

Submission to the Health and Hospital Reform Commission

The National Ageing Research Institute (NARI)

About the Institute

Established in 1977 and initially known as the National Research Institute of Gerontology and Geriatric Medicine, the Institute has been contributing substantially to ageing research ever since. The name change to the National Ageing Research Institute (NARI) occurred in June 1994 when it became an independent not for profit research institute.

The Institute employs 48 full-time and part-time staff and has formal affiliations with the University of Melbourne and Melbourne Health. It strongly emphasises collaborative research with many other institutions including hospitals, universities, public and private health services, research centres and local, state and federal governments.

NARI is located at the Royal Park Campus of Melbourne Health in Melbourne. In addition to conducting independent medical, public health and clinical research NARI teaches undergraduate and postgraduate students from the University of Melbourne as well as other universities.

NARI is the only national institute that provides research and educational services specifically directed at the health problems suffered by older people and our primary goal is to be the centre of excellence in Australia for medical and health research into the causes and consequences of ageing and its social accompaniments.

We aim to achieve this by:

- Conducting and promoting research into the provision and effectiveness of clinical care, health services and technologies provided for older people.
- Conducting and promoting research into the health status and health needs of older people.
- Developing the highest academic standards of study and practice in medicine and allied health care as it relates to older people.
- Providing and promoting education concerning ageing by the expansion, advancement and dissemination of knowledge concerning all aspects of ageing.

This submission addresses the impact of ageing on the health system and proposes strategies arising from research which aim to alleviate and counter identified problems. In particular the submission addresses b, d, e and h in the Commission's terms of reference.

Background

The Australian population is ageing very rapidly (28% will be aged over 65 by 2051). This rapid ageing of Australia's population, already evident in the current age structure, will continue. This is the result of sustained low levels of fertility combined with increasing life expectancy at birth. The median age of Australia's population, 36.4 years at June 2004, is projected to increase to between 39.9 years and 41.7 years in 2021 and to between 44.6 years and 48.2 years in 2051. In addition the age composition of Australia's population is projected to change considerably as a result of population ageing. By 2051 there will be a much greater proportion of people aged 65 years and over than in 2004, and a lower proportion of people aged under 15 years. In 2004 people aged 65 years and over made up 13% of Australia's population. This proportion is projected to increase to between 26% and 28% in 2051 and to between 27% and 31% in 2101. The proportion of people aged under 15 years is projected to decrease from 20% in 2004 to between 13% and 16% in 2051 and to remain within the same range in 2101.

There were just under 300,000 people aged 85 years and over in Australia in 2004, making up 1.5% of the population. In all main series this group is projected to grow, to 2%–3% by 2021, to 6%–8% by 2051, and to 7%–10% by 2101 (ABS 2008).

The increasing numbers with dementia (growing from 1.0% of population in 2001 to 2.8% by 2051) highlights the crucial need to undertake research on how to prevent this costly disability and how to care for affected individuals well and cost effectively.

There have been several recent initiatives backed by the federal government aimed at developing a strategic framework for an Australian Ageing Research Agenda and to assist with policy formation to meet the special needs of an ageing population. (See appendix 1)

Outcomes

These strategic reviews have unanimously suggested several important mechanisms to improve the current situation, including:

- 1) The need for better co-ordination and collaboration between existing ageing research centres within Australia (eg. Australian Association of Gerontology submission)
- 2) Improved dissemination and communication platforms for ageing research (eg. Australian Research Online)
- 3) Dedicated funding opportunities to address gaps in existing ageing research (eg. Special ageing funding round/dementia-NHMRC, Dementia research centres-DoHA)
- 4) Supporting the translation of ageing research into better clinical practice (eg. Evidence Based Practice in Residential Aged Care-DoHA)
- 5) Building ageing research capacity and excellence through appropriate training and workforce development, with an emphasis on multidisciplinary initiatives.

While there has been a coordinated attempt to address points 1) to 4) over recent years with new and dedicated funding streams (see example initiatives in brackets after each

point), there is still a major lack of progress with activities related to point 5). This submission seeks to highlight the lack of ageing research capacity and particularly, the need for dedicated resources aimed at attracting and training new researchers and the better professional development of the existing research workforce with specialist expertise in age-related health issues. At present there is a relative and absolute paucity of research activity directed at meeting the specific needs of older persons. For instance, the NHMRC scoping study on ageing research (2002) notes that only 0.6% of project grant funding was awarded under the category of geriatrics and gerontology, despite over 40% of the national health budget being spent on the older segments of the community. In the past 2 years, only 5 out of 442 NHMRC fellowships/scholarships were awarded under the category of Geriatric Medicine, and there is a recognised gap in the capacity and quality of the current research workforce in ageing and age related health issues. There is a gross lack of academic doctors working in the field of geriatric medicine in all grades (senior lecturer, associate professor, professor) of the Australian University Medical Schools system. This lack of research capacity is perhaps surprising given that over 35% of the total health expenditure is devoted to the provision of health services and medications to older adults.

The solution

There needs to be greater attention and resources devoted to improving Australia's research capacity in ageing and age-related health issues. A pragmatic solution could be the provision of dedicated funding to those research centres with a strong track record in age-related education and research training. The provision of new doctoral, post-doctoral and practitioner opportunities for clinical ageing research could also provide an immediate benefit in terms of developing research capacity. If we are to truly grow Australia's research capacity in health and ageing, there must also be a strong focus on early career development and mentoring of young post-doctoral clinicians to the point of obtaining independent research funding. Finally, a greater incorporation of research training opportunities into clinical aged care settings could provide a state-of-the-art training platform in applied ageing research and ensure a better translation of research findings into routine clinical practice. Dedicated funding for the promotion of research and training into the clinical care health budget would provide an enormous boost to research capacity in the important area of ageing and age-related health.

Summary

Outcomes from our research have highlighted the personal and economic gains to be achieved by considering investment in services and research for older people as a priority issue for reform. This submission particularly emphasises:

- ❖ The need for investment in to translational research to bridge the gap between research and practice
- ❖ The need to build a workforce who wants to work with older people and also have the skills and training to undertake research in aged related issues.
- ❖ Recognition of increased prevalence of dementia and consequent need to improve services and educate the workforce including General Practitioners and nurses in particular

- ❖ On a personal level it is vital that increased longevity goes hand in hand with a good quality of life for older people
- ❖ From an economic perspective we need to work on preventing dementia – pushing back the average age of onset by five years saves half the \$6 billion cost (2002 cost figures).

Appendix 1.

Recent Government Reviews.

1. Scoping Study on Ageing Research (2002)
The report was commissioned by the NHMRC and prepared by a consortium lead by Le Couteur, Khalil et al. The document has not been released to the public.
2. Intergenerational Report (2002)
Circulated by the former Treasurer, The Honourable Peter Costello, M.P. (Available at www.budget.gov.au/2002-03/bp5/html/index.html)
3. National Strategy for an Ageing Australia (2002)
Developed by the Commonwealth Department of Health and Aged Care released by the Commonwealth Minister for Ageing with the support of the Prime Minister. (Available at [www.health.gov.au/internet/wcms/publishing.nsf/content/ageing-foa-agepolicy-nsaa-nsaa.htm/\\$file/nsaabook.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/content/ageing-foa-agepolicy-nsaa-nsaa.htm/$file/nsaabook.pdf))
4. Building Ageing Research Capacity project (2002 onwards)
(Available at www.aro.gov.au/documents/FAARA_final.pdf)
5. Stocktake of Ageing Research and Policy Initiatives (2003)
6. (Available at www.aro.gov.au/documents/Stocktake%20Sept_03.doc)
7. The National Symposium on Ageing Research (2003)
8. Copies of the presentations and summaries from the Symposium are available at the ARO at www.aro.gov.au/arg/symposium.html
9. National Research Priorities (2003)
10. www.dest.gov.au/sectors/research_sector/policies_issues_reviews/key_issues/national_research_priorities/default.htm)
11. Promoting Healthy Ageing in Australia (2003). (Available at www.dest.gov.au/sectors/science_innovation/publications_resources/profiles/promoting_healthy_ageing_in_australia.htm)
12. Intergenerational Report (2007). Circulated by the former Treasurer, The Honorable Peter Costello, M.P. (Available at www.treasury.gov.au/documents/1239/PDF/IGR_2007_final_report.pdf)