45 and Up Study
Supporting the
Centre for Primary
Health Care and
Equity

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The 45 and Up Study background

- A resource to inform policy and practice for healthy ageing
- 267,000 NSW participants aged 45+ joined 2005-2009
- Oversampled older and rural people
- The same participants
- All participants sent survey every 5 years. All consented to:
 - linking data for health research
 - participating in additional research eg biospecimens
- A national data asset 800 researchers, 500 publications, 12,000 citations, used by many government and policy agencies





What has been covered in previous surveys

- Health Status: overall health, medical conditions, functional status, disability, medications, mental health and wellbeing...
- **Healthcare:** access, utilisation, virtual care, missed care
- Determinants of health: social, behavioural, personal biomedical and environmental factors
 - Housing, finance, education, employment
 - Social support, loneliness, isolation
 - Health behaviours: lifestyle, smoking, alcohol, physical activity
- Impact of pandemic





45 and Up Study includes many priority populations

- •People in regional and remote areas (48%)
- People with disabilities
- Carers
- People living alone
- Very old
- •Women
- •CALD
- •LGBTQ
- •ATSI





Baseline 45 and Up demographics – large and diverse

2005-2009
267,357
62.8
45-100+
3%
54%
20%
11% - outer and remote 37% - inner regional
11%
0.7%
19%

Large and diverse cohorts:

- Carers
- People with disability
- CALD
- People in rural areas-123k
- People with chronic cond
- Older people
- People in aged care.
- Aboriginal people



2020 - Active participants by LHD

Metro	Active participants
Northern Sydney	19,999
South Eastern Sydney	14,564
South Western Sydney	14,080
Illawarra Shoalhaven	13,373
Central Coast	10,552
Western Sydney	10,529
Nepean Blue Mountains	8,941
Sydney	7,420
Total	99,458

Regional	Active participants
Hunter New England	31,958
Northern NSW	13,340
Mid North Coast	12,032
Western NSW	11,484
Murrumbidgee	9,639
Southern NSW	9,383
Albury Wodonga Health	2,325
Far West	1,332
Not in NSW	6,196
Total regional	97,689



Linkage to other data source gives additional power

- Identify cohorts of interest
- Identify new diseases
- Understand patient journeys
- Account for confounding factors
- Capture costs of health care
- Identify outcomes

Examples of common linkages

Medicare Benefits Scheme

Pharmaceutical Benefits Scheme

Australian Immunisation Registry

Admitted Patient Data Collection (Hospital)

Emergency Department Data Collection (Emergency)

Central Cancer Registry

Mental Health Ambulatory Data Collection

National Information Management System incl COVID cases

Deaths data including cause of deaths

COVID Insights



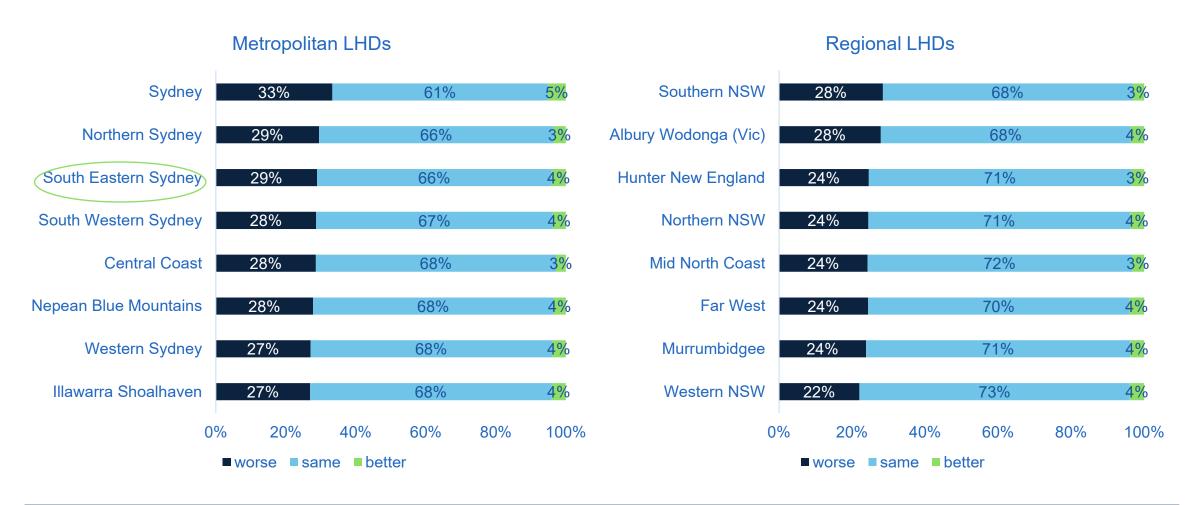


2020-2022 COVID Insights – rapid surveys informing policy & planning

- Supported by 2020 NSW Health Government COVID Grant
- 5 rapid surveys of 32,000 participants _Total 60,000 have completed COVID related surveys
- All surveys completed online (50% of core 45 and Up Study questionnaires are completed by post)
- Largest COVID cohort study in Australia
- Themes and topics iterative & developed with stakeholders
- Rapid reporting of change over time, and across demographic, area and population groups
- Actionable findings
- New data set available for research, policy or planning COVID Data Hub



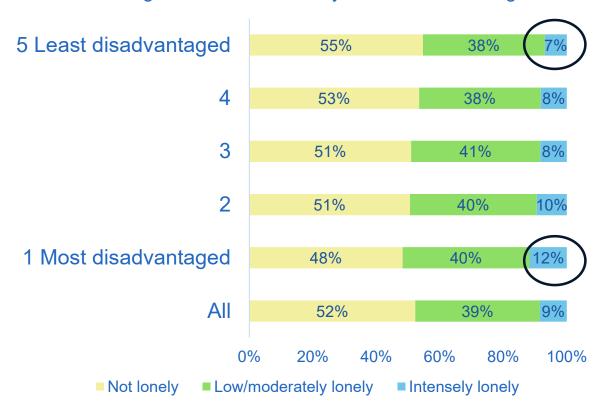
Impact of the pandemic on psychological health varied by area Below shows Local Health Districts (LHD) – greater impact across metropolitan areas





9% report intense loneliness. Higher in disadvantaged areas.

De Jong Loneliness Scale - by level of disadvantage



- 9% report intense loneliness overall
- Experience of intense loneliness 40% higher in most disadvantaged area compared with least disadvantaged area
- Worse if have disability (20%)
- Worse if living alone (13% vs 8%)



Compound trauma may increase impacts on mental health

2% in severe psychological distress (Kessler index)

35% experienced **bushfires/flood** in past 5 years

11% felt affected by **drought** over past 5 years

42% had **significant life events** in the last 12 months

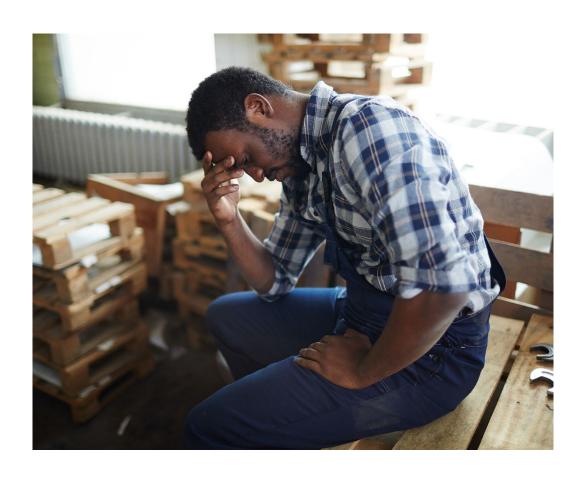
- Death of close friend or relative (22%)
- Serious illness, injury or assault (10%)
- Death of a spouse (5%)

More likely to have experienced a significant life event if have a disability (58%)





Financial stress



- 3% Worried about becoming homeless
- 12% Rarely have money left over at end of month
- 32% Worried money won't last
- 39% Finances control their life



Generalisability and validity

- High face validity
 - Confidence that our findings are reflected in other sources
- Good internal generalizability
 - Confidence to understand relationships between different groups within the survey
- High validity to look at trends over time
 - Same people in each survey
 - High response rates across the COVID Insights series
 - Similar demographics in each COVID Insights survey



The future

What might the future look like?

- Focus on sustainability
- Care pushed out to home both acute (hospital at home) as well as chronic care management
- Emphasis on prediction and prevention
- Precision medicine
- Increasing role of AI in decision-making

How can 45 and Up contribute?

- Longitudinal studies only start come of age after about
 15 years
- Translation into policy, planning, practice
- Evaluation of new policies Rapid Surveys
- Genomic research

What are your.....

- 1. Emerging themes?
- 2. Key data gaps?

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45 and Up Study – ways to get involved

- Sponsor new questions in the next survey to 200,000 people questions by 21 Nov
- Access existing Study data
- Packages for organisational research
- Use the Study to generate new data eg through your own tailored survey
- Collect more biospecimens or biometrics or use existing bloods
- Sponsor the Study



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More information including FAQs on the website

https://www.saxinstitute.org.au/our-work/45-up-study/

