

SUBMISSION

House of Representatives
Standing Committee on Ageing

Long-Term Strategies to Address the Ageing of the Australian Population Over The Next 40 Years

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The Australasian Centre on Ageing was established as a University of Queensland Centre in 2001. It is a collaborative research initiative between the University of Queensland and the Seniors Interests Unit, Department of Families, Queensland. Within the University it represents a close collaboration between the Faculty of Social and Behavioural Sciences, and the Faculty of Health Sciences, with input from other Faculties. The Centre integrates and focuses research expertise in human ageing from across the university, and links it with government and community priorities, to form a world class international centre of research excellence. The Foundation Director is Professor Helen Bartlett and Associate Professor Worrall is seconded to the Centre.

The mission of the Communication Disability in Ageing Research Unit (CDARU) is to enhance the quality of life for older people with particular focus on those experiencing communication disability, through quality research, teaching and service. The CDARU is within the Department of Speech Pathology and Audiology at The University of Queensland. Associate Professor Hickson and Associate Professor Worrall established the research unit in 1997.

This submission first addresses some general issues in ageing research and the importance of building research capacity. It then identifies some key research issues that need to be addressed in order that long-term strategies may be developed to respond to Australia's demographic ageing.

Research capacity

The implications arising from Australia's rapid population ageing over the next 50 years are gradually being recognised. The issues are complex, highly significant and not fully understood. A range of types of evidence, including research, is needed to inform policy-making on ageing. This includes statistical and trend data, consultation with older people and their representatives, expert opinion, policy and program evaluation and basic research. Although ageing research is an important source of evidence, it has often been lacking in Australia for the following reasons:

a) Until recently, ageing was not high on the research or policy agenda. Hence were researchers engaged in the area, and little research funding was available. An ageing research, particularly about the impact of the demographic shift, is a relatively recent phenomenon. *There is therefore an urgent need to build Australia's research capacity in ageing.*

b) Ageing is a multidisciplinary topic. As noted in the call for submissions, ageing covers areas such as current and future adequacy of retirement incomes, workforce participation, aged care, education, housing and health. The Australasian Centre on Ageing has over 100 researchers on its research register from a wide range of disciplines including: physiotherapy, economics, geography, psychology, architecture, medicine, biochemistry, psychiatry, social work and social policy, human movement studies, government, management, tourism and leisure management, occupational therapy, law, population health, speech pathology, audiology. However, the primary funding mechanisms for research in Australia have not prioritised ageing. The National Health and Medical Research Council (NHMRC) grants favour biomedical research (a very small proportion of ageing research and not necessarily related to a long-term strategy for ageing). The NHMRC Strategic Research Development Committee identifies areas in Australian health care where research is under-developed, or where there are gaps in the current effort and this committee established the Strategic Healthy Ageing Program. This allocated \$2m to projects that support a Healthy Ageing policy and the projects were in the area of dementia and neurodegenerative disorders; geriatric pharmacology and nutrition; genetics of healthy ageing; and ageing and premature death in Aboriginal and Torres Strait Islander people. While these are important areas, this program funded research into diseases associated with ageing, rather than how Australians can age healthily in the next 40 years. *There is therefore a clear need to link research funding with the most significant aspects of ageing and research findings will inform decision-making at the policy level as well as at the practice level.*

The Australian Research Council (ARC) (through its Linkage grants with industry) has only begun to fund applied ageing research that ensures the relevancy of the research by mandating that industry partners are collaborative partners that not only contribute intellectual property to the project but also cash and in-kind payments. There is however no strategic funding of research into ageing with none of the listed priority areas for ARC grants including ageing. *There is therefore an urgent need to include ageing as a priority area for Australia's major research granting agencies.*

Research to inform long-term strategies

1. Healthy ageing

The term 'healthy ageing' is increasingly being used and promoted in strategic and policy directives concerning older people. However, the distribution and determinants of healthy ageing have not been studied extensively. In order to analyse the predictors of healthy ageing, 'healthy agers' need to be identified and the characteristics that distinguish them from their age cohort ascertained and quantified. Efforts to define and quantify the concept of healthy ageing in this way need to be established to allow comparison of studies and facilitate further research into the predictors of healthy ageing. With such evidence, programs and interventions can be focused where more effective. Some of the key questions will focus on prevention/early detection, age related conditions and disabilities, cultural factors, retirement transition, protective risk factors.

An important foundation for healthy ageing is the development of an “age-friendly” or “senior-friendly” society; one that is inclusive of older people. Research that explores the meaning and application of this concept in practice is necessary. This includes exploration of the built environment, community services, health and social care, and community attitudes.

2. Quality of Life/Care in Residential Aged Care Facilities.

Residential Aged Care Facilities (nursing homes and hostels) care for older people with high care needs, with the majority having some degree of dementia. While there is a necessary focus on physical aspects of care, there is a widespread neglect of social care. Older residents report loneliness, boredom, lack of respect by care providers, and lack of involvement in decision-making. The needs of families are also not being supported, with communication between staff and families of concern. There is also evidence that resident satisfaction with care improves when staff morale is high. The increasing casualization of staff in the aged care industry, as well as other industrial issues contribute to poor staff morale and hence poor quality outcomes. For quality outcomes to be achieved in Australia's residential aged care sector, it is therefore essential that staffing issues are addressed. It is also essential that social care becomes more fully incorporated into the culture of care in aged care facilities. This can be achieved through improved assessment and care planning that is standardized and linked to accreditation, as well as how staff are educated about their role in RACF's.

3. Access and funding service delivery for older people with disabilities

Priority issue: Intervention for older people with hearing impairment

Approximately 60% of older people have a hearing loss. It is recognized as being one of the most common disabilities associated with ageing. A hearing impairment can have a profound effect on a person's relationships with others and their quality of life in general. There is an increase in social isolation and depression in those with a hearing loss. Hearing aids are very effective for people who choose to have them fitted and who wear them for a significant proportion of the day. Hearing aids however are only worn by a small proportion of those with a hearing impairment and of those fitted, many wear the

aids intermittently, and many continue to have communication problems even with their hearing aids. Hearing aid fitting is the primary way that the Australian Government provides services for older people with hearing impairment. We argue that many older people who do or do not wish to wear aids are interested in learning about ways in which they can improve their communication, despite their hearing loss. We have been trialling a new education program, the Active Communication Education (ACE) program, to determine its effectiveness with older people. The Office of Hearing Services has been following the progress of this project with great interest. If the research establishes its success, we hope that this program will be offered to older people throughout Australia free of charge.

Another issue in hearing impairment that requires the development of a long term health strategy is the influence of noise exposure early in life, compounding the effects of age-related hearing loss. People who have been exposed to loud noise through their occupations or recreational pursuits will have greater hearing loss as they age. There is a pressing need to provide health promotion education programs to younger people to address this issue. Young people are largely not aware of the implications of hazardous noise levels in the environment. Health promotion strategies that are used to address other important long term health issues (e.g., smoking) may be employed in the area of hearing health.

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