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The Principal Research Officer

Education and Health Standing Committee

Legislative Assembly

Parliament House

Perth WA 6000

Re: Review of WA's Current and Future Hospital and Community Health Care Services

I attach our response to the Committee's request for submissions.

Council on the Ageing WA Inc (COTAWA) is the State's peak non-government seniors' organization, and a registered charity. We provide policy and advocacy on behalf of all seniors in WA, programs and projects that benefit seniors, and membership benefits to our individual and organizational members.

Health is of paramount importance to seniors, and we have attempted to outline some of the major issues associated with health and the ageing population in this submission. However, this is a very big topic and we have been unable to canvass all the issues fully in this paper. We would be pleased to address the committee should members require any further information.

Yours sincerely,

Ken Marston

Executive Director

July 28th 2009

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- Evaluations of Living Longer Living Stronger program
- 1st Report on Stage 2 of *beyond maturity blues*
- COTA WA brochures

The terms of reference for the inquiry are that the EHSC review WA's current and future hospital and community health care services to determine whether population needs are taken into account in assessing, planning, implementing and evaluating those services with particular reference to:
(a) monitoring the compliance with and any departure from the Reid report and the 2005-15 health clinical services framework;

(b) identifying any outstanding needs and gaps in health care services; and

(c) considering the ramifications of the Royal Perth Hospital Protection Bill 2008.

Our response to the terms of reference is confined to *(b) identifying any outstanding needs and gaps in health care services;* and to focus on the impact of the ageing population on health care services, stressing the need for enhanced health services to meet the needs of older people.

We take a holistic approach to health and draw the committee's attention to the World Health Organization definition of health as:

> *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*

The World Health Organisation refers to three interlinked pillars of Active Ageing - health, participation and security. Health is one component of Active Ageing, but its links to other aspects of wellbeing must not be ignored. We therefore make reference in this submission to aspects of a broad definition of health that are often not considered to be health services per se, but which are essential components of any discussion of health, such as transport and mobility, carer availability and carer stress.

The provision of appropriate and accessible health services is of great concern to seniors[1].

Of all services that pensioners use, health services were seen overwhelmingly as the most important.

We also take note of the current work which is being undertaken by the National Health and Hospitals Reform Commission, whose interim report, published in December 2008 supports many recommendations that we have advocated for some years. The Commission has identified 5 key themes[2] which are summarised as:

Figure 1: Themes and health reform areas of the Interim Report of the National Health and Hospitals Reform Commission

Taking responsibility	• Building good health and wellbeing into our communities and our lives

[1] http://www.fahcsia.gov.au/about/publicationsarticles/corp/BudgetPAES/budget09_10/pension/Documents/Pension_Review_Report/part6.htm

[2] http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/BA7D3EF4EC7A1F2BCA25755B001817EC/$File/A%20brief%20overview%20of%20the%20Interim%20Report.pdf

Connecting care	• Creating strong primary health care services for everyone • Nurturing a healthy start to life • Ensuring timely access and safe care in hospitals • Restoring people to better health and independent living • Increasing choice in aged care • Caring for people at the end of life
Facing inequities	• Closing the health gap for Aboriginal and Torres Strait Islander peoples • Delivering better health outcomes for remote and rural communities • Supporting people living with mental illness • Improving oral health and access to dental care
Driving quality Performance	• Strengthening the governance of health and health care • Raising and spending money for health services • Working for us: a sustainable health workforce for the future • Fostering continuous learning in our health care system

The Commission has just released its final report, *A Healthier Future for All Australians*[3], which we commend to the committee as essential to planning the future of health care delivery in Western Australia in the context of COAG reforms.

Demographic shift

Western Australia has an ageing population, as has Australia as a whole. Currently,

- 17% of State population are 60 years and over (326,052 Seniors)
- 53% of Seniors are female
- 23% of Seniors 65+ are born in another English-speaking country
- 16% of Seniors 65+ are born in a non-English speaking country[4]

The Australian Bureau of Statistics[5] notes that:

> *The age composition of Australia's population is projected to change considerably as a result of population ageing. By 2051 there will be a much greater proportion of people aged 65 years and over than in 2004, and a lower proportion of people aged under 15 years. In 2004 people aged 65 years and over made up 13% of Australia's population. This proportion is projected to increase to between 26% and 28% in 2051*

The WA Planning Commission[6] has published detailed population projections to 2031 for all regions of the state and local government areas throughout WA.

The Australian Bureau of Statistics states[7]:

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[3] A Healthier Future for All Australians, Final Report of the National Health and Hospitals Reform Commission, Australian Government. 2009

[4] Key Statistics on Current and Future Seniors Summary, the 2006 Census, Department for Communities, Office for Seniors Interests and Carers. Prepared by Melanie Johnston and Rosita D'Adamo, May 2008

[5] http://abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3222.0Main+Features12004%20to%202101?OpenDocument

[6] WA Tomorrow http://www.planning.wa.gov.au/Publications/723.aspx

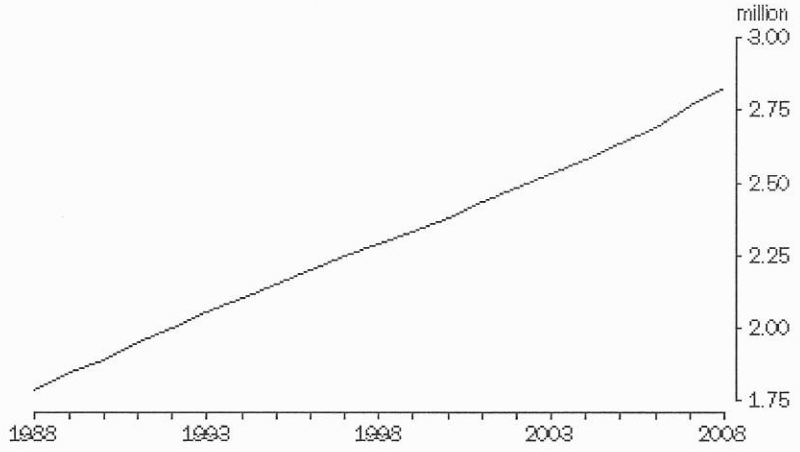
[7] http://www.abs.gov.au/AUSSTATS/abs@.nsf/MF/3201.0

Australia's population, like that of most developed countries, is ageing as a result of sustained low fertility and increasing life expectancy. This is resulting in proportionally fewer children (under 15 years of age) in the population. The median age (the age at which half the population is older and half is younger) of the Australian population has increased by 5.3 years over the last two decades, from 31.6 years at 30 June 1988 to 36.9 years at 30 June 2008. Between 30 June 2007 and 2008 the median age increased by 0.1 years. ***Over the next several decades, population ageing is expected to have significant implications for Australia including health,*** *labour force participation, housing and demand for skilled labour (Productivity Commission 2005, Economic Implications of an Ageing Australia, Research Report, Canberra).*Emphasis added.

And:

In the 12 months to 30 June 2008, the number of people aged 65 years and over in Australia increased by 67,600 people representing a 2.4% increase. The proportion of the population aged 65 years and over increased from 10.8% to 13.3% between 30 June 1988 and 30 June 2008.

Population aged 65 years or more, Australia - At 30 June



All states and territories experienced growth in their populations aged 65 years and over in the year ended 30 June 2008. The Northern Territory (6.6%), the Australian Capital Territory (3.7%), Western Australia (3.2%) and Queensland (3.0%) experienced the greatest increase in the numbers of persons aged 65 years and over.

Growth in numbers of "old old"

The proportion of seniors aged 80 years and over has increased significantly over the years. In 1971 there were approximately 12,000 seniors aged 80 years and over, 10% of the seniors' population. By 2001 the number of seniors aged 80 years and over had increased to approximately 50,000, 17% of the seniors' population. It is estimated that by 2031 the number will increase to over 185,000 when one in four seniors (24%) will be aged 80 years and over.[8]

The Australian Bureau of Statistics[9] states:

> ***Aged 85 years and over***
>
> *In the 12 months to 30 June 2008, the number of people aged 85 years and over increased by 20,700 people (6.0%) to reach 364,900. Over the past two decades, the number of elderly people increased by 165%, compared with a total population growth of 29% over the same period. Increased life expectancy for both males and females has contributed to this rise. There were almost twice as many females (241,700) than males (123,100) in this age group at 30 June 2008 which reflects the higher life expectancy at birth for females compared with males.*
>
> *In the year ended June 2008, the largest increases in the number of people aged 85 years and over occurred in the Australian Capital Territory (9.6%), followed by the Northern Territory (8.8%), New South Wales (6.3%), Western Australia and South Australia (6.2%), Victoria and Queensland (5.7%), and Tasmania (4.9%).*
>
> ***Aged 100 years and over***
>
> *In the 12 months ending 30 June 2008, the number of centenarians increased by 540 people (19.0%) to reach 3,400. This represents an almost threefold increase over the past two decades since 1988 (1,100).*
>
> *There were more than three times as many females (2,600) than males (720) in this age group at 30 June 2008, reflecting the higher life expectancy at birth for females compared with males.*

Older women living alone

Ageing is a gender issue.

> *One of the most widely-acknowledged weaknesses of Australia's retirement income system is its failure to provide women with equitable and adequate incomes in retirement[10].*

Women live longer than men, on average, and most women have far fewer financial resources available in retirement years than do most men due to lower average incomes and broken work histories (often due to caring responsibilities) which preclude saving for retirement.

> *...women are much more likely to live alone than men. In 2001, 6.0% (395,997 men) of all males aged less than 50 years lived alone, compared to 3.9% (255,691 women) of all females*

[9] http://www.abs.gov.au/AUSSTATS/abs@.nsf/MF/3201.0
[10] http://taxreview.treasury.gov.au/content/submissions/retirement/YWCA_20090227.pdf

in this age group. In comparison,13.7% (336,550 men) of all males aged over 50 lived alone, compared to 23.3% (627,975 women) of all females in this age group[11].

ABS has identified a peak for older women living alone, reflecting the higher life expectancy of women in Australia.[12] The needs of older women must be recognised and addressed as part of an overall strategic approach to ageing in WA.

Proportion of Seniors who have a disability

The nexus between ageing and disability cannot be ignored, despite the era of increasing longevity and ageing well.

- 54% of people with a disability are 65+[13]
- Many primary carers in Australia are aged and care for a son or daughter
- National data suggest that of all primary carers, about a quarter (25.8 per cent) are parents caring for a son or daughter with lifelong disability.
- Many carers have responsibilities towards aged people with late-onset disability, and support to them is delivered through the aged care sector.
- Many primary carers (12 per cent) are themselves aged 65 years and over.
- In Australia as a whole, there are 4,100 parents aged over 65 years who are caring for a son or daughter with disability living at home.
- Over the 20-year period from 2006–2026, most of the increase in the numbers of Western Australians with disabilities will be a result of population ageing.
- The number of older Western Australians with disabilities will increase substantially as the 'baby boomers' move into age groups in which disability is more prevalent. There will be an overall increase of 115.7 per cent from 136,700 in 2006 to 294,800 in 2026[14].

Impact of overweight and obesity

Older people are particularly affected by the national obesity epidemic with the prevalence of obesity being around 25-30% among people approaching retirement.[15]

- Likely health consequences of obesity for older Australians are premature death from life-threatening diseases such as cardiovascular disease and diabetes and debilitating conditions that impair quality of life. Obesity has significant impact on the chances of the obese person

11 http://www.abs.gov.au/ausstats/abs@.nsf/productsbytitle/1EA78AFE3DE2EDCACA256BDA0073EB53?OpenDocument

12 ABS 1301.0 Year Book Australia, 2006, Future Living Arrangements.
13 Key Statistics op.cit.
14 http://www.disability.wa.gov.au/aboutdisability/disabilityprofile.html
15 Older Australia at a glance, Australian Institute of Health and Welfare, Department of Health and Ageing 2007, p.56

becoming disabled. This has implications for health care costs, for aged care services, and for carers and their wellbeing.[16]

- Other financial costs are those that are not direct health system costs or are intangible costs – the loss of health and wellbeing and the devastating impact on mediate and extended families. They include employment impacts, absenteeism and taxation revenue impacts, as well as the economic cost of care and of aids, appliances and home modifications.[17]
- On a per capita basis, the economic costs of obesity amount to $2,765 for every Australian (including $394 in financial costs and $2, 371 in net cost of lost wellbeing).[18]
- Key factor in reducing the risk of obesity is life-long physical activity as a core part of each person's lifestyle. The availability of open spaces, access to public transport, urban design that encourages walking and easy access to shops and parks, lighting and security are all factors in encouraging older people to move out into their neighbourhood to be active. [19]

Enhanced oral health care programs needed

Our national organisation, COTA Over 50s Ltd, in conjunction with the Australia Dental Industry Association, recently released a report by respected economic modeller, Econtech, titled "Economic Analysis of Dental Health for Older Australians". The report noted that:

> *...periodontal (gum) disease is linked to a range of serious health conditions, including: coronary heart diseases, stroke, peripheral vascular disease and pancreatic cancer with elderly Australians showing double the rates of periodontal disease than younger people.*

Oral health has been linked directly to cardiovascular disease, respiratory diseases, cancer, premature birth, diabetes, osteoporosis and sleeping problems. It is important to promote the understanding and awareness of the relationship between oral and overall health. This would represent a substantial step towards more holistic care.[20]

Alzheimer's, dementia and other psycho geriatric conditions growing due to ageing population

- There are 230,000 Australians with dementia – projected to increase to 465,000 in 2030.[21]
- Family carers may be the only source of care for people with dementia (around 37% of people with dementia received no formal care in 2008.[22]
- Cost of replacing the family carers with paid carers is estimated at $5.5billion per annum.[23]

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[16] ibid
[17] The Economic Costs of Obesity Report, Access Economics for Diabetes Australia, October 2006, p.53
[18] The growing cost of obesity in 2008, three years on. Access Economics for Diabetes Australia, August 2008. P.23
[19] COTA Seniors' Voice, South Australia, "Enquiry into Obesity on Australia" House of Representatives Standing Committee on Health and Ageing, June 2008
[20] Dr Markus Themessl-Huber, CQU University News, 31 March 2009
[21] "Making Choices – Future dementia care: projections, problems and preferences", Report by Access Economics for Alzheimer's Australia. Executive Summary
[22] ibid
[23] ibid

- The opportunity cost or lost productivity borne by individuals, business and Government is estimated at $881 million.[24]
- Due to ageing, the share of the population with dementia is increasing in those aged 70 years and older but planning ratios for Residential Aged Care and community care packages places are based only on the total 70+ growth rates – the planning ratios for aged care need to be reviewed and consideration given to establishing as part of the ratio the provision needed for dementia specific community and residential care services.[25]
- Groups that are particularly disadvantaged in access to dementia care services are – younger people with dementia, indigenous people, people from CALD backgrounds, those with dementia and psychiatric issues who fall between the aged care and mental health systems and those in rural and remote areas.[26]

Incidence of mental health conditions rapidly growing and projected to exceed cardio vascular disease by 2015

Mental Health is recognised by the World Health Organisation (WHO) as crucial to the overall wellbeing of individuals, societies and countries. Mental Health and the growing impact of people diagnosed with Dementia have gained recognition as National Health Priorities. Many seniors suffer from treatable depression and mental illness, often misdiagnosed as old age or dementia. Under the Mental Health Strategy there is a specific plan for young people, but no comprehensive plan for older people. This should be addressed through development of a statewide mental health strategy for seniors.

In the recent *Australian National Survey into Mental Health and Wellbeing*, Professor Harvey Whiteford found that it is common to have physical illnesses and mental illnesses together - higher rates of mental disorders in people with chronic physical disorders, things like diabetes, stroke, cardiovascular problems. About one in three had a mental disorder at the same time. [27] This has serious implications for Seniors.

We concur with Reid Report that "it will become even more important to have a coordinated, multi-sectoral approach which should involve government, the private sector, the community, carers and people with mental illness.[28]

COTA (WA) provides *Beyond Maturity Blues* and *Act Belong Commit* peer education programs to address mental health and depression issues amongst seniors. These are evidence based programs that have proven success. 1st Report on Stage 2 of *beyond maturity blues* is attached for your information.

[24] Ibid.
[25] Ibid.
[26] Ibid.
[27] "Australian National Survey Mental Health and Wellbeing", *Australian New Zealand Journal of Psychiatry, 2009.*
[28] "A Health Future for Western Australians", Report of the Health Reform Committee, March 2004, p.32

Projected shortage of residential care places due to the current 'provider strike' and return of bed licences resulting in increasing pressure on acute hospitals, community care providers and carers.

We draw the committee's urgent attention to:

- A projected hortfall in the provision of residential care beds in WA with only 519 of the 1208 beds available recently being allocated,[29] the second round in a row that WA has suffered a shortfall in the allocations.[30]
- 4299 beds forecast to be available in WA in the next two rounds – Aged Care Association Australia WA (Inc) has no idea who will apply for them or can afford to build them.[31]
- 57% of direct care to older people is provided by untrained staff [32]
- Ageism is an issue in-so-far as nurses who opt for a career in a residential aged care setting may feel they are seen as being less skilled and having lower status than other nurses.[33]
- A number of key studies and parliamentary inquiries have highlighted longstanding concerns about the size and make-up of the formal paid aged care workforce as well as the capacity of providers to retain staff.[34]
- The Hogan Review (2004) identified several key issues pertaining to the residential aged care workforce including:
  - A general shortage of trained nursing staff, which is greater in the residential aged care sector than in other areas of the health system
  - Specific barriers to recruitment, retention and re-entry to the workforce
  - The ageing of the nursing workforce
  - Differences between the states' and territories' regulatory frameworks governing training, medication management and employment conditions
  - The changing profile of consumers which is expected to affect the nature and extent of demand for future services and the required skill mix of the workforce.[35]

A shortage of residential care places will pressurise the health system, with increasing numbers of frail aged people admitted to acute care and remaining in hospitals when no suitable discharge can be made to meet their needs. Community care will be further stressed as people with even higher needs demand services at home, and carers will be even further stretched to care for their loved ones. Urgent and co-ordinated effort is required to address these issues.

Need for preventative health programs

The health of individuals and societies is directly related to social inclusion and exclusion. Healthy Ageing involves the three WHO pillars of health, participation and security. It requires inclusive communities that foster and value the participation of all people, "age friendly" environments, and positive attitudes and behaviours that prevent disease and promote well-being.

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[29] Media Statement: Aged Care Association Australia, 1 July 2009
[30] Ibid.
[31] Ibid.
[32] Fine, M and Stevens J. 1998 *Innovation on the margins: Aged care policies since white settlement.* In Bevan C. And Jeeawody, B. Successful Ageing, Perspective son Health and Social Construction. Mosby: Sydney.
[33] Nazarko. L. 1997. Staffing the homes. *Nursing Management.* 4(3). 22023
[34] Trends in Aged Care Services, op.cit. 142
[35] Ibid.

To effectively meet the needs of seniors, health services should have the capacity to provide a diverse array of flexible supports and care that are responsive to individual need and underpinned by the principles of the World Health Organisation's Active Ageing Policy Framework. Empowering individuals by adoption of a healthy ageing paradigm will support the efficiency and sensitivity of health services by reducing demand for acute and chronic care in the long term.

It is acknowledged in the Reid Report – "Effective preventative action has the potential to improve health outcomes and quality of life, reduce inequalities in health, and minimise unnecessary demand for health care services therefore reducing costs. In fact, current evidence shows that around 90% of type 2 diabetes, more than half of all cancers and around 75% of cardiovascular disease can be prevented."[36]

A greater focus on health promotion, prevention and early intervention will ultimately improve health outcomes in the future. The quarantining of a limited, but significant amount of funding is needed to support this shift in priorities.[37]

Groups such as older people, those with chronic and complex conditions and those experiencing the greatest health inequality are likely to benefit the most from more targeted campaigns.[38]

COTA WA acknowledges the Health Department of WA's financial support for Living Longer Living Stronger, a health and fitness program for seniors in which 5000 seniors participate each week in over 70 gyms and fitness centres throughout WA. An evaluation of the impact of this program is attached for your information.

Carer stress and shortages of carers

A range of carer issues persist despite implementation of the WA carer Recognition Act:

- Caring for a person with dementia can be particularly challenging due to the characteristics of the condition and may be more burdensome than caring for people with other chronic conditions and disabilities. As a consequence, caring for a person with dementia can have a negative impact on the health and wellbeing of the carer, particularly family carers over longer periods – depression, anxiety, stress, physical health impacts and sleep disruption.[39]
- Family carers may be the only source of care for people with dementia (around 37% of people with dementia received no formal care in 2008).[40]
- The cost of replacing family carers with paid carers is estimated at $5.5 billion per annum.[41]
- The opportunity cost or lost productivity borne by individuals, business and Government is estimated at $881 million.[42]

[36] A Health Future for Western Australians, op.cit. p.23
[37] Ibid.
[38] Ibid.
[39] Making Choices, Future dementia care: projections, problems and preferences, op.cit. Executive Summary
[40] Ibid.
[41] Ibid.
[42] Ibid.

- Australia is facing a shortage of nearly 60,000 paid workers to care for people with dementia, and the problem will be compounded by a shortfall of 94,000 unpaid (family) carers.[43]
- Need to change the notion of respite care from being a "short break" to being an opportunity for both the carer and person with dementia to continue with their lives and engage socially.[44]

Ageism

There is a need for programs addressing ageist stereotypes in health (and other) service delivery: *Endemic... characterise older people as useless and dependent.* [45]. Endemic ageism has been identified within the UK National Health Service, as demonstrated in a recent survey[46] which found:

- *Almost half (47%) of British Geriatrics Society (BGS) members think the NHS is institutionally ageist.*
- *Three quarters (77%) of BGS members would support the introduction of legislation against age discrimination in the NHS.*
- *Well over half (55%) of BGS members said they themselves would be worried about how the NHS will treat them in old age.*
- *Two thirds (66%) of BGS members agreed that in their experience, older people are less likely to have their symptoms fully investigated.*
- *Seven out of ten (72%) BGS member said older people were also less likely to be considered and referred on for essential treatments.*

Too much is attributed to "old age" as a cause of ill health:

> *An old lady who went to her GP with a sore knee. He examined it, shook his head and said, "I'm sorry dear but it's just old age". Undaunted, she replied "But my left knee is the same age as my right knee and it's perfectly fine"!*

COTA WA provides anti-ageism and customer service training to address ageism.

Addressing the different needs of Indigenous older Australians within their communities.

- Over coming decades, there will be a growing demand for culturally appropriate aged care services among Indigenous Australians. Life expectancy at age 65 for Indigenous males is 11 years compared with 18 years in the total population; and 12 years for Indigenous females compared with around 21 years for females in the total population (ABS 2007).[47]
- Many small Indigenous organisations are serving small populations so there can be difficulty achieving economies of scale and sharing infrastructure across a range of services. The

[43] Media Release, Alzheimers Australia – release of above report. 5 May 2009
[44] Media Release, Alzheimers Australia – release of "Respite Care for people living Dementia: It is more than a short break", June 2009
[45] http://www.health.vic.gov.au/agedcare/publications/conferencejuly99/preeve.pdf
[46] The British Geriatrics Society, on behalf of Help the Aged, surveyed a sample of 201 of its UK members from a total of 2000 UK members on the 30th May 2008. Surveys were conducted across the country and the sample has been confirmed by an independent poling company as representative of UK BGS members. Refer http://press.helptheaged.org.uk/_press/Releases/_items/_NHS+accused+of+ageism+in+mental+health+services.htm
[47] "Trends in Aged Care Services: some implications" Productivity Commission Research Paper, Australian Government Productivity Commission, p. 49

majority of residents are financially disadvantaged, reducing the ability of services to raise capital through accommodation bonds. Together, these factors build a case for resource allocation to Indigenous aged care in line with greater need and the real costs of service delivery.[48]

- Older Indigenous people prefer to stay in their own communities rather than residential care. The Federal Government's program in the Northern Territory on "Improving Aged and Community Care for Indigenous Australians" seeks to train people to help older indigenous Australians achieve this. It is hoped that the progress of this program will be effectively monitored and evaluated and successful programs implemented in Western Australia based on NT experience.

Addressing the different needs of CALD older Australians within their communities and in residential care.

- Approximately 16% of the Australian population speak a language other than English at home. Older people from culturally and linguistically diverse (CALD) backgrounds face many barriers to accessing services which may explain their under-utilisation of community aged care services.[49]
- Perceived barriers for CALD groups accessing respite services for example, include either not having knowledge about services, cultural inappropriateness of services, language barriers, cultural barriers (eg food/religious requirements), lack of links between organisations and CALD groups, as well as lack of available bilingual staff – above all, language and communication consistently emerge as the primary barrier to accessing services.[50]
- Despite the need to inform services of cultural differences, CALD groups have expressed frustration with the stereotypic and essentialising tone of many of the guidelines for delivering "cultural competence".[51]
- Future of community aged care service delivery lies in the coexistence of mainstream, multicultural and ethno-specific agencies working together and in partnership.[52]
- There remains very little systematic, published evidence-based research that has as its focus the delivery of community aged care services to people from CALD backgrounds – this review demands more evidence-based research which is conducted between service deliverers (both ethno-specific agencies and mainstream) and research institutions.[53]

It is disappointing that Multi Cultural Aged Care Services WA is no longer operational. The Dept of Health and Ageing is seeking a new provider of the PICAC program in WA. Partners in Culturally Appropriate Care (PICAC) is an initiative funded by the Australian Government Department of Health and Ageing to improve partnerships between aged care service providers, culturally and linguistically

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[48] Cotter, P,, Anderson I. And Smith, L.R. 2007 "Indigenous Australians: Ageing without Longevity?" in Borowski, A., Encel, S. and Ozanne E. (eds). *Longevity and Social Change in Australia*, UNSW Press, Sydney pp65-98, cited in "Trends in Aged Care Services: some implications", op.cit. 50

[49] Rademacher Harriet, Feldman Susan, and Browning, Colette, Healthy Ageing Research Unit, Monash University Victoria, Australia. Review Article: *Mainstream versus ethno-specific community aged care services: It's not an 'either or'"*, Australasian Journal on Ageing, Vol28 No.2 June 2009, p.58

[50] Ibid. P.59

[51] Ibid. P 60.

[52] Ibid. P61

[53] Ibid.

diverse communities and the Department of Health and Ageing; and ensure the special needs of older people from diverse cultural and linguistic backgrounds are identified and addressed.

Access and equity issues:

- **Information and Communication**

  - Older Australians (aged 65 years and over) are less connected, light users of the internet, and use the internet for different purposes than younger age groups.

  In mid-2008, older Australians reported below average use of the internet. More than half (56 per cent) of survey respondents aged over 65 used the internet in the past 12 months, compared with 89 per cent on average, and much higher levels of use reported by younger age groups.

  Older age groups were also more likely to be 'light' users of the internet: 43 per cent of internet users aged 65+ reported using the internet for less than 9 hours per week (defined as 'light' use of the internet). Almost a quarter of older internet users (23 per cent) were heavy internet users at more than 21 hours per week.[54]

  Many of these older Australians have difficulty in accessing information given that most government reports and brochures are only available in pdf format on-line.

  - People at risk of social isolation get one-to-one information from trusted individuals
  - Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type.
  - Print and spoken communication uses simple, familiar words in short, straight-forward sentences.
  - Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.
  - Electronic equipment, such as mobile telephones, radios, televisions and bank and ticket machines, has large buttons and big lettering.
  - Wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.

  COTA WA closed its highly successful Seniors Technology Centre some years ago due to lack of financial support. We now undertake small scale one-on-one computer training using volunteers.

- **Outdoor spaces and buildings**
  Elements of good design must be incorporated in outdoor spaces and public buildings to meet the needs of older (and other) people, including.

    - Provision of non-slip pavements, wide enough for wheelchairs and have dropped curbs to road level.

[54] Use of digital media and communications by older Australians: Australian Communications and Media Authority, July 2009, p.1

- Pedestrian crossings sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times.
- Services situated together that are accessible.
- Special customer service arrangements – such as separate queues or service counters for older people.
- Buildings well-signed outside and inside with sufficient seating and toilets, accessible elevators, ramps, railings, stairs and non-slip floors.
- Public toilets outdoors and indoors – sufficient in number, clean, well-maintained and accessible.

- **Transport and mobility**

Transport and mobility has significant impacts on health and well being. Access to health services, recreational opportunities and the ability to keep in touch with friends and relatives are all important issues for seniors. For many older people, driving represents a symbol of freedom, independence and self-reliance and having some control over their life.

> *Poor access to transport places a substantial burden on the individual, family, community and society and there is a real need for consideration of the transportation needs of older adults at all levels to support ongoing mobility for older road users*[55].

Seniors' driving issues have gained attention with publication of a recent Australian Transport Safety Bureau report[56]. While we fully support the need to ensure that roads are safe, we are concerned that there may be elements of ageism in some approaches to older driver screening, as there is no evidence that older drivers are any less safe than any other age group. Loss of an older person's driver's licence is a severe limitation, which may result in social isolation and the inability to access both services and necessities of life. Services are needed to assist seniors to make new transport arrangements as soon as possible.

Public transport is essential for seniors who wish to access health and other services and participate in family and community activities. While improved train and bus services have been provided in many locations, seniors continue to experience problems in accessing major transport hubs in the metropolitan area and in many country areas public transport is often not available. Moreover, some seniors are reluctant to use public transport because they are fearful of their safety.

In suburban areas, small, local buses are required to ferry seniors to train and bus stations, particularly given the paucity of car parking as commuters are occupying all available spaces early in the morning and vacating them only after work hours. In country towns and the outer metropolitan areas, lack of public transport makes seniors reliant on taxis, which are often unaffordable.

[55] Monash University Accident Research Centre. "The Elderly and Mobility: A Review of the Literature by Michelle Whelan, Jim Langford, Jennifer Oxley, Sjaanie Koppel, Judith Charlton. November 2006. Report No. 255

[56] http://202.125.172.193/roadsafety/safe_road_users/older_drivers

COTA WA is currently seeking funding to implement the very successful UQDrive[57] program in Western Australia.

The impact of demographic shift on Hospital and Community Health Care Services

The ageing of the population is the single most important demographic shift in our society in recent decades and will continue to have significant social economic and fiscal impacts. This growth has been well documented but apart from a notable few, many of the discussions and reports focus almost exclusively on the financial costs and burden of an ageing society. In common with COTA (Tasmania)[58], COTA (WA) believes that such a position is unbalanced and unduly pessimistic.

Balanced assessments, such as those made by the Intergenerational Report[59] and Productivity Commission[60], state that the ageing population is not a "time bomb", but an entirely manageable phenomenon, as long as appropriate policies are adopted to deal with demographic shift.

The 2004 Productivity Commission research report on the economic implications of population ageing, summarised 27studies looking at links between ageing and
health care and found that 26 studies refute ageing as a major contributor to increasing costs of health care and only one found an association.

In 2001, AIHW reported that despite the growth in the absolute and relative size of the aged population over the last two decades, Commonwealth expenditure in all age-related policy areas remained virtually static over the last two decades at just under 5% of GDP and around 14% of total Commonwealth outlays. Even more significantly, the proportion of all Commonwealth outlays on health, welfare and social security that went to the older population declined, from 42.2% in 1980-81 to 32.1% in 1995-96 and has remained stable since. This outcome is due to the fact that GDP and other areas of government expenditure grew considerably more than expenditure in these areas over this period.

However, the committee should note the requirement for **adoption of appropriate policies** if the ageing population is not to be a 'time bomb". Western Australia currently lacks a comprehensive ageing strategy. *Time On Our Side: A Five Year Plan for Western Australia's Maturing Population*[61]launched in 1998 and the 2004 *Generations Together – WA's active ageing strategy*[62] are no longer funded.

The inadequacy of past investment in preventative medicine and health promotion has left many older people ill-prepared to self-manage their health condition(s). The incidence of chronic conditions is recognised to be amongst the highest among those seniors least able to afford health care and yet failure to contain the growth of non-communicable chronic disease will result in enormous human and social costs absorbing a disproportionate amount of resources.

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[57] http://www.uq.edu.au/uqdrive/index.html
[58] http://www.cotatas.org/elec_health.htm
[59] http://www.treasury.gov.au/igr/IGR2007.asp
[60] http://www.pc.gov.au/projects/study/ageing/docs/finalreport
[61]http://www.parliament.wa.gov.au/hansard/hans35.nsf/(ATT)/C80A6FC135EB3A45482566BF001F94C6/$file/A1110004.PDF
[62] http://www.community.wa.gov.au/NR/rdonlyres/86BBD2B0-FC5D-40DB-8CFE-CD649D014B8C/0/DCDGUIGenerationstogether2004.pdf

The World Health Organisation notes that when environmental and behavioural risk factors for chronic diseases and functional decline are kept low and protective factors kept high, people remain healthy and able to manage their own lives as they grow older. Fewer older adults need costly medical treatment and care services. Yet physical activity still remains a poor relation in population disease prevention. If the Government would recognise that dollars spent now on preventative programs would minimise the costs of acute care - long-term - we would have an even healthier ageing population than we currently have. The promotion & funding of successful positive ageing programs has the potential to reduce the long-term health care costs associated with an ageing population.

Our recommendations

In partnership with seniors' organisations, the Western Australian Government should:

- Develop and implement a comprehensive ageing strategy in Western Australia that encompasses the many variables inherent in the WHO definition of health.
- Dedicate a fixed small proportion of the health budget to health promotion measures to enable seniors to access programs such as Living Longer Living Stronger.
- Fund a comprehensive program for Active Ageing to decrease risk factors and increase protective factors to reduce the onset and progress of chronic diseases and functional decline.
- Adopt a life course approach to health maintenance, which both focuses on the prevention of non-communicable diseases and reduces the impact of age-related changes.
- Encourage people of all ages to think about what they would like later life to look and be like and how this might be fostered within their communities over the next few years.
- Develop and maintain partnerships with local organisations, service clubs and community organisations to deliver effective holistic health services to older people.
- Fund research into the mobility needs of seniors who lose their drivers' licences, or do not have access to a private car, and provide appropriate services and supports to meet their mobility requirements.
- Improve intra-suburban and country public transport services to enable seniors to access the services they require and encourage their full participation in the community.
- Ensure that transport stops and stations are conveniently located, accessible, safe, clean, well-lit and well-marked with adequate seating and shelter.
- Make voluntary or community based transport services available where public transportation is too limited for public transport to be effective and efficient.