

ACTIVE AGEING PLAN

Who I am, not how old I am

Background document – Part B



COTA
For older Australians



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*The Active Ageing Plan Background Paper - Part B:
Who I am, not how old I am* is supported by funding
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INTRODUCTION

The Tasmanian Government has committed to the development of a new plan for ageing in Tasmania. To ensure the Plan is reflective of the wants and needs of the Tasmanian community, the Government has formed a partnership between the Department of Premier and Cabinet (DPAC) and COTA Tasmania, which has conducted state-wide consultations to collect community data to inform an Active Ageing Plan for Tasmania.

Tasmania has the highest proportion of the population aged over 65 years of all states and territories, with the highest median age at 40 years. In 2011, one in six Tasmanians were aged over 65 years and this number will increase to one in five in 2020, and to one in four by 2030.

This is a companion document to *Active Ageing Plan Strategic Directions Paper – Part A* (COTA Tasmania, 2016). This Background paper provides a review of national strategies and action plans to support older people, international evidence on trends in relation to ageing policy, and details of the consultation methodology and data from the community consultation.

The Active Ageing Plan can take a positive view of ageing and recognise the diversity of ageing Tasmanians, who come from a range of backgrounds and have diverse life experiences. These equip older people with a wealth of knowledge and experience that can build a more inclusive and vibrant Tasmania and support the social and economic growth of the State.

COTA Tasmania believes that the following foundation points are relevant for each of the four Active Ageing pillars (health, lifelong learning, participation and security) and should be key considerations in the formulation of the Active Ageing Plan and related initiatives:

- Taking a strong stand against ageism and age discrimination
- Creating and reinforcing intergenerational connections
- Affordability for older people
- Accessibility for older people
- Collection and use of disaggregated data for age groups over the age of 65 years to reflect the diversity of older people in this state.

WHAT IS ACTIVE AGEING?

“Active ageing is the process of optimizing opportunities for health, lifelong learning, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups.

Active ageing allows people to realise their potential for physical, social, and mental well-being throughout the life course and to participate in society... while providing them with adequate protection, security and care when they need.

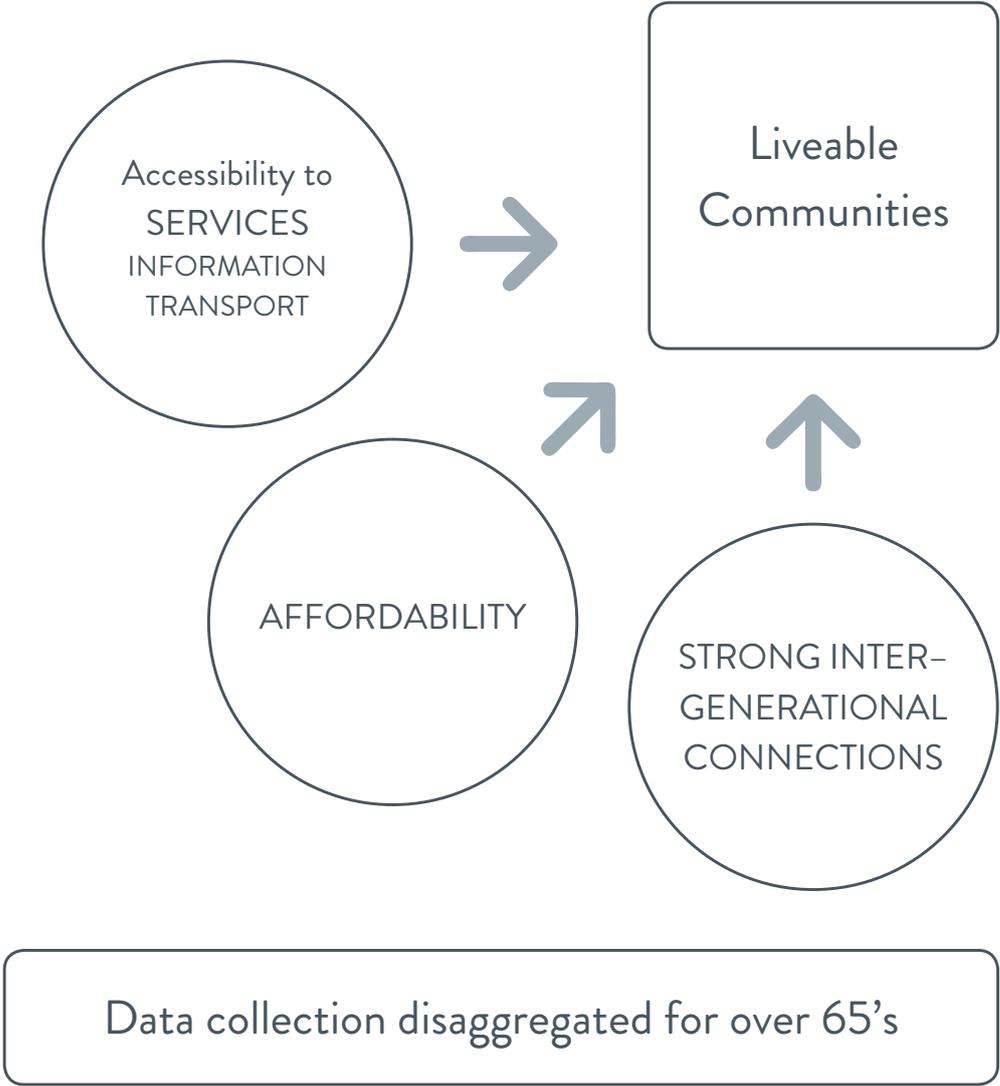
The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age.

“Health” refers to physical, mental and social wellbeing as expressed in the World Health Organisation (WHO) definition of health. Maintaining autonomy and independence as one grows older is a key goal for both individuals and policy makers.

Ageing takes place within the context of others - friends, work associates, neighbours and family members. This is why interdependence as well as intergenerational solidarity are important tenets of active ageing.”

Excerpt from Active Ageing: A Policy Framework in Response to the Longevity Revolution (World Health Organisation, 2015)

FIGURE 1: Active Ageing foundations that underpin the formulation of the Active Ageing Plan and related initiatives



HOW DID WE CONSULT WITH THE TASMANIAN COMMUNITY?

The consultation process was conducted predominantly during September and October 2016, and any necessary follow up consultations will be conducted in January and February 2017.

Consultation took place as follows:

- Focus groups conducted regionally and with special interest groups across the state:
 - Sorell
 - Bridgewater
 - Glenorchy
 - Hobart
 - Clarence
 - Rokeby (Hobart Clinic)
 - Nubeena
 - Kingston
 - New Norfolk
 - Triabunna
 - St Helens
 - Oatlands
 - Launceston
 - Devonport
 - Burnie
 - Smithton
 - Strahan
 - LGBTI
 - Vision impaired
- A survey available both online and in hard copy
- Postcards distributed with two questions regarding people's experiences of ageing in Tasmania. These were printed in English, with smaller print runs in Italian, Greek and Polish
- Recording of online comments on social media posts regarding the consultation
- Submissions of experiences through storytelling – either as a story, poem, image or other form
- Stakeholder engagement with interest groups including small business, agribusiness, rural mental health support services, business groups, regional development groups and government agencies
- Direct feedback to the COTA office by phone or email

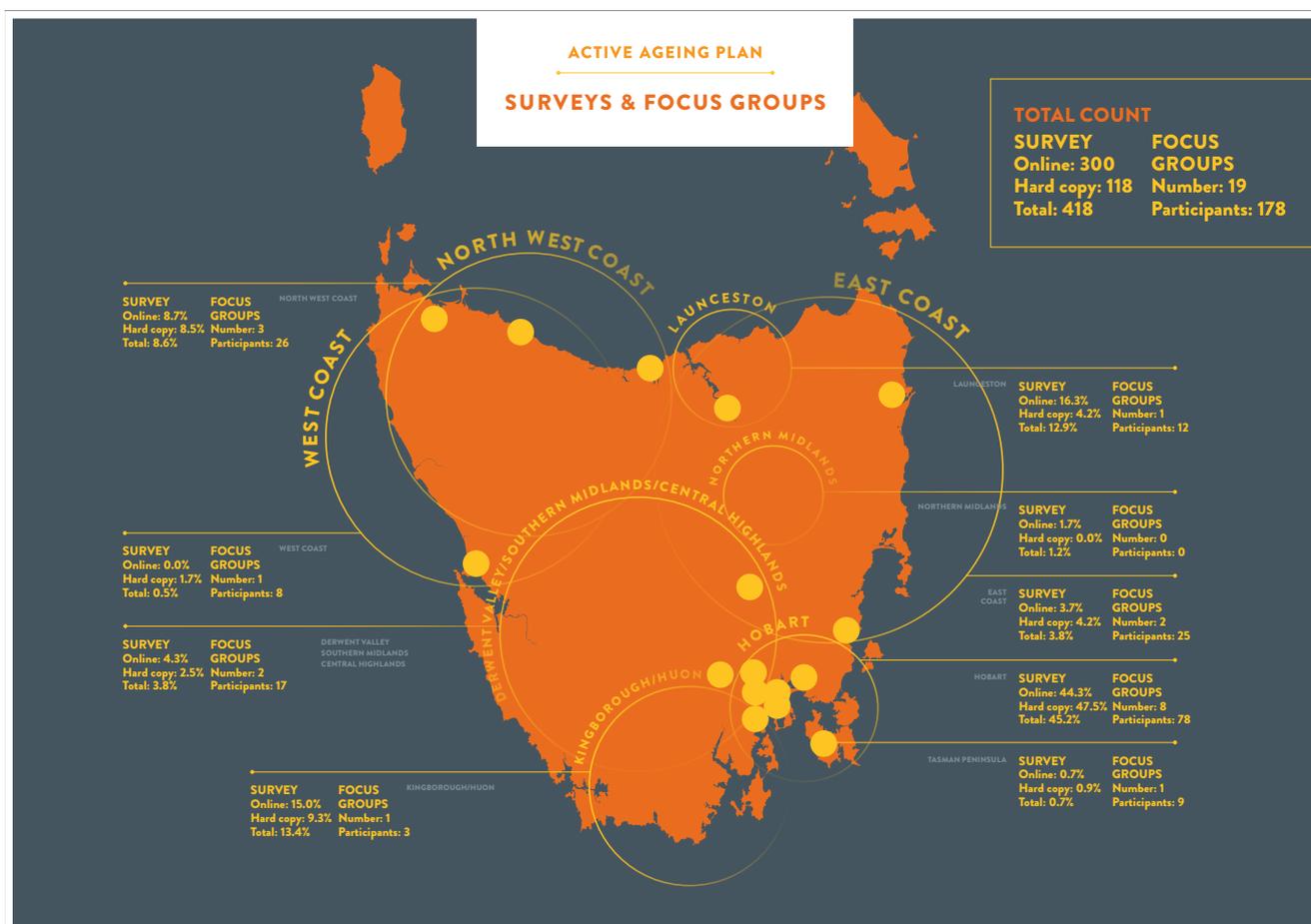
When they're (organisations) having meetings to plan things for the older people, they don't have the older people there to ask them what they want. Why? They're trying so hard to do the right thing but they end up doing the wrong thing, because they don't ask us.

Focus group participant

Focus groups were organised with assistance from community development officers at local government area level or by direct contact with stakeholder groups. Involvement in the consultation by other methods was promoted through distribution lists, social media promotion and at events such as the launch of Seniors Week and focus groups. Community sector partners were also encouraged to promote the consultation.

The second phase of the Active Ageing consultation will aim to include consultation with the Flinders Island, King Island, Aboriginal, low literacy, business, rural and culturally and language diverse communities. Specific consultation with men’s groups will also occur.

FIGURE 2: State-wide distribution of survey responses and focus group participation.



RESPONSES RECEIVED

At the time of this reports publication, the following responses had been received as part of the community consultation:

Focus groups

- 19 held state-wide
- 178 participants

Surveys received

- 300 online
- 118 hard copy
- 418 surveys in total

Postcards received

- 46 English
- 9 Greek¹
- 9 Polish²
- 0 Italian

“I’m not growing older,
just growing better.”

Survey respondent

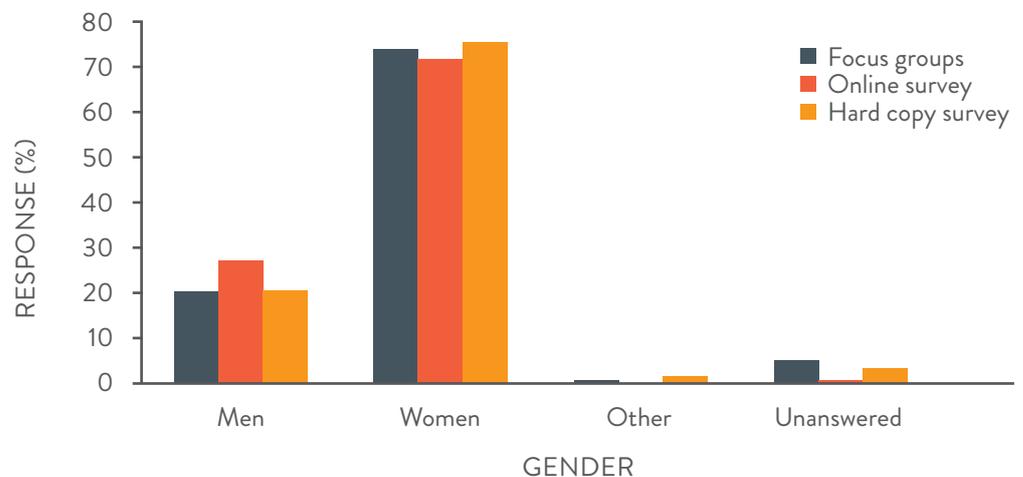


DATA FROM CONSULTATION

Online and hard copy survey respondent data was recorded separately to determine differences in characteristics of people who may have good digital literacy and those who may not. Interestingly, hard copy respondent and focus group participant demographics were very similar, and varied from those of online survey respondents.

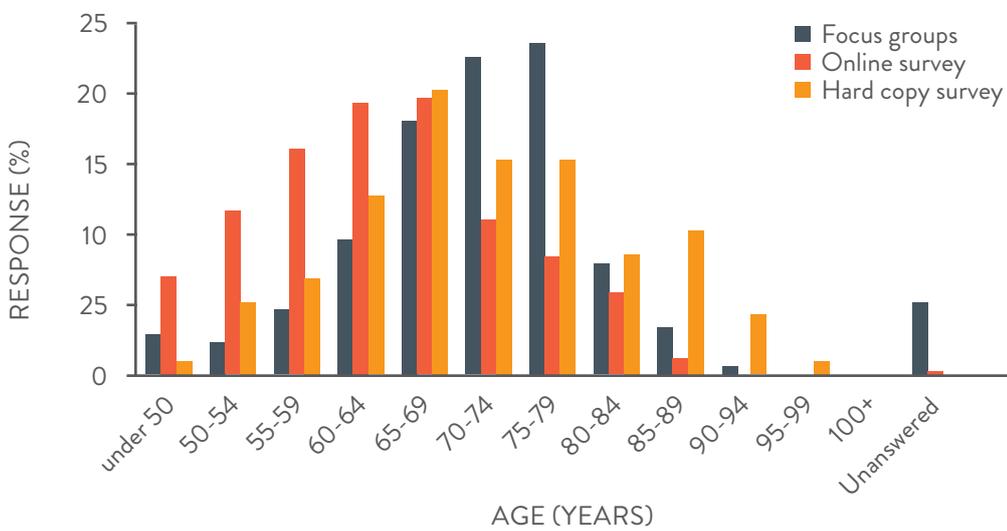
The majority of participants in the consultation were women, who accounted for 73% of engagement. Consideration will be given in planning for the second round of consultation to improve engagement with men in the Tasmanian community.

FIGURE 3: Respondents by gender from focus groups, online surveys and hard copy surveys.



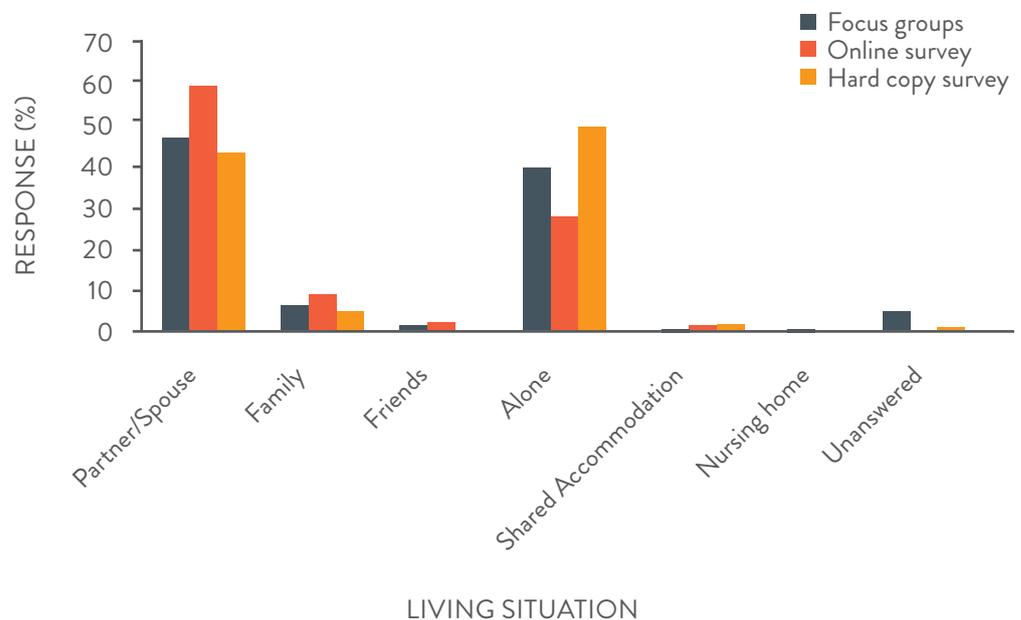
Online survey respondents tended to be younger than hard copy survey respondents and focus group participants.

FIGURE 4: Respondents by age range from focus groups, online surveys and hard copy surveys.



A slightly higher proportion of online survey respondents lived with their partner or spouse when compared to hard copy respondents and focus group attendees. Conversely, a higher proportion of hard copy survey respondents and focus group participants live alone than online survey respondents.

FIGURE 5: Respondents by living situation from focus groups, online surveys and hard copy surveys.



Overall, it appears that there are some differences in characteristics between online respondents when compared to hard copy respondents and focus group participants. Though the proportion of gender was similar between all groups, online respondents tended to be younger and live with a partner or spouse.

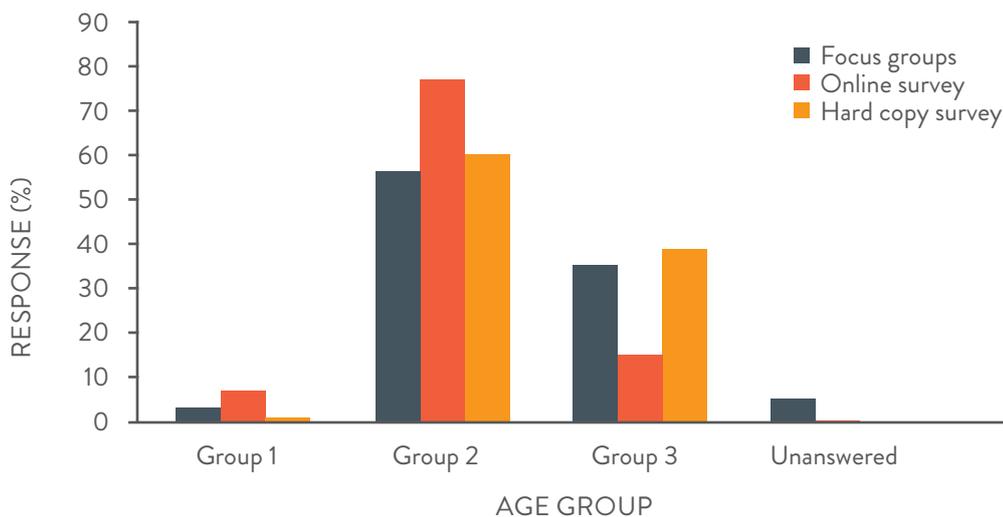
PRIORITY ACTIONS IN DIFFERENT AGES

After consideration of data received through the consultation, priorities and actions were aligned according to potential benefits to the following cohorts:

- Group 1 (under 50 years old): to facilitate proactive planning and preparation for older age
- Group 2 (50 to 74 years old): to support partial remedial actions in preparation for ageing and boost functional capacity
- Group 3 (75 years old and over): to respond to acute challenges associated with ageing.

A higher proportion of online survey respondents were in group 2 when compared to focus group or hard copy respondents. In contrast, a higher proportion of focus group participants and hard copy respondents were in group 3 when compared to online respondents. This suggests that respondents aged over 75 years were more likely complete a hard copy survey and may have poorer digital literacy skills than those under 75 years of age.

FIGURE 6: Respondents by Priority Action age groups from focus groups, online surveys and hard copy surveys.



THE AUSTRALIAN EXPERIENCE AND POLICY RESPONSES

State/Territory	Strategic Approach	Priority Actions and areas
<p>Australian Capital Territory</p>	<p>Active Ageing Framework³ 2015-2018</p> <p>Vision: All senior Canberrans lead active, healthy and rewarding lives as valued members of our community.</p> <p>Year-by-year targets of outputs and outcomes, matched to key performance indicators.</p> <p>Guiding Principles</p> <ul style="list-style-type: none"> • Civic participation and employment • Communication, information and social participation • Respect and social inclusion • Community and health services • Housing, outdoor spaces and buildings • Transportation 	<p>Civic participation and employment</p> <ul style="list-style-type: none"> • Educate employers about benefits of employing mature aged workers, and provide access to training • Provide Government grants that encourage senior participation in communities • Encourage volunteering and mentoring programs <p>Communication, information and social participation</p> <ul style="list-style-type: none"> • Increase participation in the Seniors Card Discount Directory • Provide funding for community and volunteer groups • Encourage access and training in computers and online technology <p>Respect and social inclusion</p> <ul style="list-style-type: none"> • Identify intergenerational collaboration opportunities • Promote the Red Cross run program 'Telecross' • Ensure meaningful consultation with seniors in service planning <p>Community and health services</p> <ul style="list-style-type: none"> • Support initiatives that identify and respond to elder abuse • Promote Government disaster management strategies • Encourage seniors to be healthier through programs and services • Housing, outdoor spaces and buildings • Adapt public facilities and infrastructure to include age-friendly considerations • Ensure green spaces and outdoor seating are sufficient, well maintained and safe <p>Transportation</p> <ul style="list-style-type: none"> • Support initiatives to improve awareness of road safety issues for older road users • Ensure bus stops and stations are convenient, accessible, appropriate and safe • Improve pedestrian safety

State/Territory	Strategic Approach	Priority Actions and areas
<p>New South Wales</p>	<p>Ageing Strategy⁴ 2016-2020</p> <p>Vision: People in NSW experience the benefits of living longer and enjoy opportunities to participate in, contribute to and be included in their communities.</p> <ul style="list-style-type: none"> • Adopt a life stage approach recognising that people experience the ageing process in different ways • Recognise diversity within the older community • Support people’s individual choice • Build strong whole-of-government and whole-of-community collaborations • Plan State-wide change while engaging locally-driven responses <p>Priorities</p> <ul style="list-style-type: none"> • Health and wellbeing • Working and retiring • Housing choices • Getting around • Inclusive communities 	<p>Health and wellbeing</p> <ul style="list-style-type: none"> • Plan infrastructure and services to accommodate the ageing population • Investigate new approaches and technologies to support older people’s health and wellbeing • Provide education and prevention strategies to enhance health <p>Working and retiring</p> <ul style="list-style-type: none"> • Increase awareness of the benefits of employing and retaining older workers • Work with employers to support older workers to retain their jobs, return to work or initiate flexible conditions • Address age discrimination and insurance arrangements <p>Housing choices</p> <ul style="list-style-type: none"> • Widen the variety of affordable, accessible and stable housing • Investigate changes to Government planning and regulatory responses • Address issues around housing supply and design, with improved tenant support <p>Getting around</p> <ul style="list-style-type: none"> • Increase the amount of affordable, efficient and accessible transport options for those with mobility issues • Explore new models of transport for those in regional, rural and remote areas • Improve pedestrian safety and encourage walking and cycling <p>Inclusive communities</p> <ul style="list-style-type: none"> • Foster connection, communication and information-sharing for older people and investigate methods to overcome social isolation and loneliness • Support initiatives that improve respect and social inclusion (eg. through education of younger generations) • Increase awareness of, prevention of and response to elder abuse

State/Territory	Strategic Approach	Priority Actions and areas
<p>Northern Territory</p>	<p>Strong Seniors: Seniors Participation Framework⁵ 2016-2019</p> <p>Vision: Senior Territorians are valued members of the community able to make decisions that support their independence and well-being; all Territorians recognise and respond effectively to the opportunities and challenges associated with an ageing population.</p> <p>Policy priorities</p> <ul style="list-style-type: none"> • Community • Diversity • Children and families • Housing • Economic security • Education • Health • Community safety • Lifestyle • Transport 	<ul style="list-style-type: none"> • Support social participation and program development through community group funding and Seniors Month promotion • Provide opportunities for seniors to celebrate diversity and have positive differences recognised and acknowledged • Promote and develop intergenerational interaction and activities, and support older carers • Increase awareness of and response to elder abuse • Support the transition into appropriate accommodation, and improve provision of affordable housing • Investigate incentives for businesses to retain, hire and re-train older workers, and remove age discriminatory legislation • Encourage business participation in the Seniors Card Discount Scheme • Investigate and provide opportunities for older people to undertake education and training • Promote healthy lifestyles, preventative health, screening and early intervention to reduce impact of age-related illness • Improve community safety, promote age-friendly cities and provide education and support for abuse victims • Support and promote opportunities for older people to participate in sport, recreation, cultural events and volunteer programs • Continue to provide concessions for motor vehicle registration, public transport and free drivers license renewals • Promote active transport options through transport planning and provision of appropriate infrastructure

State/Territory	Strategic Approach	Priority Actions and areas
Queensland	<p>Age-friendly community Strategic direction statement⁶</p> <p>Vision: A community where older people are supported to lead healthy and productive lives... they have access to a range of lifestyle opportunities, and care and support appropriate to their needs.</p>	<p>Housing</p> <ul style="list-style-type: none"> • Support for housing assistance and support services to age in place. • Adaption of social housing to meet the needs of seniors and is physically appropriate to their needs • Rent Connect, HomeStay Programs and Home Assist Secure • Encouraging adaptable housing: 1-2 bedroom homes built by Government that include age friendly housing design and are sold at market rate <p>Transport</p> <ul style="list-style-type: none"> • 50% concession for Seniors Card holders • Long distance concessions on Queensland Rail network and Taxi Subsidy Scheme <p>Workforce</p> <ul style="list-style-type: none"> • Pathways for older Queenslanders to re-skill for a modern workforce <p>Security</p> <ul style="list-style-type: none"> • Keeping seniors safe by raising awareness of elder abuse, scams and cybersafety • Supporting social inclusion • Educating and enabling disaster resilience <p>Access to information</p> <ul style="list-style-type: none"> • Support a tailored seniors information website and the Seniors Enquiry Line phone service • Health Promotion Commission • Whole-of-government initiative to maintain and improve health and wellbeing

State/Territory	Strategic Approach	Priority Actions and areas
<p>South Australia</p>	<p>Prosperity Through Longevity⁷ 2014-2019</p> <p>Vision: Bring the community together to create an all-ages-friendly state. To ensure South Australians have a fulfilling, active and enjoyable life at every age, gaining maximum benefit from longevity linking personal wellbeing with social and economic productivity.</p> <p>Priorities</p> <ul style="list-style-type: none"> • Health, wellbeing and security • Social and economic productivity • All-ages-friendly communities 	<p>Health, wellbeing and security</p> <ul style="list-style-type: none"> • Support programs that encourage healthy eating, falls prevention and quality care for transitioning from homes to hospitals • Enable health, wellbeing and safety of older people in the community and online <p>Social and economic productivity</p> <ul style="list-style-type: none"> • Provide older people with increased opportunities for meaningful civic participation (eg. through an all-ages-friendly forum) • Support of Change Day to change negative and out-dated ageist attitudes • Remove age-based driver testing and extend free Seniors Card holder travel periods • Providing funding to encourage participation of Aboriginal and culturally and linguistically diverse communities • Work with community, business and Government groups to reduce age discrimination, increase paid work opportunities and promote volunteering • Empower older people to exercise personal choice at end of life through implementation of Advanced Care Directives legislation • Promote opportunities for learning, creativity and older persons issues through research, exhibitions, events and radio programs <p>All-ages-friendly communities</p> <ul style="list-style-type: none"> • Upgrade the public transport network to provide an accessible, affordable and safe system • Provide funding and support for age-friendly communities and reforms to retirement village and residential park regulations

State/Territory	Strategic Approach	Priority Actions and areas
<p>Victoria (City of Darebin)</p>	<p>Active and Healthy Ageing Strategy⁸ 2011-2021</p> <p>Vision: Embraces and celebrates older citizens and values their wisdom and contribution. The community is vibrant, happy, caring, compassionate and inclusive of all ages, cultures, abilities, backgrounds and lifestyles... we see older people as part of the solution not as the problem.</p> <p>Principles</p> <ul style="list-style-type: none"> • Older people should have • A valued role • Their rights upheld • Opportunities for participation • Ease of access • Responsive services 	<p>Key future directions</p> <ul style="list-style-type: none"> • Whole of Council approach <ul style="list-style-type: none"> • Annual Active and Healthy Ageing Plan • Integrated Facilities Plan for whole community access • Fostering an Age Friendly Built Environment • Strong advocacy to State level health and Commonwealth level for services that support older people • Service orientation and culture that includes older people as community leaders and significant community assets • Access to core services in aged care • Develop cultural competencies that define skills, knowledge and abilities needed to work with diverse communities • Aged Care Planning Forum to allow aged care managers plan and review services • Carer support and recognition • Older Citizens Charter to promote and protect older persons rights • Forging new partnerships between Council and the community to work towards Age Friendly City status by 2021 • Food services to enhance nutrition and to support isolated and at risk older people

State/Territory	Strategic Approach	Priority Actions and areas
<p>Western Australia (City of Mandurah)</p>	<p>Active Ageing Plan⁹ 2013-2017</p> <p>Focus areas:</p> <ul style="list-style-type: none"> • Health and wellbeing • Access to essential services • Safety, security and protection of rights • Welcoming and well-planned communities • Opportunities to contribute 	<p>Health and wellbeing</p> <ul style="list-style-type: none"> • Encourage healthy and active lifestyles across the lifespan • Support people to maintain their independence • Build social connections and community participation <p>Access to essential services – health, housing and transport</p> <ul style="list-style-type: none"> • Advocate and facilitate access to health housing and transport services • Facilitate and advocate for support for seniors in their homes • Identify and build partnerships within the community sector <p>Safety, security and protection of rights</p> <ul style="list-style-type: none"> • Maximise personal safety through information programs and support • Identify and disseminate information that will allow people to plan for and develop self-reliance • Facilitate connections between relevant services and community members <p>Welcoming and well planned communities</p> <ul style="list-style-type: none"> • Optimise opportunities to embed age friendly design and consultation processes into infrastructure and social planning • Support initiatives that bring the generations together • Develop initiatives that challenge negative stereotypes about ageing population <p>Opportunities to contribute – work, learn and engage</p> <ul style="list-style-type: none"> • Identify and support lifelong learning and re-training opportunities • Support strategies that encourage mature age employment, education and training • Support and promote volunteering

WORLDWIDE TRENDS

Population ageing is a worldwide phenomenon, but the speed and duration at which it is occurring in specific countries and regions varies. European and North American populations have been experiencing population ageing for some time now, but Asian and Latin American populations have not experienced this until recently and are currently ageing dramatically, and will continue to do so over the next 35 years. The only exception to this demographic transition is Africa, where fertility rates remain high and the proportion of the population aged over 65 years is still relatively low.¹⁰

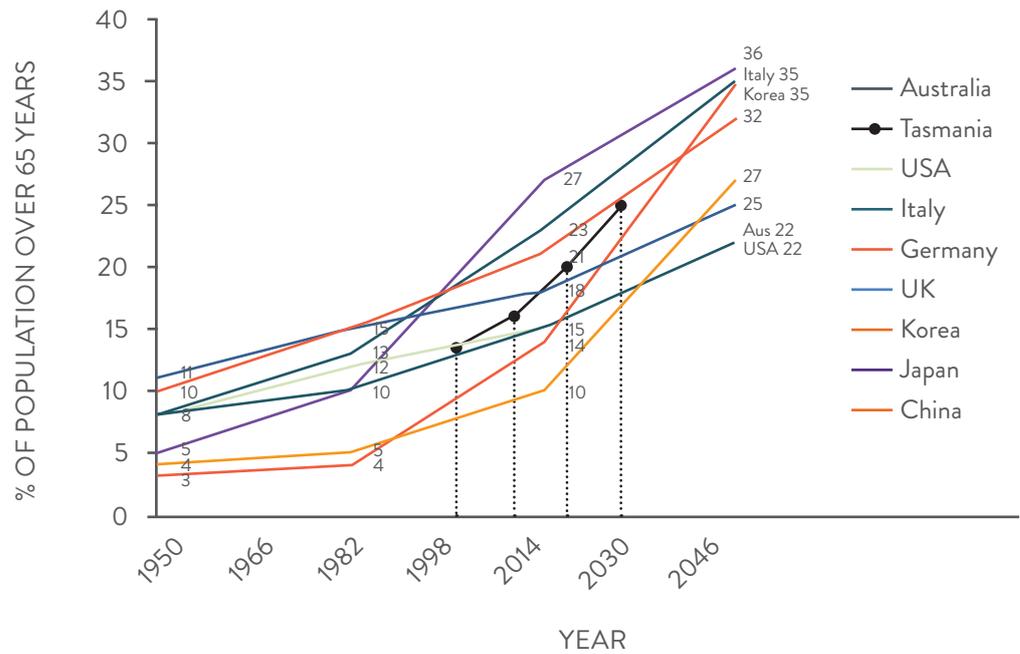
22 of the 25 oldest countries in the world are in Europe, with Germany and Italy leading the trend in the region. The oldest nation in the world currently is Japan, and it is expected that it will remain so for the next 35 years. A number of other rapidly ageing Asian countries, such as Korea and Taiwan, are expected to become some of the oldest countries in the world by 2050 (Figure 7).¹¹

“Population ageing is a megatrend that is transforming economies and societies around the world. It is a cause for celebration and a major opportunity for all... with the right measures in place to secure health care, regular income, social networks and legal protection as we age, there is a “longevity dividend” to be reaped by current and future generations.”

Excerpt from *Ageing in the 21st Century: A Celebration and a Challenge*: United Nations Population Fund (2012)



FIGURE 7: Trends and projections for the percentage of the population over the age of 65 in various countries.



Source: United Nations Department of Economic and Social Affairs, (2015) *World Population Prospects, the 2015 Revision*. Retrieved from <http://esa.un.org/unpd/wpp/>

Ageing policies around the world reflect the demographic trends based on the specific ageing profiles of the countries in which they are implemented. In Europe, Germany has developed some innovative approaches within corporations to approach and facilitate ageing workforces.¹² Italy has developed a public health policy that focuses on early detection of cardiovascular diseases and reduction of smoking rates.¹³

In the USA, AARP have a wide variety of policy positions that encourage implementation of strong, liveable communities that are inclusive for older people.¹⁴ These include essential and strong planning policies that are committed to meeting the housing needs of older people and allowing them to age in place.¹⁵ Suitable housing in appropriate locations within neighbourhoods allows for full participation and involvement in communities. AARP also advocate for “grandparent parks” as older people take a greater role in caring for children on behalf of working parents.¹⁶

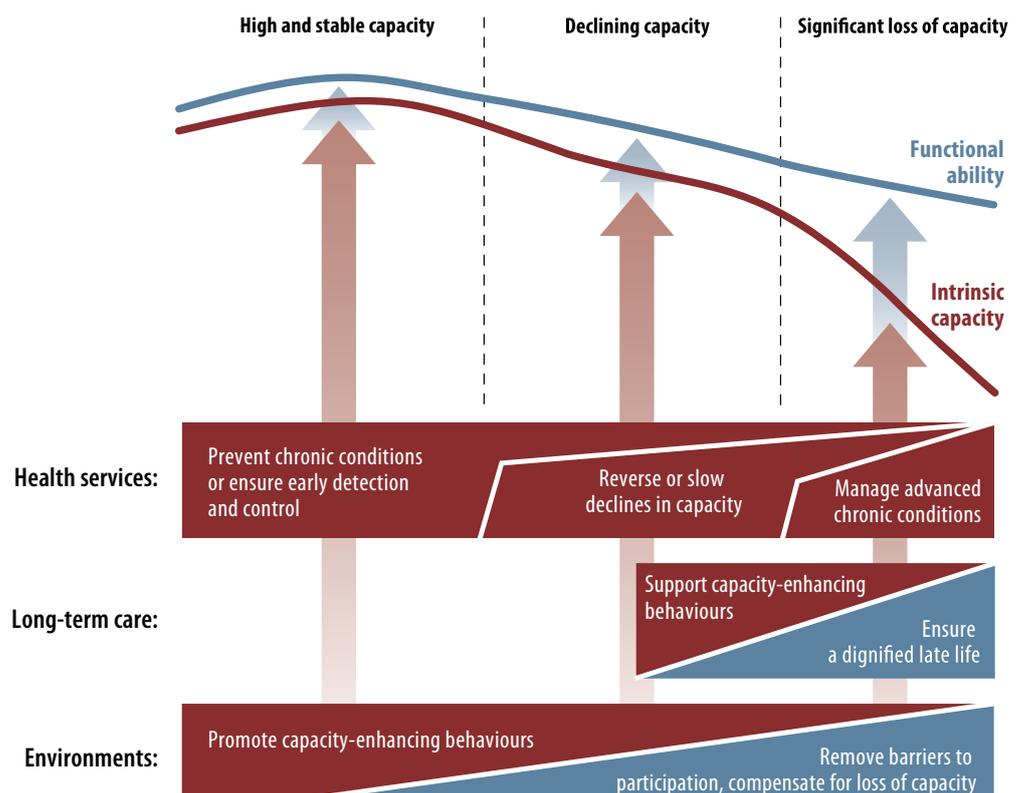
With dramatic increases in population ageing expected over the next 35 years, Asian countries are recognising and adapting policies and communities to support older people. As 35% of the South Korean population is expected to be over 65 years of age by 2049, policies in this country are focussing on bolstering retirement incomes.¹⁷ A large number of Japanese businesses have changed the way they operate to better meet the needs of the oldest population in the world. They also have diverse models for older workers such as Silver Human Resource Centres to meet the needs of an ageing workforce¹⁸, and using robotic exoskeletons that assist older workers to perform tasks such as heavy lifting.¹⁹

China has a large challenge with an ageing population due to its one child policy introduced in the early 1980s to quell overall population growth. A steep decline in China’s average annual population growth rate has been observed as a result of population ageing and the one child policy, down from 1.07% from 1990-2000 to 0.57% in 2000-10. The data imply that the total fertility rate, which is the average number of children a woman of child-bearing age can expect to have during her lifetime, may now be just 1.4. This is far below the “replacement rate” of 2.1, which would lead to population stabilisation, and has implications for older person care which, as for many Asian countries, has traditionally involved primary care by younger family members. Caring roles may also be significantly affected by the gender imbalance between males and females that will arise due to cultural imperatives for male children.²⁰ This is an example where policy decisions that influence ageing demographics can have long term implications for a country.

GLOBAL APPROACH

The latest report from the World Health Organisation to address issues for older people is the *World Report on Ageing and Health*.²¹ This report investigated the influence of environments and policies on older people's functional capacity, separately from intrinsic capacity which is made up of genetic factors and characteristics unique to individuals. Figure 8 illustrates the types of interventions and policies across the life course that can be used to support older people and promote functional capacity at varying levels of intrinsic capacity.

FIGURE 8: A public-health framework for Healthy Ageing: opportunities for public-health action across the life course.²²



Interventions and policies adopted in Active Ageing strategies can be used to maximise functional capacity of specific populations. Through community consultation, factors that enable or challenge older Tasmanians abilities to maintain functional capacity and age well were investigated to create an Active Ageing Plan that is specific to their needs.

WHAT IS THE TASMANIAN CONTEXT?

Tasmania has the oldest population of all Australian jurisdictions, and the Tasmanian population (in terms of structural ageing) is ageing more rapidly than Australia as a whole.

In its recent report *Facing the Future – A Baseline Profile on Older Tasmanians* (2013), COTA Tasmania reported that 16.3% (80,708) of Tasmanians were over the age of 65 in 2011 (from Australian Bureau of Statistics census data). It also reported the Demographic Change Advisory Council Midseries projections for Tasmania which suggest that this proportion will increase to 25% of the State's population by 2030. The proportion of people aged over 65 years in one local government area, Glamorgan Spring Bay, is projected to increase on current trends to 45% of total population by 2030 from a 2011 level of 26%.²³

With an ageing population comes increased need of home and aged care packages to support shifts in personal capacity. The table below shows the number of Tasmanians who were receiving Commonwealth funded aged care support from 2013 to 2014.²⁴ Despite there being more than 80,000 people aged over 65 years in Tasmania during this time, only 24,743 people receive funded support. This demonstrates that not all older people receive aged care support, possibly because most of them are independent, healthy and able-bodied. However, it may also be the case that some Tasmanians requiring home care assistance are not receiving them as they are currently on waiting lists.

For the 2014 to 2015 period, 22.8% of Tasmanians assessed for home care had not received a package within 9 months of their assessment, the highest rate of all states and territories and an increase from 17.3% from the 2013 to 2014 period.²⁵ As the population continues to age, the need for support services such as home care packages will increase unless other services are in place to enhance functional capacity and support ageing.

Level of Aged Care Support	Number of people in Tasmania 2013-2014
Home Support (Minimum level)	22,708
Home Care Packages (Levels 1-4)	1,547
Residential Aged Care	4,880 places available (number per year is higher due to respite etc.)
Total	29,135

VALUES AND BARRIERS

In general, the majority of consultation participants enjoy living in Tasmania. 61.7% of survey respondents were satisfied or very satisfied with their experience of growing older in Tasmania, and 9.8% were dissatisfied or very dissatisfied. 27.0% of respondents were neither satisfied nor dissatisfied and this number may reflect respondents who see a balance of positive and negative aspects to living in Tasmania, or who may not feel that living in Tasmania affects their ageing experience. The remaining 1.5% of respondents did not answer the question.

“We have worked and lived all around Australia. Tasmania is the friendliest and most welcoming place we have ever lived.”

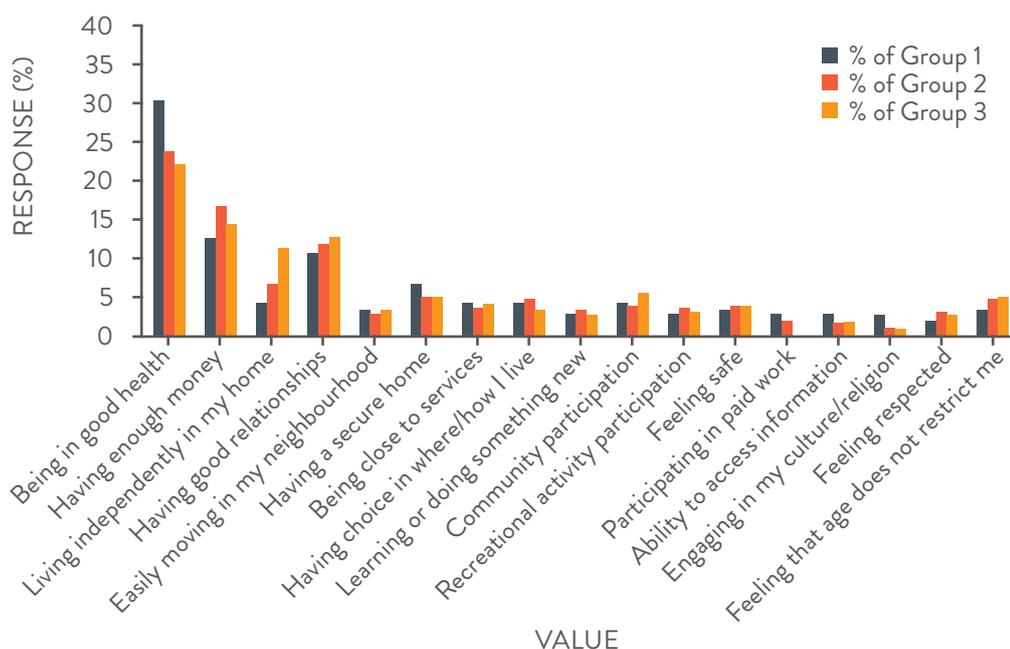
Survey respondent

The best thing that survey respondents found about growing older in Tasmania was the environment and climate, with the largest number of positive comments referencing the State’s beautiful scenery and mild weather. Lifestyle, including pace of life and less traffic congestion, and sense of community were other very popular responses about what makes Tasmania a good place to grow older in.

The most valued aspect of living a good life in Tasmania from survey respondents included being in good health, having enough money to meet their needs, having good relationships with family and friends, and living independently in their homes.

Responses were similar between age groups, though some differences were observed. Being in good health was more valued for Group 1 (30.3%) than Group 2 (23.7%) or 3 (21.9%). In contrast, living independently at home was valued more by Group 3 (11.2%) than Group 2 (6.5%) or 1 (4.1%).

FIGURE 9: Most valued aspects of living a good life in Tasmania of survey respondents by age group.



The three most cited challenges to growing older in Tasmania were the cost of living, lack of public transport and the environment and climate. Despite environment and climate being one of the best aspects of living in Tasmania, many negative comments were made about hills and topography making mobility a challenge, and cold winters making it difficult to keep warm. Unfortunately, one cannot experience one of the most valued aspects of living in Tasmania without also experiencing one of the biggest challenges.

Another common challenge that was mentioned was interstate access and travel, especially about the expense involved. This is an issue very specific to Tasmania, and many comments referred to family moving interstate, often because of education or career opportunities.

The biggest barriers to living a good life experienced by all survey respondents related to being in good health, having enough money to meet their needs, feeling that age does not restrict their ability to do what is important and continuing to be in paid work.

Though health and money were the two most common barriers for all age groups, response rates to a number of other barriers varied between Groups 1, 2 and 3.

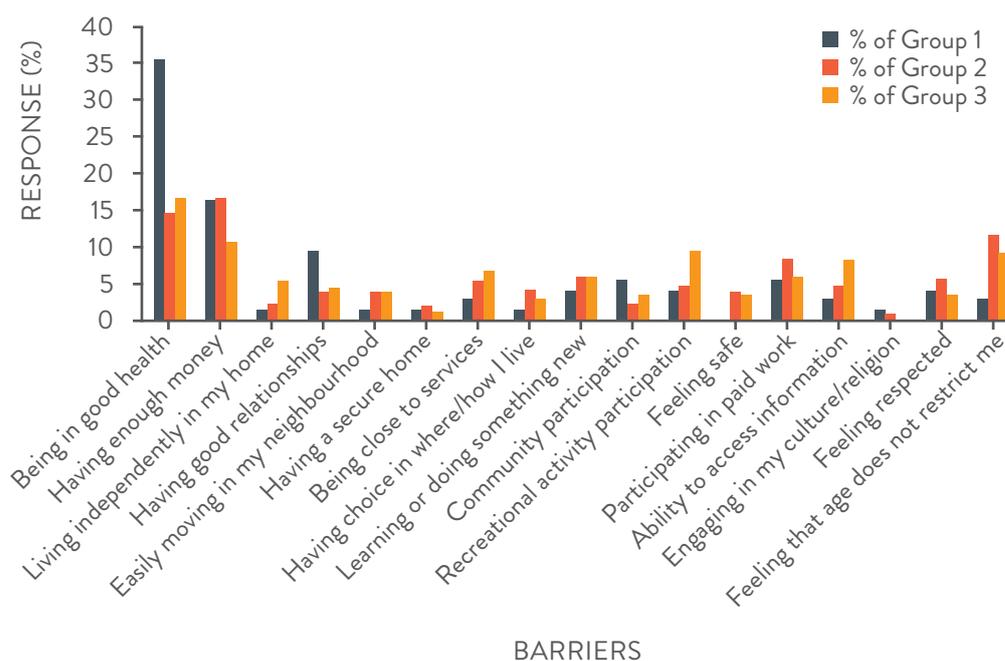
Having good relationships with family and friends and participating in community life were rated as greater barriers for Group 1 (9.6%) than they were for Groups 2 (3.8%) and 3 (4.3%). Continued participation in the workforce was reported as a bigger barrier for Group 2 (8.4%) than for Groups 1 (5.5%) and Group 3

(5.8%), possibly as people in this group begin to feel pressure to retire or find difficulty in acquiring new work. Feeling that age restricts one's ability to do the things they enjoy is a significantly greater barrier for Groups 2 (11.7%) and 3 (9.1%) than it is for Group 1 (2.7%), most probably because the those over 50 years old can observe looming or current challenges related to ageing.

“It doesn't help to complain because people think I am being difficult.”
Excerpt from storytelling

Being close to services, participating in recreational and social activities, and being able to confidently access information became more common barriers as age groups became older, with the lowest response rates from Group 1 (2.7%, 4.1% and 2.7% respectively) and increasing through Group 2 (5.2%, 4.6% and 4.7% respectively) and 3 (6.7%, 9.6% and 8.2% respectively).

FIGURE 10: Biggest barriers to living a good life in Tasmania of survey respondents by age group.

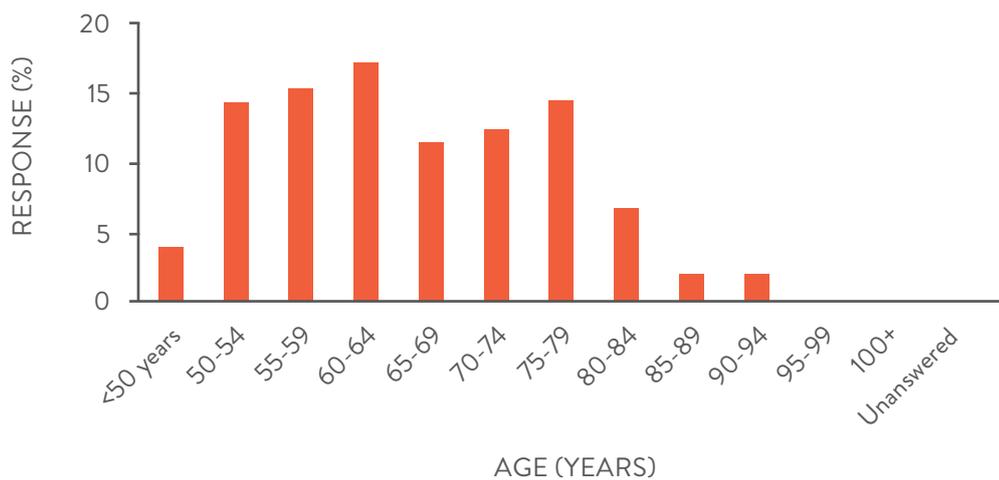


HEALTH

The majority of survey respondents felt that they were in good health and that this allowed them to live the way they wanted. The biggest factor that affected participant satisfaction with health services was affordability, followed by quality of and access to those services. Affordability was a common topic for discussion in focus groups. Many participants felt that the cost of health care, particularly dental and specialist treatment, was such that they would avoid seeking medical assistance because they felt they could not afford it. Bulk billing by doctors was highly valued, as was private health insurance and the associated decline in waiting times. However, many found the cost of private health insurance quite high, though they were prepared to forgo other expenditure to maintain private cover.

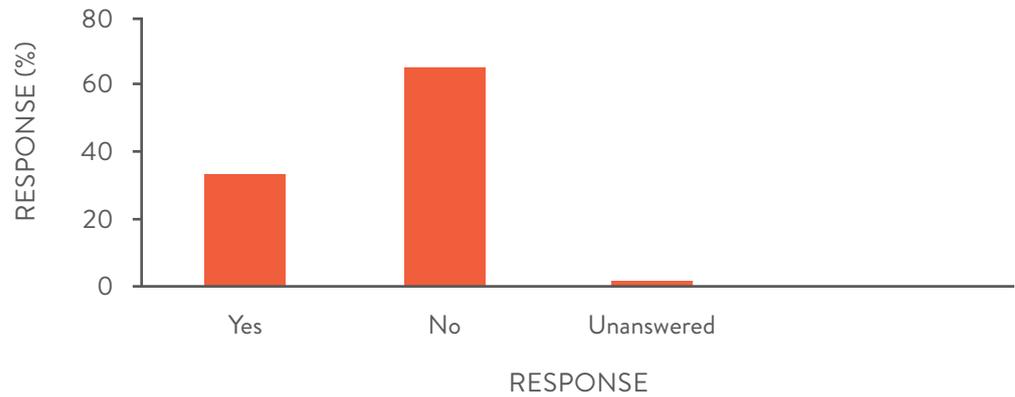
Our data suggest that moderate or extreme concern about current health does not appear specific to any particular age group, as a similar proportion of survey participants in nearly all age groups responded that they felt concern.

FIGURE 11: Age of respondents who feel moderately or extremely concerned about their health.



Almost two thirds of respondents find that their current health does not interfere with their ability to do the things they enjoy, while 33.7% find that it does interfere.

FIGURE 12: Proportion of survey participant responses regarding whether their health interferes their ability to do what's important.



Though the majority of survey respondents found that health information itself was understandable, an issue raised in focus groups was availability of health service information, particularly in terms of benefits and support that would enable older people to make better choices about the options available to them.

Accessibility to health services was frequently raised in focus group discussion, particularly in rural and remote areas. Transport to specialist services located in major centres was a significant concern, as there is often low availability of transport options, or these only available at inconvenient times or lack disability access. In metropolitan areas, after-hours access to doctors and limited parking at hospitals were common problems.

“Cannot fault the Royal Hobart Hospital, which is overworked. Staff work under difficult circumstances and conditions. In real emergencies, service is full on and very much appreciated.”

Focus group participant

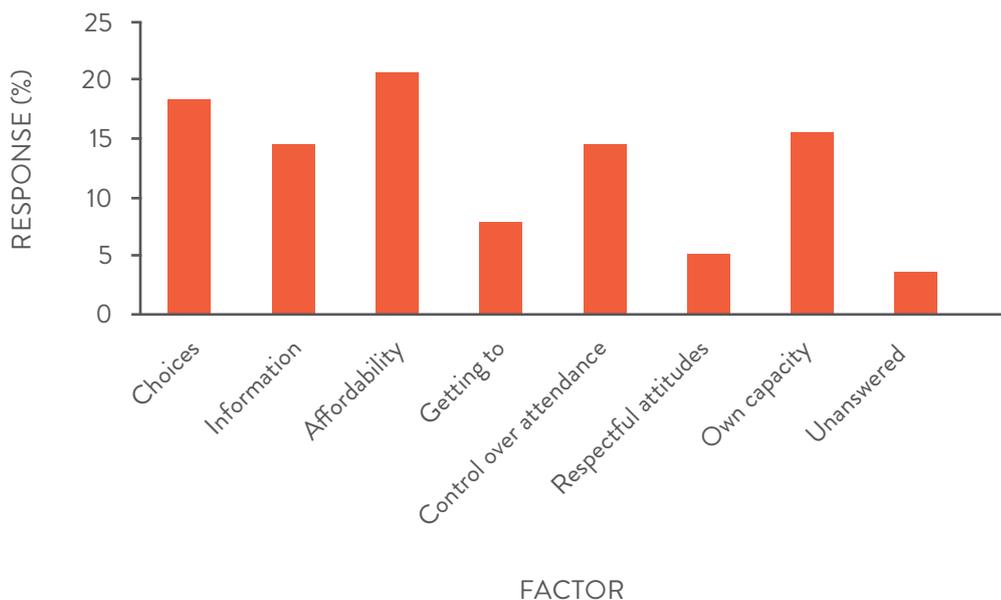
Many health services are thoroughly appreciated and focus group attendees often commented on high quality, respectful service despite stretched resources and staff. Ambulance services and Royal Hobart Hospital staff were continually praised. Pharmacists and general practitioners who took time to learn patients’ details and go out of their way to assist them were greatly appreciated.

LIFELONG LEARNING

Tasmanians appreciate opportunities to learn and broaden their skills throughout their lives. Almost 90% of respondents find it somewhat easy or easy to learn or do something new. Focus group participants often commented on the value of community driven groups, such as School for Seniors and U3A, for the social and wellbeing opportunities they provide.

The biggest factor that affected survey respondents abilities to learn or do something new was affordability. Having a range of choices was also a common factor, in addition to people's own capacity, such as time or health, to attend activities, and getting timely information about available choices. This final factor was often raised in focus group discussions, and it was mentioned that the loss of community noticeboards and booklets, and increased reliance on online advertising through websites and social media, makes it difficult to hear about learning opportunities.

FIGURE 13: Factors that affect survey respondents ability to learn or do something new.



PARTICIPATION

The ability of Tasmanian's to participate in their community, through accessing services, participating the workforce or being part of social groups, is important in whether they feel they are able to live a good life or not.

A number of open-ended responses on the survey demonstrated that being able to participate in the Tasmanian community made the state a good place in which to grow older. The most frequent comment about participation was about how social activities are often available, and easy access to services and activities was also commonly referenced. Interestingly, access to services and availability of social activities was also commonly mentioned as a barrier that made growing older in Tasmania more difficult. These contrasting findings may reflect regional differences in availability of services and activities, but may also reflect variability in access to information about services and activities within older populations.

One of the most popular aspects that is valued in living a good life is having good relationships with family and friends, as well as being able to participate in community life. Survey participants also value feeling that their age does not restrict their ability to do what is important, but this was one of the most common barriers keeping people from living a good life. Other barriers are often experienced in workforce participation and being able to participate in recreational and social activities.

“For someone who is very disabled, I find that the average Tasmanian is most helpful and tolerant towards me, more so than other states on the mainland.”

Survey respondent

“They are worried I will have a fall, but I think I should be allowed to fall.”

Excerpt from storytelling

Being in good health was the second most common aspect in which respondents experience barriers, and this may affect peoples' ability to participate in their community. Though the majority of respondents do not feel that their health interferes with their ability to do what is important to them, one third of respondents do find that this is the case.

Almost 20% of open-ended responses referred to barriers in participation which make growing older in Tasmania more difficult. Comments about experiencing ageism or disrespect were the most common of these responses, but other barriers included lack of job opportunities.

Transport

The importance of being able to access transport options throughout Tasmania, whether through owning a car, getting lifts with friend, or using public or community transport, was strongly emphasised in the survey and at focus groups. Tasmanian's appreciate the freedom of being able to travel when they want, and get to the places they need with minimal effort and stress.

Almost 80% of survey respondents use their own car or motorbike as their main mode of transport. This figure reflects the overwhelming dependence that people across Tasmania have on their own car. A slightly higher proportion of online respondents own a car when compared to hard copy respondents. A higher proportion of hard copy respondents use public transport, taxis, community transport or get lifts with others when compared to online respondents. This may reflect a greater use of less independent transport choices, such as public transport, by people over 75 years, which made up a larger proportion of the hard copy respondents.

FIGURE 14: Comparison of online and hard copy respondents main mode of transport.



A number of respondents raised issues around the nature of public transport. They found timetables difficult to read and understand. They found recent changes to routes, while supporting more frequent services along main routes, removed services closer to their home and made it more difficult to access

“I live in a hilly suburb, and they (buses) don’t come up the hill, and around me are a whole lot of old people living... and they all know they need to walk, but they say ‘but I can’t walk up here, it’s too hilly’... It’s a big deal to get out and have a walk, so they don’t do it.”

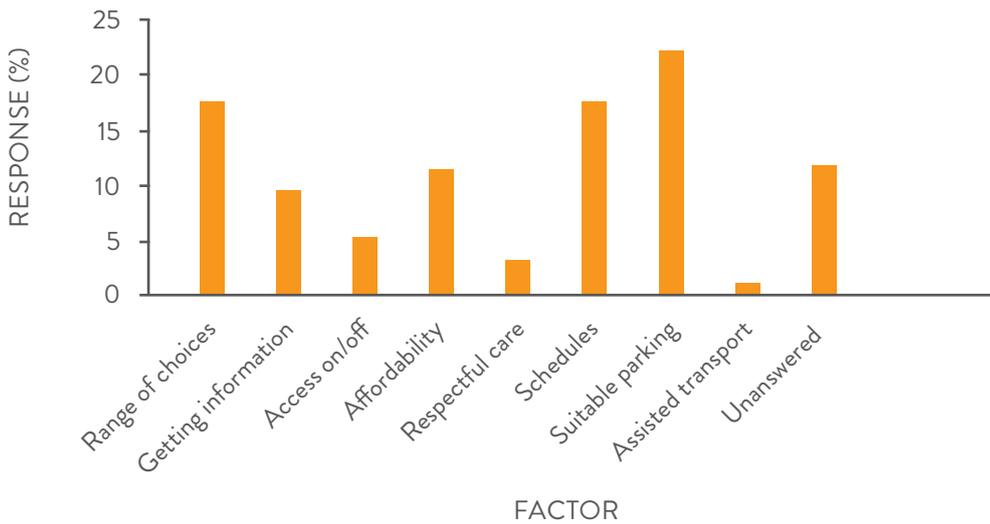
Focus group participant

services. There were often comments in surveys and at focus groups about difficulty accessing new routes that no longer service the hilly areas in which they live. Inconvenient placement of stops, even along main roads, was also mentioned in surveys and focus groups. Many felt that bus stops were not located near services and irregularly placed.

Comments about the limited or outright lack of public transport services to survey respondents areas was echoed in focus group discussions. Those in rural or remote areas relied heavily on community transport, which was often overburdened and had decreasing volunteer drivers to keep it going. A number of respondents highlighted their concerns about becoming dependent on public transport as their ability to use private transport declined. One consistently positive comment about public transport was how friendly and helpful the majority of bus drivers are to older people, and the use of leaning buses to help with embarking and disembarking when mobility decreases.

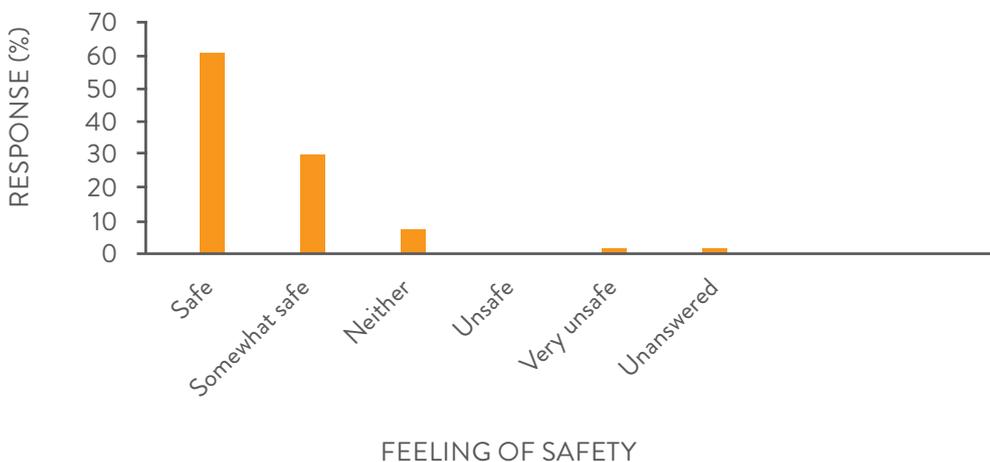
The biggest factor affecting respondents ability to access or use transport was suitable parking, having a range of choices and schedules. Schedules were a particular issue for focus group participants in rural or remote areas that need to access medical facilities in major centres. It was common that transport to larger cities would only occur during the morning and afternoon when conducting pick up from schools. In some cases, this meant that people would be waiting in town for several hours before or after their appointment.

FIGURE 15: Factors that affect survey respondents access and use of transport.



The majority of respondents felt somewhat safe or safe while travelling or driving. Less than 2% of respondents felt unsafe or very unsafe. Frequent comments about what made Tasmania a good place to grow old in included the lack of traffic congestion, short travelling distances and ease of driving. A number of respondents contrasted Tasmania to interstate, commenting that travelling and driving in Tasmania is much easier and less stressful.

FIGURE 16: How safe survey respondents feel while travelling or driving.



Another particularly frequent comment about transport was about how difficult and expensive it is to access the mainland. Many respondents noted that family often move away for education and career opportunities, increasing feelings of isolation. The cost of travelling interstate became a particular problem as finances were already stretched when on pensions and superannuation.

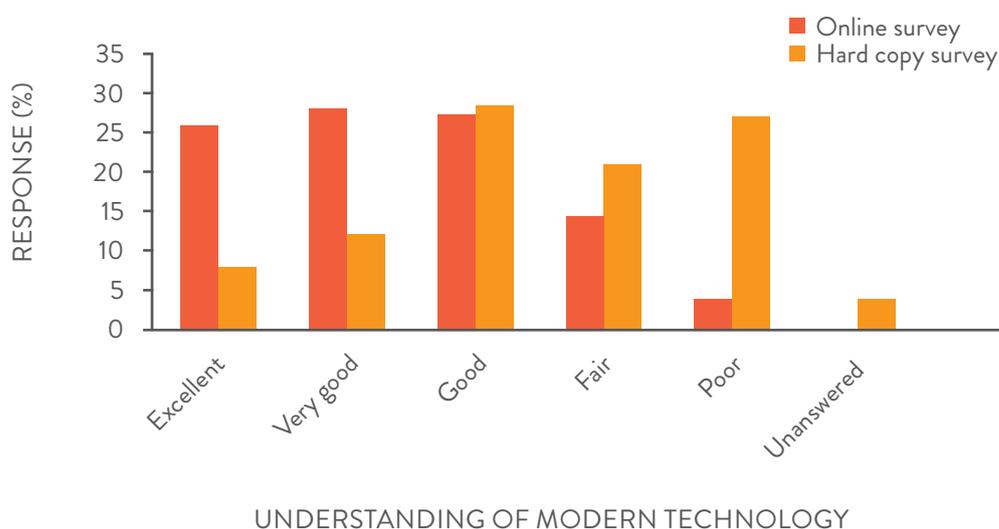
“I feel that older people are being sidelined by the increasing dependency on electronic media, because they didn’t grow up with it, a lot of them have never done it and never will do it, and if you don’t choose to do it, you’re put through a lot of extra bother and trouble and cost.”

Focus group participant

Digital literacy

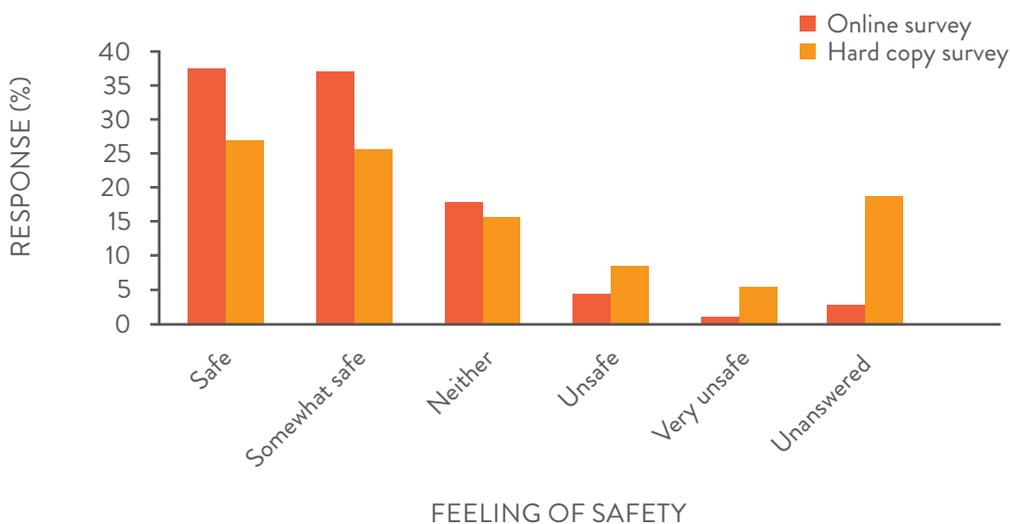
With a world that is increasingly online, it appears that Tasmanian’s over the age of 75 are being left behind, and feel frustrated at an inability to access information and services in hard copy. A significantly greater proportion of online respondents have excellent or very good understanding of modern technology than hard copy respondents. While only 3.7% of online respondents felt they had poor understanding of modern technology, 27.1% of hard copy respondents felt the same.

FIGURE 17: Comparison of online and hard copy respondents understanding of modern technology.



A much higher proportion of hard copy respondents also feel unsafe or very unsafe while online compared to online respondents. Far fewer hard copy respondents answered the question about safety online, and comments on hard copy surveys suggested that this was because they do not use the internet. Hard copy respondent insecurity online is unlikely to be due to a general feeling of lack of safety compared to online respondents, as feelings of security when travelling, around the home, in relationships, in the neighbourhood and on the phone were very similar between online and hard copy respondents.

FIGURE 18: Comparison of online and hard copy respondents feeling of safety online.



The need for affordable courses educating older people about modern technology, including computers, internet and smart phones, was a very popular suggestion at focus groups. Many groups showed enthusiasm to have younger generations teach them how to use technology in an environment where sharing of skills between both generations can occur. An appropriate phone service that could help when technical issues occur at the home was another idea that was greeted with positivity.

“I was talking to a lady the other day, she’s 59, she’s been made redundant and she’s fearful, and rightly so, about whether she’ll get another job now because it’s difficult. She’ll be on NewStart, and it’s not a lot of money.”

Focus group participant

“I’ve found volunteering very rewarding, and intellectually stimulating, and it’s a good thing for everybody, it’s a win-win really. Except sometimes circumstances stop you doing it unfortunately.”

Focus group participant

Working and volunteering

With an ageing workforce in Tasmania, many older people feel that they are discouraged to work due to ageist stereotypes. Data for the 2014/2015 financial year demonstrate that just under half of Australians intending to retire would like to do so between 65 and 69 years of age, with an average age of 65.1 years. Almost 25% of Australians intend to be over 70 years old before retiring, and overall, 92% of Australians intend to retire after 60 years of age.²⁶ Despite these findings demonstrating that an overwhelming majority of Australians would like to continue paid work well into their 60s, many focus group participants spoke of their own or known experiences of ageist workplace discrimination as they approached 60 years of age, though they themselves did not feel ready to retire. This was felt more strongly by women than men.

Focus group discussions detailed instances where businesses would bully older workers to retire. There was a general consensus that a simpler process to make complaints against workplace ageism needs to be put in place to ease an already stressful situation. Flexibility to move from full time work to part time was considered to be useful, but there was a perception of a lack of part time work options.

Older workers who had been put out of work described fear about looking for new work while receiving the Newstart allowance, which was considered exceptionally low. A feeling of

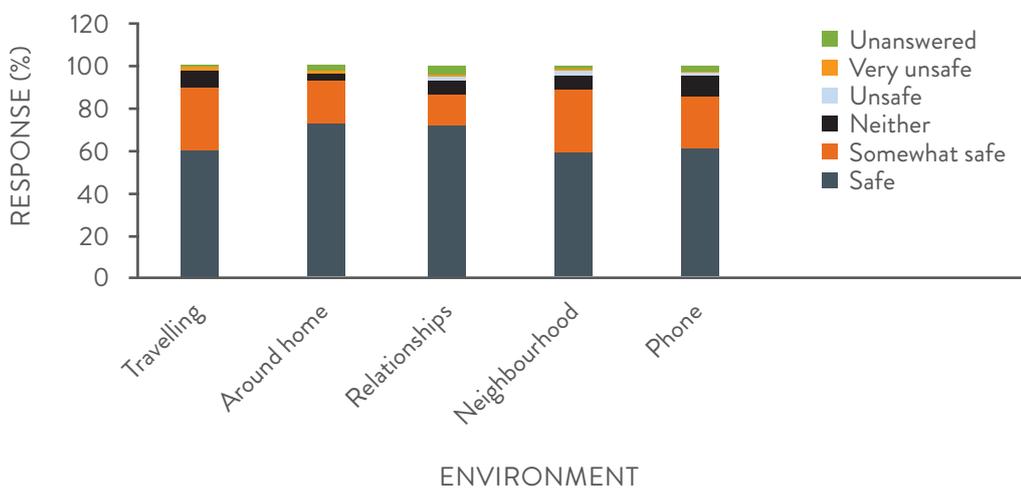
discrimination against older workers during recruitment was felt by those who were looking for work. Current legislation that cites ineligibility for income replacement under work compensation once workers turn 65 years was raised as a real concern.

Opportunities for volunteering were highly valued for the sense of worth, stimulation and engagement with the community that it provides. Focus groups did note that it was sometimes difficult to get information about volunteering options. There was a strong sense that current groups of volunteers were ageing and not being replaced by younger volunteers. Concern was raised that community support services would fall away as current volunteers are no longer available. Building succession plans that target and appeal to younger volunteers, and decreasing onerous red tape was noted as being essential to the continuation of these community groups.

SECURITY

Tasmanian's truly appreciate the sense of security they are able to live with in the state. One of the strongest themes that emerged as a factor that makes Tasmania a good place to grow old was the strong sense of friendliness and safety felt within communities. The majority of respondents felt safe while travelling or driving, around their home, in their relationships, in their neighbourhood and on the phone.

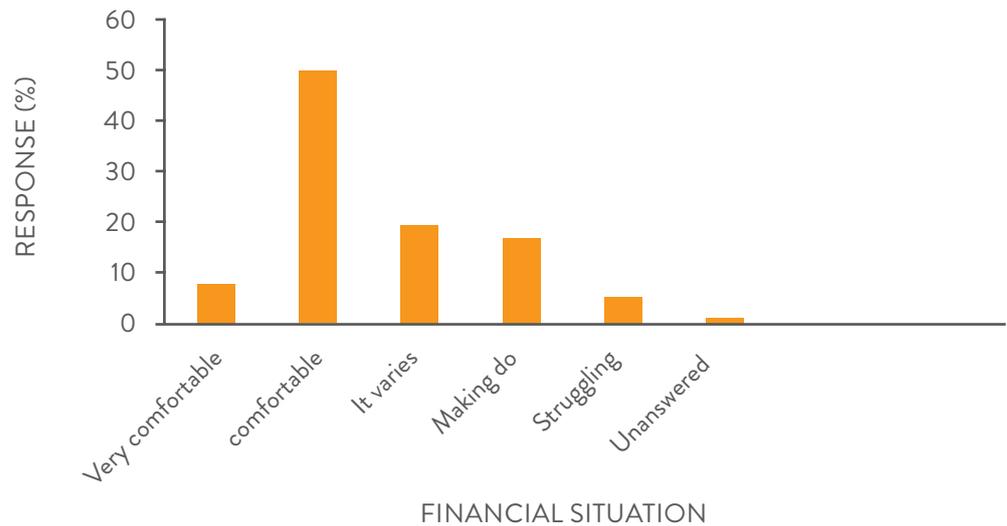
FIGURE 19: Feeling of safety of survey respondents in a range of environments.



Though the majority of survey respondents feel that they understand their financial situation and are comfortable or very comfortable within it, significant issues around cost of living were consistently raised in surveys and at focus groups. Having enough money to meet ones needs was the biggest barrier to living a good life for survey respondents. A large number of comments mentioned that cost of heating, food and utilities made growing older in Tasmania difficult. A large number of comments were made about cold weather and winter, which links to the cost of heating, in addition to feelings of isolation. Affordability of health services, housing, rentals, recreational and learning opportunities and public transport were also raised.

A major concern raised at focus groups was the continual rise in expenditure on fixed incomes, which rise only minimally (ie. pensions) or can even be going backwards (ie. relying on returns on investments). There was a strong sense that Parliamentarians do not understand what it is like to live on a small, fixed income and would appreciate better understanding of this fact.

FIGURE 20: Financial situation of survey respondents.



Housing

A slightly larger proportion of online respondents live with their partner or spouse, but more hard copy respondents live alone than online respondents. The vast majority of all respondents own their own home, though twice as many hard copy respondents rent than online respondents. Affordability of rent and retirement homes was raised as an issue in focus groups. Lack of access to and long waiting lists for affordable home support and maintenance services that allow independent living is a widespread problem.

“When you take away a man’s house, that he has worked for his whole life, you take everything.”

Excerpt from storytelling

FIGURE 21: Comparison of living situation of online and hard copy survey respondents.

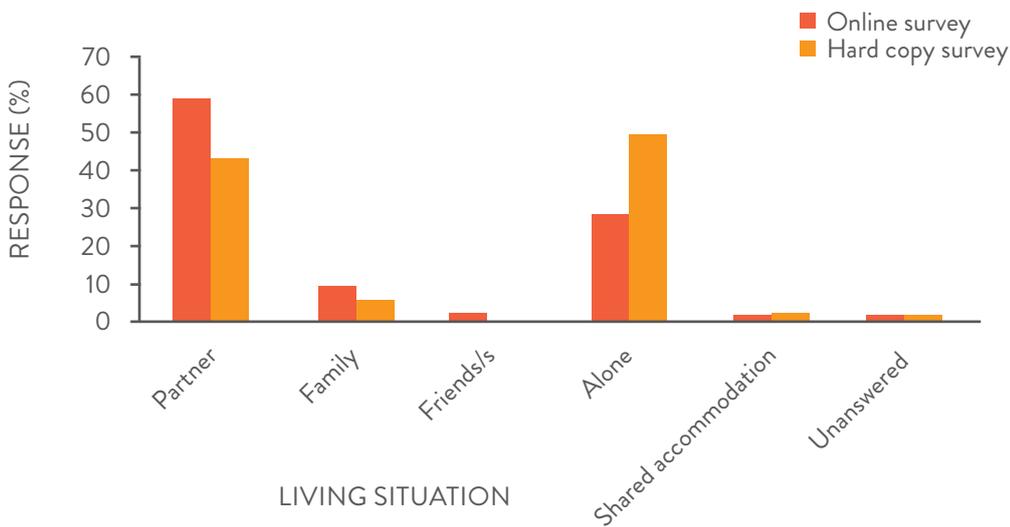
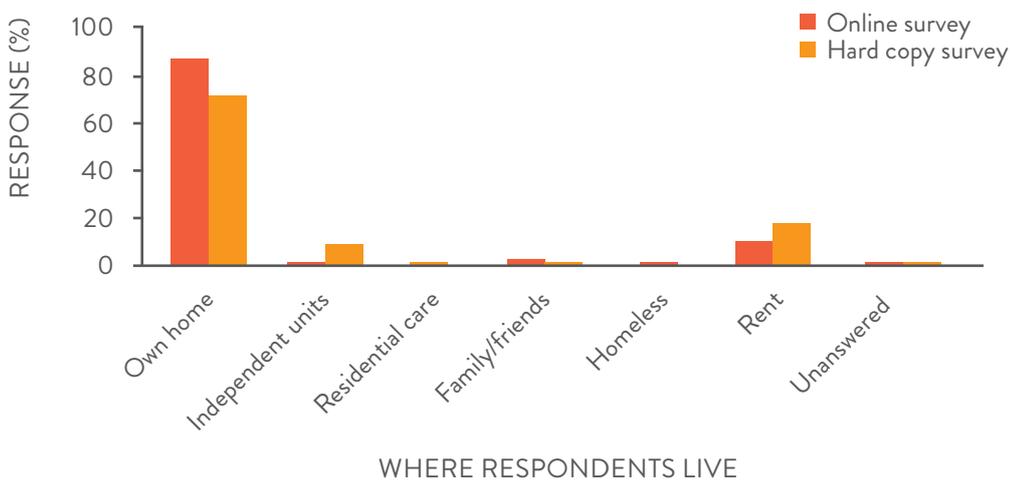


FIGURE 22: Comparison of where online and hard copy respondents live.



Almost half of all respondents and focus group participants live alone, and lack of security devices such as alarms and security doors decreases sense of safety. Few people could afford to purchase these devices due to financial constraints. It was noted that relationships with younger generations significantly increased feelings of safety and decreased targeted attacks on ones house.

REFERENCE DATA

Health

Comparisons of leading causes and risk factors against selected countries are shown for age groups 50-69 and for over 70 years.

FIGURE 23: Causes of disability-adjusted life years²⁷ of both sexes aged 50 to 69 years old.

Both sexes, 50-69 years, 2015, DALYs per 100,000

	Australia	New Zealand	China	Japan	S Korea	Germany	US	India	UK	Sweden	Canada
Neoplasms	1	1	2	1	1	1	1	4	1	1	1
Musculoskeletal disorders	2	2	3	3	2	3	3	5	3	3	2
Cardiovascular diseases	3	3	1	2	3	2	2	1	2	2	3
Mental & substance use	4	6	6	6	6	4	5	9	5	5	6
Other non-communicable	5	5	4	4	5	5	6	7	4	4	4
Diabetes/urog/blood/endo	6	4	5	5	4	6	4	3	8	6	5
Neurological disorders	7	8	10	7	10	7	8	14	7	7	7
Chronic respiratory	8	7	7	10	12	8	7	2	6	8	8
Unintentional inj	9	9	9	8	8	9	9	11	9	9	9
Self-harm & violence	10	11	13	9	7	12	11	16	13	11	11
Cirrhosis	11	13	11	12	9	10	10	12	11	12	10
Digestive diseases	12	10	12	13	15	11	12	10	10	10	12
Transport injuries	13	12	8	14	11	14	14	13	14	14	13
Diarrhea/LRI/other	14	14	14	11	13	13	13	6	12	13	14
Nutritional deficiencies	15	15	16	15	14	15	15	15	15	15	15
Neonatal disorders	16	16	18	17	18	16	17	19	16	16	16
Other group I	17	17	19	16	19	17	18	18	17	17	17
HIV/AIDS & tuberculosis	18	18	15	18	16	18	16	8	18	18	18
NTDs & malaria	19	20	17	20	17	19	20	17	20	19	19
War & disaster	20	19	20	19	20		19	20	19	20	21
Maternal disorders	21	21	21	21	21	20	21	21	21	21	20

Source: <http://vizhub.healthdata.org/gbd-compare/>

FIGURE 24: Causes of disability-adjusted life years²⁸ for both sexes aged 70 years or older.

Both sexes, 70+ years, 2015, DALYs per 100,000

	Australia	New Zealand	China	Japan	S Korea	Germany	US	India	UK	Sweden	Canada
Cardiovascular diseases	1	1	1	2	1	1	1	1	1	1	1
Neoplasms	2	2	2	1	2	2	2	6	2	2	2
Musculoskeletal disorders	3	6	6	7	6	6	7	8	6	6	5
Neurological disorders	4	3	5	3	4	3	3	7	3	3	3
Diabetes/urog/blood/endo	5	5	7	6	3	5	4	3	7	5	4
Other non-communicable	6	4	4	4	5	4	6	5	5	4	6
Chronic respiratory	7	7	3	8	7	7	5	2	4	7	7
Unintentional inj	8	8	10	9	8	8	8	10	10	8	8
Mental & substance use	9	9	8	10	10	10	10	12	11	10	10
Digestive diseases	10	10	11	11	11	11	11	9	9	11	11
Diarrhea/LRI/other	11	11	9	5	9	9	9	4	8	9	9
Transport injuries	12	12	12	14	13	13	13	13	13	13	13
Cirrhosis	13	13	13	12	14	12	12	14	12	12	12
Self-harm & violence	14	14	14	13	12	14	14	16	15	14	15
Nutritional deficiencies	15	15	16	15	16	15	15	15	14	15	14
Other group I	16	17	18	17	17	16	16	18	16	16	16
Neonatal disorders	17	16	19	19	19	18	18	19	17	18	17
HIV/AIDS & tuberculosis	18	18	15	16	15	17	17	11	18	17	18
NTDs & malaria	19	20	17	20	18	19	20	17	20	19	19
War & disaster	20	19	20	18	20		19	20	19	20	20



Source: <http://vizhub.healthdata.org/gbd-compare/>

FIGURE 25: Risk factors for disability-adjusted life years per 100,000 of 50 to 69 year olds.

Both sexes, 50-69 years, 2015, DALYs per 100,000

	Australia	New Zealand	China	Japan	S Korea	Germany	US	India	UK	Sweden	Canada
Tobacco	1	2	3	2	2	1	1	5	1	2	1
High body-mass index	2	1	6	6	5	3	3	7	3	3	3
Dietary risks	3	3	1	1	1	2	2	1	2	1	2
High blood pressure	4	5	2	3	6	4	5	3	4	4	5
High fasting plasma glucose	5	4	5	4	3	6	4	4	7	5	4
Alcohol & drug use	6	9	7	5	4	5	6	10	6	7	7
High total cholesterol	7	6	8	7	8	7	7	6	5	6	6
Occupational risks	8	7	9	11	10	8	11	9	8	9	8
Low physical activity	9	8	11	9	9	10	8	12	9	8	9
Low glomerular filtration	10	10	10	8	11	11	9	8	11	10	10
Air pollution	11	11	4	10	7	9	10	2	10	11	11
Sexual abuse & violence	12	12	16	12	12	12	12	16	13	12	13
Malnutrition	13	14	15	13	14	14	16	13	14	14	12
Low bone mineral density	14	13	12	14	13	13	14	17	12	13	14
Other environmental	15	15	14	17	15	16	15	15	16	16	16
Unsafe sex	16	16	13	15	16	15	13	14	15	15	15
	17	17	17	16	17	17	17	11	17	17	17



Source: <http://vizhub.healthdata.org/gbd-compare/>

FIGURE 26: Risk factors for disability-adjusted life years per 100,000 of people aged 70 years or older.

Both sexes, 70+ years, 2015, DALYs per 100,000

	Australia	New Zealand	China	Japan	S Korea	Germany	US	India	UK	Sweden	Canada
Dietary risks	1	2	1	1	1	2	1	2	2	2	1
High blood pressure	2	1	2	2	4	1	3	3	3	1	3
Tobacco	3	3	3	3	2	3	2	5	1	3	2
High fasting plasma glucose	4	4	5	4	3	4	4	4	5	4	4
High body-mass index	5	5	7	9	6	5	5	9	4	6	5
High total cholesterol	6	6	6	6	9	6	7	7	6	5	6
Low glomerular filtration	7	7	8	5	8	7	6	6	9	7	7
Low physical activity	8	8	11	8	7	9	8	10	8	8	8
Occupational risks	9	9	10	11	12	10	11	11	10	11	9
Low bone mineral density	10	10	12	12	10	12	10	14	11	10	10
Air pollution	11	11	4	7	5	8	9	1	7	9	11
Other environmental	12	12	13	15	13	13	13	13	13	13	14
Alcohol & drug use	13	13	9	10	11	11	12	12	12	12	12
Sexual abuse & violence	14	14	16	16	14	15	15	17	17	16	17
Unsafe sex	15	16	15	17	17	16	16	16	16	15	16
WaSH	16	15	14	13	16	14	14	8	14	14	15
Malnutrition	17	17	17	14	15	17	17	15	15	17	13



Source: <http://vizhub.healthdata.org/gbd-compare/>

Examples of programs and policies in Europe that aim to improve health and wellbeing for older people include:

- Still Standing (Belgium) – a healthy and active ageing program aiming to reduce falls with community programs that involve older people in planning and implementation²⁹
- Healthy Cities, Our urban environment as medicine (The Netherlands)³⁰
- Healthy workplace tools and programs in Suffolk UK³¹

Lifelong Learning

Access and participation for older people who have low digital literacy skills can be limited and there have been a number of different programs that could meet the diverse needs of older people in this area.

Some examples of programs in Australia and internationally include:

- Geographical positioning to support independent living and social interactions of elderly people (Spain) which facilitates local interaction, event promotions and marketing opportunities for age friendly businesses.³²
- Lively;³³ employing young jobseekers to provide meaningful, paid support to older people who need a hand, and engage older people to share skills and experience back with the young.
- Go Digi; Helping people to realise their online potential³⁴

Participation

Research from Canada (Richard et al, 2008) concluded that investment in liveable communities by urban and community planners should aim to design neighbourhoods that offer supportive environments for social interaction and participation. Provision of opportunity structures such as parks, local shops and user friendly buildings and streets where people can easily be in contact with others should encourage older people to go out and socially interact. Walkable mixed use neighbourhoods make this more attainable as opposed to car driven community contexts.³⁵

Social isolation can be a significant barrier for older people. It can be a major determinant of health outcomes.³⁶

Older people's participation in civic life is an important part of active ageing. It would be recommended that they are involved in the ongoing development, review and evaluation of the Active Ageing policy. As an example overseas, in Hamburg they have specifically strengthened participation of older people in decision making through a law for the participation of older people.³⁷

Active participants in the economy of Tasmania

Older people contribute economically to Tasmania and as a growing demographics are a considerable market sector for businesses in Tasmania. In other regions of the world this ageing demographic has been recognised as a sector that has advantages for businesses and they have developed models of service specifically for their older clientele.

Examples include:

- Ireland's Age Friendly Business program focussing on accessibility, awareness raising, facilitation and engagement³⁸
- International Federation of Ageing (IFA) have produced a resource manual on guidelines to programs across the world in Canada, USA³⁹
- British Columbia has a guide to creating an Age Friendly Business in B.C.⁴⁰

Transport

Examples of policy positions on transport issues for small and rural communities can be found in Canada, where they have produced “Improving Travel Options in Small and Rural Communities”.

It looks at challenges and opportunities and has clear principles for action aimed at taking an integrated and strategic approach to solutions.⁴¹

Security

Housing

Many housing issues for older people are well discussed in the AARP (American Association of Retired Persons) Public Policy Institute document “Strategies to meet the Housing Needs of Older Adults”⁴² which provides insights into the housing needs of older people. It highlights the consideration of appropriate housing must also include the concept of liveable communities to provide the appropriate environment for that housing. This should also be viewed in a broader context within planning policy for communities.

Whilst there is some capacity for minor home modifications under age care support systems funded by the Commonwealth Government of Australia, there should be a recognition for availability of more appropriate stock being built in areas that make connections and participation for older people more achievable. This should not be done in isolation of other parts of the community but well integrated and with good access to public transport routes and near to services such as banking, post offices, medical, pharmacies and access to fresh food.

Suitability of stock should also consider ways to make home better suited to our climate, and this was raised by people during our consultation as an issue for many older people, and also highlighted in the AARP report.

The report can be accessed through the AARP website or on the following link;
<http://assets.aarp.org/rgcenter/ppi/liv-com/i38-strategies.pdf>

ENDNOTES

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