Summary of the Roundtable on Ageing
Held at the University of Sydney

July 18, 2013

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Summary of Discussion for the Roundtable on Ageing
Held July 18th at the University of Sydney

**Topic:** The Ageing Population: Are We Prepared?

**Convenors:** Associate Professor Ruth Colagiuri and Professor Andrew Wilson on behalf of the Charles Perkins Centre & the Menzies Centre for Health Policy at The University of Sydney, in collaboration with the Australian Diabetes Council

**Special Guest:** Dr Stig Pramming, Denmark

**KEY QUESTIONS CONSIDERED**

The proportion of Australians aged over 65 is expected to almost double between 2007 and 2056 (from 13% to 25%). Women who live to the age of 65 have an average life expectancy of a further 23 years. For men this is slightly less at an average of a further 18 years. The key questions considered by Roundtable participants were about what this means for individuals and for society:

- What is ageing about?
- Does it pose real threats to society?
- Or can ageing be a positive development for society and an ‘adventure’ for the individual?

**THE DISCUSSION**

The world is experiencing massive demographic changes characterised by greatly increased life expectancy over a very short period of time. To manage this phenomenon to advantage, as a society we must examine the implications, questioning negative perceptions such as the fallacy that ageing is the main driver of health care costs, reducing age-related social disparity, and optimising independence and social inclusion of older people. Prevention efforts to compress physical and cognitive disability into the shortest possible time before the end of life should focus on reducing disability, improving quality of life, not just reducing health care costs.

The escalating ageing of the population is not without challenges but also brings unprecedented opportunities to enhance and enrich society. Increased longevity does not necessarily mean longer periods of disability and dysfunction. For example, a recent Lancet article compared two well matched cohorts of 95yr olds from Copenhagen who were born 10 years apart (ie 1905 and 1915). The chance of surviving past 93yrs was greater for the cohort born in 1915 and this cohort performed better on tests of mental state, cognition, and activities of daily living than the 1905 cohort. For this and many other reasons we should replace the negative view of older people as weak, frail, burdens on society with a positive and stronger portrait of ageing that appreciates and utilises the contribution, experience and wisdom of older people.

**The political economy of ageing**

But there are barriers. Discussion of housing raised several issues with home ownership thought central to optimal well-being and a secure old age. However, in Australia, secure housing tenure is caught up in a broader political economy of disparities and perverse incentives within the housing market. For example, although investors can claim tax
benefits / exemptions for expenses incurred on their investment properties, home loan repayments and maintenance on a principal residence are not tax deductible thus posing a barrier to home ownership - a key element of security in retirement.

Another example of the broader impact of the political economy on social determinants of health and secure ageing is the undermining of superannuation as a primary source of retirement income. This signals a transfer of risk from society to the individual. Followed through, it will lead to the age pension ultimately becoming a safety net for retirees experiencing financial hardship rather than a means of income capable of enabling a dignified existence. This breaks with the implicit social contract manifest in the post-WWII introduction of the age pension.

**Health care**

The need for a national health literacy campaign to enable older people to get the best possible value in accessing effective, affordable health care was emphasised strongly. While medicines can contribute to improved health and ageing, poly-pharmacy and inappropriate prescribing can itself create health problems. Questions discussed included the extent to which prescribed medications are actually purchased and taken, the need to de-prescribe conflicting, duplicative or excessive medications and the potential role for e-health records and guidelines to support appropriate prescribing/de-prescribing.

Concerns were raised about the affordability of medications and other health care needs and the consequences for older people on fixed incomes who may need to choose between health care costs and paying rent, buying healthy food, and using heaters or air conditioning.

**Work**

Work is an important source of social engagement as well as a source of income, meaning, and self-identity and respect. The gap between retirement and death continues to grow in western economies. We used to retire in our early 60s and not survive long after retirement. Now we retire (usually a little later) and live for another generation. Simple solutions such as increasing the retirement age may not be realistic for some jobs due to their physical and/or mental demands. Moreover, increasing the retirement age may have negative consequences for permanent employment of younger people. Options need to be created to enable people to work longer eg into their 70s or more, if they need and/or wish to, and are capable of doing so. Modifying the way work is done (tasks) and/or the way it is structured could be instrumental in enabling this. Other strategies might include increased opportunity for part time work or gradual ‘stepping down’ to retirement rather than falling, abruptly and unprepared, off the ‘work cliff’. Retraining older people was thought to be a viable option with good return on investment. It was pointed out that the $6 billion spent by the Australian Government on supporting the failing domestic car industry might have been better spent on programs to retrain older people. Moreover, the increasing automation of many industries is reducing heavy work requiring physical strength and fitness and should, therefore, make it more feasible to employ, retain, and retrain older people.

**Social exclusion**

Retirement villages were originally envisaged as housing for the over 55s but now the average age for this has shifted to around 80 years or over. Further, it was reported that the uptake of retirement homes overall is beginning to decline.

Current thinking proposes that it is better to keep people in their neighbourhood by retro-fitting existing dwellings or, in some cases, whole sites to create small groups of units/apartments designed or modified to be age-friendly. Moving out of home and away from long time special support networks undermines sense of identity; can be traumatic and highly emotional; and may promote isolation and social exclusion. Isolation in turn is associated with loss of confidence; elder abuse; poorer well-being; cognitive decline and
mental health problems; and robs communities of the benefits of mixing with older people, and for children or being cared for by older people.

Social isolation was the single most mentioned area of concern. However, it has many feasible solutions including the potential role of better transport and design and the removal of socio-economic and other structural barriers to the integration of older people in mainstream society.

While not discussed in detail, the special circumstances of rural communities was noted with special challenges including indigenous older people, declining infrastructure and the move of younger people to larger centres. Similarly it was noted that the needs of older people from non-English speaking and ethnically diverse backgrounds and other disadvantaged groups need to be considered in policy discussions.

**Contribution of older people to society**
A constant thread throughout the Roundtable discussion was a very positive view of ageing and an appreciation of the unique contribution older people can and do make to their communities and to society at large through their accumulated knowledge and life experience. Implicit in this was the view that the common portrayal of the elderly as frail, bent figures supported by walking sticks should be replaced with images that reflect the strengths of older people.

**SUMMARY OF KEY ISSUES**
The ageing population presents tangible and exciting opportunities for improving society overall, and achieving an optimally active, engaged and fulfilled older citizenry.

- **Health and housing**
The key to a good old age is health, not just in the physical sense but also mental health, quality of life and well-being. A key requisite for achieving this is (financially) secure housing. Affordable, accessible housing distributed throughout communities may enable older people to live at home in their own neighbourhood for longer, thus optimising social engagement, continuity of social support, minimising isolation, and making for a more socially balanced and integrated society. Housing modified to prevent falls and facilitate successful execution of activities of daily living in older people would also be safer and more manageable for small children. Design (including transport) is central to community connectedness. Health and design need to work together on these issues and legal and financial barriers need to be redressed.

- **Choice**
The issue of choice is central. Substantial national investment is needed to achieve a higher level of health literacy in older people so that they are informed and empowered to make the best possible health and health care choices. Equipping older people to choose wisely should not be confined to health literacy but should extend to ‘life literacy’ and financial savvy. We need to create options and opportunities for choosing the best outcomes so that older people are, and remain, optimally self-determining. We need to identify and address aspects of the political economy that have long term consequences for healthy ageing such as housing ownership and income security.

- **Evidence**
There is a dearth of evidence in the health and medical literature about interventions in older people due to the cut-off age of 65 years for inclusion in clinical trials and the lack of studies conducted explicitly in older people. There is an imperative need to reverse this situation and to undertake studies to identify the social conditions
that best support healthy and productive ageing. For example, we need more evidence about which strategies and interventions have a positive impact on reducing social isolation and improving the engagement of older people in their communities. We need this evidence to inform and underpin the development of effective local services and facilities ie those provided by Local Government.

- **Integrated engagement across the life-cycle**
  Many of the problems experienced by older people (eg affordable housing, employment opportunities) are similar to those faced by young people. There are solutions: integrate the debate on these issues; remove barriers to child care centres co-locating with retirement villages; foster a business model of community gardens where generations can mix and meet with a common purpose.

**Main Conclusion**
In order to capitalise on the opportunities presented by the ageing population, we must re-engineer the nature of the discourse from the current concentration on disadvantages to emphasising the many positive aspects and the contribution older people make to society.

*Ageing can be an adventure*
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