Aging in Australia

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An aging population, growing awareness of chronic disease, and access and navigation of health care services prompt much discussion regarding aging in Australia. Debate within academic and policy circles directs attention toward preventive health, with a growing interest in “healthy aging” and “active aging” where quality of life, rather than years of life, is important. There is little doubt that an aging population places pressure on governments and broader society, but these challenges also present opportunities for positive change.

Who Are Older Australians?

People older than 65 years of age account for 13% of the almost 20 million Australians, with projections suggesting an increase to 26%–28% by 2051 (Australian Bureau of Statistics [ABS], 2008). Those older than 85 years currently represent 1.6% of the population but will increase to 7%–10% by 2101 (ABS, 2008). Australians enjoy one of the longest life expectancies, 79 years for men and 84 years for women (Australian Institute of Health and Welfare [AIHW], 2006), projected to rise to 100 years by 2060 (Oeppen & Vaupel, 2002).

As the population ages, there will be increased demands on the health system and on family members to care for their older relatives. The health system will be strained due to increased numbers of older people, increased expectations of older people to have control of how and where they live their lives, decreased informal caregivers and workforce shortages (Productivity Commission, 2011).

The Aging Agenda Within Australia

Historical Context

Health care in Australia is delivered via the public and private sectors, with responsibility for public health policy and funding divided between...
the Commonwealth and the states and territories. The Australian Commonwealth government sets national health policies through the Department of Health and Ageing and funds universal medical services (Medicare) and pharmaceuticals (Pharmaceutical Benefits Scheme). It provides financial assistance to public hospitals, residential aged care facilities, and home and community care for older people as well as being the major source of funds for health research. In contrast, state and territory governments provide acute and psychiatric hospital services, and community and public health services.

**Current Health Reform**

In 2008, the prime minister and minister for health announced the establishment of the National Health and Hospitals Reform Commission. The commission was established to develop a long-term health reform plan for Australia. As part of this reform, provision has been made for nationally consistent legislation allowing health professionals to move freely between states and territories, previously prohibitive due to cost and administrative issues (*Australian Health Practitioner Regulation Agency*, 2011). Activity-based funding will use the Australian-Refined Diagnostic Related Groups classification to define and count hospital “activity” in relation to the treatment of acute admitted patients. Concern has been raised that older patients may be discharged early, as this approach rewards reduced expenditure and shorter hospital stays (*Eagar*, 2010). Under the auspices of the Australian government, as the sole funder of a nationally consistent aged care system, the Productivity Commission’s inquiry “Caring for Older Australians” presents the greatest opportunity for radical review (*Productivity Commission*, 2011).

**Preventive Health Strategy**

Although Australians enjoy one of the longest life expectancies in the world, there continue to be many Australians dying prematurely or living with disabilities that compromise quality of life. Australia has witnessed an increased focus on healthy aging, defined as “a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions” (*Health Canada*, 2002). The Australian Healthy Ageing research agenda was reviewed in 2000, with an acknowledgment of a need for the promotion of more holistic healthy aging research (*Kendig, Andrews, Browning, Quine, & Parsons*, 2000). The National Preventive Health Strategy, released in 2009, builds on this work, espousing shared responsibility, early action that continues throughout life, engagement of communities, the influence of markets and policy direction, reducing inequity (particularly in relation to Indigenous Australians), and refocusing primary health care toward prevention (*Preventative Health Taskforce*, 2009).

The National Chronic Disease Strategy, centered on asthma, cancer, diabetes, cardiovascular disease, and arthritis and musculoskeletal diseases, fits well with the preventive health message for older Australians. Research has focused on identifying cost-effective treatments to reduce the burden of these diseases and improve quality of life. Many innovative campaigns exist, including the “Go Red for Women,” uniting women in the fight against heart disease, simple waist measurements to highlight risk of developing diabetes, and Daffodil Day, raising awareness of cancer. The SunSmart campaign has been successful in promoting safe sun exposure and reducing skin cancer; yet, some older people who are housebound or in institutional care are at risk of vitamin D deficiency. As such, sun recommendations have been revised (*Cancer Council Australia*, 2010).

**Aged Care Delivery in Australia**

Aged care services fall broadly under the acute, subacute, community, and residential care sectors. Residential aged care is predominantly provided by the nongovernmental sector, by religious, not-for-profit, and private sector providers. However, the Australian federal government through the Aged Care Act 1997 still governs all aspects of the provision of residential care, flexible care, and Community Aged Care Packages (CACP), including the licensing of aged care beds. Although the goal for many older Australians is to remain living independently at home, there will most likely be occasions where community and/or acute services are needed. Most community aged care services are moving toward a strengths-based, person-centered approach to maintaining or improving the independence of older people, focusing on setting achievable goals in the realm of personal, domestic, and instrumental activities of daily living (*Department of Health*, 2008).

**Community Care**

Community-based services are delivered to individuals after assessment. Aged Care Assessment...
Teams (ACAT), unique to Australia, comprise various health professionals (geriatricians, physiotherapists, occupational therapists, and social workers) (Department of Health and Ageing, 2005). The comprehensive assessment identifies the services or referrals that may be needed to enable an older person to remain living independently at home (AIHW, 2007). These packages of care include Home and Community Care services, CACP, Extended Aged Care at Home, or Extended Aged Care at Home for Dementia. Services are implemented in consultation with an individual’s general practitioner who oversees care in the community. There is a strong emphasis on promoting capacity building and restorative care.

**Acute Care**

Minimizing functional decline and maintaining the ability to undertake activities of daily living is pivotal to improving outcomes for older persons in the acute hospital sector. The Department of Health in Victoria, Australia, has supported research aimed at addressing nutrition, mobility, continence, cognition, medication, skin integrity, pain management, and falls (Department of Health, 2011). Short-term transition care (up to 12 weeks) helps to enhance the functional independence of older people leaving hospital and avoid the need for longer term residential care.

**Residential Aged Care**

Under the Aged Care Act 1997, the Australian government subsidizes aged care homes, providing residential aged care to older people who can no longer remain in their own homes. Approximately 70% of the funding for residential aged care is provided by the government. Residential aged care facilities (RACFs) provide care ranging from independent living units to 24-hr nursing care. Aging in place is an option for some people. Residential aged care is predominantly provided by the non-governmental sector, by religious, not-for-profit, and private sector providers (Cubit, 2009), but all RACFs funded by the Australian government must meet compulsory accreditation standards and show continuous improvement in the quality of care and services provided to residents (Department of Health and Ageing, 2007). Funding for RACFs is determined by the Aged Care Funding Instrument, a formula that matches funding to the care needs of residents.

**Palliative Care**

Quality care at the end of life is a crucial area for Australia. The National Palliative Care Strategy—Supporting Australians to Live Well at the End of Life was endorsed in November 2010 by the Australian Health Minister’s Conference. The strategy is designed to improve awareness and understanding of palliative care, building capacity in services to provide appropriate effective care (Department of Health and Ageing, 2010b). Advanced care planning, based on the principles of patient autonomy and consent, allows older Australians to express their wishes about any future healthcare, providing choice and control for future care options (Royal Australian College of General Practitioners, 2010).

**Aged Care Workforce Issues**

**Formal Care**

The most significant issue relating to the aged care workforce is the recruitment and retention of appropriately qualified nurses (Cubit, 2009). Within the residential care sector, the number of registered nurses has declined (AIHW, 2003), resulting in nationwide shortages (AIHW, 2007). At the same time, there has been an increase in the number of personal care assistants who provide the bulk of the hands-on care (Hogan, 2004). The resulting mix of staff makes it difficult to provide adequate care to the growing number of older people (Robinson et al., 2005, 2007).

Several strategies for combating this problem have been recommended, including creating supportive work environments, increasing organizational support, generating greater acknowledgment of knowledge and skills, improving rates of pay and staffing levels, improving the image of aged care, achieving the appropriate skills mix minimizing and clarifying documentation requirements, developing a national career progression framework for nurses and carers, and developing a national research program in aged care (Pearson et al., 2002). The National Aged Care Workforce Strategy (2005) provides a framework for a sustainable and viable aged care sector, addressing these recommendations (Department of Health and Ageing, 2005). Although many of these recommendations have been implemented, the Productivity Commission concluded that recruitment and retention of appropriately qualified health professionals into the aged care sector remains problematic (Productivity Commission, 2011).
Informal Care

Many older Australians wishing to live independently in their own home can do so only with the assistance of an informal caregiver. Australia has almost 2.6 million caregivers, of which 500,000 are primary caregivers, from diverse English and non-English-speaking backgrounds. Caregivers are usually family members (Carers Victoria, 2011) who provide about 74% of all support to older people in Australia. Their efforts save our economy more than $30.5 billion per year (Access Economics Pty Limited, 2005). Caring for an older person often takes its toll, both physically and psychologically. The Australian Unity Wellbeing Index revealed that caregivers have the lowest level of well-being recorded (Cummins et al., 2007). To assist in addressing the well-being of many caregivers, the National Respite for Carers program provides the opportunity for a break from caring, with respite available in the home, in day centers, with a host family, or in overnight residential care.

Table 1. Studies Comprising the Dynamic Analyses to Optimise Ageing Project

<table>
<thead>
<tr>
<th>Study</th>
<th>Location</th>
<th>Chief investigator</th>
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<tbody>
<tr>
<td>Australian Longitudinal Study of Ageing (ALSA):</td>
<td>Adelaide</td>
<td>Professor Mary Luszcz (Flinders University),</td>
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<td></td>
<td></td>
<td>Professor Kaarin Anstey (Australian National University)</td>
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<tr>
<td>Australian Longitudinal Study of Women’s Health (ALSWH):</td>
<td>National</td>
<td>Professor Julie Byles (University of Newcastle)</td>
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<td>Australian Diabetes and Obesity Survey (AUSDIAB):</td>
<td>National</td>
<td>Professor Paul Zimmet (International Diabetes Institute)</td>
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<tr>
<td>Blue Mountains Eye Study (BMES):</td>
<td>New South Wales</td>
<td>Professor Paul Mitchell (University of Sydney),</td>
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<td></td>
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<td>Professor Robert Cumming (University of Sydney)</td>
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<td></td>
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<td>Professor Helen Christensen (Australian National University)</td>
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<tr>
<td>Canberra Longitudinal Study (CLS):</td>
<td>Canberra (Australian Capital Territory), Queanbeyan (New South Wales)</td>
<td>Professor Collette Browning (Monash University),</td>
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<td></td>
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<td>Professor Hal Kendig (University of Sydney)</td>
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<tr>
<td>Household, Income and Labour Dynamics of Australia (HILDA):</td>
<td>National</td>
<td>Dr. Peter Butterworth (Australian National University)</td>
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<tr>
<td>Melbourne Longitudinal Studies on Healthy Ageing (MELSHA),</td>
<td>Melbourne (Victoria)</td>
<td>Professor Kaarin Anstey (Australian National University),</td>
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<td></td>
<td></td>
<td>Dr. Peter Butterworth (Australian National University)</td>
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<tr>
<td>Personality and Total Health Through life (PATH):</td>
<td>Canberra (Australian Capital Territory), Queanbeyan (New South Wales)</td>
<td>Professor Tony Broe (University of New South Wales)</td>
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<tr>
<td>Sydney Older Persons Study (SOPS):</td>
<td>Sydney (New South Wales)</td>
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*(Access Economics Pty Limited, 2005)*

*(Cummins et al., 2007)*
Research

The future of aged care within Australia is at a crucial juncture. Underpinning the vision of an equitable, efficient, and sustainable aged care system is evidenced-based research. The Australian government has committed $10 million to the Ageing Well, Ageing Productively Research Program, which has as its focus policy and practice outcomes that tangibly improve the lives of older Australians (National Health and Medical Research Council, 2005). The research landscape is rich with longitudinal studies that focus on the health and well-being of Australians across the life span. Dynamic Analyses to Optimise Ageing is a pooled data set of nine existing longitudinal studies (Table 1), with more than 50,000 participants.

From a broader perspective, the Australian Association of Gerontology (AAG), Australia’s largest multidisciplinary professional association of people who work in, or have an interest in, aging helps to shape the research agenda by representing the views of multidisciplinary professionals across numerous sectors.

Health and medical research underpins an effective and efficient aged care system, allowing individuals and the wider community to benefit from preventing or treating ill health, improving well-being, and accessing quality aged care services. The National Health and Hospitals Reform Commission (2009) supports research creating an agile self-improving health system. Its focus is on building a “vibrant culture of innovation and research” (National Health and Hospitals Reform Commission, 2009, p. 209) that permeates health services. The National Health and Medical Research Council (2010) promotes translational research, multidisciplinary approaches to research, and collaborations of research institutes across Australia. Bridging the gap between research and practice is an area for improvement within gerontology in Australia. The uptake of evidence-based practice for health professionals such as falls prevention in the hospital setting (Barker, Kamar, & Morton, 2009) and translating dementia research into practice (Draper, Low, Vickland, Withall, & Ward, 2009) together with adherence of older people to programs (Nyman & Victor, 2011) are examples of ongoing challenges.

Indigenous Health

Australia has two Indigenous populations—Aboriginals and Torres Strait Islanders. First counted in the National Census in 1971, they currently number 517,200, representing 2.5% of the total Australian population (2006 Census), with approximately 90% of the Indigenous population of Aboriginal origin, 6% of Torres Strait Islander origin only, and 4% of both Aboriginal and Torres Strait Islander origin (ABS, 2007).

There is an urgent need to address the health concerns of Indigenous Australians, who experience poorer health and a much lower life expectancy (a gap of 17 years) than the wider Australian community (AIHW, 2010a; Department of Health and Ageing, 2010a). This is partly attributable to chronic diseases including cardiovascular disease and diabetes, to poor access to primary health care, and to risk factors such as smoking, poor nutrition, and lack of exercise. Tobacco smoking is responsible for 20% of all deaths of Aboriginal and Torres Strait Islander peoples (Department of Health and Ageing, 2010a). These people experience a fivefold increase in the prevalence of dementia. The Koori Growing Old Well Study through Neuroscience Research Australia explores healthy aging and cognition in urban Indigenous communities. Preliminary findings suggest that negative early life experiences and lack of educational opportunities have a major impact on the brains of Indigenous children, leading to a range of health and socioeconomic problems in later life. Study leader, Professor Tony Broe (University of New South Wales), believes childhood neural defects, additional social and education deficits, and involvement in the criminal justice system are major determinants of poor adult health, possibly accelerating dementia in older Indigenous people (Broe et al., 2010). Substantial research gaps include variations in understanding about dementia, meaning and experience of caregiving, best practice for identification and assessment, and best practice for the provision of formal care (Arkles et al., 2010).

Research funding is currently available through the Australian Research Council to conduct Aboriginal health-related research through the Australian National University’s Centre for Aboriginal Economic Policy Research (http://caepr.anu.edu.au). In addition, the federal government has initiated several health care programs including a Petrol Sniffing Prevention Program and a Strong Fathers Strong Families Program.

Rural and Remote Area Health

More than two thirds (15.1 million) of Australians live in major cities, one in five (4.3 million) live in
inner regional areas, 1 in 10 (2.1 million) in outer regional areas, and 2.3% live in remote or very remote areas (ABS, 2010). Despite having better social cohesion, people living in rural and remote areas of Australia have poorer health outcomes and less access to quality health services than their counterparts in major cities (AIHW, 2010b). Several key issues negatively affect rural and remote health care, including geographical isolation, sparse population distribution, an aging population, migration factors, poor socioeconomic status, workforce recruitment, and limited services (Henderson & Caplan, 2008). An example of current research addressing these issues is the “Linking Rural Older People to Community Through Technology” project, aiming to explore how access and connection to the wider community for older Australians in rural and remote locations could be achieved through the use of new communication technologies. Results highlighted low levels of comfort with new advances in communication technology for older people in the Murraylands region of South Australia, while offering opportunities to overcome issues of distance for older people living at home in rural regions (Feist, Parker, Howard, & Hugo, 2010).

Mental Health

Mental health is an emerging area for older Australians. A report recently undertaken by the National Ageing Research Institute for “Beyond Blue” recommended that there be an awareness raising campaign for older age depression and anxiety among aged care service providers, mandatory mental health training for the aged care sector, improved access to information for older people and their families, and consideration of minimum guidelines for mental health training among undergraduates intending to work in the aged care sector (Dow et al., 2010).

Currently, there are approximately 200,000 Australians diagnosed with dementia. Within the next 5 years, it is expected that dementia will be the leading cause of disability within Australia, surpassing cardiovascular disease, cancer, and depression (Department of Health and Ageing, 2006). The National Framework for Action on Dementia (2006–2010) was established in 2005 to address one of the most significant challenges facing an aging Australian population. The Dementia Collaborative Research Centres, set up in response to the challenge of translating research into practice in order that better care may be provided, has three sites—Assessment and Better Care, Early Diagnosis and Prevention, and Carers and Consumers (Alzheimer’s Australia, 2011). Emphasis is placed on the person with dementia being valued and respected, with improved quality of life for people with dementia, their caregivers, and their families.

Other Areas of Active Research

There are numerous other areas of research being undertaken within Australia, such as E-health, falls prevention, housing and homelessness, culturally and linguistically diverse communities, nutrition, continence, veterans’ health issues, and medications/polypharmacy. This is not a comprehensive list, and it is recommended that readers approach the AAG should they wish for further information, particularly regarding the key researchers in each field. The AAG Web site can be found at http://www.aag.asn.au.

References
