Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Submission on He Pukapuka Matapaki: Developing a new Strategy to Prepare for an Ageing Population (An Ageing Population)

To:	Office for Seniors (Ministry of Social Development)
Submitter:	Canterbury District Health Board Attn: Bronwyn Larsen Community and Public Health C/- Canterbury District Health Board PO Box 1475 Christchurch 8140
Proposal:	The Office for Seniors has published a discussion document for comment, devised to inform an update to the Positive Aging Strategy introduced in 2001.

SUBMISSION ON AN AGEING POPULATION: DISCUSSION DOCUMENT

Details of submitter

1. Canterbury District Health Board (CDHB).

2. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

3. We welcome the opportunity to comment on An Ageing Population: Discussion Document. The future health of our populations is not just reliant on hospitals, but on a responsive environment where all sectors work collaboratively.

General Comments

4. While health care services are an important determinant of health, positive ageing is influenced by a wide range of factors beyond the health sector. These influences can be described as the conditions in which people are born, grow, live, work and age, and are impacted by environmental, social and behavioural factors. They are often referred to as the 'social determinants of health[1]. The chart below shows how the various influences on healthy ageing are complex and interlinked.

[1] Public Health Advisory Committee. 2004. The Health of People and Communities. A Way Forward: Public Policy and the Economic Determinants of Health. Public Health Advisory Committee: Wellington.

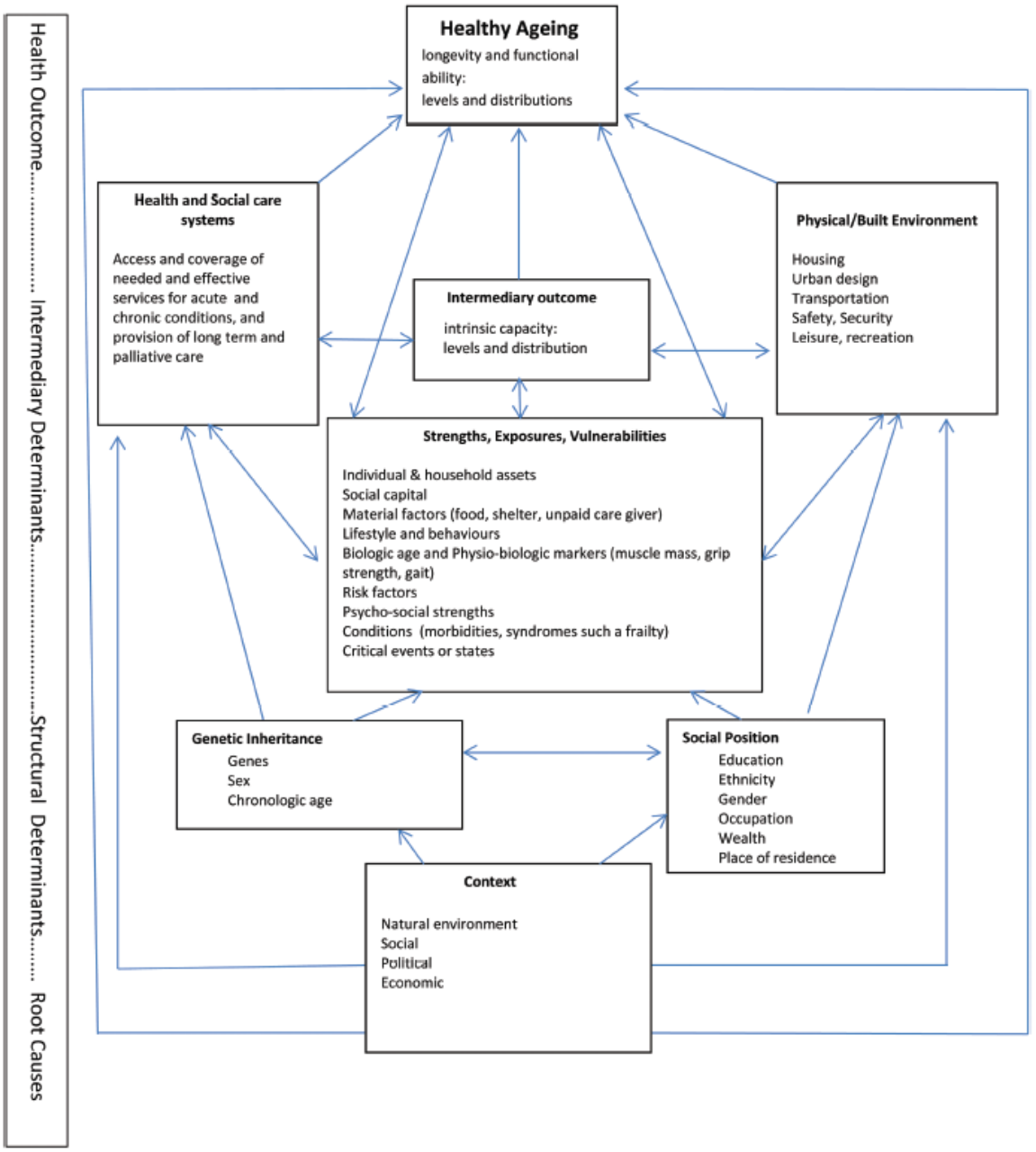

Figure 1: Factors that contribute to levels and distribution of health in older age. Adapted from Solar and Irwin (2007) and WHO (2008).[2]

5. The CDHB supports to premise of this document, which suggests that everyone, *"government, local government, NGO's, communities, whānau, family individuals and businesses"* must work together if we are to have a reasonable impact on a future which supports the health and wellbeing of our population as it ages[3]. Such a stance reflects a Health in All Policies approach.

[2] Sadana et al. 2016. Healthy Aging: Raising Awareness of Inequalities, Determinants, and What Could be Done to Improve Equity. The Gerontologist, 2016, Vol.56, No. S2, S178-S193

3 McGinni s JM, Williams-Russo P, Knickman JR. 2002. The case for more active policy attention to health promotion. Health Affairs, 21(2): 78 - 93.

6. The CDHB supports a new strategy for preparing for an ageing population and has a number of recommendations for consideration in this strategy's development which would further improve health outcomes for both older people and the wider community.

Specific comments

Vision for positive ageing

7. The CDHB recommends that any new positive aging strategy mirrors the intent of the Healthy Ageing Strategy, whilst recognising the broader impact that other sectors have on the health and wellbeing of people as they age.

The Healthy Ageing Strategy vision is that "older people live well, age well, and have a respectful end of life in age-friendly communities". It takes a life-course approach that seeks to maximise health and wellbeing for all older people[4].

Definition of an older person

8. The CDHB recommends that the definition of older people be considered further. The age of 65 is somewhat arbitrary given advances in medical treatment, working longer, and living longer and healthier. This is reflected by the fact that age for eligibility for health and social services is set at 50 years for Māori and Pacific, acknowledging that the 65 year old threshold is not appropriate for people who experience health inequities at a younger age. Similarly, more people are remaining healthy and active at 65 years and beyond. Collectively labelling all people over 65 as "older people" attaches a sense of stigma and reinforces ageism which impacts upon psychological, social and economic wellbeing. The CDHB would support further research on eligibility for health and social care throughout adulthood being based upon functional and social needs rather than entirely based upon age. This may provide a more sustainable model for service delivery in the future given the challenge of population projections and reinforce the significant contribution to society that people make, no matter their age.

[4] Ministry of Health. 2016. Healthy Ageing Strategy. https://www.health.govt.nz/publication/healthy-ageing-strategy

Complementing existing strategies and adopting a life course approach

9. The CDHB also recommends that life course approach is incorporated as part of any new strategy. This would show alignment with the Ministry of Health's *Healthy Ageing Strategy* which this strategy should complement and build upon. Inequalities accumulate over the life course, therefore an important factor to supporting health and wellbeing in older age is to address the systemic causes of advantage and disadvantage across all ages[5]. Factors such as social and economic status in childhood, opportunities to participate in education, access to the labour market and welfare benefits, food security and housing tenure throughout the life course all impact on socioeconomic position, and consequently health status later in life[6]. Cross sector collaboration is required to ensure inequities across all spheres are reduced which will work towards supporting positive ageing.

Diversity and different family structures

10. The CDHB strongly supports strategies to support and improve the wellbeing of Māori and Pacific, and ethnic minorities all of whom disproportionally experience adverse health outcomes as they age. Cultural diversity is an extremely important consideration, as in New Zealand, there are persistent socio-economic differences between ethnicities which impact upon people's health status. The impact of culture on family structures must also be considered, as in some cultures informal family caring arrangements are preferred, yet this may place additional financial and social stress on a family unit. Informal caring arrangements require better acknowledgement and support, as with workforce changes going forward it is likely that New Zealand will become reliant on informal caring arrangements to ensure older people are looked after when they have significant functional needs.

11. The CDHB recommends that consideration of diversity is broadened from cultural diversity exclusively, to all forms of diversity, particularly gender and sexual diversity. The lesbian, gay, bisexual, transgender and intersex (LGBTI) community face unique challenges, including the fear of institutional discrimination should they engage with health and social services as they age. Any strategy should consider and mitigate against how New Zealand has historically structured support systems,

[5] Sadana et al. 2016. Healthy Aging: Raising Awareness of Inequalities, Determinants, and What Could be Done to Improve Equity. The Gerontologist, 2016, Vol.56, No. S2, S178-S193

[6] Sadana et al. 2016. Healthy Aging: Raising Awareness of Inequalities, Determinants, and What Could be Done to Improve Equity. The Gerontologist, 2016, Vol.56, No. S2, S178-S193

assuming a ‘one size fits all’ approach to sexuality and gender. Instead older people of the LGBTI community require affirmation that their needs are important, are understood, and disclosure of their sexual orientation and gender identity can positively influence their health outcomes. There is a profound lack of research and specific health data related to the LGBTI community in Aotearoa New Zealand. This has led to an invisibility of this population and subsequent neglect of its unique health needs. Further work needs to be done with the LGBTI community in order to qualitatively learn about their unique experience of growing old and the way in which we can support their positive experience of ageing.

Working and Retirement Income

12. On page 15 there is a comment that single person households are expected to rise. For people receiving superannuation as their primary form of income, it needs to be acknowledged that significant financial hardship is experienced in older age. Expenses related to running a household are considerable – and almost equivalent in terms of rates, power to keep warm, telephone to that of a couple. Such financial hardship causes issues such as fuel poverty for older people in Canterbury, risks an increase in social isolation due to the additional expense of travelling which are both risk factors for failing health and hospital admissions, particularly during the winter months when acute respiratory illnesses are more common. The CDHB recommends that a review of the superannuation model is undertaken to reduce financial inequities in older age. It is cautioned that any move to increase the age threshold (for example from 65 to 67) is likely to increase inequities rather than reduce them.

13. The CDHB recommends that vocational programmes are developed that support older people to transition between careers when required. This may be for social, economic or health reasons, however supporting older people to remain in work past 65 years should they choose is essential. Additionally, assisting younger people to think about future planning for themselves when they are unable to continue in their primary chosen career later in life should be built into education. This is essentially building resilience for all ages, as it would also assist younger people to manage workplace transitions such as job loss and redundancy, and would communicate to all people the changing nature of retirement as a concept and the value that experience and older age brings to the workforce. Transitioning

between careers later in life needs to become a common concept to ensure older people can continue to work and earn. This would also mitigate against current workplace ageism and negative attitudes around older people who still work.

Housing

14. The CDHB recommends that in order to facilitate positive aging the housing sector (central government, local government and private developers) work to improve their stock such as social housing and new builds being built according to Life Mark "design for life"[7] or equivalent standards. Local authorities can adopt incentives such as allowing a 5% increase in land coverage for homes built to Life Mark standards. This will become increasingly important over time as people are less likely to own their home as they age, and therefore more likely to live in several different residences as older adults. Renting may make modifications, such as installing equipment to improve mobility and safety more challenging, and will place financial pressure on older tenants should they need to self-fund this on a fixed income. This strategy provides an opportunity to work with the housing sector and local government to improve housing stock. An aspirational goal may be a review of the Housing Act, Resource Management Act or Building Code to require basic accessibility features as a minimum for new housing stock.

15. Similarly the CDHB acknowledges that standards are improving around heating and insulation for rental properties. It is important for central government to continue providing incentives for improving housing stock, as factors such as temperature, humidity, ventilation and fuel poverty result in poor health outcomes for older people, including excess mortality from cardiovascular and respiratory disease.

16. Alternative models of living should also be explored. Supporting communal living in older age would contribute to enhancing a number of protective factors for maintaining independence. For example, relationships and connections counteract the negative health impacts of loneliness; sharing the financial burden of bills may assist with budgeting on fixed incomes; sharing household tasks may encourage older people to remain active and manage activities such as cooking, which ensures adequate nutrition is maintained. This can be a contributing factor for increasing frailty and poor health over time. Providing opportunity for older people to remain active participants in managing everyday tasks is important even in a care home

[7] https://www.lifemark.co.nz/

setting and works to remove the attitude that with increasing age inevitably comes a generalised inability to manage nor make daily decisions. Such attitudes are both psychologically and socially damaging for older people.

Cities and regions

17. Provision of responsive, flexible health and social services to rural communities is vital as populations within the regions age in the near future. However older people in rural communities also face unique challenges with accessing services, maintaining relationships, continuing with work and obtaining essentials which are determined by systems outside of the health sector. One such factor is the transport system which predominantly supports private vehicle use. Older people who may have to cease driving for various reasons will experience disproportionate hardship in rural communities. Access to alternative forms of transport, whether this be public transport which has better regional connections, or demand responsive transport in the future is essential to reducing social isolation and ensuring adequate access to amenities and services in the regions.

18. Similarly, it is important that infrastructure such as roads, footpaths, mobility parking and wayfinding are maintained and upgraded as necessary both rurally and in towns and cities. Achieving an 'accessible journey' for all, including older people who may find uneven footpaths impassable, is an important aspect to positive ageing. The CDHB recommends that any strategy includes such considerations of how the transport system impacts on maintaining links and independence for older people, both in cities and the regions.

Being safe and feeling supported

19. The CDHB agrees that elder abuse and neglect is a significant issue which impacts upon positive ageing. Under-reporting of elder abuse and neglect remains prevalent, therefore validity of the prevalence data provided in the discussion document for New Zealand is questionable. Also, any strategy needs to acknowledge that being over 65 years old is not in itself a risk factor for abuse. Risk of abuse termed 'elder abuse' consists of a multitude of factors some of which are more prevalent in older age, however not exclusive to those over 65 years. Any person with care and support needs, whether this is due to disability or age is more

likely to experience abuse and neglect[8]. Physical dependence on others for functional tasks, and cognitive difficulties whether this is as result of a learning difficulty, brain injury or dementia are factors which contribute to risk of abuse or neglect. Although older people are more likely to develop at least one of these risk factors as they age, it is important that risk of abuse and neglect is not exclusively correlated with age. Such a narrative reinforces the misinformed stereotype that older people inevitably become vulnerable and unable to make decisions.

20. It is perhaps time that New Zealand looks to international best practice, and acknowledges the need to protect all adults (including older adults) who are deemed at risk of abuse or neglect. The definition of an adult at risk of abuse or neglect under the Care Act 2014 (United Kingdom), is any adult who *has needs for care and support and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it*[9]. In the United Kingdom, local government holds legislative responsibility for protecting adults at risk of abuse and neglect (Safeguarding Adults). In New Zealand, no such responsibilities exist, and the work to protect such adults is managed by individual contracts through the Ministry of Social Development. Current legislation such as the Protection of Personal and Property Rights Act 1998 has limitations as to its ability to enable the protection of adults who lack mental capacity due to inconsistencies to the definitions of capacity and the assessment of such. General understanding as to the parameters of proxy decision making under this Act is also poorly understood by the general public and some health and social services professionals alike which inadvertently results in abuse of Enduring Powers of Attorney.

21. A review of how to address abuse and neglect for all vulnerable adults (including older people who do make up the larger proportion of this group) is required, particularly as the population ages and such issues becomes more prominent. In 2014, 50,000 people in New Zealand had a dementia diagnosis, by 2050 these numbers are anticipated to treble[10]. New Zealand has a world leading child protection system, however the need for similar responsibilities is not yet recognised

[8] Social Care Institute for Excellence. (n.d). Safeguarding Adults: Types and Indicators of Abuse. https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse

[9] Care Act 2014. http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted

[10] Smith.K. (2017). Developing a Dementia-Friendly Christchurch: Perspectives of People with Dementia. Age Concern, CDHB. http://ageconcerncan.org.nz/wp-content/uploads/2017/01/Developing_a_Dementia-Friendly_Christchurch.pdf

for vulnerable adults at risk of abuse and neglect. The CDHB supports exploration of a formal adult protection system for adults who no longer have mental capacity, under the Ministry of Social Development.

A place to call home

22. The CDHB recommends that any strategy endorses and provides financial incentives for territorial local authorities to implement Age-Friendly Communities[11] which focuses on adaptation of structures and services towards the needs of older people. Such an approach address eight of the significant determinants of health for older people, the majority of which lie outside the health sector. Some councils nationally have started implementing this approach, and in Christchurch, a local community board is developing an age-friendly action plan as it has recognised the increasing concern of its constituents. The CDHB would like to see more Councils support and implement this approach as a proactive way to prepare for positive ageing.

Conclusion

23. Thank you for the opportunity to submit on An Ageing Population: Discussion Document.

Person making the submission

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