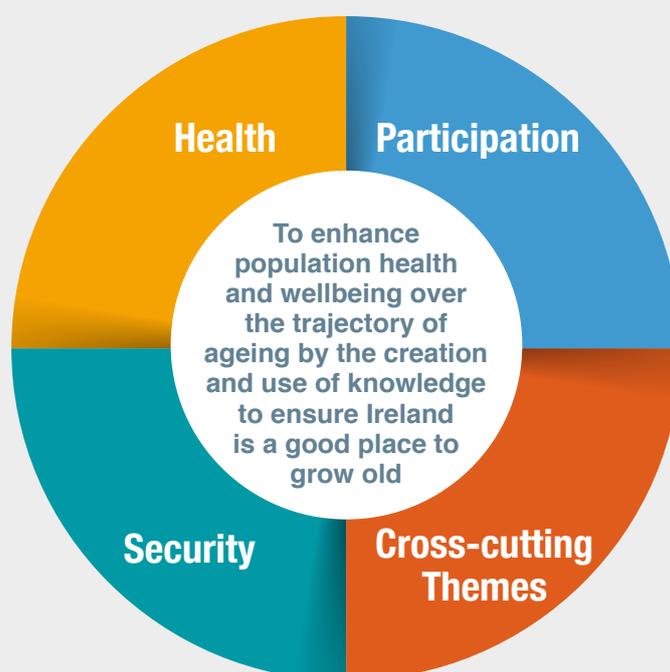
There are six **Principles** that will guide the implementation of this strategy and through these principles we will achieve our goals:

- ▶ Acting to improve positive impact;
- ▶ Acting in partnership to deliver integrative research;
- ▶ Acting to ensure relevancy;
- ▶ Acting to increase capacity and capability to conduct excellent research;
- ▶ Acting in an ethical manner; and
- ▶ Acting openly and responsibly.

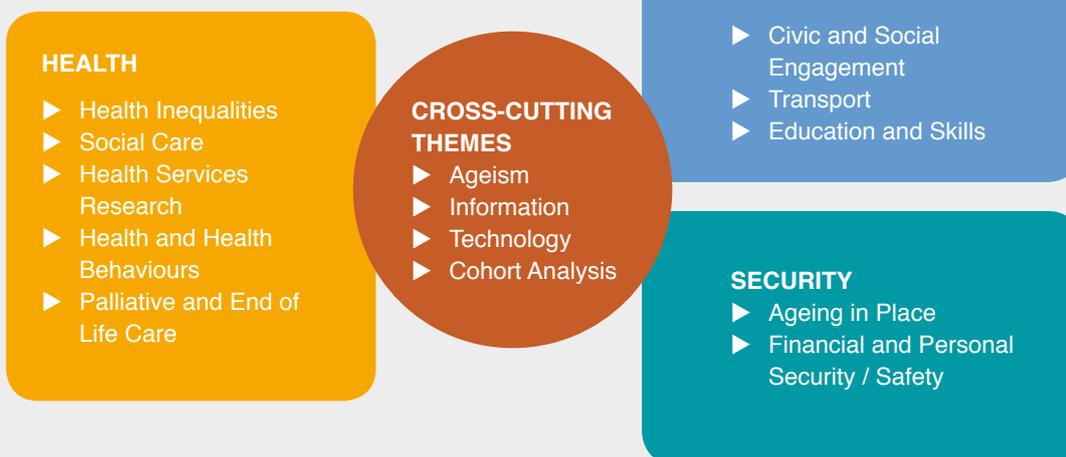
Purpose

‘To enhance population health and wellbeing over the trajectory of ageing by the creation and use of knowledge to ensure Ireland is a good place to grow old’

Pillars



Priorities



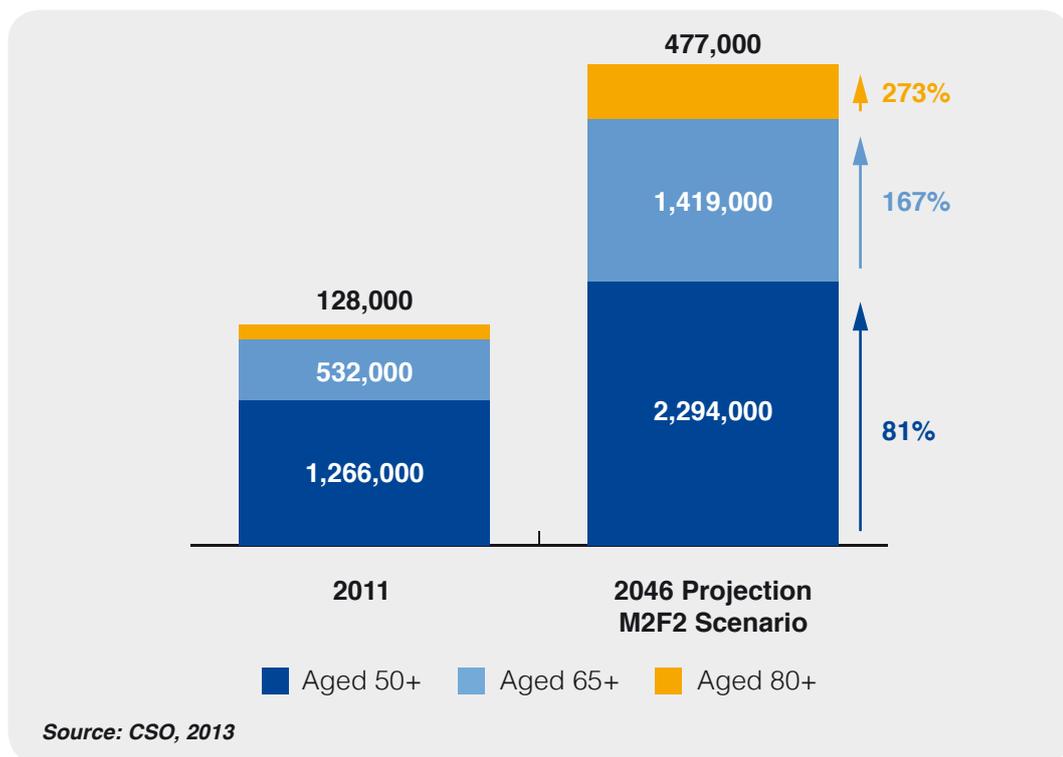
The ageing population in Ireland

Ireland's population structure is changing. Similar to other European countries, Ireland is witnessing a growth in its older population, primarily due to medical innovations, enhanced treatments and improved lifestyles. Many people are living longer in better health, but not everyone who is living longer is adding 'healthy years' to their life. There are an increasing number of older people in Ireland living with multi-morbidities and chronic disease, social isolation, disabilities, and cognitive decline. These can impact severely on their quality of life.

The country is projected to witness a major growth in the number of persons aged 50 years and older, with a significant increase occurring in those 80 years and over:

- ▶ The proportion of people aged 50 years and over will increase from 27.7% (1.3 million) of the total population to nearly 41% (2.3 million) by 2046. This is based on the Central Statistics Office (CSO) population projections using the M2F2 scenario;
- ▶ The number of those aged 65 and over is projected to increase significantly from 531,600 to 1.42 million (or by 167%); and
- ▶ The oldest population (i.e. those aged 80 years and over) is expected to nearly quadruple, increasing from 128,000 to 476,700 (CSO, 2013).

From 2011 to 2046...



In a period of reduced public expenditure and resources, the growth of the population aged 50 and over represents one of the most significant demographic and societal developments that European countries have faced in recent years – particularly given the cross-cutting, complex and multi-dimensional nature of ageing.

Building on assets and successes

During the period of research investment from the late 1990s to 2007, Ireland has become an internationally recognised leader in a number of research fields. The quality and quantity of research and knowledge output has increased, as measured by academic publications and citations (Research Prioritisation Steering Group, 2011). Large-scale research infrastructure has emerged in HEIs, such as TILDA, Trinity College Dublin, (TCD) and NICOLA, Queen's University Belfast (QUB).

Research programmes and projects are being funded by a range of government bodies, research councils, professional bodies and charities. These include the: DoH, HRB, Irish Research Council, the Atlantic Philanthropies, SFI, Wellcome Trust and the former Centre for Ageing Research and Development in Ireland (CARDI), now the Ageing Research and Development Division of the Institute of Public Health.

The research system in Ireland is being framed by changing National and European research and innovation policies, which are informing the research agenda of policy makers, funding bodies and HEIs. This includes the National Research Prioritisation Exercise 2013-2017, which aims to maximise the impact of public research investment on socio-economic progress. The National Research Prioritisation Exercise is a significant step by the government towards a national research system that is characterised by excellence and contributes to Ireland's competitive advantage. The 'Healthy and Positive Ageing for All' Strategy is framed within this changing research and knowledge sector in Ireland.

The importance of research on ageing

Ireland is entering a period of rapid population ageing, and maintaining the health and wellbeing of older people will be a significant challenge for healthcare providers and policy makers. Research plays a vital role in policy development and service planning for an ageing population. It will improve the lives of older people, by providing the evidence and knowledge required to address the many challenges of an ageing population.

Collaboration between policy makers, HEIs, professional bodies, clinicians, health services, industry, voluntary sector and NGOs is crucial to generating new knowledge. In addition, research outputs must be translated in a timely manner, and the policy system must be flexible and responsive to new evidence to ensure maximum gain.

For the first time, local as well as national indicators of positive ageing are available from the HaPAI City and County Survey (see Appendix 1, Existing Data Sources). This data provides new insights into local and community factors that affect healthy and positive ageing. Despite the wide range of research undertaken on ageing in Ireland and across Europe, there are a number of areas that remain underdeveloped.

The 2015-2019 Research Strategy 'Healthy and Positive Ageing for All' sets out the strategic plan categorised under four Pillars and 14 research Priorities.

The strategy prioritises areas of research where knowledge gaps exist, and promotes the use of existing data and the funding of original and innovative research to fill knowledge gaps and answer research questions.

Our Approach

A Research Prioritisation Exercise (RPE) was undertaken to identify and prioritise research themes and questions for policy, practice and service provision in the area of ageing in Ireland (see Appendix 2 for the list of RPE participants). This priority setting exercise helped ascertain and categorise gaps in knowledge in order to shape future research on ageing.

The purpose of a RPE is to make the most efficient use of available resources in order *“to meet organisational, national and international objectives and ensure that patients, service users and the wider economy benefit from research efforts”* (Sub-Group of Irish Health Research Forum, 2015).

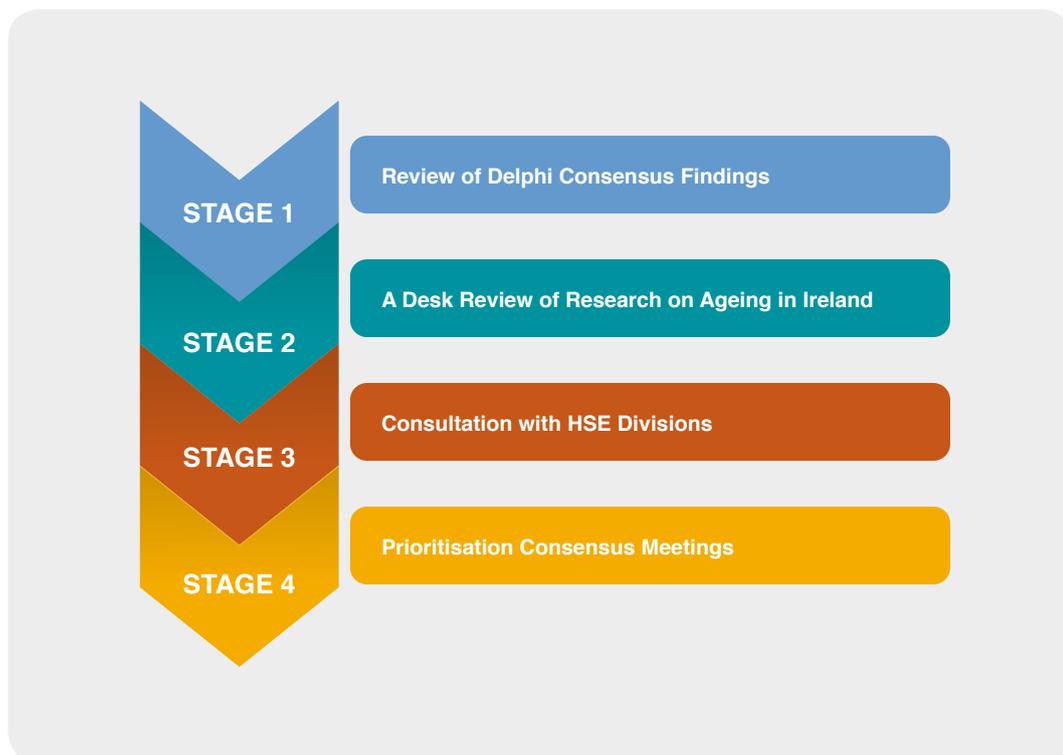
The RPE is a systematic approach to identifying research priorities characterised by:

- ▶ inclusiveness;
- ▶ the involvement of a broad range of stakeholders;
- ▶ a multidisciplinary and cross-sectoral approach;
- ▶ a participatory and transparent process; and
- ▶ a systematic analyses of health needs, societal and professional expectations (Okello and Chongtrakul, 2000).

Prioritisation

A multi-staged consultation and prioritisation process was undertaken to agree the 14 research Priorities on ageing which constitute the foundation of this strategy.

The research priorities will be supported and promoted by the HSE and partners to ensure that positive outcomes for the ageing population in Ireland are achieved. Our prioritisation process included four stages:



REVIEW OF DELPHI CONSENSUS FINDINGS

- ▶ A five-stage consensus approach was carried out by the Department of Health HaPAI Research Team in 2015 to develop a core set of national healthy and positive ageing indicators.
- ▶ 73 participants including academics/researchers (45%), older people (24%) and people working in the public (14%) and voluntary sectors (18%) took part in the eDelphi surveys.
- ▶ The final indicator set achieved a high level of consensus, and comprises 55 key indicators and 54 additional indicators.
- ▶ Rich qualitative perspectives and ideas were provided by participants on gaps in the indicator set. These responses were communicated to the HSE Research Team through a series of research prioritisation meetings and analysed thematically using a content driven, thematic approach. Research priorities were identified as a result.

A DESK REVIEW OF RESEARCH ON AGEING IN IRELAND

- ▶ A desk review of research studies on ageing that have been funded, commissioned and completed in Ireland since 2010 was compiled, and informed the prioritisation of group discussions.
- ▶ There is a wide range of multi-disciplinary research on ageing across various academic disciplines, and extensive clinical and medical research on older people. Research on ageing as a population health topic is a relatively new phenomenon in Ireland.
- ▶ A range of national and international funding bodies have awarded grants for ageing research. CARDI funded 32 projects between 2009 and 2015, and invested €2m to fund nine Research Fellows. The HRB awarded over €1m in 2015 to six research projects on ageing. In early 2016, the HRB and The Atlantic Philanthropies awarded €4.57m to seven research projects on dementia.
- ▶ There are excellent research centres and institutes that conduct a large body of research on ageing across a range of disciplines (e.g. Trinity EngAGE, TILDA, NICOLA, SPARC, MIRA, HARC, ICSG, NCPOP, Netwell CASALA, ESRI and ARCH).

CONSULTATION WITH HSE DIVISIONS

- ▶ Consultations on research needs of HSE Divisions took place by questionnaire.
- ▶ Each Divisional Senior Management Team was asked to identify their most pressing current and future service level research needs that are integral to service development and improvement.
- ▶ A total of 17 research proposals were submitted by the Divisions.
- ▶ Face to face consultations with the National Clinical Advisors and Heads of Planning and Performance were also held as part of the Planning for Health process. The learning from the Planning for Health consultations and process further informed the development of research priorities.

PRIORITISATION CONSENSUS MEETINGS

- ▶ A number of prioritisation group meetings were held (see Appendix 2 for a list of participants).
- ▶ The discussions were exploratory, and an informed consensus approach was used. Knowledge gaps were identified using the Delphi consensus findings and feedback from the HSE Divisions. The outcomes were influenced by existing and ongoing research on ageing in Ireland.
- ▶ Research and knowledge gaps on ageing were assessed based on three criteria: 'appropriateness', 'relevance', and 'potential impact of research outcomes'.
- ▶ 14 research priorities were agreed.

Pillar 1: Health

Support people to live a healthy and good quality of life as they age, and promote the development and delivery of high quality health and social care services.

Priority: Health Inequities and Inequalities as we Age

Evidence shows that deaths and ill health caused by health inequities and inequalities account for up to 20% of total healthcare costs (Mackenbach et al., 2011). Addressing health inequalities is one of the leading priorities of *Healthy Ireland*. Older people have tended to be neglected in research on health inequalities compared with people in other stages of life (Artazcoz and Rueda, 2007). Similarly, there has been a lack of research on how socio-economic status interacts with gender in later life. These omissions are difficult to understand given that health needs and the use of health services are greater among older age groups. Marginalised groups may experience specific health challenges and adverse life experiences. These challenges can result in considerable health disparities and inequalities, which may increase as they age.

We will promote and seek to fund research in the following areas:

- ▶ To support research on specific marginalised groups as they age in Ireland and their health outcomes – e.g. the traveller population, migrants/ethnic minorities, older people experiencing homelessness, physical/sensory disabilities and the LGBT community;
- ▶ To develop and analyse national and local datasets to estimate and map inequalities in key positive ageing indicators;
- ▶ To convene an Expert Working Group to progress:
 - (1) the conceptual framework for the development of a quantitative index that allows national and international comparison of health inequalities for older people; and
 - (2) support the development of a sustainable means of analysing population ageing health indicators and inequalities that exist at a national and local level, e.g. 'healthy life expectancy', 'disability adjusted life years'.

Priority: Social Care

Older adults access a range of services including home care, meals on wheels, home help, convalescent care, respite care, day centres and nursing homes. These services can range from low to maximum dependency, depending on the needs and level of independence of an individual (Department of Health, 2015b).

We will promote and seek to fund research in the following areas:

- ▶ To examine the variations in service provision, extent of unmet needs, and impact of home care services in Ireland. In addition, we will support work to examine the level of choice older people have to remain in their homes and the social care services that they access;
- ▶ To measure the positive ageing profile of older adults in residential settings, and the quality of life and care in these settings for older people;
- ▶ To explore how independence can be maintained, and how positive ageing can be promoted in residential care settings;
- ▶ To develop economic tools to facilitate transparent resource and allocation assessment in community-based home care services and residential care settings; and
- ▶ To investigate care giving in family dementia and adverse mental health and cognitive outcomes.

Priority: Health Services Research

As people age they are more vulnerable to chronic diseases, and the care they require can be complex. Wave 1 TILDA data shows that 64.8% of people aged 65 years and over have two or more chronic conditions. It is estimated that most of the major chronic diseases will increase by approximately 20% by 2020, mainly driven by an ageing population. Health service use by older populations differs significantly from the population aged between 18 and 64 years. A person aged 65 years and over attends a GP practice on average 7 times a year (Department of Health, 2013). Approximately one in every two people aged 65 years and over attending ED is admitted to hospital in comparison to one in every five people aged 18-64 years (Smyth et al., 2017). Providing health services to older people requires collaboration of a range of healthcare professionals to ensure integrated care planning and delivery. Preventative and rehabilitation services play a vital role in the primary care of older people.

We will promote and seek to fund research in the following areas:

- ▶ To enhance our understanding of the patient journey of older people through primary, secondary and tertiary care and evaluate access, quality and appropriateness of current health services to address health and social care needs;
- ▶ To undertake health service outcomes-based research for the older population to further inform the appropriateness and quality of current services for older people;
- ▶ To develop an 'Age-friendly Hospital' intervention model to inform policy, and ensure hospitals are fit for purpose to provide services to the older population;
- ▶ To scope the feasibility of undertaking an outcomes-based evaluation to measure the impact and effectiveness of the Psychiatry of Old Age service; and
- ▶ To profile needs of older people with severe and enduring life-long mental health illness, who are usually under the care of general adult and rehabilitation services, and the specific challenges they face in accessing appropriate services.

Priority: Health and Health Behaviours

Health is a key determinant of wellbeing and quality of life for older people. A longer life expectancy can be the outcome of improvements in health care, lifestyles and behaviours. Healthy lifestyle behaviours, such as physical activity and good diet, are associated with better quality of life outcomes (Department of Health, 2015a). Physical activity as you age can have many health benefits, such as reducing disabilities and helping to prevent various diseases. Despite evidence on the benefits of health behaviours, one-third of those aged 50 years and over in Ireland are obese (Leahy et al., 2014), one in five smoke, and one in 20 have problematic alcohol consumption (Barrett et al., 2011). Increased longevity does not necessarily mean an increased number of healthy and active years. People can experience falls/injuries, cognitive decline, chronic health conditions and mobility issues as they age. How people adapt to physical and mental health decline can depend on their level of resilience.

We will promote and seek to fund research in the following areas:

- ▶ To explore the dietary habits of older people, and the factors and interventions that assist in maximising optimum benefit;
- ▶ To understand how frail older adults use the public health and social care system, and to determine how these patterns of use impact on a range of physical health outcomes and social indicators; and
- ▶ To investigate best practice community models of prevention and rehabilitation for older persons and their feasibility in the Irish setting.

Priority: Palliative and End of Life Care

Being supported to die comfortably with dignity is increasingly a key factor of positive ageing. Although the majority of people in Ireland (67%) prefer to die at home, only a quarter of people actually die in their home (Joint Committee on Health and Children, 2014). One in four deaths that occur in acute hospitals in Ireland could have taken place at home if specialist palliative care teams were in place (McKeown, et al., 2010).

We will promote and seek to fund research in the following areas:

- ▶ To deliver efficient and effective integrated palliative and end of life care services for older people, including the needs and variations in current provision of these services; and
- ▶ To support the development and validation of a robust and sustainable indicator set to measure access and quality of palliative and end of life care.

Pillar 2: Participation

Support people as they age to engage in social, cultural and physical activities, employment, lifelong learning, active citizenship and volunteering which positively impact on their health, wellbeing and quality of life.

Priority: Civic and Social Engagement

Engaging in social relationships, networks and activities is beneficial for the wellbeing and quality of life of older people. Furthermore, older people can significantly contribute to community life and the workforce in terms of social and economic added value. In addition, civic and social engagement potentially reduces the risk of cognitive decline in older people.

We will promote and seek to fund research in the following areas:

- ▶ To identify the important determinants for maintaining social participation in social networking and informal caring in the over 50s age group;
- ▶ To explore and analyse data on retirement transitions and the post-retirement social participation of older adults; and
- ▶ To evaluate age-friendly workplaces in Ireland, and what initiatives can enhance the age-friendliness of workplaces.

Priority: Transport

Transport is an important enabler of independence, autonomy and quality of life for older people. For those who can no longer drive or do not live near public transport routes, a lack of access to transport can negatively impact on their ability to participate in activities, their security, and on their health and wellbeing. Transport and mobility, particularly for those living in rural areas, are vital to overcoming isolation and social exclusion.

We will promote and seek to fund research in the following areas:

- ▶ To conduct a qualitative case study analysis of transport for older people living in rural areas, particularly those aged over 80 who are not driving; and
- ▶ To explore national and local data on transport usage, driving cessation and their health and wellbeing effects on older people.

Priority: Education and Skills

The continued engagement of older people in education and lifelong learning can assist in reducing the risk of cognitive decline and dementia (Department of Health, 2015a). Participation in learning can sustain and increase the knowledge, quality of life, motivation, coping skills, independence and social connectivity of older people.

We will promote and seek to fund research in the following areas:

- ▶ To increase the understanding of the interrelationship between adult education and skills (literacy and numeracy) and positive ageing outcomes for older people.

Pillar 3: Security

Support the social, financial and physical security needs of people as they age.

Priority: Ageing in Place

As people age, they spend more time in their homes. The condition of the home environment and its appropriateness has an impact on their health, wellbeing and quality of life. 'Ageing in place' has positive benefits for people as they age, for example continued social contact and relationships, and control over their life and daily routines (Department of Health, 2015a). However poor quality housing design can limit daily activities, thus causing deterioration in physical and mental health.

We will promote and seek to fund research in the following areas:

- ▶ To analyse local data on older people's attitudes to alternative housing options and how these attitudes are distributed (by age, gender, social class, geography); and
- ▶ To enhance our knowledge of alternative forms of housing for older people by learning from Irish and International best practice alternatives to residential care settings.

Priority: Financial and Personal Security/Safety

Feeling safe can play an important role in maintaining a person's independence and engagement in society. The perception of safety in the community positively impacts on physical activity and social interaction. In addition, adequate income provides financial security and stability.

We will promote and seek to fund research in the following areas:

- ▶ To explore the impact of changing neighbourhoods and individual experiences on the personal security of older people living in the community;
- ▶ To examine how various indicators of financial security differ among the older population and the impact of the recent economic crisis and associated policy changes on the financial security of the older population in Ireland; and
- ▶ To analyse local data on the perceptions of safety and experience of crime relating to older people.

Pillar 4: Cross-cutting Themes

Support people as they age to access advice, information and technology, and positively change attitudes towards older people in society.

Priority: Ageism

Negative attitudes towards people as they age in society affects their access to services and employment. This can result in older people feeling isolated, insecure and socially excluded (Department of Health, 2015a). These negative perceptions may be internalised, causing a deterioration of physical function, social participation and subjective wellbeing.

We will promote and seek to fund research in the following areas:

- ▶ To analyse local data on the experiences and perceptions of ageism as a barrier to community participation for older people.

Priority: Information

Access to information is an important determinant of healthy and positive ageing. Information and information processing skills help people as they age to manage various transitions associated with ageing. Appropriate information informs choices about health and wellbeing.

We will promote and seek to fund research in the following areas:

- ▶ To support research that analyses the prevalence, profile, and effect of limited interactive health literacy on the health behaviours and social wellbeing of older people.

Priority: Technology

Assistive technology facilitates older people to live in their homes for longer and complete daily tasks. There have been significant developments and innovation in technological science, which offer opportunities and solutions to the health service, providers and users. It is important to harness these innovations and optimise their benefits to facilitate healthy ageing.

We will promote and seek to fund research in the following areas:

- ▶ To carry out a systematic review of national and international literature on assisted living and self-monitoring technology to assist older people to remain in their own home, feeling safe and secure and maintaining health and wellbeing.

Priority: Cohort Analysis

Ireland will witness a major growth in the number of older persons in the next 30 years, with the greatest increase occurring in the over 80 age group. The expansion of this older age group will pose specific challenges for government, policy makers, health services and society.

We will promote and seek to fund research in the following areas:

- ▶ To understand the positive ageing profile of people aged 80 years and over living in the community and the barriers to positive ageing they may face.

Implementing the Strategy

The 2015-2019 Research Strategy 'Healthy and Positive Ageing for All' provides us with the opportunity to build on existing rich datasets and to fund research on ageing to address existing gaps in knowledge. This evidence-base should be used and capitalised to inform better policy and service responses to population ageing, and to improve the positive ageing outcomes of people in Ireland.



How will we do it?

A range of approaches and funding mechanisms are required to support the research priorities of this strategy. Multi-sectoral, inter-institutional and organisational partnerships and collaborations are essential for the delivery of the higher purpose of 'Healthy and Positive Ageing for All'. These organisations and institutions will include: HEIs, research centres, government departments, professional bodies, health services, the community and voluntary sector, NGOs, Older People's Councils and the general public. Furthermore funding partnerships internationally and nationally will be essential through EU funded programmes and national funding bodies e.g. Horizon 2020, HRB, SFI, Wellcome Trust, National Health Innovation Hub, voluntary bodies and industry.

An action plan will be devised which will outline the actions for each of the research priorities.

Research will be delivered using a number of different mechanisms, and essential to this process is capacity building and sustainability. As a health system, it is imperative that we invite early-career researchers to become an integral part of our data mining exercises, so that big data on health and social care are continually interrogated to answer dynamic and relevant questions pertinent to our evolving population needs and service planning cycle.

Just over €1million has been allocated through the HaPAI by the HSE (Health and Wellbeing Division) and the Atlantic Philanthropies to fund research on ageing between 2015 and 2017. Almost €485,000 was awarded to five projects in 2015. In addition, in 2017 the HSE will be announcing an open call to the value of €500,000 on one of the research priority areas. Although this funding will not answer all the identified research priorities, it will lay the foundation to further assist collaborations and partnerships to promote ongoing research on ageing to ensure 'Healthy and Positive Ageing for All' in Ireland.

There are six **Principles** that will guide the implementation of the 2015-2019 actions.

1. Acting to improve positive impact

We will ensure that our activities and outputs have a real impact on the positive ageing of older people and their quality of life. We will support the use of evidence-based findings to inform better policy responses and service provisions to our ageing population.

2. Acting in partnership to deliver integrative research

Research on ageing is an interdisciplinary research field that requires the involvement of a range of stakeholders. An ageing population poses health, economic, societal and environmental challenges for Ireland. In partnership with the HaPAI Research Team, we will build and promote collaborations and strategic partnerships with HEIs, government departments, policy makers, professional bodies, clinicians, service providers, the community and voluntary sector, NGOs, Older People's Councils and older people.

3. Acting to ensure relevancy

We will support research that is timely and relevant to current and dynamic research priorities in order to maximise impact on health and social policy development.

4. Acting to increase capacity and capability to conduct excellent research

We will build upon existing initiatives and valuable research that has been completed or is ongoing. We will commission, fund and support innovative research on ageing that is of high quality and meets the highest academic and international standards. Excellence will be assured through rigorous peer reviewed application and tendering processes. We will annually monitor and document the quality of our activities and outputs through a quality improvement cycle.

5. Acting in an ethical manner

We will ensure that research is conducted in accordance with the appropriate ethical guidelines, research practices and standards.

6. Acting openly and responsibly

We are fully committed to the principles of transparency and accountability in the research that we support. We will act responsibly and adhere to best practices in the commissioning and conducting of research through good governance processes.

Appendix 1: Existing Data Sources

Data Source	Census
Reference periods	2011 and 2016
Data collection frequency	Five year intervals
Coverage	<i>De facto</i> population, i.e. the population recorded for each area represents the total of all persons present within its boundaries on the night of the Census, together with all persons who arrived in that area on the morning of the Census, not having been enumerated elsewhere. Persons on board ships in port are included in the population of the area in which the ship is docked
Method of data collection	Self-completed form
Data content	Demography
Relevant policy areas	Healthcare, health, carers education, employment, transport, housing and living arrangements

Data Source	European Working Conditions Survey (EWCS)
Reference period	2015
Data collection frequency	Every five years
Coverage	More than 43,000 workers in 35 European countries. People were randomly selected from a statistical sample, comprising a cross-section of society, ranging from 1,000 to 3,300 people in each country
Method of data collection	Face-to-face interviews in peoples' homes
Data content	Working conditions
Relevant policy areas	Exposure to physical and psychosocial risks, working time duration and organisation, employment status and contract, place of work, work organisation, work life balance and spill-over between work and life outside work, training and learning at work, voice at the workplace, health and wellbeing, and earnings

Data Source	HaPAI City and County Survey
Reference period	2015-2016
Data collection frequency	Once-off survey
Coverage	Community-dwelling adults aged 55+ in 21 cities and counties. Interviews were conducted in randomly selected District Electoral Division areas (50 DEDs in each area). A total of 10,540 interviews were conducted
Method of data collection	Face-to-face Computer-Assisted Personal Interviews (CAPI) in the participants' home with a trained interviewer. Participants were also invited to complete an additional separate paper-based survey on subjective wellbeing and experience of elder abuse
Data content	Health and wellbeing, participation and security
Relevant policy areas	Age-friendly public spaces; experiences of discrimination; housing; safety and security; healthy ageing; health and social services utilisation; participation in education and lifelong learning; active citizenship and volunteering; social and cultural participation; carers; transport; and access to information

Data Source	Household Finance and Consumption Survey (HFCS)
Reference period	2013
Data collection frequency	Every three years
Coverage	4,000 households in Ireland
Method of data collection	Questionnaire
Data content	Households' finances and consumption, including details on households' assets, liabilities, credit, savings and spending
Relevant policy areas	The effects of the economic and financial crisis on households' finances, and cross-sectional distribution of debt and wealth

Data Source	Programme for the International Assessment of Adult Competencies (PIAAC)
Reference period	2008-2013
Data collection frequency	Three interview rounds in 40 countries from 2008 to 2019
Coverage	5,000 adults aged 16 to 65 years in each participating country
Method of data collection	Computer or paper-based interviews in the participants' home
Data content	Literacy and numeracy skills
Relevant policy areas	Performance of education and training systems, illiteracy and poor literacy, gaps between labour markets and education/training, at-risk populations, equity levels in access to education and intergenerational mobility, and young people's transition from education to work

Data Source	Survey of Health, Ageing and Retirement in Europe (SHARE)
Reference periods	Wave 1 (2004-2005); Wave 2 (2006-2007); SHARELIFE (2008-2009); Wave 4 (2010-2012); Wave 5 (2013); Wave 6 (2015)
Data collection frequency	Waves 1-6 from 2004 to 2015
Coverage	Micro-data on health, socio-economic status and social and family networks of approximately 123,000 individuals aged 50+ (more than 293,000 interviews). SHARE covers 20 European countries and Israel. Ireland participated in Wave 2 and SHARELIFE
Method of data collection	Data collection is based on CAPI. The interviewers conduct face-to-face interviews using a laptop computer on which the CAPI instrument is installed
Data content	Physical and psychological health, socio-economic status, demographic characteristics, and social and family networks support
Relevant policy areas	Physical health and measures; behavioural risks; mental health; cognitive function; health care; employment and pensions; children; housing; financial transfers; social support; household income and assets; consumption; activities; social networks; childhood; and computer/internet use

Data Source	The Irish Longitudinal Study of Ageing (TILDA)
Reference periods	Wave 1 (2009-2011); Wave 2 (2012-2013); Wave 3 (2014-2015)
Data collection frequency	Every two years
Coverage	Community-dwelling adults aged 50+ at Wave 1, 52+ at Wave 2 and 54+ at Wave 3, living in the Republic of Ireland. A random, clustered, stratified sampling is used to ensure population representative sample
Method of data collection	Face-to-face interviews in participants' homes; self-completion questionnaire; nurse-led health assessment
Data content	Health, economic and social data
Relevant policy areas	Employment, education and lifelong learning, active citizenship, engagement in activities, transport, healthy ageing, support and care services, income, homes, ageism

Appendix 2: Research Prioritisation Exercise Participants

The Prioritisation Group comprised staff from the HSE Research Awards on Ageing project team and the HaPAI Research Team:

HSE Research Awards on Ageing Project Team:

- ▶ Dr. Breda Smyth,
Consultant in Public Health Medicine and HSE Lead on HaPAI,
Department of Public Health, HSE West
- ▶ Sinead McGinley,
Strategic Research Officer (until October 2016)
- ▶ Dr. Gerardine Sayers,
Consultant in Public Health Medicine,
Knowledge Management (incorporating Health Intelligence)
- ▶ Lynsey Quinn,
Strategic Research Officer

DoH HaPAI Research Team:

- ▶ Dr. Eithne Sexton, Research Fellow on HaPAI and TILDA, DoH/TCD (until May 2016)
- ▶ Dr. Mark Ward, Research Fellow on HaPAI and TILDA, DoH/TCD (from September 2016)
- ▶ Niamh Moran, HaPAI Research Assistant, DoH
- ▶ Dr. Sarah Gibney, HaPAI Analyst, DoH
- ▶ Sinead Shannon, HaPAI Project Manager, Age Friendly Ireland/DoH
- ▶ Tara Moore, HaPAI Research Assistant, DoH.

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- ▶ Dr. Christine McGarrigle, Research Director, TILDA (member of HaPAI Steering Group)
- ▶ Dr. Karen Ryan, Consultant in Palliative Medicine, St. Francis Hospice and Mater Hospital
- ▶ Dr. Declan McKeown, Consultant in Public Health Medicine, Knowledge Management (incorporating Health Intelligence), HSE
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- ▶ Knowledge Management (incorporating Health Intelligence), Health and Wellbeing Division, HSE
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Abbreviations

ARCH	Applied Research for Connected Health
CAPI	Computer-Assisted Personal Interviews
CARDI	Centre for Ageing Research and Development in Ireland
CSO	Central Statistics Office
DED	District Electoral Division
DoH	Department of Health
ED	Emergency Department
ESRI	Economic and Social Research Institute
EU	European Union
EWCS	European Working Conditions Survey
GP	General Practitioner
HaPAI	Healthy and Positive Ageing Initiative
HARC	Healthy Ageing in Rural Communities
HEIs	Higher Education Institutions
HFCS	Household Finance and Consumption Survey
HRB	Health Research Board
HSE	Health Service Executive
ICSG	Irish Centre for Social Gerontology
LGBT	Lesbian, Gay, Bisexual and Transgender
MIRA	Mercer's Institute for Research in Ageing
NCPOP	National Centre for the Protection of Older People
NGO	Non-Governmental Organisation
NICOLA	Northern Ireland Cohort for the Longitudinal Study of Ageing
PIAAC	Programme for the International Assessment of Adult Competencies
QUB	Queen's University Belfast
RPE	Research Prioritisation Exercise
SFI	Science Foundation Ireland
SHARE	Survey of Health, Ageing and Retirement in Europe
SPARC	Social Policy and Ageing Research Centre
TCD	Trinity College Dublin
TILDA	The Irish Longitudinal Study on Ageing
WHO	World Health Organisation

Ageing

Ageing can be defined as the process of growing older and occurs throughout the life course. There are commonly used definitions for old age, but there is no general agreement of what age a person becomes old. The WHO states that most countries use 65 as the age of an 'elderly' or older person. When examining positive ageing it is useful to also include those aged 50-64, as this is the period in a person's life leading up to retirement and when many experience the initial onset of chronic conditions.

Positive Ageing

The concept of positive ageing, or 'successful ageing', relates to outcomes in the areas of social participation, education and employment, health, housing, the built environment, financial security and subjective wellbeing. These broad range of factors play a role in enhancing and improving people's health, wellbeing and quality of life as they age. Positive ageing does not require optimal outcomes across all of these domains, and therefore a multi-dimensional approach is required to measure positive ageing.

Health

Healthy Ireland defines health as "everyone achieving his or her potential to enjoy complete physical, mental and social wellbeing". As per the WHO definition, the concept is broadly defined as being "more than an absence of disease or disability" (Department of Health, 2013).

Wellbeing

Wellbeing is a multi-dimensional concept and has different meanings across a range of disciplines, such as economics, gerontology, psychology, sociology and medicine. *Healthy Ireland* defines wellbeing as an aspect of "positive mental health, in which a person can realise his or her own abilities, cope with the normal stresses of life, work productively and fruitfully, and be able to make a contribution to his or her community" (Department of Health, 2013).

References

- Artazcoz, L. and Rueda, S. (2007). Social inequalities in health among the elderly: a challenge for public health research. *Journal of Epidemiology and Community Health*, (61), 6, pp. 466 - 467.
- Barrett, A., Savva, G., Timonen, V. and Kenny, R. (2011). *Fifty Plus in Ireland 2011: First Results of the Irish Longitudinal Study on Ageing*. Dublin: TILDA. Available from: https://tilda.tcd.ie/assets/pdf/glossy/Tilda_Master_First_Findings_Report.pdf. Accessed 10 September 2016.
- Central Statistics Office (2013). *Population and Labour Force Projections 2016-2046*. Dublin: The Stationary Office. Available from: http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016_2046.pdf. Accessed 10 September 2016.
- Department of Health (2013). *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025*. Available from: <http://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>. Accessed 30 August 2016.
- Department of Health (2015a). *Healthy and Positive Ageing Initiative Literature Review*. Dublin: Department of Health. Available from: <https://hapai.net/hapai-project-resources/>. Accessed 30 August 2016.
- Department of Health (2015b). *Healthy and Positive Ageing Initiative Preliminary Report*. Dublin: Department of Health. Available from: <http://agefriendlyireland.ie/healthy-positive-ageing-initiative-preliminary-report/>. Accessed 29 August 2016.
- Joint Committee on Health and Children (2014). *Report on End of Life and Palliative Care in Ireland*. Volume 1: Dublin. Available from: <http://www.oireachtas.ie/parliament/media/committees/healthandchildren/health2014/End-of-Life-Vol-1.pdf>. Accessed 10 September 2016.
- Leahy, S., Nolan, A., O'Connell, J. and Kenny, R. (2014). *Obesity in an Ageing Society*. Dublin: TILDA. Available from: http://tilda.tcd.ie/assets/pdf/Obesity_in_an_Ageing_Society_Report.pdf. Accessed 10 September 2016.
- Mackenbach, J., Meerding, W. and Kunst A. (2011). Economic Cost of Health Inequalities in the European Union. *Journal of Epidemiology and Community Health*, 65 (5), pp. 412 – 419.
- McKeown, K., Haase, T., Pratschke, J., Twomey, S., Donovan, H., and Engling, F. (2010). *Dying in Hospital in Ireland: An Assessment of the Quality of Care in the Last Week of Life*. Report 5, Final Synthesis Report. Dublin: Irish Hospice Foundation. Available from: <http://epubs.rcsi.ie/cgi/viewcontent.cgi?article=1000&context=icubhrep>. Accessed 29 August 2016.
- Okello, D. and Chongtrakul, P. (2000). *A Manual for Research Priority Setting Using the ENHR Strategy*. Geneva: The Council on Health Research for Development. Available from: <http://www.cohred.org/downloads/578.pdf>. Accessed 26 August 2016.
- Research Prioritisation Steering Group (2011). *Report of the Research Prioritisation Steering Group*. Dublin: Forfás. Available from: <https://www.djei.ie/en/Publications/Publication-files/Research-Prioritisation.pdf>. Accessed 29 August 2016.
- Smyth B., Marsden P., Donohue F., Kavanagh P., Kitching A., Feely E., Collins L., Ryan A., Cullen L., Sheridan A., Evans D., Wright P., O'Brien S., and Migone C. (2017). *Planning for Health: Trends and Priorities to Inform Health Service Planning*. Dublin: Health Service Executive.
- Sub-Group of Irish Health Research Forum (2015). *Briefing Paper: Developing a Process to Prioritise Research Questions for Policy, Practice and Services*. Dublin: Irish Health Research Forum. Available from: http://www.mrcg.ie/assets/22/2A2EF907-DB60-A760-E5BE77CD3D23A278_document/Forum_12-5-15_Briefing_Paper.pdf. Accessed 29 August 2016.



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