

Funding increases welcome but not enough to stem losses

AGED CARE providers have spent a third Christmas working to ensure older Australians are protected from Covid-19.

Out in the community things feel almost back to normal but in aged care – as it is for healthcare – the risk of infection remains high and PPE, testing and vaccinations are still a feature of daily life.

Another constant is the sector's ever worsening financial sustainability. Data released by accountants StewartBrown in December, shows that residential providers are losing an average of \$21 per resident per day, or \$1.4 billion per year.

Since its election in May 2022, the Albanese Government has picked up the pace of aged care reform.

Minister for Aged Care Anika Wells says there has been an overall 12 per cent increase in aged care funding to \$16.4 billion a year, and

that funding per aged care resident under the new AN-ACC residential aged care funding model has risen by 10 per cent to an average of \$85,000 per resident.

These increases are welcome. But they are not enough to stem the losses which are the product of decades of underfunding.

They are also intended to fund delivery of new initiatives such as 200 minutes of care, rather than address the underlying shortfall.

So what is the solution?

We know the treasurer doesn't have a secret money tree, although I bet he wishes he did. Instead, we need to start considering other options.

There are short term fixes, like addressing the huge increase in agency staff costs that has seen agencies charging outrageous amounts – sometimes more than double the cost of directly employing staff.



Tom Symondson, chief executive officer of Aged & Community Care Providers Association

“We also need to consider other topics long seen as taboo.”

Or cutting the time it takes government to reimburse providers for the cost of managing Covid outbreaks, which currently sits at as much as eight months after the outbreak happened.

But we also need to consider other topics long seen as taboo, like asking those who can afford it to contribute more towards the cost of their care.

The current low caps on consumer contributions and the exclusion of the family home from the asset test mean taxpayers are bearing the burden of funding those who could afford to pay more.

At a time where our sector is barely keeping its head above water, we have to start a serious national conversation about the true cost of providing excellent care for our elders, and how to meet that cost.

Surely, they deserve that much. ■

What's good for the body is good for the brain

IT SHOULD come as no surprise that good food and adequate nutrition are the cornerstone of physical and cognitive health into older age.

Yet, conflicting advice and latest dietary fads – often underpinned by a lack of scientific evidence – make for a confusing array of options.

On a population level, the World Health Organisation is clear that every person, whether older or younger, has a right to health, including availability, accessibility and acceptability of health and care services. This includes food and nutrition.

Nutritional requirements change as we age. Protein requirements increase, diabetes risk increases, hydration is important for bowel health, and weight loss regimes are not a good idea.

Holding onto muscle mass is critical to avoid the impact of many chronic diseases and reduce the risk of falls.

Although appetite decreases with age, the consequences of

“Older people can and will be heard if we pause to listen.”

poor nutrition are significant and often irreversible in older people.

Dietetic and nutrition professionals, as represented by Dietitians Australia, are clinically trained to assist older people with their unique requirements, providing options to support both the body and the brain. AAG welcomes such professionals as an integral part of the team in improving the experience of ageing.

Our annual conference a few months ago was a great way to hear from experts in nutrition in older people, who shared latest research and best-practice approaches on this important topic.



Dr Claudia Meyer, president of the AAG

While the Royal Commission into Aged Care Quality and Safety raised serious concerns about food and nutrition in residential aged care, Dietitians Australia highlights the importance of a continuum of best-practice nutritional care, from home to residential settings.

However, access to fresh food is a challenge in many regions of Australia,

mainly due to vast distances and extremes of climate.

Food security is the availability of food and the ability of people to access and afford food that meets their needs and preferences. Even when fresh food is available, it is often more expensive than processed foods.

In addition to quality and quantity, food should be visually appealing, appetising and appropriate to cultural and dietary preferences, or, indeed, critical needs.

Small changes can make a big difference, like using moulds for texture modified foods, to enhance the visual aesthetics of the dining experience.

There is no doubt that promoting the enjoyment of eating, sharing meals and connecting with others through food is vital to living life to its fullest. ■

