



Australian Government

Australian Institute of Health and Welfare

Department of Health and Ageing



# Older Australia at a glance

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*4th edition*

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Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at [www.aihw.gov.au](http://www.aihw.gov.au)

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## FOREWORD

Older Australians are a rapidly growing and diverse segment of the Australian population. This diversity should not surprise us, given that this particular segment of the population covers an age range of almost 40 years.

At one end of this spectrum, the 'baby boomer' population bulge, so often referred to in the media and public discourse, is moving through 'mature' age into early 'older' age, bringing not just increased numbers, but also new issues.

At the other end of the age range, increased longevity in Australia is supporting marked growth in the numbers of people over the age of 85, and associated increases in the prevalence of co-morbid health conditions, neurodegenerative diseases and related care needs. Dementia, for example, which affects approximately one in four people in this older group, is one of the greatest challenges facing individuals and their carers, as well as the community as a whole.

The diversity of the older Australian population, combined with ongoing changes in the health, economic and social circumstances faced by all Australians, results in a very complex range of differing circumstances and needs as we grow older. The availability of high-quality data and accompanying analysis that paints a meaningful picture of 'older' Australia, and which reflects this complexity and diversity, is therefore fundamental to improving understanding of the situation as a whole and the many possible situations within it.

*Older Australia at a glance: 4th edition* aims to do just this. It provides succinct, up-to-date and reliable information and commentary on the differing circumstances and needs of older Australians according to their income and assets, health and independence, living arrangements, as well as their age.

The range of topics covered is broader than in previous editions of this publication, and all material is supported by detailed figures and tables, and a comprehensive reference list.

Students, researchers, policy-makers, business people, practitioners, service providers, carers and the general public will find *Older Australia at a glance: 4th edition* a 'must-have' reference on the range of issues and variables which influence the views, preferences and actions of older Australians.

Penny Allbon

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- Department of Veterans' Affairs
- Department of Employment and Workplace Relations.

## ABBREVIATIONS AND SYMBOLS

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Package
CALD	Culturally and Linguistically Diverse
CURF	Confidentialised Unit Record File
DEWR	Department of Employment and Workplace Relations
DoHA	Department of Health and Ageing
DVA	Department of Veterans' Affairs
EACH	Extended Aged Care at Home
FaCSIA	Department of Families, Community Services and Indigenous Affairs
HACC	Home and Community Care
GSS	General Social Survey
MDS	Minimum Data Set
NHS	National Health Survey
NRCP	National Respite for Carers Program
RCS	Resident Classification Scale
SDAC	Survey of Disability, Ageing and Carers
VHC	Veterans' Home Care

## SYMBOLS IN TABLES

N	number
\$	Australian dollars
%	per cent
n.a.	Not available
. .	Not applicable
n.p.	Not published by the data source
—	Nil or rounded to zero (including null cells)
*	when used in front of a numerical value means that the estimate has a relative standard error of 25% to 50% and should be used with caution.
**	when used in front of a numerical value means that the estimate has a relative standard error greater than 50% and is considered too unreliable for general use.
#	when used in front of a numerical value means that the estimate is based on less than 20 cases.

## OVERVIEW

This 4th edition of *Older Australia at a glance* describes the characteristics and circumstances of Australia's 2.7 million older Australians using key statistics in relation to 45 topics or areas of interest. This edition differs from previous ones (AIHW 1997; AIHW: Gibson et al. 1999; AIHW 2002b) in several ways. Firstly, this version looks to future generations of older people, by including information on those now aged 50 to 64 years, providing potential insights into how future cohorts of older people may be similar or different from current cohorts.

Secondly, this edition reflects the more sophisticated approaches which are increasingly evident in both policy and research directed at understanding personal and population ageing, by incorporating a broader range of topics on transport use; use of technology; intergenerational transfers within families; vision problems; oral health; dental services; and Extended Aged Care at Home. In keeping with this more comprehensive approach, other pre-existing topics have been expanded to include new material on social and community participation; superannuation; wealth and expenditure; and each of the National Health Priority Areas.

### Key findings

People accumulate life experiences that variously affect their wellbeing, health and quality of life. The current population of older Australians are almost the last group to have had their lives shaped by direct experience of the Great Depression of the 1930s and World War II. The youngest members of this population (those aged 65–68 years) were born during the war, and the oldest members were among those whose youth and early adulthood were lived in the shadow of the deprivations, insecurity and hardship of both these events—they were also those who actively participated in the war and form the bulk of the veteran population. There are currently 266,100 Department of Veterans' Affairs (DVA) income support beneficiaries aged 65 years and over representing 10% of all older Australians; among people aged 85 years and over, an even larger proportion (27%) are in receipt of DVA income support.

These differences in the life experiences of younger and older members of the current population of older Australians highlight the importance of recognising the diverse nature of this population. After all, grouping all older Australians into one category contains an age range of almost 40 years—similar to grouping together the population aged 20 to 60 years. The health, family circumstances, physical abilities, economic

circumstances and service needs of an average 65 year old are generally very different to those of an average 90 year old. These differences emerge very clearly in many topics in this publication. In addition a wide diversity of backgrounds is evident within these age-groups, with resulting implications for many areas of public policy including health and aged care service delivery. For example, 35% of older people were born overseas with 61% of these coming from a non-English-speaking country.

The notion that the vast majority of older people are a burden on the community and are being 'looked after' is challenged by the data presented in this publication. The overwhelming majority of older people live in private dwellings in the community—only 6% live in non-private dwellings, which include aged care homes and hospitals. Even among those aged 85 years and over, 74% live in private dwellings. Almost one-quarter of men aged 65–69 years participate in the workforce, along with 13% of women in the same age group. Despite having relatively low average levels of income, 24% of all older Australians were providing direct or indirect financial support for adult children or other relatives living outside the household.

Older Australians are active contributors to family and community life. Almost half of people aged 65–74 years (48%) provide unpaid assistance to someone outside their household, one-third (33%) provide volunteer services through an organisation, 29% are actively involved in community organisations and two-thirds in social and support groups of various kinds. Progressively smaller proportions in the older age groups are actively engaged with community and social organisations, although participation in social and support groups continues at a higher level compared with involvement in community organisations (43% and 15% respectively of those aged 85 years and over). People aged 65–74 years provide 11% of carers and 13% of all primary carers who assist people of all ages with disability.

It is certainly the case that the proportion of older people with poor health and/or severe disability increases with age. As a consequence, use of health and aged care services generally also increases with age. For example, during 2005–06 people aged 65–74 years made an average of 8 visits per person to a GP while those aged 85 years and over made 9.5 visits. However, our understanding of how older people use services is still too heavily reliant on data about the 'stock' of people within a program (e.g. residential aged care), despite the acknowledged importance of interfaces between different service components

(e.g. acute care hospitals and nursing homes) and the importance of understanding flows of people into and through the service system (e.g. the changing needs of older people receiving home based care over a period of say a decade). Some limited work has been done in this area, particularly at the interface between hospital care and residential aged care, but this remains an area where further research and statistical analysis is needed.

Examining the characteristics and activities of mature-age people aged 45–64 can sometimes provide a glimpse into the world of a future older Australia. For example, technology plays an important role in the lifestyle of this age group where 75% of those aged 45–54 years and 60% of those aged 55–64 years use a computer at home. By contrast, home use of a computer is less common in current older age groups (40% at age 65–74 years, 18% at age 75–84 years and 6% at age 85 years and over). This current decline by age group reflects differences in the information technology experiences and histories of these cohorts. It is likely that a high proportion of people currently aged 45–64 years will continue to use computers at home into old age and that current age differences will significantly diminish in future.

It is less clear that some other current differences between mature-age and older Australians presage a different future. For example, the prevalence of hypertension increases from 47% of people aged 45–64 years to 76% of those aged 75 years and over. These age-related differences may reflect the different cumulative effect of diet, physical activity, and alcohol consumption over a lifetime for people of different ages. In the absence of marked changes in health behaviour we could therefore reasonably expect that, as the current cohort of 50–64 year grows older, the prevalence of hypertension will eventually be similar to that of current 75 year olds. A better understanding of the extent to which the prevalence of hypertension among older Australians might be different in future needs data which allow us to compare the prevalence of hypertension among 45–64 year olds 30 years ago (thus representing the current cohort of people aged 75 years and over), or longitudinal data which tracks the health of the same group of people over an extended period of time.

## Data quality and availability

There has been substantial progress in terms of collecting and reporting data about older Australians over the last 5 to 10 years. In most of the topics in this publication, it is now possible to disaggregate data by age groups to at least age 85 years and over. Only one Australian Bureau of Statistics (ABS) national population survey collects data from people living in residential aged care (the ABS Survey of Disability, Ageing and Carers), reflecting the methodological difficulties associated with data collection in this population. This is a particular limitation when reporting on the health of older people, since almost one-quarter of the very oldest age group are excluded from data collection through the ABS National Health Survey. Surveys of income, wealth and expenditure are among other surveys which exclude those living in residential aged care.

At the time of writing, preliminary aggregate data from the 2006 Census had only just become available. This has been incorporated where feasible in this publication.

