

Sink or swim — ageing in Australia

Bev O O'Connell and Joan Ostaszkiwicz

Abstract

As the number of people under the age of 65 declines, the number over 65 will double in the next half century. By 2031, it is estimated those over 65 will account for more than a quarter of the Australian population. The fastest rate of growth will be in the over-85-years category, projected to double over the next 20 years and to triple over 50 years to include 2.3 million people. Health care providers cannot afford to wait for the inevitable crises this vast demographic shift will provoke. To meet these future demands, educational and health care institutes should consider establishing interdisciplinary think-tanks for multidisciplinary research, policy development and innovations in aged care and health service delivery.

Aust Health Rev 2005; 29(2): 146–150

Projections on ageing

AS AN AGEING POPULATION IS RECOGNISED to be a worldwide phenomenon, international and national health and research agencies are increasingly concerned that the issue of a changing demography should be addressed proactively, from an evidence-based perspective. In Australia, a review by the Australian Bureau of Statistics¹ on population projections for 1997 to 2051 presents a scenario that cannot be ignored. Specifically, the review shows that the number of people over 65 years will more than double in the next half

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What is known about the topic?

The population of Australia is ageing, with the greatest proportional growth projected for the 85-plus population.

What does this study add?

This study identifies important issues, such as age-related discrimination, access to health care services and national research priorities that focus on healthy ageing.

What are the implications for practice?

The authors suggest the need to proactively develop a coordinated and comprehensive strategy to address the needs of the growing population of older adults that encompasses the perspectives of a number of disciplines and stakeholders.

century — by 2031 it is estimated that more than a quarter of the Australian population will be aged over 65 years. This ageing of the population will occur simultaneously with a substantial reduction in the relative number of individuals under the age of 65. In addition, and more significantly, the fastest rate of growth will be in the number of people aged over 85 years, projected to double over the next 20 years and to triple over the next 50 years to reach 2.3 million.²

We believe health care providers need to respond proactively to this vast demographic shift, by beginning to develop health and aged care services that will be able to address these demands, rather than waiting to react to the inevitable future crises. At the same time the promotion of healthy ageing and the development of a non-discriminatory approach to ageing, as well as flexible employment opportunities, should be considered, and efforts should be made to try to adapt the health care and community environment to accommodate elderly people. Due to the large number of issues that need to be considered, it is important to adopt a multidisciplinary approach and involve all key stakeholders in the planning stages. Moreover, all of these

initiatives need to be underpinned by the principles of the *Aged Care Act 1997* (Cwlth)³ and must consider the economic implications of an ageing Australia and the affordability of measures to deal with it.

In this article, we discuss the implications of this phenomenon and the need for a paradigm shift from one which associates ageing with functional decline to one that fosters a culture of healthy ageing and values older citizens. We present a number of ideas and strategies that need to be considered to proactively address and manage the demographic change.

Economic implications

The economic ramifications of an ageing Australia will have important implications for service delivery and for the way in which society considers ageing. Maintaining current services in the absence of a proactive approach to our ageing population will see Australian Government spending increase to more than revenue in 15 years; this would lead to a deficit equal to 5.0% of the gross domestic product (GDP) — or \$87 billion in today's dollars — by 2041–42.⁴ All projections indicate that an ageing population will mean vastly increased demands on health care services. Work by The Allen Consulting Group suggests that if the current aged care system continues broadly unchanged, the total cost of providing residential aged care could rise by almost 60% by 2020 — from 1.17% of GDP in 2000 to 1.84% of GDP (\$7.3 billion to \$12.1 billion in today's terms).⁵ According to the Secretary to the Australian Treasury, in less than 30 years Australia's ageing population will result in only three people in the workforce for every retiree, compared with the current ratio of six people working to support every retiree.⁶

Healthy ageing

The challenges of managing the changing demography should not only be the responsibility of health care services, they should also rest with individuals, with each person needing to consider

the ageing process within a healthy-ageing paradigm. The United Nations Principles for Older Persons propose five key principles that underpin healthy ageing.⁷ These include:

- *Independence*: enabling older people to take the opportunity to live at home where possible;
- *Participation*: active decision-making and communication with family, community and society;
- *Care*: access to needs-based health care and other services which relate to a safe, humane and caring environment in which to live;
- *Self-fulfilment*: access to cultural, spiritual and recreational resources which provide the opportunity for personal development; and
- *Dignity*: respect for the human rights of older people.

Age-related discrimination is another issue that needs to be addressed. There is strong evidence to suggest that *ageing* is generally viewed in a negative and discriminatory way.⁸ Ageist views are prevalent not only within the general community, but also among health care professionals.⁹ These attitudes not only under-utilise the rich contribution that older adults can make to society but also serve to exclude them from participating in a range of activities. In order to embrace the notion of the inclusion of the elderly in community and workforce activities, some attention must be given to countering society's ageist attitudes. It should be a requirement that the education system take responsibility for engendering attitudinal changes by developing primary, secondary and tertiary curricula that promote a more positive view of ageing and older people.

The changing demography also offers challenges and opportunities for employers and industry to adopt new employment practices that recognise the value of and retain older adults in the workforce.¹⁰ A reluctance to accommodate this change can potentially result in a lack of skilled personnel in the workforce and diminished organisational capacity.

Through the National Strategy for an Ageing Australia, the Commonwealth Department of Health and Ageing¹¹ encourages consumers, industry and governments to give greater attention to housing design to meet the changing needs of

older people. More specifically, these recommendations support the notion of housing structure and design that can adapt to support peoples' varying levels of independence so that in the future older people will have more options to remain in their own homes and communities. This is supported by the objectives of the *Aged Care Act*³ which promotes people "Ageing in place" through the linking of care and support services to the places where older people prefer to live.

Other considerations in the development of a strategic response to an ageing population in Australia should include the recognition of the older person's cultural and linguistic background as well as the diversity of the Australian population in terms of a changing gender mix and family structure. For example, there will be more old people living alone as a result of increasing divorce rates, smaller families and fewer older people living with their children.⁵ The geographic location of the ageing population needs to be considered, as many older people will continue to live in rural areas where access to services is limited. Planning and developing services that meet the needs of older people in rural and regional settings should be given some priority.

Health care implications

While it is important to place emphasis on healthy ageing, one must acknowledge that ageing brings with it normal changes that increase the risk of functional decline and result in conditions such as incontinence, falls, malnutrition, loss of skin integrity, poor self-care, delirium, problems with medication, and depression.¹² The increasing number of people with dementia is also a concern, as this disease will increase fourfold from the current base of 167 000 individuals with the condition to over 580 000 individuals by mid-century.¹³ Recognising the implications of this increase in the number of people with dementia, a recent review of pricing arrangements for residential aged-care services recommended further research on the prevention of dementia and dementia-related illnesses and the care of people with such illnesses.¹⁴

The normal functional decline and increased prevalence of diseases that accompany ageing will require increasing support from family, community and health care services to assist older people to manage everyday activities. The Myer Foundation suggests that the number of people aged 65 and over who are likely to require at least some form of assistance in the areas of personal care, mobility or communication may increase from 264 000 in 2001 to 421 000 in 2021.¹⁵ It is likely that these figures are conservative, as it is difficult to estimate actual figures due to family members under-reporting their caring role. The increasing burden on primary carers who are family members, many of whom are ageing themselves, should not be underestimated. Community services will have to address this issue and increase services to support the educational, psychosocial and economic needs of this group so as to alleviate the burden of care and the deleterious effects that it has on caregivers' wellbeing.

Currently, older adults are the greatest consumers of acute care. According to the latest statistics from the Australian Institute of Health and Welfare,¹⁶ in public and private hospitals, the highest number of patient days for both sexes was reported in the 75–84-year age group. The average length of stay was highest for patients aged 85 years and over. In its report, *2020: a vision for aged care in Australia*, The Myer Foundation states that 12% of the population aged over 65 years accounted for about one third of hospital admissions and half of the total bed occupancies.⁵ As the population ages, the demand for acute care is also likely to increase.

While hospitalisation poses a threat to the health and well-being of the general population in terms of experiencing adverse events,^{17,18} this risk is increased in older adults.¹⁹ Specifically, researchers have alluded to the hazards of in-hospital adverse drug events among older adults,^{20,21} increased in-hospital incidence of delirium,²² increased potential for falls and fall-related injury,²³ and functional decline that occurs in hospital that may impair the older person's ability to carry out activities of daily living on returning home from hospital.²⁴ Mind-

ful of an increasing risk of adverse events occurring in the elderly in-patient population, health care services will have to consider efficient models of service delivery and interventions that minimise these risks.

Cognisant of the challenges ahead and the need for policy and service development, the Australian Government has devised a set of National Research Priorities that address the promotion and maintenance of good health. These include: "Ageing well, ageing productively: developing new and better social and medical strategies to reduce mental and physical degeneration", and "Preventative healthcare: new evidence-based strategies to promote healthy attitudes, habits and lifestyles".¹¹

The issue of a changing demography presents challenges and opportunities for all stakeholders, including educators, health care professionals, urban planners, policy developers, finance and economic forecasters and industry agencies as well as the older adult community. Whether Australians sink or swim will rely heavily on the collaborative efforts of all these groups so as to address this issue in a comprehensive and coordinated manner. Think-tanks are often seen as an effective mechanism to facilitate this interdisciplinary collaboration.

Conclusion

The changing population profile in Australia challenges us to think about the ramifications of this phenomenon for both policy direction and service delivery. An ageing Australia and the global ageing phenomenon presents a number of challenges and opportunities for health care services. A strategic plan that provides direction for the management of the ageing phenomenon should be developed in consultation with pertinent consumer organisations. Some attention should be given to addressing the following issues:

- Educating service providers on healthy ageing and the major issues that will confront society that relate to the ageing phenomenon. The goal of this activity should be to develop an educated workforce that makes provision for an

ageing Australia and displays positive attitudes towards older people.

- Flexible employment policies and practices that accommodate older people, part-time work and retirement and financial schemes.
- Development of new models of housing and community environments that accommodate "ageing in place".
- Developing multidisciplinary research initiatives that develop and trial innovative interventions and service delivery models across the continuum of care, with particular focus on maintaining optimal independence in the home and within residential aged-care settings.
- Developing research initiatives that minimise the health care risks of functional decline and the changing burden of disease.
- Location of health care services in rural and regional settings to increase accessibility of services for older people.

To meet these future demands, educational and health care institutes should consider establishing interdisciplinary think-tanks that result in multidisciplinary research and policy-development collaborations and outputs that operate from an evidence-based framework.

Competing interests

None identified.

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(Received 22 Sep 2004, accepted 21 Feb 2005)

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