



## Looking Back

In the earlier years the Association published the papers given at each Annual Conference, and it was felt that these would be a valuable resource not only for members but would be a fitting reminder of the work done by earlier researchers in the field of gerontology and geriatric medicine. We feel it would be of interesting if, from time to time, we publish an article "from the past". One example are the Opening Addresses, generally given by Ministers in the various States where the conferences were held. Since the Conference this year will be once again in Canberra we have chosen the address of an earlier Minister for Community Services and Health, Brian Howe who, apart from giving the 1990 address also made a grant to the Association of \$10,000 under the National Health Promotion Programme to "assist with the publication of the Proceedings".

We hope this new feature will be of interest to all our readers.

### **Opening Address: Brian Howe**

I value the opportunity of setting the scene for a conference which has the potential to stimulate debate on 'Successful ageing' from a wide perspective. The theme of your conference suggests a positive approach to counteract some popular but negative stereotypes which depict old age as no more and no less than a problem. Too often the aged are presented as sick, housebound and poor — that is, as objects of pity.

It is important in the way we think and act that such stereotypes are challenged rather than reinforced. We must recognise, too, that the aged are a diverse range of individuals with their own histories and experiences.

Ageing, of course, does bring with it its own problems, but the majority of elderly people would appear to be healthy and active. In any event the starting-point of the debate must be to focus on achieving an active community in which elderly people are able to make a valued contribution — a society which encourages participation, not rejection; self respect and independence, not charity.

I should like to provide a context for your conference in two ways. Firstly, to say something about the interrelated and important reviews which have been commissioned in my portfolio; secondly, to indicate why I believe we need to develop new approaches, including new approaches in the area of better health.

### **Policy reviews**

I have a sense of immense excitement and challenge in my portfolio — an opportunity to establish a broad vision across a range of policy areas which have for too long been regarded as separate; a need to look at the interconnections of economic and social policy in building an Australian community which is fair and based on a sound foundation. This requires us to examine the fundamentals of how we decide our priorities for growth and development, while at the same time focusing on social justice. And in my portfolio the issues which relate to ageing-form a very important focus in the challenge before us.

Part of the reason for this, quite simply, is that 40 per cent of the department's total expenditure of \$14 billion is spent on those over 65 years of age — yet this group represents only about 11 per cent of the population. By the year 2031 the number of people over 65 will double, from about 1.9 million to 3.8 million. These changes will place pressure on health, community services and housing programmes in particular.



Predicting the nature of those changes is a hazardous business, given uncertainty about social attitudes, technology and health status. Work done by my department suggests that, on the basis of existing policy, total departmental outlays would increase in real terms by 63 per cent between 1987/88 and 2020/21 as result of demographic change and population growth of 33 per cent.

Let me stress that that estimate is based on existing policy, and is the result of taking into account swings and roundabouts in terms of less expenditure on younger groups and more expenditure on the elderly because of demographic change.

The major review activity commissioned through the Health Review, the Housing Strategy and the Aged Care Review presents a unique and exciting opportunity to analyse the extent and direction of trends in those areas — to ensure our policy thinking is relevant into the next century and to ensure that those responsible for implementation are given the opportunity of planning in a coordinated and integrated way the changes required.

In talking about the health review, I have stressed on many occasions that Medicare's overall social justice objectives are essential. Nonetheless it is clear there are specific issues which raise concern about the programme, the effectiveness of the health care system, and the way services are delivered. The main causes of increased pressure on Medicare are evident and include an ageing population, the extensive use of medical technologies and an increasing supply of doctors.

The issue to be addressed is how to use finite resources in the most efficient and socially just way possible. The issues are complex, and they are ethical, economic and social in their character. Your own conferences have touched on these issues. Professor Singer and Dr Kuhse presented a thoughtful paper about resources and hard choices in aged care to a conference such as this in 1985. Recently Dr John McCallum and Dr Colin Mathers, in their paper 'Ageing costs and the quality of survival', have suggested that a health care system should be more concerned with disability rates and improving the quality of life rather than a preoccupation with death rates. Resource allocation decisions, while ultimately the responsibility of governments, impact directly on the community and can only be resolved on the basis of deeper community understanding and expression of view.

The Aged Care Review is timed to enable us to take stock of the important reforms implemented since 1985/86 and to enable some examination of issues in long-term care alongside those in the Health Review. Essential issues relate to the effective targeting and distribution of community and residential care services; the balance of care between residential and community services; and ways in which the emphasis on community provision can be strengthened, including better linkages with housing services and the impact of the involvement of multiple levels of government on community care for the aged.

The opportunity is there to look at gaps in our services. For example the Aged Care Review and the related review of hostel funding provide the opportunity to assess the care requirements of people suffering from dementia. The priority must be to support further the efforts of social and family networks in recognition of the fact that informal care in our community is the dominant way in which elderly people are enabled to go on living in their own communities.

Aged persons are predominantly home owners, and consequently they typically pay much less for housing than do other adults. Nonetheless, for the small minority of elderly pensioners renting privately, there are difficult issues of affordability and access to appropriate housing.

Again, although aged home owners' basic housing costs are typically low, many have problems with the cost of repairs and maintenance. The issue of affordability and appropriate housing will be central to the work of the Housing Strategy.



## New approach

In advance of knowing the outcomes of those policy reviews, there are grounds for believing that new approaches are necessary in the development of our social policies and in their administration. Firstly, there is considerable evidence to suggest that structural problems prevent adequate coordination of health and community services. Different philosophical and organisational approaches between the health and care sectors, and the way in which Commonwealth and states have attempted to shift responsibilities on to one another, combine to make it difficult for individuals to get the treatment or care they require. There are long-standing debates about:

- the number of older patients staying too long in public hospitals because of inadequate community-based or other alternatives;
- the differences of view between the Commonwealth and the states about relative responsibilities in the area of mental health;
- the difficulty of locating appropriate care for people suffering from dementia;
- the tensions in resource allocation in HACC between the needs of the elderly, younger people with disabilities and resources for post acute and palliative care; and
- increasing the range of accommodation options open to older people.

If we are to succeed in the task of successful ageing then we need to pay more attention to being able to make interventions along the spectrum of care in the interests of the individual rather than those of levels of government, providers of services or other interests.

All three levels of government are involved to some extent in providing health, community services and housing. The result has been a variety of planning, funding and administrative arrangements which are often uncoordinated and sometimes involve duplication of administrative effort. This is wasteful of resources that could more effectively be used in the interest of people who need services.

The Prime Minister has taken the initiative in calling a special Premiers' Conference for 30-31 October this year. The hard policy work has begun in looking at those approaches most likely to lead to the determination of appropriate roles for the Commonwealth, state and local governments on a programme by programme basis. In going down this path, I suggest there are three principles we should keep in mind:

- Firstly, the Federal Government should continue to play the primary role of determining levels of taxation and distribution of expenditure in key areas of social policy.
- Secondly, there will be a continuing need for a mixture of untied financial assistance grants and tied specific purpose payments in pursuit of key national objectives.
- Thirdly, there is considerable scope for defining a clearer role for specific purpose payments to ensure the programmes are delivering the same outcomes throughout Australia.

## Better health

Lastly, in developing our new approaches it is important that among our policy and programme instruments there is an emphasis on prevention. Health should not be seen simply as just the treatment of preexisting illnesses. Health promotion, injury and disease prevention and rehabilitation are integral elements of an overall approach to good health. There is a significant degree of preventability in many of the major health problems affecting Australians, including elderly Australians, today.

Nonetheless there is a widespread misconception that primary prevention, as opposed to secondary and tertiary prevention, is not important for older people. Successful primary prevention at younger ages will mean that less people will enter later life in unhealthy states, but primary prevention in later life is also important.



The Commonwealth is committed to promoting health for all Australians, recognising that in planning for an ageing population we also have to remember that there is also an aged population to consider.

A major initiative in the health promotion area is the National Better Health Program which resulted from the 'Health for All Australians' report. It is targeted to the health of older people as one of its five priority areas. I am pleased that the chair of the National Better Health Program Management Committee, Ms Wendy McCarthy, will be speaking about it later in the conference.

Health promotion involves people. Our older generation needs to be involved and consulted on decisions affecting them and their future. The Polypharmacy Task Force is an example of an important initiative which has a strong preventive flavour and consumer involvement. Funded by the Commonwealth through the Australian Council on the Ageing, a coalition has been formed of consumers, medical, pharmaceutical and health professionals, industry and government to develop cooperative and coordinated strategies for action and change in order to:

- impact on the training curricula of health professionals regarding drug prescription and administration; and
- improve community understanding of drug usage.

A one-day national conference on older people and their medications will be held on 23 November to complete the work of this task force.

Complementing that initiative is a pilot medication campaign for older people funded by the Commonwealth through the Australian Pensioners and Super-annuants Federation.

## **Conclusion**

In conclusion, let me emphasise that if we as a Government are going to maintain and pursue our commitment to sustaining social expenditure on major and essential services such as housing, health and community services, we also need to examine our priorities.

Important policy reviews have been put in place to enable us to do that, which in turn will provide an important opportunity of looking at issues that directly bear on the quality of life of elderly people.

The vision we should be trying to develop is one where all Australians can share equitably in the distribution of resources, where all Australians have equal civil, legal and industrial rights; a society where there is fair and equal access to essential services such as housing, health and community services and where all have the opportunity to participate in community life and in making decisions which affect the community. It is a vision we must all work hard to make a reality.

Your conference is a further and important opportunity to debate key issues. I look forward to learning the outcomes of your debate.

The Hon. B. L. Howe  
Minister for Community Services and Health  
Parliament House  
Canberra, ACT 2600