



**Aged Care
Association**
NEW ZEALAND

Aged Care Association submission to the Ministry of Health's
proposed topic for their Long-Term Insights Briefing –
Unlocking the potential of active ageing

November 2024

Contents

About the Aged Care Association	2
General comments	3
Do you think 'active ageing' is a critical topic to explore in a Long-term Insights Briefing? Why or why not?.....	4
What are the main risks of not further enabling 'active ageing' over the next 20 years?	5
What health-promoting and supportive environments would better enable 'active ageing'?.....	5
What barriers to 'active ageing' do you see in our environment and society?	6

About the Aged Care Association

This submission is from the Aged Care Association (ACA), the peak body for the aged residential care (ARC) sector in New Zealand.

New Zealand has over 670 aged residential care facilities, with more than 40,000 beds and 35,000 residents. In comparison, Te Whatu Ora oversees 10,748 public hospital beds.

Our members provide rest home, hospital, dementia, psychogeriatric, respite, and palliative care and care for over 1000 younger people with disabilities.

Sixty six percent of beds are run by religious institutions, charitable trusts, family-owned, not-for-profits, and privately owned facilities. Most of the remaining beds are operated by listed companies (34 percent), with less than 1 percent provided by Te Whatu Ora.

Residents may be

- very frail and clinically unstable,
- well but disabled and have very high care needs,
- cognitively impaired or with mental health issues, with some requiring a secure environment,
- receiving end of life care.

Funding for aged residential care is a mix of means-tested user-pays and government subsidy.

Aged residential care providers are contracted by Te Whatu Ora to provide care services at a rate that is set annually.

The ACA welcomes the opportunity to make a submission to the Ministry of Health.

General comments

The positives

1. It's great to see an acknowledgement of how demographic changes have especially affected women in page 3 of the document.
2. The focus on creating age-friendly environments including housing, transportation and combatting ageism is pertinent to the topic.
3. The recognition that positive ageing must be accompanied by continuing **opportunities** for health, participation and security, is important to ensure long-term engagement even as we age.
4. Recognizing increased diversity in our future generations of older people needs to be fundamental in how we design an 'active ageing' strategy.
5. The point about allowing people to "participate in society according to their needs, desires and capacities" is crucial in recognizing that not everyone will be able to 'contribute' or 'participate' at the same level. They should not be made to feel as if they are not 'ageing actively' by virtue of their inability to do so. We recommend emphasising upon this further in the development of the long-term insights briefing.

The negatives

6. The term 'active ageing' is dated. The document where bulk of the explanation has been sourced is from a WHO document from the year 2002. The discourse on ageing has evolved significantly since then. We would strongly recommend following the discourse on 'healthy ageing' instead.
7. The term 'ageing' should be explored in the long-term insights briefing. Does ageing only begin at the age of 65? Understanding this could be crucial in designing a strategy that promotes a healthy lifestyle overall, which could be critical to one's wellness in the later years.
8. The term 'active ageing' as explained in the document also seems to imply that an older person's contribution to society is imperative to it being considered 'active ageing'. The Association has also noted the recurring reference to 'contribution' through employment in the proposed topic document. This sets an expectation that for 'active ageing', people need to be in the workforce for longer. While it's worthwhile to recognize that a significant share of the population above 65 years of age are continuing to work (paid and voluntary) for a longer period of time, we strongly believe that 'healthy' or 'active' ageing should not be measured by how long someone stays in the workforce.
9. Several studies have researched how older people feel invisibilised as they age. Older people are also often referred in conversations as dependent and a burden to society. We feel that an 'active ageing' approach aimed at enhancing one's contribution to society may further entrench a sense of loss of value among older people who may be unable to 'contribute to society'. This is particularly important for the aged residential care sector, where residents are increasingly entering facilities with higher acuity and more complex clinical needs than before. The Association strongly recommends that any strategy designed to promote healthy ageing must take into account the reality of our ARC residents as well and speak to their needs and capacities.

10. While the document refers to the UN Decade of Healthy Ageing in page 3 of the document to note that it “fosters global collaboration towards an aim of improving the lives of older people by enabling them to participate in, and contribute to, their communities and societies”, we believe that this does not accurately reflect its primary aim. While this objective is referred to in Goal 3 of the UN Action Plan, we believe that to stay true to the goals of the Action Plan, the primary aim of the Long-Term Insights Briefing should be to create health-promoting and supporting environments to ensure “better health and nutrition, skills and knowledge, social connectivity, personal and financial security and personal dignity for our ageing society”¹. This would ensure the holistic well-being of our ageing population, which would lead to their enhanced engagement in social and economic domains.
11. For unlocking the potential of ‘active ageing’, older people should not HAVE to enhance their contributions to society. This approach marginalizes those who may be frail, disabled or unwell, or incapacitated in any way to ‘contribute to society’. Active ageing is also about allowing people to “participate in society according to their needs, desires and capacities”, as mentioned in page 10 of the document. This needs to be strongly recognized.
12. ‘Health’ is referred to in the proposed topic document more loosely. We would recommend that MoH looks into physical, mental, and emotional health as separate categories in the long-term insights briefing.
13. Under ‘Disability’ in page 8, the document notes that the “type and impact of this disability can affect the supports people need, and barriers they face to active ageing”. We believe that a well-designed ‘active ageing’ strategy, which is more well-being focussed, should be inclusive of the realities of those who are disabled and aim to mitigate the barriers that they are facing to healthy ageing.
14. Under ‘age-friendly housing and urban development’, we would strongly recommend that MoH consider community housing which includes aged residential care sector as well. Older people should not be made to feel disadvantaged for having clinical needs that require them to be cared for in aged residential care. The aged residential care sector should be adequately funded and empowered to care for and support our older generation in an environment which caters to their needs.

Do you think ‘active ageing’ is a critical topic to explore in a Long-term Insights Briefing? Why or why not?

15. It is certainly a critical topic to explore, and we believe that it has the potential to be well aligned with the global discourse around healthy ageing, as well as Aotearoa’s domestic strategy around Better Later Life. The Aged Care Association also supports any efforts towards promoting the wider social, economic, and political engagement of older people.
16. However, as mentioned in point 6 of our submission document, we believe that the term ‘active ageing’ should be replaced to promote a more inclusive and holistic approach. We also believe that the focus of healthy ageing should be to promote better health, security, and

¹ Decade of Healthy Ageing. (2020). *UN Decade of Healthy Ageing: Plan of Action 2021–2030*. Retrieved from: https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_28&download=true

social and economic opportunities for the overall well-being of our ageing population, which would in turn improve their engagement and contribution in society.

17. We would also recommend that the term ‘participation’ among older people be expanded to include political and policy participation as well. Older people should be empowered to make decisions and voice their opinions on matters that would have an impact on them, which includes in the design of age-friendly urban and regional communities.

What are the main risks of not further enabling ‘active ageing’ over the next 20 years?

18. As the document notes, many diseases that contribute to health loss in older age are preventable or able to be postponed. Enabling a health-supportive environment as one age would help mitigate and reduce some of the pressure on our health systems. We particularly note the Aged Care Commissioner’s report published early this year - *Amplifying the voices of older people across Aotearoa New Zealand*² which outlines some notable recommendations in this regard.
19. Combatting ageism and enabling age-friendly communities would be fundamental in promoting better engagement and participation among older people, which can also help address the issues of loneliness that people often experience in their later years.

What health-promoting and supportive environments would better enable ‘active ageing’?

20. InterRAI data from 2020-21 noted that 25% of clients reported feeling lonely in their final Home Care Assessment before entering an aged care facility. Among them, 82% reported not feeling lonely after around six months of aged care.³ While ageing at home has its benefits, the perception around ageing in community, including ARC facilities, needs to be improved. Promoting healthy ageing should include promoting a healthy attitude about ageing, including when one’s physical and mental health deteriorates.
21. The government must also adequately invest in and support community housing providers, including the aged residential care sector, to ensure that this vital public service is able to provide care for the most vulnerable population in our society. As the study commissioned by Te Whatu Ora noted, there are significant concerns about the sustainability of the aged residential care and home and community support services sector⁴. These concerns need to be addressed effectively and promptly.

² Aged Care Commissioner. (2024). *Amplifying the voices of older people across Aotearoa New Zealand*. Retrieved from: https://www.hdc.org.nz/media/o3tb5dfa/amplifying-the-voices-of-older-people-across-aotearoa-new-zealand-march_2024.pdf

³ New Zealand Aged Care Association. (2022). *Supporting equitable and timely access to aged residential care*. Retrieved from: <https://nzaca.org.nz/wp-content/uploads/2022/06/Supporting-equitable-and-timely-access-to-ARC.pdf>

⁴ Sapere. (2024). *A review of aged care funding and service models*. Retrieved from: https://www.tewhatuora.govt.nz/assets/For-the-health-sector/Specific-life-stage/Health-of-older-people/FINAL_A-review-of-aged-care-funding-and-service-models_strategic-assessment.pdf

22. The Ministry must invest in education programmes and public campaigns that promote healthy practices, and age-friendly attitude and behaviours.
23. Active ageing should be supported in other workforces as well, and not just the health workforce. Older people should be encouraged to upskill as per their needs and capacities, without feeling discouraged by ageist attitudes towards learning.
24. Organisations must be encouraged to adopt inclusive work policies to enable older people to work beyond their retirement years, should they wish to, in the way that they are able to.
25. Older people should be encouraged and supported to be actively involved in decision-making processes that could impact their access to opportunities and engagement in society.
26. Businesses and researchers should be encouraged to drive innovation in technology that support access and engagement among older people, such as driverless vehicles and age-friendly gadgets.
27. Strategies must be developed to recognize major health risks among older people in Aotearoa and introduce early preventive efforts to mitigate those risks. For instance, a report published by the Aged Care Commissioner early this year quotes a study from *The Lancet*, which estimates that the attributable risk of dementia made aware from hearing loss is 29.1%. The same report also notes, “Access to support for prevention of hearing loss, such as hearing tests and subsidised/funding options for those needing hearing aids reduces the risk of developing dementia made aware by up to 8%.”⁵

What barriers to ‘active ageing’ do you see in our environment and society?

28. We support the barriers that the document has identified. Apart from those,
29. Ageism is a major barrier in our society. The Association strongly believes that measuring the value of every person by the contribution that they make to the society is also ageist.
30. Insufficient funding and support to allied health partners and community services that cater to the needs of the older generation is also a major barrier.
31. Public narratives should steer clear of any implications that older people are a burden to our society. Promoting strategies such as ‘ageing in place’ should also highlight that it does not mean ‘ageing in place at all costs’. Through such narratives, our older generation should not be made to feel guilty for having complex clinical needs that require them to leave their own homes to enter specialised services including aged residential care. Primary carers, a significant proportion of whom are above the age of 65 themselves, should also not be made to feel guilty for having to admit their loved ones in aged residential care.
32. The Association strongly believes that not recognizing how various genders experience ageing is also a barrier to ‘active ageing’. While the document acknowledges how women have been affected due to societal changes, it doesn’t mention how the long-term insights briefing aims to address that. We recommend that MoH explores this further in developing the long-term insights briefing to understand how gender plays a role in determining the access to

⁵ Aged Care Commissioner. (2024). Amplifying the voices of older people across Aotearoa New Zealand. Retrieved from: https://www.hdc.org.nz/media/o3tb5dfa/amplifying-the-voices-of-older-people-across-aotearoa-new-zealand-march_2024.pdf

resources as well as the extent of social, economic and political participation among the older generation and across all genders.

Considering the list of potential focus areas below, do you think these focus areas are the **most important** for enabling or demonstrating the impact of 'active ageing'? If not, what other areas would you propose?

33. Our thoughts on the proposed focus areas are as follows:

- social connectedness, including marae-based positive ageing: The Association supports this.
- age-friendly housing and urban development: The Association supports this, but suggests that housing and development should not be focussed to urban areas along. Rural and regional development should also be included, which includes investing in aged residential care and home care services in the rural and regional areas to ensure sufficient provision of care for our most vulnerable population.
- age-friendly neighbourhoods and environments: The Association supports this.
- age-friendly transportation: The Association supports this and also recommends encouraging innovation in this sector.
- supporting health-protective factors and behaviours: The Association supports this and would recommend investing in public campaigns that focus on having a healthy lifestyle as well as healthy attitudes towards ageing. Health, in this context, should be understood as physical (including nutritional), mental, and emotional.
- supporting active ageing in the health workforce so that older workers can continue to contribute to it: The Association recommends supporting older workers across all workforce and not just health.