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Examining a core assumption of policy and services for older Indigenous Australians

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Aged care planning ratio

Non-Indigenous population
 113 places / 1000 aged **70+**

Indigenous population
 113 places / 1000 aged **50+**

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Health and disability

What do we know?	Important things we don't know
<ul style="list-style-type: none"> Worse health outcomes and higher disability rates across all age groups 20 year gap in self-reported health and activity limitation 	<ul style="list-style-type: none"> Die earlier = age earlier? Same pattern 20 years earlier?

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Health and disability

What do we know?	Important things we don't know
<ul style="list-style-type: none"> Preventable chronic conditions larger proportion of hospitalisations Mortality not compressed to late life Younger profile of aged care recipients 	<ul style="list-style-type: none"> Details of hospital and mortality patterns by age Other differences in pattern of aged care use?

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Does the Indigenous population aged over 50 have the same set of age-associated conditions and care needs as the non-Indigenous population aged over 70?

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How does the mix of hospital separations caused by specific diseases for an NT cohort of Indigenous people change as they age?

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What is the impact of the policy on aged care service use outcomes?

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Policy analysis

What do we know?

- Indigenous people excluded from 1982 McLeay report
- Greater focus on Indigenous aged care in late 1980s – early 1990s

Important things we don't know


- When did use of age 50 start?
- What was it based on?

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- **How did a focus on Indigenous Australians within aged care policy develop and what were the conceptual underpinnings?**
- **How is the policy of using age 50 for Indigenous aged care planning understood and implemented in contemporary Indigenous aged care?**

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Why does it matter?

- Population trends and life expectancy improvements
- Focus on middle to older age groups for greatest life expectancy gains
- A better understanding of needs
- Interrogate how well policy is addressing disadvantage

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