THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Research Centre for

GENDER, HEALTH AND AGEING

THE UNIVERSITY OF NEWCASTLE'S RESEARCH CENTRE FOR GENDER, HEALTH AND AGEING

AND THE AUSTRALIAN ASSOCIATION OF GERONTOLOGY (NSW DIVISION AND HUNTER CHAPTER)

IN COLLABORATION WITH THE ARC/NHMRC RESEARCH NETWORK

IN AGEING WELL (HEALTHY AGEING THEME)

PRESENT

Mars & Venus

DOES GENDER MATTER IN AGEING?

JULY 9 & 10, 2007

DAVID MADDISON BUILDING

CNR KING AND WATT STREETS, NEWCASTLE NSW

Acknowledgements

The Conference Organising Committee acknowledges with gratitude the support they have received from the following sponsors and supporters:

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Background

Gender is an important factor in shaping people's experiences of ageing. For instance, it is commonly recognised that women live longer than men, on average, and that they have more chronic illness and greater use of health services. While the main conditions which affect people at older ages are similar among men and women (except for breast cancer and reproductive cancers), there are differences in the incidence of these conditions and the peak age of onset. For instance, men experience peak incidence of coronary artery disease earlier than women. Lung cancer is more common among men who have had higher rates of smoking than women do. Women have higher incidence of musculoskeletal problems and higher prevalence of incontinence, although these problems are also important for men. Women are more likely to be diagnosed with mental health problems such as depression, but men are more likely to commit suicide.

In part, these health differences are related to "sex" and stem from our male and female biology. Some obvious examples of these biological differences include cancers that are more likely to affect women (such as breast cancer) and those that can only affect men (such as prostate cancer). Exreme example of the differences that sex can make to ageing is provided by animal models. For instance, it is noted that:

> *The male marsupial mouse has one frenzied mating season and then dies. Females do not engage in such extremes of mating activity and live longer. The lifespan of males may be extended by castrating them before the onset of sexual maturity.*
>
> Cheating time: science, sex and ageing. Roger Gosden. WH Freeman, New York. 1996. 437pp

In humans, however, many of the differences in ageing are strongly linked to the social differences between men and women and the influence of "gender" across their lives. These less obvious differences include risks we are exposed to throughout our lives and how these affect our health at older ages, the ways in which we approach health care, and the ways in which we adapt to changes in our selves and in the world around us. There are also considerable gender differences in terms of social roles, and access to financial and social resources, and these will have significant effects on the experience of ageing.

Women's longevity also means that they are more likely to experience the death of their spouse and to spend a proportion of their older age widowed. Women are also likely to be providing care for others. Many women care for more than one disabled older person across their lifetime, having cared for parents, older siblings, and friends as well as their husbands. And men are also likely to care for their wives. It is important that services are designed with an understanding of the differences for men and women as carers. They may not have the same needs or the same approaches to care.

While it has been long acknowledged that the effects of ageing are not equal for men and women, there has been little balanced and informed debate as to what these differences really mean and where they stem from. As Cherry Russell (2007) notes, the debates about gender and ageing have shifted from a focus on men in relation to loss of work role, to the problematisation of older women facig a double disadvantage from age and gender inequality, to a "paradigm of competitive suffering". In this conference, held in Newcastle on 9th and 10th July we hoped to achieve a greater balance in considering how gender influences the health and well-being of men and women as they age.

The *Mars and Venus* conference, was convened by the Research Centre for Gender, Health and Ageing in association with the Australian Association of Gerontology and the Network for Ageing Well, and attracted researchers from all over Australia and from overseas. The n=85 participants considered ways in which effects of ageing are not equal between men and women, and how these differences might be further exaggerated through interaction with socieconomic status and background. Issues for homosexual and transgender people were also considered.

The conference featured a number of longitudinal studies of ageing that have given specific attention to the health of men or the health of women and a nested workshop was convened to contrasted these studies and their findings. Proferred papers and workshops explored a wider range of gender issues affecting people as they age including: Transgender and ageing, ageing amon gay and lesbian communities, gender differences in caring, and sexuality in residential aged care (See Appendix 1). A special workshop provided "an insiders view" on the Australian Longitudinal Study on Women's Health and provided detailed insight into the conduct of a large longitudinal study. This report summarises the main presentations and discussions that unfolded during the procedings.

An acknowledgement of gender and ageing

As noted by the Honourable Kristina Keneally, NSW Minister for Ageing, Minister for Disability Services, in opening the conference, "gender matters more in older age because of the accumulation of effects across the life course. She noted the different vulnerabilities of men and women in older age, such as the higher risk of suicide for older men and women's greater difficulties with transport. She also noted that gender roles often reverse in older age, when, for instance, men may have to become cooks and homemakers.

Cherry Russell continued this critical reflection on how the "Gender Agenda" effects how we age. She noted the following differences between men and women:

Table 1: Differences between men and women

Men (MARS)	Women (VENUS)
Die earlier (Ave LE = 77 years)	Live longer (Ave LE = 83)
Less handicap	More handicap
Higher incidence of fatal conditions	More non-fatal conditions
Higher prevalence of health risks (smoking, alcohol, occupational hazards)	Favoured by biology
Disadvantaged by health seeking behaviour	Favoured by health seeking behaviour
Higher risk occupations	Disadvantaged by role pressure
Higher education and employment (previously)	Disadvantaged by lower SES
More likely to be socially isolated	Greater social networks
	Vulnerable to negative stereotypes about attractiveness and self-image at older ages

While comparisons are important, it is also important to avoid lapsing into a "battle of the sexes" as to who is worse off. Women have more disability, but they are alive. Men have greater occupational risks, but they have greater income security. It's the differences that are important, not a race to determine who is most disadvantaged. It's not a matter of "disadvantaged women vs. dead men".

Take home ownership as an example. Cherry Russell makes the point that "home ownership rescues older people from poverty". So what happens to older men and women who do not own their own home: women are likely to live with younger relatives (for better or worse) and men are likely to live in lodging or shelters?

As the conference progressed differences in caring, seemed to emphasise and exemplify differences in gender roles and their impact on ageing. While women will increasingly need care as they age, women are also more likely to care for others than to receive care themselves. What's more, when they do need care, many will already be widowed and living alone. Men are more likely to have a wife (or partner) to provide care, but they have poorer support networks and are more isolated. However, men are also likely to provide care for their partners, but the nature of the care provided may also differ depending on whether it is being provided by a man or a woman.

Cherry Russell also emphasised that any discussion of gender cannot occur without considering the contexts of occupation and marital status. Previously men were more likely to be higher educated and have higher rates of employment than women, and this advantaged them in terms of access to resources, home ownership etc. Women are more likely to single (especially widowed) at older ages, and are less likely to repartner. It was noted that "women grieve, and men replace". However, the real differences are more subtle than this truism would suggest. On closer analysis the differences appear to be more that men want companionship *inside* the home, whereas women desire companionship *outside* the home.

In setting the scene, Cherry Russell left us with the start of a research Agenda on Gender and Ageing:

- Do we become more alike as we age?
- Is there a cross-over effect in gender-defined behaviours?
- Do post-industrial societies de-gender late-life role identities?
- How do older people themselves understand and experience the impact of gender on ageing?

Longitudinal Studies of Ageing Men

Three studies illustrated research involving ageing men:

- Concord Health of Older Men Project (CHAMP) – presented by Bob Cumming
- Florey Adelaide Men's Study – presented by Gary Wittert
- HIMS – presented by Leon Flicker

CHAMP involves 1705 men aged 70 years and over who live in the Concord area of Sydney. The men were recruited from the electoral roll, and it is estimated that around 50% of the eligible sample took part in the study. The men complete a questionnaire and attend a clinic visit where they undergo venepuncture, cognitive assessment, muscle strength, urinary flow studies, and bone densitometry (DEXA). Assessments are repeated every two years, with four monthly phone calls occurring in the interim to maintain contact and to collect information on falls. The first follow-up for the study commenced in January 2007. Early findings of the study demonstrate a sharp decline in continence, cognitive function and activities of daily living commencing after the age of 80.

The Florey Adelaide Men's Study (FAMAS) has a focus on male endocrinology. Measures of testosterone demonstrate an age-associated increase in sex hormone binding globulin and a decrease in free testosterone, a change that may be adaptive rather than pathological. As with CHAMP, the men clinic attend a clinic for assessment that includes urinary flow, weight and height, and DEXA. A questionnaire is used to collect information on nutrition, sleep, arthritis, cancer, gambling, anxiety/depression, and erectile dysfunction.

HIMS didn't begin as a study of ageing or of men, but started life as the Abdominal Aortic Aneurysm (AAA) study, a randomised controlled trial of the impact of screening for AAA. In 1996, 4262 men from the AAA study were enrolled in HIMS which focuses on physical and psychosocial morbidity (including depression), health risks, weight/BMI, cognition, and mortality. Data are collected by questionnaire using similar items to those used by the Australian Longitudinal Study of Women's Health (ALSWH (see below). Blood is also collected for assessment of sex hormones, lipids, sugar, creatinine, c-reactive protein, homcysteine, DNA, B12, and folic acid.

In considering a research agenda for older men, some of the differences noted by the speakers may be important:

- Hip fracture – has a later age of incidence in men
- Dementia – increases rapidly with age in women, but little data on what happens in men
- Men more likely to have trade qualifications than women, leading to different occupational exposures

Longitudinal Studies of Ageing Women

Emily Banks provided an overview of the Million Women Study (MWS) which is underway in the United Kingdom. The study was commenced in 1996 with an initial emphasis on the effects of hormone replacement therapy (HRT) on cancer. Cross-sectional analyses demonstrated the many baseline differences between women who take HRT and those who do not, with HRT use being strongly associated with hysterectomy and oophorectomy, weight, education, oral contraceptive pill use, parity and smoking. Early longitudinal analyses also demonstrated the strong association between HRT use and breast cancer, findings which corresponded to those of the Women's Health Initiative in the US (WHI JAMA 2002). However, in the MWS, the association between HRT and cancer was stronger than in the WHI, partly due to and interaction between effects of HRT and obesity, with lower rates of obesity occurring among women in the UK than in the US. The MWS was also able to differentiate the relative risks associated with different HRT preparations (MWS Collaborators, 2003). The study also demonstrated associations between HRT use and development of endometrial cancer and ovarian cancer (See Beral, Bull, & Reeves, 2005). Other analyses also explored the effects of HRT on fracture, demonstrating that the benefits of HRT use in preventing fracture are short lived (Banks et al., 2004). As the study moves into further waves of data collection, other outcomes will be assessed including stroke, heart attack, disability and quality of life.

Annette Dobson and Julie Byles presented the Australian Longitudinal Study on Women's Health. This study has been running since 1996 and features three cohorts of women. The youngest cohort was aged 18-23 years and the start of the study, the Mid-age cohort was aged 45-50, and the oldest were aged 70-75 years. The study has investigated a wide range of issues in relation to women's health and ageing, and particularly explores the influence of women's social context on their health and health care use. For this conference three aspects of the study were highlighted. First to be considered was the impact of marital status, particularly widowhood, on survival and mental health. While effects on survival are not statistically significant, longitudinal analysis of changes in mental health for women with different marital status transitions demonstrate the decline in mental health that precedes the partner's death, and the recovery that follows with time. The second aspect was in relation to health care use. A strength of the ALSWH is the ability to link to Medicare and Pharmaceutical Benefits Data. These data allow not only the use of services and medications to be categorised and quantified, but also for the costs of these services to be assessed. Through longitudinal follow-up, the impact of different service usage can also be evaluated. The final aspect of the presentation explored rates of hysterectomy, a common procedure among Australian women. By comparison with data from roughly comparable birth cohorts from the United Kingdom, the study was able to demonstrate the higher rates of hysterectomy among women in Australia, with women born in UK and who migrated to Australia also having the high rates experienced by Australian born women. Hysterectomy was also associated with socio-economic status and weight (BMI), with longitudinal analyses demonstrating that the weight differential preceded the hysterectomy rather than being an outcome of this procedure. This example underscores the importance of longitudinal data for avoiding spurious associations.

Table 2, below, summarises the different and common content areas highlighted in the presentations:

Table 2: Similarities and differences in studies of men and women

Men (MARS)	Women (VENUS)
Testosterone levels	**Effects of Hormone Replacement Therapy**
	Hysterectomy
Medications	Medications
Prostate Cancer	**Breast cancer**
	Endometrial Cancer
	Ovarian Cancer
Obesity/weight	Obesity/weight
Cardiovascular Outcomes (Heart Attack, stroke)	Cardiovascular Outcomes (Heart Attack, stroke)
Health risks: smoking/ alcohol	Health risks: smoking/ alcohol
Diabetes/Metabolic Syndrome	Diabetes/Metabolic Syndrome
Falls	Falls
Fracture/ Osteoporosis	Fracture/ Osteoporosis
Other medical history	Other medical history
Sarcopenia	
Dementia/ Alzheimer's	Memory
Hearing/Vision	Hearing/Vision
Anxiety/Depression	Anxiety/Depression
Sleep	Sleep
Incontinence/ **urine flow**	Incontinence/ Leaking urine
Lower Urinary Tract Symptoms	Dysuria
Mobility/dependence	Mobility/Dependence
Living arrangements/ marital status	Living arrangements/ marital status/ **Widows**
Housing/ neighbourhood	Housing/ neighbourhood
Social Support	Social Support
	Caring
	Transport
Quality of Life	Quality of Life
Health service availability/access/use	Health service availability/access/use
Erectile dysfunction	

Bold text indicates differences between studies.

Getting the studies together: the marriage of ALSWH and HIMS

On the second day of the conference, Annette Dobson, Leon Flicker, Julie Byles and Deirdre McLaughlin presented progress on the linkage of the ALSWH women living in Western Australia and the HIMS men. The ALSWH Older cohort includes 600 women who live in Western Australia. These women provide a sub-cohort for gendered analysis and comparison with HIMS men. An advantage is that both studies have used common questions. With some of the common items covering:

- Medical history
- Falls
- Sleep
- SF36
- Medications
- Smoking
- Hearing & sight problems
- Availability of health services
- Living arrangements
- Housing
- Social support
- Neighbourhood
- Family
- Support

However, some data gaps exist and so a first step will be to collect comparable cognitive data from women and some follow-up questionnaire data for the men. To achieve this, the men and the women will both participate in a survey and telephone interview in early 2008.
Some of the research questions to be answered by the study include:

- What health-related, personal, lifestyle and social factors predict survival and healthy non-disabled life in men and women aged 70-90 years?
- Do changes in lifestyle in older age (e.g. smoking cessation) affect length and quality of life?
- Who makes greatest use of health services, and who least, and how does this relate to health outcomes?
- How are health and lifestyle factors related to social connectedness and independent living in older age?
- What health and lifestyle factors predict positive mental health in older age?
- How are older men's and women's lifestyles and health status different, and how are they the same? Should health promotion programs in old age target men and women separately, or not?

Concurrent sessions:

The afternoon session on the first day was made up of 10 presentations in two concurrent sessions which covered a wide range of gender-related topics, the details of which are provided in Table 3 below:

Table 3: Concurrent sessions

Health, Living Arrangement & Older Men in Australia John McCormack *La Trobe University*	**Understanding age and gender bias in health services programs** Jenny Stewart Williams *University of Newcastle*
Now you see them, now you don't: Older men, gender and ageing research Anthony Brown *University of Western Sydney*	**The real impact of longevity in financial planning** David Williams *David Williams Consultancy*
Towards a Model of Older Men's Health and Engagement Richard Morrison *PhD Candidate, University of Newcastle*	**A gendered analysis of malnutrition among older women** Richard Gibson *University of Newcastle*
Community versus retirement village living: the health story *Virginia Skinner & Nicole Armstrong* *Northern Sydney* *Central Coast Health*	**Mars & Venus: differing orbits. What Hilda can tell us about the lifestyles of older Australians** *Audrey Guy* *PhD Student, University of Canberra*
Generations – a collaborative teaching and leaning project Miranda Lawry University of Newcastle	**Older women – wet and miserable?** *Dr Pauline Chiarelli* *Physiotherapy, University of Newcastle*
Expectations and experiences of retirement: similarities and differences between men and women retiring to a coastal resort *Felicity Barr* *PhD Candidate, University of Sydney*	**The effects of gender, behaviour and exposures on health outcomes in old age: preliminary results from the Melbourne Longitudinal studies of healthy ageing** *Dr Robert Pedlow* *Research Fellow in Ageing and Health, University of Sydney*
It's retirement, Jim, but not as we know it *Meredith Tavener, Research Academic &* *Chris Everingham* *PhD Candidate, University of Newcastle*	**Trans-ageing: Problems, issues and research prospects** *Rachel Heath* *University of Newcastle*

Explanations for the influence of early social conditions and gender on premature adult mortality: findings from the British 1946 birth cohort study

Gita Mishra provided an overview of the links between lifetime socioeconomic conditions and premature mortality in men and women from the 1946 British Birth Cohort. Like other studies outlined at this conference, this study began life with a particular focus (in this case a study looking declining fertility rates), but is now yielding data on a broad range of research questions. The sample for the initial survey was all the births in England, Scotland and Wales occurring in one week in March 1946 with 5,362 infants being followed over time with 3,035 still participating as at the last survey wave in 1999. Detailed measures of socioeconomic status, cognitive ability and environmental factors were taken in childhood along with a clinical examination and a 5-day food diary in adulthood. In addition, cancer and death registrations are also ascertained. The data from this cohort show that poor childhood and adult socio-economic conditions, lower childhood cognitive ability and cigarette smoking are all associated with adult mortality risk. Gita examined the extent to which these risk factors are part of the same pathway linking childhood experience to adult survival. In addition, do the effects of these risk factors vary by gender?

Gita reported that the social class of the father was the strongest predictor of all cause mortality and that there was a significant interaction with gender with those females with fathers undertaking manual work having twice the risk of those with fathers engaged in non-manual work. So socioeconomic conditions in childhood is a strong predictor of mortality in women but not in men. Socioeconomic status in adulthood was also shown to be a predictor of mortality with those who owned their own home by 26 years of age having one third the risk of non-home owners. There was no evidence of a gender effect in adulthood. Multivariate modelling indicated that childhood socioeconomic status and housing tenure were stronger predictors with adult SES having less of an effect.

Cognitive ability was measured in the cohort at 8, 11 and 15 years of age along with level of educational attainment at age 26. Both cognitive ability and educational level were significant predictors of mortality with a linear increase in risk corresponding to a decrease in cognitive ability or education level. Multivariate analysis which included childhood cognitive ability and smoking status indicated that for women their father's social class, housing tenure at age 26 and smoking status were significant predictors of mortality. In comparison, in men only housing tenure at age 26 and smoking status were significant predictors. There was no effect of cognitive ability in the model, perhaps because it may be related to both home ownership and smoking behaviour and therefore the effects were cancelled out. An important question arising from these findings is why childhood experience is important for woman and not for men?

Workshops

The second day of the conference was primarily devoted to six workshops which provided participants with an insight into a range of issues. Brief summaries of each workshop are provided below:

Men, women and ageing – comparing and contrasting issues, approaches and findings in longitudinal studies of men and women. Facilitator: Prof Julie Byles
This workshop was sponsored by the Healthy Ageing Theme of the ARC/NHMRC Research Network in Ageing Well and was designed to allow exploration of how longitudinal data on ageing can be analysed from a gendered perspective. The outcomes are not limited to single gender studies, but apply also to the analysis of other population studies that include both men and women and studies that link data from a variety of sources. A more detailed report on this workshop is provided later in this document.

Understanding the needs of GLBTIQ communities. Facilitator: Dr Ivan Skaines and Margaret Harris
The workshop discussion involved a wide range of topics relating to this diverse group of people with diverse needs. It was noted that changes in community attitudes have meant that older GLBTIQ people often feel more alienated than their younger counterparts. The workshop was privileged to include a presentation by a transgender woman who underwent gender reassignment surgery in later life and was able to provide the group with insight into the difficulties facing this group, including gaining acceptance from family and friends.

Gender issues in dementia. Facilitator: Dr John Ward
The workshop looked at the ways in which gender is intertwined with dementia including changes to socialised gender roles with males needing to take on the carer roles for their female partners with dementia. Gender differences in approach to care were discussed with male carers expecting the dementia sufferer to adjust to their routine whereas female carers tend to adjust to the needs of the person being cared for.

Insight into ALWSH Workshop. Facilitator: Dr Deborah Loxton
This workshop gave participants valuable insight into the workings of a major longitudinal study and included discussions on how to build studies including how design and pilot surveys and how to recruit and retain participants. The workshop also looked at data analysis issues including the value of qualitative information in providing information on real life experiences as well as a discussion of the issues specific to the analysis of longitudinal data and issues to do with data management and archiving.

Sexuality & Residential Settings: Looking from a gender perspective. Facilitator: Ms Elaine White
This workshop focussed on the problems that can arise in residential settings and included a consideration of case studies highlighting the key issues: community attitudes; staff training; holistic approaches, person-centred care etc. The workshop provided a valuable connection point for researchers, industry representatives and service providers to come together to discuss this sensitive issue and included a fascinating display of sexual aids that could be of value to aged care residents.

Closing Remarks:
On behalf of the Conference organisers, Julie Byles thanked the participants for being involved in the discussions over the previous two days and their interest in each other and in greater understanding of the role of gender and sexuality. Julie also thanked the conference team for all their efforts and the conference sponsors for their support.

Hal Kendig thanked Julie and the team and noted that gender is more than just a variable to be controlled for in statistical analyses and that it needs to be understood within a social context. Hal told participants that the discussion from the workshop will inform research for years to come and provided valuable insights into basic gender differences. Hal added that these differences are also manifested in the design of the research projects highlighted at the conference with the studies on men focusing on erectile issues and those on women focusing on intimacy. Hal concluded by saying that from now on he will never do another analysis without looking at the differences between men and women.

Workshop 6A: Men, women and ageing - comparing and contrasting
Issues, approaches and findings of longitudinal studies of men and women

There are a number of longitudinal studies of older people that include a single gender. For instance, the Australian Longitudinal Study on Women's Health included 12432 women aged 70-75 years (at baseline) and 13716 women who were aged 45-50 years. The women in these cohort are now aged 80-85 and 55-60 years respectively. This study arose from the women's movement and so was constructed within a gendered framework considering particularly how women's circumstances and lifestyles may affect their health across the lifecourse. However many of these issues could also apply to men, and at the time it that the study commenced it was acknowledged that a similar study that focussed on men's particular needs was also required. Other studies such as the Million Women Study undertaken in the UK were designed around a specific research question to begin with (the effects of hormone replacement therapy) but are now yielding information on a range of issues relevant to women. The Perth Health in Men Study began as a study of screening for aortic aneurysm and cardiovascular risk factors but has evolved into a broader study of men's health. These studies have different emphases partly because of the different questions that drove their design, but also because they emphasise different matters of importance to men and women as they age.

Gender differentials in health and ageing have been poorly studied. This workshop was designed to allow exploration of how longitudinal data on ageing can be analysed from a gendered perspective. The outcomes are not limited to single gender studies, but apply also to the analysis of other population studies that include both men and women (and studies that link data from a variety of sources). The reason for highlighting the single gendered studies was to to provide a device for bringing the specific and common considerations into relief. The other studies that might benefit from this insight include:

- DYNOPTA (Anstey and Byles et al.)
- NSW 45 and Up Study (Banks and Redman et al)
- Australian Longitudinal Study on Ageing (Luszcz et al)
- MELSHA (Kendig, Browning et al.)
- Dubbo Study (McCAllum et al.)
- Hunter Community Study (Attia)
- PATH Through Life Study (Jorm, Christensen, Anstey et al.)
- Melbourne Collaborative Cohort Study (Giles)

Aim

The aim of this workshop was to bring together investigators from some longitudinal studies that have focussed on either men or women. The investigators had a chance to present their studies to each other and to participate in a panel discussion on the theme of Gender and Ageing during the previous day. The workshop allowed for in depth discussion of the common and disparate themes of the studies and the reasons for differences, and to compare findings from a gendered perspective. The expected outcomes included the potential for expanding the range of use of data from these and other longitudinal studies (both existing and new, and including recent collaborations funded by NHMRC) to assess the impact of gender on the experience of ageing.

Workshop Format

This workshop built on the presentations of longitudinal studies of men and women that were featured during the first day. These presentations provided an opportunity for participants to be formally introduced to each study and to explore underlying differences in an interactive panel. Workshop participants included people who work on single gender studies and representatives of studies of ageing that include both genders and that could employ gendered analyses to address some of the themes and issues arising from the workshop. The list of participants is provided at the end of this report. The workshop aimed to deconstruct the reasons for differences between the studies and explore whether these differences are likely to be true, or whether they represent an area of under investigation or bias for one or other gender. The workshop also explored those issues that are common but that may have had different effects and outcomes for men and women.

Workshop Outcomes

<u>Insight into the research agenda that underpins studies of men and studies of women, and the common and different themes contributing to this agenda</u>

As can be seen from Table 2 earlier in this report, there are very many similarities between the content areas of studies of men and studies of women. Differences were mainly in those areas that could not be experienced by the opposite sex, such as hysterectomy for women and prostate disease for men. However there were some notable differences. Particularly, the male studies had a focus on testosterone and sexual function that was not mirrored by female equivalents. Other studies of women have focused on oestrogen levels but in relation to menopausal changes, not in relation to later life changes. Likewise sexual questions included in women's studies have an emphasis on menopausal symptoms such as vaginal dryness.

In discussing these differences, it was difficult to differentiate whether the different agendas reflected secular influences occuring during the different study periods. The male studies had been initiated following the release of Viagara and with an increase in secular attention on erectile dsyfunction. Should studies of ageing women also address sexual function?

The debate considered that, even in the post-Viagara age, that sexual intimacy is a more important issue for women. Should studies of men also assess sexual intimacy? Interestingly, the issue of sexual function and sexuality had not emerged as a strong theme in the qualitative data collected over the 12 years of ALSWH.

Some of the longitudinal studies (MELSHA and ALSA) do have measures of sexual function for men and women and comparative analyses could be undertaken using data from these studies.

It was also noted that PATH and ALSWH include measures of sexual orientation, which avoids gender stereotypes that all people are heterosexual.

Other differences were more subtle. For instance, while prostate is a male only issue, lower urinary tract symptoms are also experienced by women. Greater emphasis on these symptoms may be approportaite for studies involving women.

The experience of life following death of spouse has so far been given greater emphasis in the studies of women than those of men. It is noted that men are more likely to repartner, but to some extent this comparison is biased by different definitions of relationships with men preferring to cohabit and women preferring to live apart from their new partner.

Transport and mobility are major issues for women. Again this need may be experienced differently by men, who are more likely to drive, as compared to women. For men, loss of licence may present more than a practical problem of "how to get around" but may have other impacts on their sense of well-being. Are these effects equal for men and women?

Violence, both in terms of elder abuse and earlier life experience of relationship violence, has been given greater emphasis in relation to women than to men.

Nutrition has been measured in studies of men and studies of women, but is difficult to measure. The Melbourne Collaborative Cohort Study may provide the best basis for gendered analyses of nutrition and its effects on ageing. Gita Mishra revealed that the 1946 British Birth Cohorts Study show that men have a wide and varied diet, whereas women's diet is more restricted and predictable.

As a general observation, the studies involving men tended to be framed by a biological paradigm, whereas studies of women tended to nest within a more social model. For instance, caring has been emphasised in women's studies but caring may be an equally important, although perhaps different, issue for men.

Examples of life histories and intergenerational influences:

Individual
- Country of Birth
- Migration
- Birthweight
- Abuse
- Different impacts and meanings of social class
- Education
- Childhood nutrition, infection, smoking
- Employment, job type, job stress
- Migration
- Parity
- Gambling
- Substance abuse

Parents
- Parents SES and social mobility
- Age of mother/ age of father at birth
- Parent's relationship/family violence

Offspring
- Upwardly mobile offspring

<u>Identification of opportunities for cross-gender analyses - either by comparing between studies, or through extension and application to other studies</u>

Almost any question that is of relevance to the ageing research agenda can be subjected to a gendered analysis. For instance:

- What gender difference exist at a biological level? For instance brain ageing appears to be different in men and women.
- Are there interactions between gender and the effects of lifehistories and intergenerational influences?
- Is there an interaction between gender and Country of Birth/culture/language and ageing?

- Does social class hold different meaning and importance for men andwomen? Do socioeconomic position and disadvantage have different impacts on health for men and for women?
- Does the ecological context have a different influence for men and for women?
- Do perceptions of neighbourhood differ according to gender?
- Do men and women have different sources, experiences and expression of social and community participation, and does this engagement have different outcomes according to gender. Do men rely on wives, while women rely on family and friends? Does friendship have a different social construction and emotional impact for men as for women. Is the optimal number of supports different for men as for women?
- Are men more likely to experience boredom, empty time and isolation in older age? Do these factors have equal impact on the health of men and the health of women?
- Are issues of personal safety, family violence, elder abuse different for men and women?
- What is the nature and impact of caring for men and how does this compare to the associations for women. Does caring involve different activities and dimensions for men? Does it have a different impact on their health?
- What is the role of sensuality and spirituality in the lives of men and women as they age?
- How do men and women engage with the health care system? How do these different levels of engagement influence their different health outcomes? Is one gender more able to benefit from the system than the other? Does health care need to become more gender sensitive?
- What are the differences in nutritional status of men and women as they age? Are their gender differences in diet, shopping, food preparation, cooking? How does this interact with marital status, living arrangements, economic resources, affordability (location/ time). Does nutrition have differential impact on health outcomes according to gender?
- Are the predictors of survival and longevity different among women and men? E.g. Does comorbidity have a stronger effect in men? Does self-rated health have a stronger effect in women?
- Do men and women have different health goals? If health is seen not as an end, but as a means to achieve life goals then health will have different impacts in men and women if their life goals are not the same.

Examples of Ecological Context
Households
Geographical/ environmental factors
Neghbourhood Satisfaction
Changing Social Context

Examples of Social Participation and Social Support
Volunteering
Caring
Instrumental/ expressive support
Sources of support – family, friends
Relationships with step-children and divorced in-laws

Methodological Issues and the effect of Gender

At a basic level gender comaprisons can be undertaken by stratifying analyses by age and gender. This allows for clear comparisons, but may have implications for statistical power.

Men and women may have different levels of participation in studies. For instance, it was observed that women will encourage their husbands to participate in MRI studies but will not attend themselves.

Men and women may have different levels of accuracy and reliability in reporting exposures and outcomes. “Women think they are fatter, men think they are taller.” Are women better at self-reporting diagnoses than men (ask the women, ask the men’s doctors)?

Many measures, eg. Measures of “personality”, “control”, “workplace stress” have a strong gender bias, often developed for men and not equally applicable to women (or vice versa). Construction and experience of “retirement” is heavily gendered and so it may be that retirement is best studied in single gendered studies, with comparative analyses being confoundered by different gendered constructions. Likewise caring appears to have very different meanings and manifestations for men as comapared to women. Physcial activity has a different nature and context and a different inherent value for men as for women.

What’s more, the social meaning of gender changes over time (eg. changing disparities in education, employment, occupation, assets).

Distributions and associations may have different shapes in men and women. For instance the association between alcohol and brain volume is linear in men and curvilinear or u-shaped in women. In dichotimising or categorising continuous variables, should the same cut-points be applied for men as for women, even if the underlying distributions and associations are different. Do we need to study men and women separately with an over-arching metric that defines gender? Do we need to study men and women separately, and ask separate questions?

One means to address these comparisons of the effects within genders is to undertake structural equation modelling or latent class analyses and to determine whether models apply equally to both genders, or whether each gender has a different path structure and/or different strength of association.

In all these considerations, it is important to remember that the influences of gender may interact strongly with effects of cognitive status, marital status, country of birth and culture, and other measures of socioeconomic position. As people age, surveys will be increasingly completed by proxy. Does the age and gender of the proxy alter the validity of the responses? This may be a particular issue for studies that follow carers into nursing homes. Should these participants be analysed separately from those who remain in the community?

Cohort effects are also likely to be important. Associations and interactions that are apparent in one cohort may attenuate with changes in social contexts and gender roles. While the longitudinal studies may themselves be observational, they still occur within a changing environment. Research should not only be measuring social change, but should also be driving and influencing it.

Opportunties for existing studies

Most of the studies include items that measure at least some aspects of the topics discussed. For some aspects, such as life history, surveys may need to add some questions to gather retrospective data. Future waves may be adapted to allow greater comparability across studies. Activities undertaken by DYNOPTA in comparing measures across studies, and the web-sites of individual studies may facilitate this process.

The power that can be achieved by combining studies (such as through the DYNOPTA project funded by the Ageing Well Ageing Productively grants program) may be vital to ensure that these more complex gender models are robust and not subject to random differences. However these pooled cohorts also need to be adjusted for baseline age, year of data collection, and years of follow-up.

Further considerations

The workshop focussed on quantiative models that can be applied to longitudinal data. However, it was also acknowledged that nesting qualitative research into longitudinal studies is helpful. The domains that emerge from qualitative data analysis can help develop theories and models that can be quantiatitvely tested. Equally, the quantiative data can provide a population context in which to evaluate the qualitative information. It is also useful to further explore the outcomes of quantitative modelling through qualitative enquiry. ALSWH has gathered a lot of qualitative data by adding a page at the end and inviting comments: “have we missed anything”? However are men as likely to respond to this opportunity in the same way that women are?

Publication of these mixed method studies can be problematic. Some examples of these publications are provided by:

For Richer, for poorer, in sickness and in health: Older widowed women’s health, relationships and financial security. Byles JE, Feldman, S. Women and Health 1999; 29 (1):15-30 [citations 6; IF 0.748]

'Is anybody listening?' The experiences of widowhood for older Australian women. Feldman S. Byles JE. Beaumont R. Journal of Women & Aging 2000; 12(3-4):155-176. [citations 4; IF 0.415]

The **International Journal of Multiple Research Approaches** may also provide advice on these mixed methods

INIVITED PARTICIPANTS:

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Matthew Carroll
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Annette Dobson
Australian Longitudinal Study on Women's Health
The University of Queensland

Bob Cumming
Concord Health and Ageing in Men Project
University of Sydney

Gary Wittert
A study of Health and Ageing in North West Adelaide Men
University of Adelaide

Leon Flicker
Perth Men's Study
University of Western Australia

Gita Mishra
British Birth Cohorts
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DYNOPTA project
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Hunter Community Study
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Additional Participants:

Nicole Armstrong	North Sydney Central Coast Area Health Service
Felicity Barr	Australian Association of Gerontology
Heather Booth	Australian National University
Richard Gibson	University of Newcastle
Rosemary Leonard	University of Western Sydney
Mark McEvoy	University of Newcastle
Deirdre McLaughlin	University of Queensland
Liz Milward	University of Newcastle
Vasi Naganathan	University of Sydney
Siobhan O'Dwyer	University of Queensland
Lynne Parkinson	University of Newcastle
Rob Pedlow	University of Sydney
Fiona Stanaway	University of Sydney
Jo Wainer	Monash University

APPENDIX 1 - PROGRAM

Monday 09 July DAY 1

SESSION 1 - PLENARY **AUDITORIUM**

9.00am **Introduction** with acknowledgement for Welcome to Country
Felicity Barr, *President, Australian Association of Gerontology (NSW Division)*
Opening Address
Hon Kristina Keneally, NSW Minister for Ageing

9.30am **Million Women's Study**
Associate Professor Emily Banks[+], *Australia National University*

10.00am **Australian Longitudinal Study on Women's Health**
Professor Annette Dobson[+], *University of Queensland*

SESSION 2 - PLENARY **AUDITORIUM**

11.00am **Concord Health and Ageing in Men Project (CHAMP)**
Professor Bob Cumming[+], *Epidemiology and Geriatric Medicine, University of Sydney*

11.30am **A Study of Health and Ageing in North West Adelaide Men**
Professor Gary Wittert[+], *School of Medicine, University of Adelaide*

12.00pm **Perth Men's Study**
Professor Leon Flicker[+], *University of Western Australia*

SPECIAL SESSION **AUDITORIUM**

1.30pm **Address and Panel Discussion**
Associate Professor Cherry Russell, *University of Sydney*

SESSION 3 - CONCURRENT SESSIONS **2 ROOMS**

	Stream 3 A:	Stream 3 B:
2.30pm	**Health, Living Arrangement & Older Men in Australia** John McCormack *La Trobe University*	**Understanding age and gender bias in health services programs** Jenny Stewart Williams *University of Newcastle*
2.50pm	**Now you see them, now you don't: Older men, gender and ageing research** Anthony Brown *University of Western Sydney*	**The real impact of longevity in financial planning** David Williams *David Williams Consultancy*
3.10pm	**Towards a Model of Older Men's Health and Engagement** Richard Morrison *PhD Candidate, University of Newcastle*	**A gendered analysis of malnutrition among older women** Richard Gibson *University of Newcastle*

SESSION 4 – CONCURRENT SESSIONS

	Stream 4 A:	Stream 4 B:
4.00pm	**Community versus retirement village living: the health story** Virginia Skinner & Nicole Armstrong *Northern Sydney* *Central Coast Health*	**Mars & Venus: differing orbits. What Hilda can tell us about the lifestyles of older Australians** Audrey Guy *PhD Student, University of Canberra*
4.20pm	**Generations – a collaborative teaching and leaning project** Miranda Lawry *University of Newcastle*	**Older women – wet and miserable?** Dr Pauline Chiarelli *Physiotherapy, University of Newcastle*
4.40pm	**Expectations and experiences of retirement: similarities and differences between men and women retiring to a coastal resort** Felicity Barr *PhD Candidate, University of Sydney*	**The effects of gender, behaviour and exposures on health outcomes in old age: preliminary results from the Melbourne Longitudinal studies of healthy ageing** Robert Pedlow *Research Fellow in Ageing and Health, University of Sydney*
5.00pm	**It's retirement, Jim, but not as we know it** Meredith Tavener & Chris Everingham *PhD Student, University of Newcastle*	**Trans-ageing: Problems, issues and research prospects** Rachel Heath *University of Newcastle*

Tuesday 10 July DAY 2

SESSION 5 - PLENARY **AUDITORIUM**

9.00am **Welcome to Day 2**
Professor Bob Cumming

When two studies get hitched: plans for combined analysis of data from ALWSH and Perth Men's Study
Prof Leon Flicker, University of Western Australia; Professor Annette Dobson, University of Queensland; and Professor Julie Byles[+], University of Newcastle

9.30am **Childhood cognitive ability or smoking behaviour: which better explains the links between lifetime socio-economic conditions and premature adult mortality in men and women in a British post war birth cohort?**
Dr Gita Mishra, MRC National Survey of Health and Development, University College, London

SESSION 6 – WORKSHOPS (MORNING)	3 ROOMS

	Workshop 6A	Workshop 6B	Workshop 6C
10.00am – 1.00pm	**Men, women and ageing – comparing and contrasting issues, approaches and findings in longitudinal studies of men and women. (Part 1)** [+] Facilitator: Prof Julie Byles	**Understanding the needs of GLBTIQ communities** Facilitator: Dr Ivan Skaines	**Gender issues in dementia** Facilitator: Dr John Ward

SESSION 7 - WORKSHOPS (AFTERNOON)	3 ROOMS

	Workshop 7A	Workshop 7B	Workshop 7C
2.00pm – 3.30pm	**Men, women and ageing – comparing and contrasting issues, approaches and findings in longitudinal studies of men and women. (Part 2)** [+] Facilitator: Prof Julie Byles	**Insight into ALWSH Workshop** Facilitator: Dr Deborah Loxton	**Sexuality & Residential Settings: Looking from a gender perspective** Facilitator: Ms Elaine White

SESSION 8 - PLENARY	AUDITORIUM

4.00m **Report Back and Closing**
Professor Julie Byles, University of Newcastle

[+] *Keynote / Plenary presenters supported by the Healthy Ageing Theme of the Ageing Well Network*

APPENDIX 2 - SUMMARY OF ABSTRACTS

Title: **Expectations and experiences of retirement: similarities and differences between men and women retiring to a coastal resort.**

Authors: Felicity BARR, Cherry Russell
Ph D candidate
Faculty of Health Sciences
University of Sydney

PURPOSE – To explore similarities and differences between men and women in their expectations and experiences of life in retirement as part of a broader study of the social capital of older people.

METHODS – Thematic content analysis of transcripts was undertaken of semi-structured in-depth interviews conducted during 2006 with 25 men and 26 women living in retirement at an Australian coastal resort.

RESULTS – Most retirees reported that they moved to a coastal resort expecting a quieter life outside the city, with opportunities for outdoor recreational and sporting activities. Even where women had worked outside the home, in most cases the life stage of "retirement" related to the male partner's retirement. Men regarded retirement as the cessation of work; women who had worked outside the home spoke of "giving up" work when their husbands retired. Whilst a few men experienced difficulty in adjusting to unexpected early retirement, most had clearly adapted to new roles playing sport, gardening, or getting involved in club or community activities. For women retirement roles were less differentiated; household and family responsibilities continued, with more women than men expecting to spend time with family and to care for aged parents and grandchildren. Women who had worked outside the home were more likely to take responsible positions in club or community activities. Some women expressed concern that sharing retirement life with their husbands endangered their separate identity.

CONCLUSION – Whilst men and women engage in a similar range of activities in retirement, significant differences emerge in their expectations of and reported experience of retirement.

Title: **Now you see them, now you don't: older men, gender and ageing research**

Author: Anthony James BROWN
Men's Health Information and Resource Centre
University of Western Sydney

Older men have recently been re-discovered by the academy. After many years of relatively little interest, researching older men and their concerns are back!

This paper will look at this apparent renaissance in older men's research, through a review of current literature. It will ask 'why is this happening now?', and examine the various epistemologies informing current research into older men. Comparisons will be made with recent criticism of research into older women.

Finally the paper will question the underlying assumptions of much of the gendered research into older people. The question will be raised as to whether there are false assumptions which engender such a dualistic approach. This paper will conclude with a discussion on Primary Health Care, which offers a more equitable framework for working with gender (and other social determinants).

Title: **Older women - wet and miserable?**

Author: Dr Pauline CHIARELLI
Senior lecturer - Physiotherapy
University of Newcastle

Urinary Incontinence – the accidental leaking of urine – is a major problem in Australia and has a significant impact on quality of life, affecting the social, psychological, physical and financial aspects of life. Urinary incontinence is a gender based condition being 7-8 times more common in women than men.

A systematic review of the literature shows female urinary incontinence beginning around the third decade with only slight rise in prevalence with aging while the prevalence of male urinary incontinence can be seen to begin much later in life suggesting an age relationship. [(1)]

Female urinary incontinence is estimated to be around 35% in women aged 45 years and over.[2] While the impact of aging on lower urinary tract leads to some increase in the prevalence of urinary incontinence in older women, there is evidence to suggest that there is also a change in lower urinary tract symptomatology (LUTS) experienced by older women whose urine loss becomes associated with symptoms of overactive bladder. While urine loss itself is a devastating symptom, older women are more likely to suffer additional lower urinary tract symptoms associated with the overactive bladder syndrome, such as urinary urgency and frequency and nocturia. These symptoms disrupt activities of daily living, seriously disturb sleep and general health status and have been shown to be significantly associated with falls in older women. Lower urinary tract symptomatology in older males is common but urinary incontinence is uncommon and tends to be associated postoperatively with prostate surgery.

Title: **Mars and Venus: differing orbits. What Hilda can tell us about the lifestyles of older Australians.**

Author: Audrey GUY
Ph D student
University of Canberra.

This research is based on data in the Household, Income and Labour Dynamics in Australia (Hilda), 2003 wave 3 survey.

The research is being undertaken by an older person as part of a doctoral thesis. It investigates the responses to specific questions from the survey selected as being representative of the lifestyles and reactions to ageing of older Australians. It divides the survey questions into the categories of (i) people characteristics; (ii) work and use of time; (iii) fitness and health; (iv) family and living arrangements; and (v) financial arrangements.

The research uses respondents aged 55 years and over as this is the age at which public servants can retire. The data has been subdivided into 5 year age groups with the top group aged 90 years and over. The data has also been subdivided by gender. In some instances, small cell sizes required the older age groups to be collapsed.

Results will be presented showing significant differences which occur in attitudes and activities in the different age groups, and by gender, during the ageing process.

The research shows that in some areas males and females do follow different orbits but in other areas their orbits are identical.

Title: **Trans-aging: Problems, issues and research prospects.**

Author: Rachel HEATH
School of Psychology
University of Newcastle

Transpeople include a variety of gender-variant individuals, those of transsexual background both post- and non-operative as well as the transgendered. Many transpeople have suffered enormous difficulties throughout their life, enduring a mismatch between brain- and genital-sex, suffering the indignity of acquiring the wrong secondary sex characteristics during puberty, and having to contend with prejudice, mistreatment and often violence as a result of their subsequent gender-variant lifestyle as an adult. Since many transpeople have little family and other support they fear the ravages of aging more than most people. Important issues include:

1. Obtaining appropriate health and long-term care that recognizes their affirmed sex, especially if for various reasons they have not undergone genital reconstruction surgery.
2. Loneliness, and a lack of family and peer support.
3. The unknown effects of long-term hormone therapy on the aging process.
4. Fair treatment for transpeople in relationships who require the same social support privileges as heterosexual couples.

So far very little, if any, research on these issues has been conducted. Suggestions for ameliorating some of these problems for aging transpeople are discussed, with particular emphasis on a proposal for a research program that will address some of these issues.

Title: **Generations – a collaborative teaching and learning project**

Authors: Miranda LAWRY and Gillian Shaw
Lecturer, Photomedia
University of Newcastle

This project developed from acknowledged strong links between The University of Newcastle discipline of Fine Art and the Newcastle Art School, TAFE NSW- Hunter Institute. This relationship has been on going over many years and has inspired a variety of initiatives. Along with a highly successful articulation program which offers TAFE students a pathway to degree and higher degree learning outcomes, this TAFE and University partnership has nurtured an understanding of choices in educational development for all students.

Due to the strong links and successful collaborative projects of staff working between the two educational institutions, connections with other community projects have developed. When the opportunity arose for TAFE to be engaged with a project celebrating the Anglican Care 50 year anniversary, it was immediately evident that due to the broad outlines specified by the commissioners, educational possibilities could be afforded to students across both the University and TAFE. This developed into 'Generations'- an art exhibition, which explored and celebrated ageing and generations through photographs.

Title: **Health, Living Arrangements & Older Men in Australia**

Authors: John McCORMACK and Aliki Karantzoulas
LaTrobe University, Australia

- Aim: Older men's health is an emerging issue in Australia, and there is a belief that older men living alone experience lower health and quality of life. This pilot study investigates health and social status of men aged 75 years or more by living arrangements.
- Method: A selected sample of 30 older men were interviewed regarding health and social characteristics. The Delighted – Terrible Faces instrument was used to assess their subjective quality of Life (1 = Delighted; 7 = Terrible). Tests of significance were performed to detect differences.
- Results: Older men living alone were significantly more likely to say they experienced pain, had less social contacts, and less likely to have a carer. An aggregated Quality of Life score shows men living alone have a lower mean score and greater variability. More specifically, a change in health status over time exerts a more positive influence on life satisfaction of those living with others than those men living alone. Single men enjoy friendship but are more concerned about being alone, whereas partnered men enjoy family/grandchildren but worry about the future. Regardless of living arrangement, more than one third do not go to the doctor immediately when ill.
- Conclusion: This pilot study indicates there may be negative health differences associated with older men living alone and suggests more detailed study of this important social difference be investigated. Health education programs for all older men may enhance utilisation of primary health care.

Title: **"Towards a Model of Older Men's Health and Engagement"**

Authors: Richard Morrison
PhD candidate
University of Newcastle

This presentation reflects on observations and focus group data from the Wellbeing of Older Men in the Hunter Project. This project was an action research initiative funded through the National Suicide Prevention Strategy.

A social determinants of health perspective was central to the project but not alone sufficient. The experience of the Project was that men's sense of self and patterns of activity were also critical to older men's positive engagement with their health. The model of health and engagement proposed in this presentation seeks to reflect these two axes.

Title: **The effects of gender, behaviour and exposures on health outcomes in old age: preliminary results from the Melbourne Longitudinal Studies of Healthy Ageing**

Authors: Robert PEDLOW, K.O'Loughlin, H. Kendig, C. Browning
University of Sydney

Introduction: Gender has been seen as influencing health outcomes in old age through a web of biological, social and psychological effects across the life course. Thus gender has been seen as having direct biological influence on health outcomes, but also as influencing health through the social construction of gender and its effects on individual choice(s) across the life span. The present paper reports a preliminary investigation of the ways in which gender has shaped behaviour and influenced exposures and the consequent effects on health outcomes in older Australians.

Method: Using data collected in 1994 from the Melbourne Longitudinal Studies on Healthy Ageing program we examined the effects of gender, exposures (employment and war service) and health behaviours (smoking and alcohol consumption) on health outcomes. In 1994 the MELSHA sample comprised 567 men (average age 72.6) and 533 women (average age 74).

Results: Compared to women, men were more likely to report effects of employment and war service on their health at entry to the study. Men were also more likely to be current or past smokers and to report drinking alcohol every day or more than once a day and were less likely to drink infrequently or never. Participants who reported that wartime experience had affected their health and were current or past smokers reported worse self rated health when they entered the study in 1994. Gender, age and effects of war service and previous employment made independent contributions to the likelihood of being IADL dependent when participants entered the study in 1994.

Conclusion: The findings indicate that for this cohort gender has influenced health behaviours and exposures. In future work we plan to explore the effects of gender, behaviour and exposures on IADL dependence and mortality over the 11 years of the MELSHA study.

Title: **Community versus retirement village living: the health story**

Authors: Virginia SKINNER and Nicole Armstrong
Northern Sydney Central Coast Health

Retirement villages are a relatively new phenomenon: currently 3.7% of the Australian population aged ≥65 years reside in this type of accommodation. Research on the benefits of retirement village living has to date focussed on quality of life and social support. This study focuses on chronic disease and associated risk factors within a retirement village and the general community. Because many of the risk factors are common across a range of chronic diseases, monitoring the risk factor prevalence is an important step to identifying and managing chronic disease throughout the lifecycle.

In 2006, Northern Sydney Central Coast Health undertook a cross sectional observational study of Central Coast residents aged 65 years and over who were living independently in the community (n=103) or independently in a retirement village (n=115). Participants completed a survey; providing self-reported medical history, physical activity, social support, smoking and demographics. In addition, participants attended a clinic where measurements of basic anthropometrics and blood pressure were taken along with blood samples for analysis of fasting lipid profiles and blood glucose levels.

Comparisons of the health of participants were analysed by gender and type of residence. Retirement village residents were more likely to be female and older than the community residents, and were also more likely to report hypertension (61.7% v 52.4%), dyslipidaemia (56.5% v 44.7%), angina/myocardial infarct (19.1% v 11.7%), stroke / TIA (12.2% v 9.7%), but less likely to report diabetes (8.7% v 14.6%) than residents of the community. These data will be compared to clinic parameters.

Title: **It's retirement Jim, but not as you know it!**

Authors: (1) Dr Christine Everingham, Conjoint Lecturer, School of Humanities and Social Science, University of Newcastle;
(2) Meredith Tavener, PhD Student, Research Centre for Gender, Health and Ageing, University of Newcastle;
(3) On behalf of the Women and Retirement working Group, Professor Julie Byles, Dr Penny Warner-Smith, Dr Lynne Parkinson,

Dr Deborah Stevenson.

Do men and women have a different experience of retirement? In the past, models of retirement have very much reflected men's experience. Unsurprising perhaps, given that an individual's meaning of retirement depends on what work means – and in the past men's and women's working lives were very different.

This presentation draws on research conducted as part of a three year ARC funded project entitled "Women consider retirement: a critical investigation of attitudes towards work, ageing and retirement in three generations of Australian women." Findings from 48 individual interviews and 11 focus groups conducted with women aged 53 to 70 years of age in 2004 indicated three models of women's transition to retirement: (1) the Gateway Model, (2) the Transitional model and (3) the Transformative model.

These models were tested more recently via a postal questionnaire, with a sample of 900 participants from the Australian Longitudinal Study on Women's Health, aged 55 to 60 years. The survey also allowed some exploration of work, retirement and leisure choices for baby boomers, as women were selected according to previous survey responses as either (a) recently retired, (b) planning to retire soon and (c) not planning to retire soon.

Qualitative results from the recent surveys which support the three retirement models will be presented, along with survey data regarding the women's influences and plans for their work and retirement options.

Title: **Understanding age and gender bias in health services programs**

Authors: Jenny Stewart WILLIAMS, Julie Byles, Kerry Inder
University of Newcastle

The broad purpose of this research is to show how statistical methods can identify factors associated with inequalities in processes and outcomes in health services, and provide an evidence framework for the assessment of equity from a decision-making perspective. This is demonstrated using a patient cohort of 2,375 hospital inpatients all of whom were eligible, by clinical diagnoses, for invitation to a hospital-based cardiac rehabilitation program. Despite equal clinical eligibility, less than half of the patients were invited to attend the program. Inequalities in invitation can indicate bias in hospital selection processes which can impact upon the realization of potential program benefits.

Multiple logistic regression modelling showed that age and gender impacted upon inequalities in invitation status. Usual epidemiological practice involves treating non-linear continuous variables, such as age, as categorical, however an alternative approach, based on fractional polynomial relationships, was also tested. This presentation compares and discusses the results of alternative models using categorisation and fractional polynomial methods.

Managers seek to be informed of unfair inequalities in the delivery of their programs and this research shows ways in which different statistical techniques can be used to inform health services decision-making.

Title: **The real impact of longevity in financial planning**

Author: David WILLIAMS
David Williams Consultancy

Most personal financial planners do not understand the real impact of changing longevity for their clients. As a result, there is considerable potential for long term problems which will be rapidly compounded by the numbers of baby boomers entering the "conventional" retirement zone. This presentation outlines the key issues, including the compounding effect of gender differences, explains why conventional thinking in the financial planning profession is significantly out of date, and proposes a way forward.

WORKSHOPS

Workshop 6A/7A: Men, women and ageing - comparing and contrasting
Issues, approaches and findings of longitudinal studies of men and women

Sponsored by: the Healthy Ageing Theme of the ARC/NHMRC Research Network in Ageing Well
Facilitated by: Julie Byles

The aim of this workshop is to bring together investigators from some longitudinal studies that have focussed on either men or women. The investigators will have had a chance to present their studies to each other and to participate in a panel discussion during the a conference on the theme of Gender and Ageing during the previous day. The workshop will allow for in depth discussion of the common and disparate themes of the studies and the reasons for differences, and to compare findings from a gendered perspective. Outcomes will include the potential for expanding the range of use of data from these and other longitudinal studies (both existing and new, and including recent collaborations funded by NHMRC) to assess the impact of gender on the experience of ageing.

Workshop 6B : **Understanding the needs of the diverse GLBTIQ communities**

Facilitated by: Dr Margaret HARRIS, Dr Pamela Nilan and Ivan Skaines[1]

Purpose/Aim: The purpose of the workshop is to develop an understanding of some of issues facing the gay, lesbian, bise transgender, intersex and queer (GLBTIQ) communities and to identify strategies to address these issues.

Since July 2004 Rainbow Visions Hunter has conducted a number of key events on GLBT and healthy ageing including a research seminar and a GLBTIQ community forum on ageing in July 2004. In 2007 a small team of health and social researchers (who are also members of Rainbow Visions) is exploring these issues at a deeper level via in-depth interviews.

Methods: The workshop will be divided into three sections:

- A short initial presentation outlining some of the key issues around the diverse GLBTIQ communities based on the forum and the research. Whilst it is obvious that some issues in GLBTIQ gerontology are common to the majority of older people, there are others that were specific to the GLBTIQ communities. For example, inequities around same-sex partners in the areas of both aged care provision and superannuation remains an issue. Finding queer-friendly doctors, lawyers, aged care providers and other health professionals is also perceived as being important, as are general invisibility, isolation and alienation.
- Small group discussions aimed at developing possible policy and practical solutions based on the findings of the forum and the pilot study and possible future research directions and opportunities. Case studies or questions will be provided to participants to prompt the discussions and a representative from Rainbow Visions will act as facilitator/resource person for each group.
- A plenary session to share the outcomes of the small group discussions and prioritise the most "important" strategies and research priorities.

Results/outcomes: By the end of the workshop participants will have a better understanding of the issues facing the diverse GLBTIQ communities and will have identified strategies to address these issues. Lessons learnt in the workshop might also be applied to other diverse communities. A summary report outlining the issues and strategies developed in the workshop will be provided to workshop participants and other interested individuals and organisations.

Workshop 6C: **Sexuality in Residential Settings: Looking from a gender perspective.**

Facilitated by: Elaine WHITE
Hunter New England Health

The media portrays that sex is the playground of the young, the taut and the beautiful. Therefore any sexual drives or desires that older people have, especially in an aged care facility are often deemed 'rather disgusting'. This was confirmed by a recent survey which identified the negative attitudes of staff and the fact that any sexual interaction between male and female residents was certainly not encouraged. Residents pursuing sexual activities were labelled as 'dirty old men' or 'dirty old women'. There was no real understanding of any unmet sexual needs for the residents. This workshop will address many of these problems.