

Strategies to Address Ageing of the Australian Population over the next 40 years

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**Professor Duncan Boldy
Dr Ann Clarke
Centre for Research into Aged Care Services
Curtin University of Technology**

1. Key Concept – Ageing in Place

- In 'Ageing, ready or not', Dr Satya Brink sets out a compelling case for why, as the older (65+) population exceeds 15%, countries should resist calls for more and more nursing homes being provided and increasingly concentrate on 'ageing in place' within existing housing stock, linked to the more ready availability of enhanced home and community care services.
- Australia's 65+ population is currently over 12% and is forecast to exceed 20% by 2030. It is time now for longer term 'ageing in place' strategies to be increasingly explored and implemented.

In the book 'Aging in Place with Dignity: International Solutions relating to the Low-Income and Frail Elderly' (1993) Heumann and Boldy classify the range of possible ageing in place options/programs and present a number of case studies from different countries, which explore what can be achieved by paying attention to the 'age-friendliness' of such aspects as:

- housing and neighbourhood design
- the range of visiting, on-site and neighbourhood support services (including public transport and shops)
- holistic service/support coordination (including case management).

2. Key Concept – Successful Ageing or ageing well

- Successful ageing is now defined as "including three main components: low probability of disease and disease related disability, high cognitive and physical functional capacity, and active engagement with life" (Rowe & Kahn, 1997). A growing body of research that reveals latent or unused potential and reserves in old age has brought attention to the notion of successful ageing. This has created optimism about and interest in the conditions under which potential can be activated and quality and quantity of life can be increased.
- Booming rates of lifestyle or chronic disease risk factors in middle aged and older adults will hamper the ability to age well (eg, physical inactivity – 35% of Australians over the age of 18, 45% over 75 years, obesity - 19.4% males and 22% females over 25 years).
- Modifiable lifestyle factors include: level of education, physical activity around the home, self-efficacy, body fat levels, high blood pressure, moderate and strenuous leisure activity and emotional support from family and friends in the maintenance of cognitive and physical function.
- The maintenance of continuing engagement with life requires social networks, which provide socio-emotional and instrumental transactions (eg. they provide opportunities for things like expression of affection and direct assistance). Risk factors reducing engagement are social isolation and low levels of social support.

- Participation in productive activities requires functional capacity, education, and self-efficacy. Evidence is growing to suggest that humans can reverse many of the commonly accepted age related changes and that the debilitating processes associated with ageing can be arrested through regular exercise and activity. Major conclusions by Australian reviewers of lifestyle diseases relate to the benefits of physical activity and exercise in combating all-cause mortality, coronary heart disease, stroke, cancer, unhealthy joints and joint pain, obesity, anxiety and depression.
- Access to opportunities for physical and social activity is not always possible for older adults, even though guidelines for optimal physical activity participation have been set. (see physical activity excerpt from the guidelines below* - available <http://www.health.gov.au/pubhlth/publicat/document/physguide.pdf>)
- Theoretical explanations for low activity levels among ageing adults are only beginning to emerge. Without more information (on how to age successfully), researchers and social policy makers have no clear understanding on what approaches to take to make social change for healthier, or more successful ageing. Contemporary research on older adult physical activity suggests that a number of social and psychological barriers are critical to participation. Examples include inadequate social encouragement, discouraging forces such as ageism and gender stereotyping, and low self-efficacy in movement settings.
- More research into the strategies or mechanisms that facilitate successful ageing is required.

*The guidelines refer to the minimum levels of physical activity required for good health. They are not intended for high level fitness or sports training. Try to carry out all guidelines and for best results combine an active lifestyle with healthy eating.

1. Think of movement as an opportunity, not an inconvenience.
2. Be active every day in as many ways as you can.
3. Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days.
4. If you can, also enjoy some regular, vigorous exercise for extra health and fitness.