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nursing federation

Inquiry into the cost of living pressures on older
Australians
- ANF Submission

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The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses and midwives, with branches in each State and Territory of Australia. The ANF is also the largest professional organisation for nurses and midwives in Australia, with a membership of over 150,000 nurses and midwives, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors. The ANF's core business is the industrial and professional representation of nurses and midwives.

The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veteran's affairs, education and training, occupational health and safety, industrial relations, immigration and law reform.

1 Introduction

"I have had a past and I suppose I have a future, but I particularly live on a day-to-day basis": the experience of older people coping with reduced resources, places of meaning, social networks, and health'. (Nunokoosing and Cook 2006)

The cost of living pressures on older Australians, both pensioners and self-funded retirees is increasing at an unacceptable level and having profound and long term effects for the individuals as well as the social and economic infrastructure in which they live.

The above foreword appears in a Report written for the Brotherhood of St Laurence in 2006 and is indicative of the plethora of research and reports that have been prepared on the subject of this inquiry over the past decade which clearly highlight the issues for older people living in Australia in 2007 (Nunokoosing and Cook 2006; Productivity Commission 2005c; Ellison et al 2004; NSW Ministerial Advisory Committee on Ageing 2004).

The reports cited above and the many others that deal with ageing and the impacts on older people in Australia identify the following challenges, all of which are intertwined and have significant implications for the cost of living burden for older people:

1. Access to affordable health services:

- Cost of health services - the shift away from bulk billing under Medicare and the increasing co-payments required.
- High cost of private dental care and very limited access to public dental services - the high correlation between poor oral health and general nutrition and physical health.
- High cost of private health insurance.
- The costs of getting to and from the health services with an increasing burden of disability due to the increasing co-morbidities of ageing.
- The correlation between social isolation and mental health problems and access to appropriate and affordable mental health services for older people.

- Multiple co-morbidities where many of the most effective therapies have either limited or no universal or private health insurance coverage eg physiotherapy, massage therapy, exercise programs.
- The high cost of poor services and care.
- The high cost when services and care are accessed when the need is acute, rather than at the early onset stages for prevention or to establish a sub-acute management program.

2. Access to safe, high quality aged care services both community based and residential:

- The proliferation of unlicensed and unskilled workers in this area placing vulnerable, older people at risk and the high costs of poor services and care.
- The high costs of self funded care if needs are not met through Government funded programs.

3. Diet, nutrition and exercise - affordable and accessible sources of a nutritious and balanced diet and exercise suitable for older people to maintain health:

- The increasing cost of fresh and nutritious food and nutritional supplements.
- Capacity to prepare, store and use nutritious and adequate portions of food.
- The cost of sourcing the food - shopping, transport, assistance in getting it home.
- The cost of accessing appropriate and affordable exercise programs that are tailored to the needs of older people.

4. Accommodation - affordable and suitable housing:

- Private tenancy - unreasonable rental increases and difficulties in getting repairs and maintenance attended, requiring personal investment or enduring a reduction in living standards.
- The rising costs of strata title and other communal title management for residents of home units, retirement village and townhouses.
- Home ownership - difficulties in affording the increasing costs of utilities, rates, competent repairs and maintenance with diminishing incomes.
- Boarders and lodgers - prohibitive tariff increases with inadequate notice and difficulties in getting necessary repairs and maintenance attended, requiring personal investment or enduring a reduction in living standards.
- The high cost of supporting an increasingly dependent person in their own home with home care services.
- The costs of the transition to residential aged care, bonds and hidden costs.

5. Income and financial management:

- Confusion relating to eligibility for aged pension and Veteran's Affairs pensions.
- Difficulties in the application of income and assets tests.
- Difficulties for older people in using the new technologies increasingly being required to manage financial affairs.
- Lack of experience in managing financial affairs and poor access to necessary financial advice and assistance.
- Credit and debt issues arising out of loans and credit card purchases.
- Denial of loans or contracts because of income level or limited time older people have for repayment of loans.

6. Living and consumer challenges:

- Cost of food, goods, utilities and services increasing.
- Vulnerability of older people to consumer fraud and pushy door-to-door or telephone sales persons.
- Prudential arrangements for pre-paid funerals.
- High cost of insurances (if able to be obtained) eg travel insurance.
- Extremes in climate requiring high cost energy use to deal with extremes of heat and cold which are felt more acutely by older persons.

7. Transport and the challenges created by the built environment for older people:

- Cost of appropriate transport - the limits of public transport, running a car, taxis and other forms of transport.
- The high cost of dealing with the inadequacies of the built environment eg uneven footpaths and surfaces, stairs, steep slopes, slippery surfaces, the lack of clean, adequate and appropriate toilet facilities in appropriate locations.

8. Personal safety and security:

- The high cost of ensuring mobility and stability in busy public places.
- Vulnerability to crime and fear of crime and the concomitant risks of living in an isolated and fortress-like environment.

9. Relationships, social support and interaction:

- The high cost of overcoming loneliness and exclusion from living alone and reduced capacity to socialise with friends and meet new acquaintances.
- The correlation between the risk of social seclusion and poverty that increases post retirement for many people.
- Dislocation from familiar environments and social circles as people move out of areas due to reasons such as financial necessity, access to appropriate health care, proximity to family members, loss of a long term partner.

10. Access to legal services and other recourses to ensuring obligations and rights are complied with and disputes are resolved:

- High cost of legal services and difficulties in accessing legal aid because of restrictive eligibility tests.
- The cost of dealing with disputes, disagreements and failures in service provision.

Each of these challenges and burdens is increased exponentially by the propensity of many older people to worry about both the potential and real difficulties that arise in the course of navigating life at a time when their health may be diminishing, thus creating a vicious cycle that makes it difficult to determine which is the cause and which, the effect.

One of the reports makes the important point that: '*adequate resources include not only money, but also knowledge of how to access available goods and services, and the ability to access these as required*' (Nunakoosing and Cook 2006 p.23).

In the following brief comments the Australian Nursing Federation (ANF) is not going to attempt to cover the issues that these reports do so very well. Instead we will comment on the issues from the perspective of nurses who are often close witnesses to the outcomes of these pressures on the person and their families.

2 Impact of recent price movements of essentials eg petrol and food

Nurses see the impact of poor diet and nutrition on a daily basis in the effects that inadequate nutrition has on the health of older people. There are many occasions that people are admitted to hospital or residential aged care where their physical and mental health is severely compromised. This may be due to a number of causes such as: their inability to afford a regular and adequate supply of nutritious meals; their inability to access sources of such food; their deteriorating mental health state due to isolation and the sense of helplessness and despair that goes with diminishing social interaction with friends and family; and lack of capacity to utilise services or transport.

It is not uncommon for a person near to death and requiring high level care to be to a residential aged care facility and after several months of regular meals, social interaction and good care to be discharged or at least need a lesser level of care. There is no doubt that the improvement in nutritional status is a primary contributing factor.

Inability to afford transport because of the increasing costs due to the upwards movement of oil based fuels contributes to both the isolation and incapacity of people to go shopping and maintain their independence.

3 The costs of running household utilities eg gas and electricity

Nurses also see the impact on the health of people who are unable to control the comfort of their person and their environments. Once again isolation is a natural effect with people not wanting to leave a warm or cool home or even room. In winter, it is: burns; dehydration from an overheated environment; debilitating chilblains and other skin disorders; metabolic disturbances; and respiratory disorders from the inappropriate use of heaters, hot water, electric blankets; sealed rooms with little air exchange that cause common presentations to general practitioners and hospitals. While, in summer: dehydration and accompanying metabolic disorders are just two of the effects of the inability to ensure a comfortable environment.

The increasing evidence of climate change and the regular extremes of weather that we are now witnessing make older people even more vulnerable to health crises if they are unable to control the environments in which they live and socialise. It was older people in Europe, particularly evident in Paris in the summer of 2003, often living alone who died in the extreme heat wave that occurred and lingered over a number of weeks without respite.

4 The cost of receiving adequate dental care

Private dental care is extremely costly even with health insurance. Public dental care is just about non-existent in Australia in 2007. Oral hygiene and well fitting dentures and other dental prostheses are critical to a person's health and well being for several reasons. Their capacity to eat and maintain health with a well balanced diet is dependent upon well functioning teeth and a pain free mouth. Malnutrition is a real and often seen outcome of poor oral health programs for older people. There is a very strong body of evidence that clearly demonstrates that malnutrition is a primary cause of many other, often terminal, diseases and injuries.

Also, dental decay, gum disease and other oral health problems have severe and systemic effects to a person's health. A mouth abscess in a person whose health is compromised already can rapidly develop a fatal bacteraemia or septicaemia if treatment is not provided in a timely way.

5 The impact of these cost pressures on the living standards of older Australians and their ability to participate in the community

Social isolation that comes with an inability to afford or access appropriate transport, support and attendance at social events, healthy living and interesting occupational programs have a spiraling effect on a person's physical and mental health. This is exacerbated if they are not eating properly or maintaining their mobility and stability, whether this be the cause or the effect. As indicated above, nurses are the daily witnesses of this spiral out of control, whether they are working in emergency departments of hospitals, mental health services, general medical practices, residential aged care facilities, palliative care services, geriatric medicine or community health.

6 Conclusion

The above are only a sample of the issues that arise when older people are not able to operate effectively in our current society. Nurses will attest to the fact that, far from diminishing in our seemingly affluent nation, we are seeing greater and greater distress and health effects in our older citizens of the burdens that the rising costs of living are having for them.

A society that does not treat its most wise and most vulnerable citizens with respect and care is a source of great shame.

7 References

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