

Comments on Ageing Health and Care Research Directions

Hal Kendig and Matthew Carroll

ARC/NHMRC Research Network in Ageing Well

It is imperative that Australia has a concerted research commitment to generate the knowledge that will inform constructive action that benefits ageing Australians and ageing Australia and enable the independence and wellbeing of older people and the containment of costs to government. This research requires dedicated research funding programs targeting the National Research Priority goal area of “Ageing Well, Ageing Productively”. The research needs to be directed by the action priorities for Australia including the summary of issues and actions we have listed below. For research to be valued it needs to be guided and informed by the aspirations and views of older people themselves as well as health professionals, service providers, governments and the wider community.

- 1. Work and Health** – health is a resource that enables continued participation and productivity and a balance between work and family life

Action points

- Workplace action to enable healthy living e.g. providing the support, time and place to do things
- Enabling the contributions to family life including care-giving for younger people with disabilities and for frail older people, grandparent support of young children, and volunteering activity in the community
- Structuring of work in ways which are manageable, healthy and rewarding in terms of flexibility hours and the work itself including opportunities for re-training and skills development and ensuring meaning and respect for older workers in the workplace

- 2. Maintaining and improving health from midlife onward** – for many people midlife is the turning point at which they set trajectories for going upward or downward which becomes more difficult to reverse and have severely adverse consequences as they grow older.

Action points

- Community-wide health promotion programs with a lifespan approach which is inclusive of ageing people and specifically appropriate to people at stages and transitions through mid and later life.
- General practitioner care which is very attentive to the early recognition of risk factors and diagnosis early in the onset of disease so that preventative action can be taken in partnership between individuals, family, general practitioners, allied health professionals and specialists where appropriate
- Better integration between primary and community care is needed to prevent or delay the onset of chronic disease which adds severe pressure to acute care, particularly hospital Emergency Departments

- 3. Health System** – with a focus on those people who are rendered intensely vulnerable by chronic diseases (often multiple diseases), precarious family and social support networks, low income and/or precarious housing arrangements. It is imperative that integrated action is taken on behalf of those vulnerable people as appropriate to provide support in any of those particular needs areas and to coordinate into delivery areas and services.

Action points

- Identify best practice in targeted and integrated care and identify what enables it and what are its benefits – e.g. best practice in the case management of diabetes including monitoring other risk factors and the benefits of a healthy lifestyle
- Need service systems which work in close partnership with individuals, their carers and the full scope of the service system as appropriate for each individual

- c. Need service systems which target the needs of carers including their health and psychological wellbeing, provision of advice and assistance with care coordination
- d. Identify gaps, duplications and inefficiencies in service systems (and their funding) that enable integrated client centred care delivery
- e. Recognise that people who are already damaged people can have their health and independence improved through acute treatment, rehabilitation, carer support and community care that enables regained independence e.g. restorative therapies, aids, home improvements and age-friendly neighbourhoods and environments (including universal design principles which facilitate health and wellbeing across the lifespan)

4. A sensitive and dignified approach to care for those who are acutely ill

Action points

- a. Access to acute care, treatment and rehabilitation for acutely ill older people including fighting the entrenched age discrimination in hospitals
- b. Facilitate the supported return to full functioning in an appropriate community setting including focus on accommodation and care
- c. Appropriate palliative care for providing comfort, dignity and support in line with the preferences of older people and their family through to the end of life

Overall comments – Our existing best practice in research has shown that all this is possible. What we now need is deeper research which shows the benefits and savings, “how to do it” in practice, and how to design a better society and service system that enables them. The critical point here is that we need to identify to the knowledge we needed to drive research efforts and to build a purposeful commitment to research.