



Australian Government
**Australian Institute of
Health and Welfare**

Dependency trends in Australia

International Conference on Long Term Care
Sydney, 2 August 2018

The logo for the Australian Institute of Health and Welfare (AIHW), consisting of the letters 'AIHW' in a bold, sans-serif font. Each letter is a different color: 'A' is blue, 'I' is green, 'H' is purple, and 'W' is red.

AIHW

Stronger evidence,
better decisions,
improved health and welfare



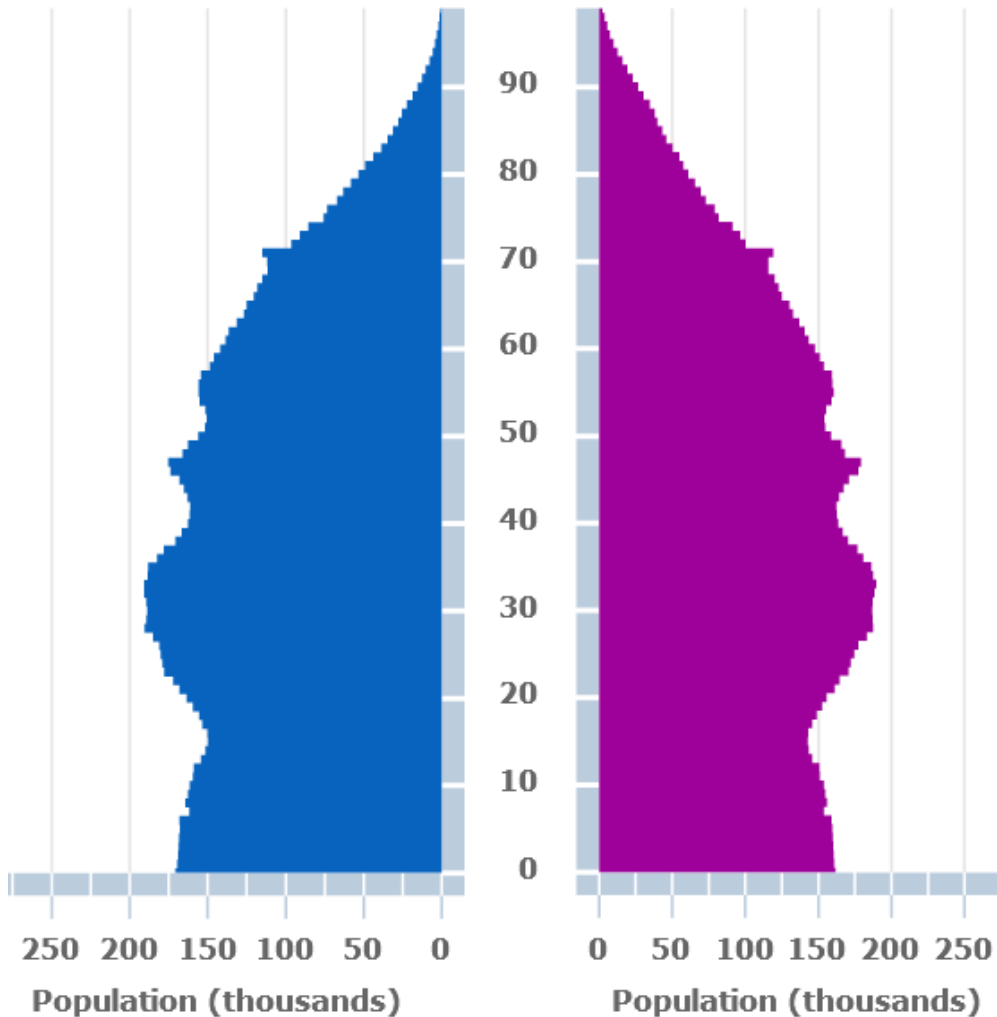
Overview

- General dependency trends
 - age structure; life expectancy; disability; disability-free life expectancy
- Care trends
 - mix of institutional and community-based care; age of admission; acuity of residential care needs
- What's the role of dementia?

I would expect this slide set to be circulated, so no need to scribble down references or take pictures—unless, of course, you want to!

Dependency trends

Population 2018



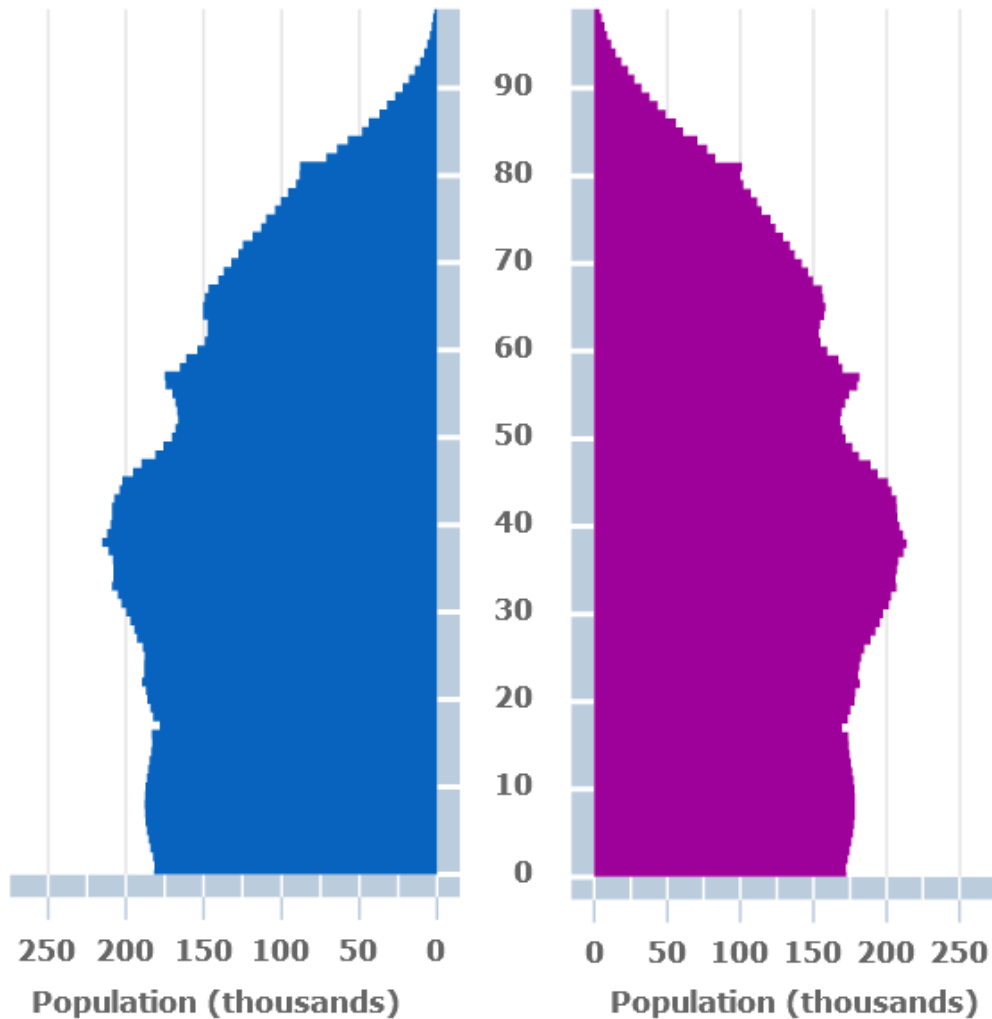
Total 25.2m

65+ 3.9m

including

85+ 0.5m

Population 2028



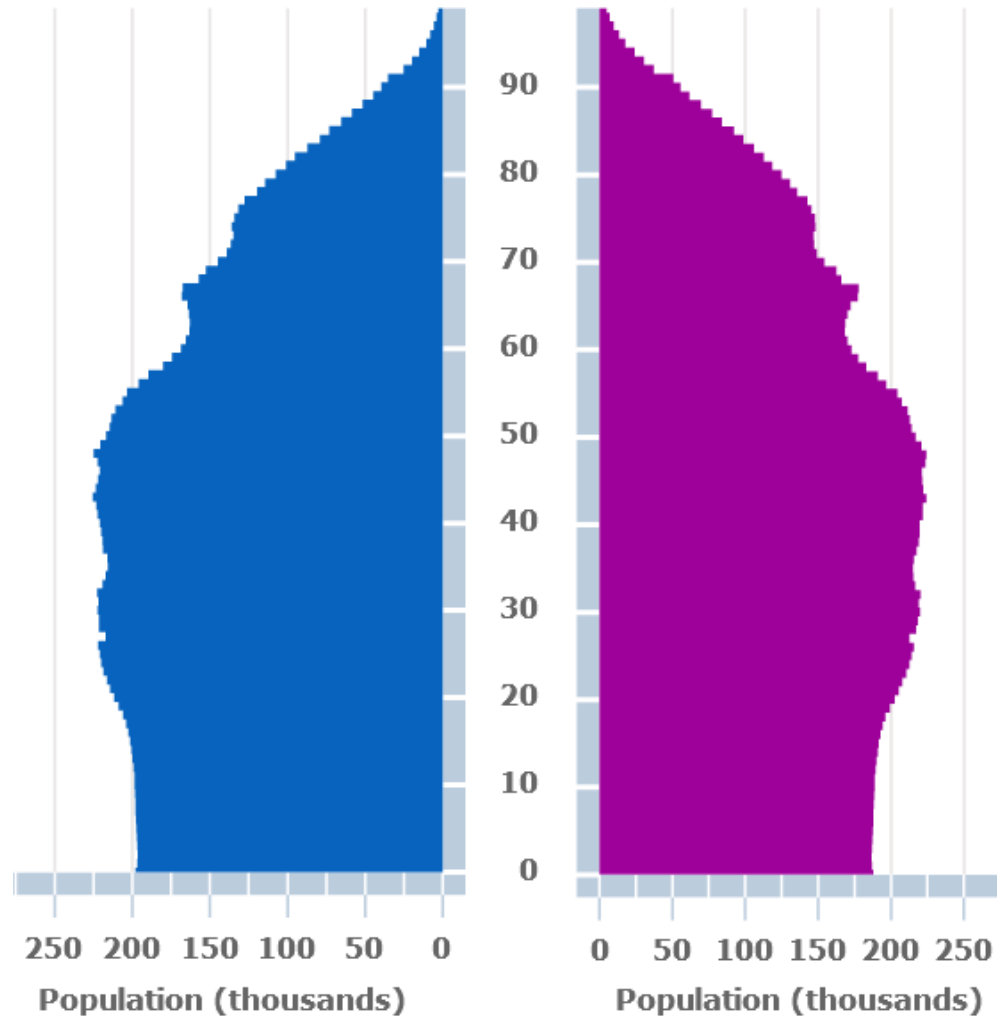
Total 29.3m

65+ 5.3m

including

85+ 0.7m

Population 2038



Total 33.2m

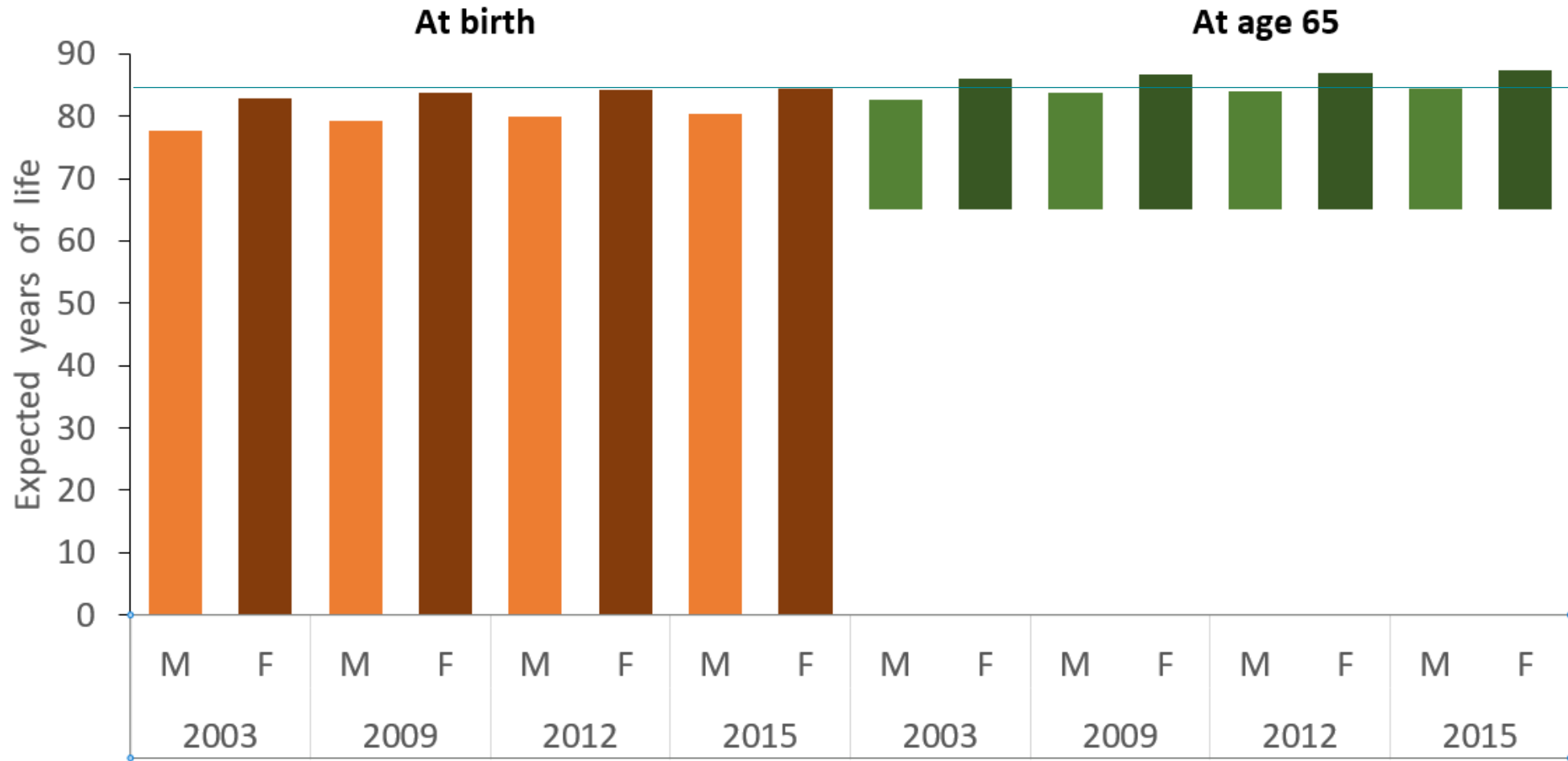
65+ 6.6m

including

85+ 1.1m

Up 120%
since 2018

Life expectancy increasing



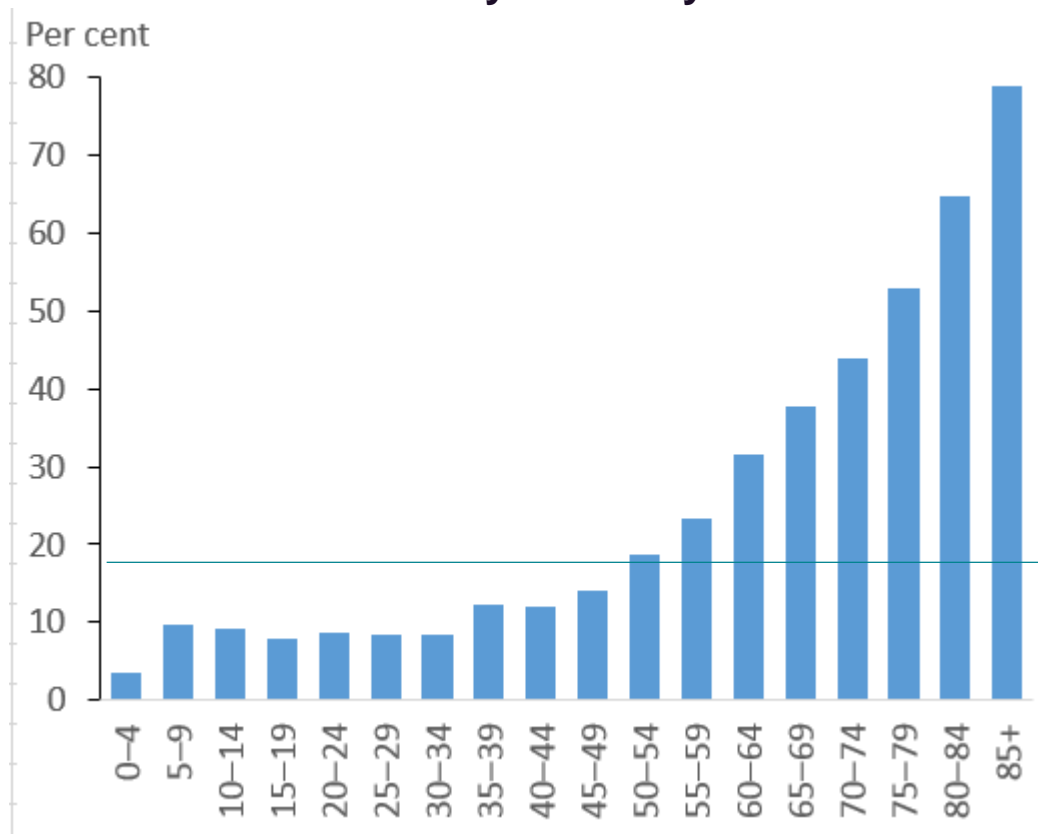


Disability definitions

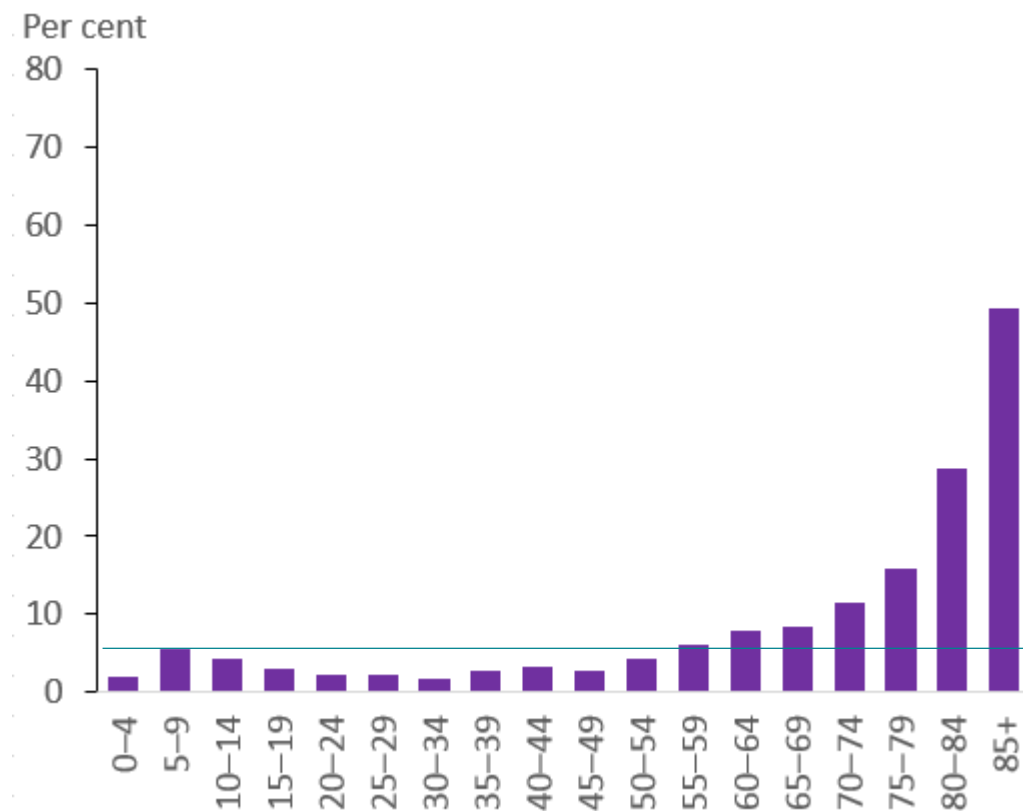
- Based on Australian Bureau of Statistics' implementation of International Classification of Functioning, Disability and Health (ICF)
 - *Any disability*
A limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities.
 - *Severe or profound core activity limitation (SPCAL)*
A person **sometimes** or **always** needs help with one or more of the core activities (mobility, self-care and communication).

Disability prevalence, 2015

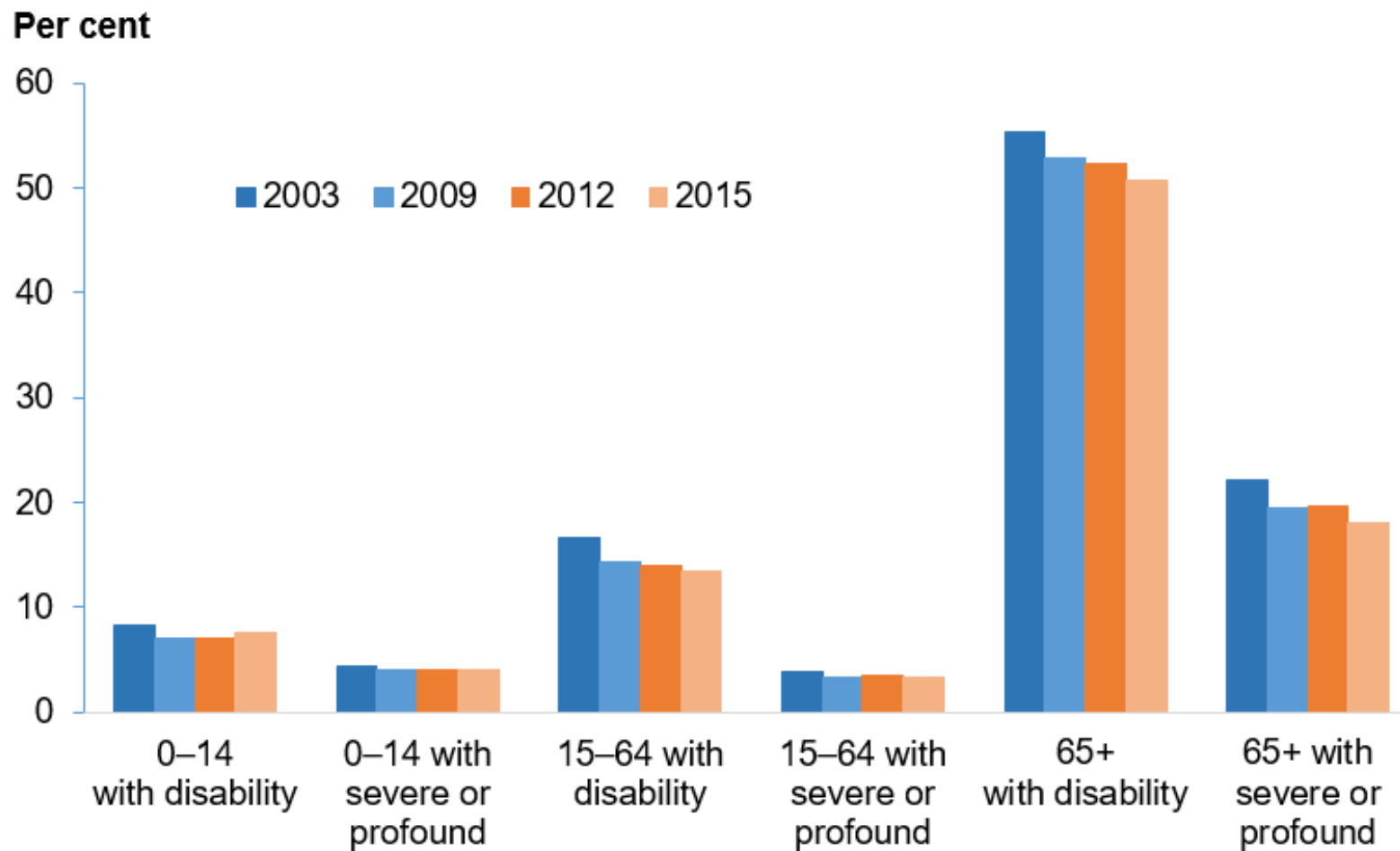
Any disability



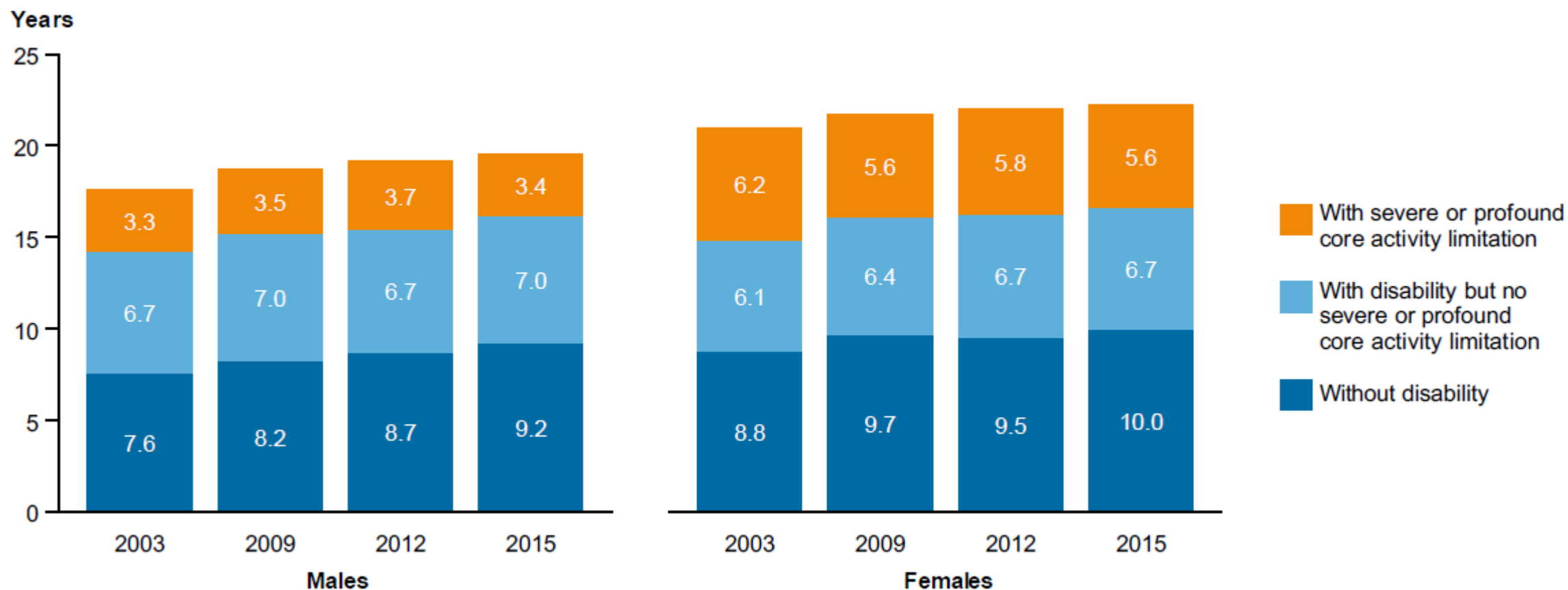
SPCAL



Disability trends



Disability-free life expectancy increasing (age 65)



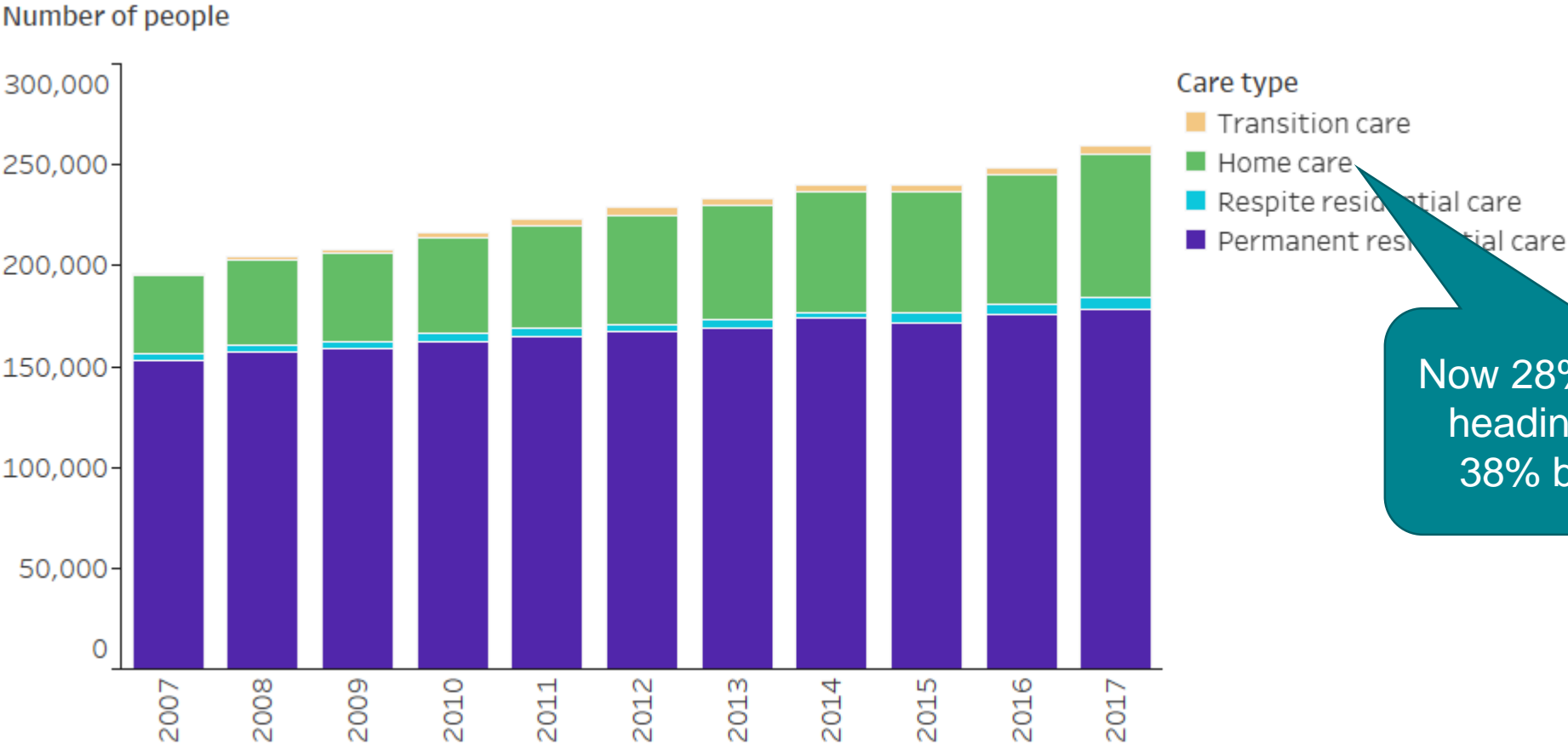
Care trends



Long-term care in Australia

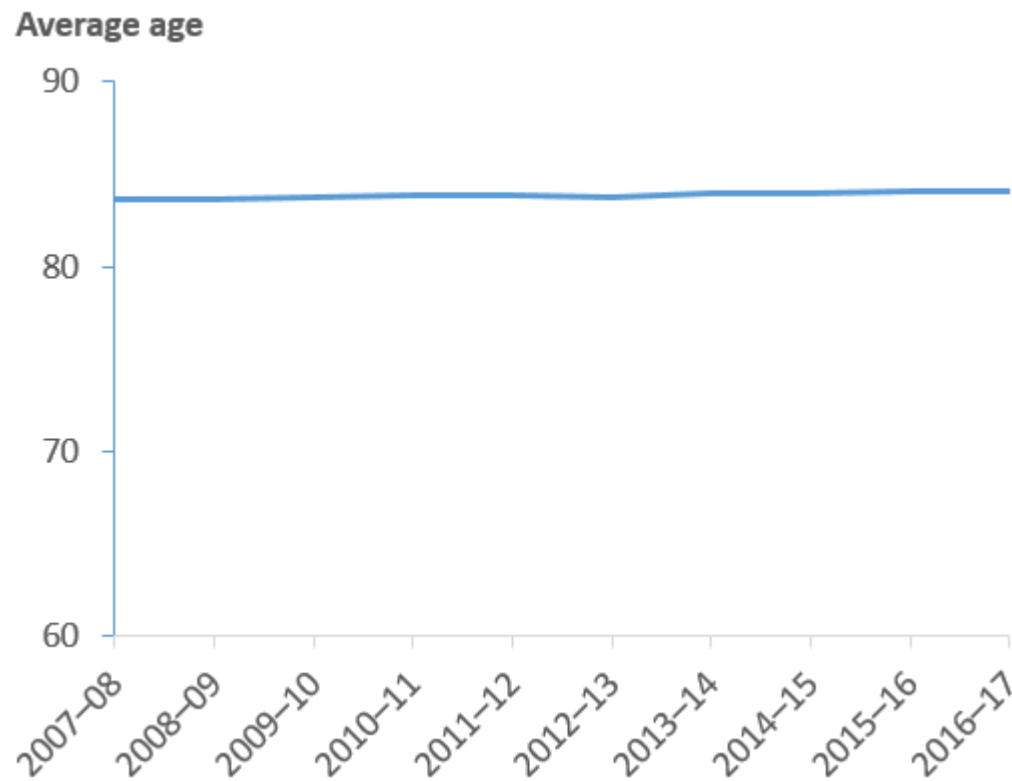
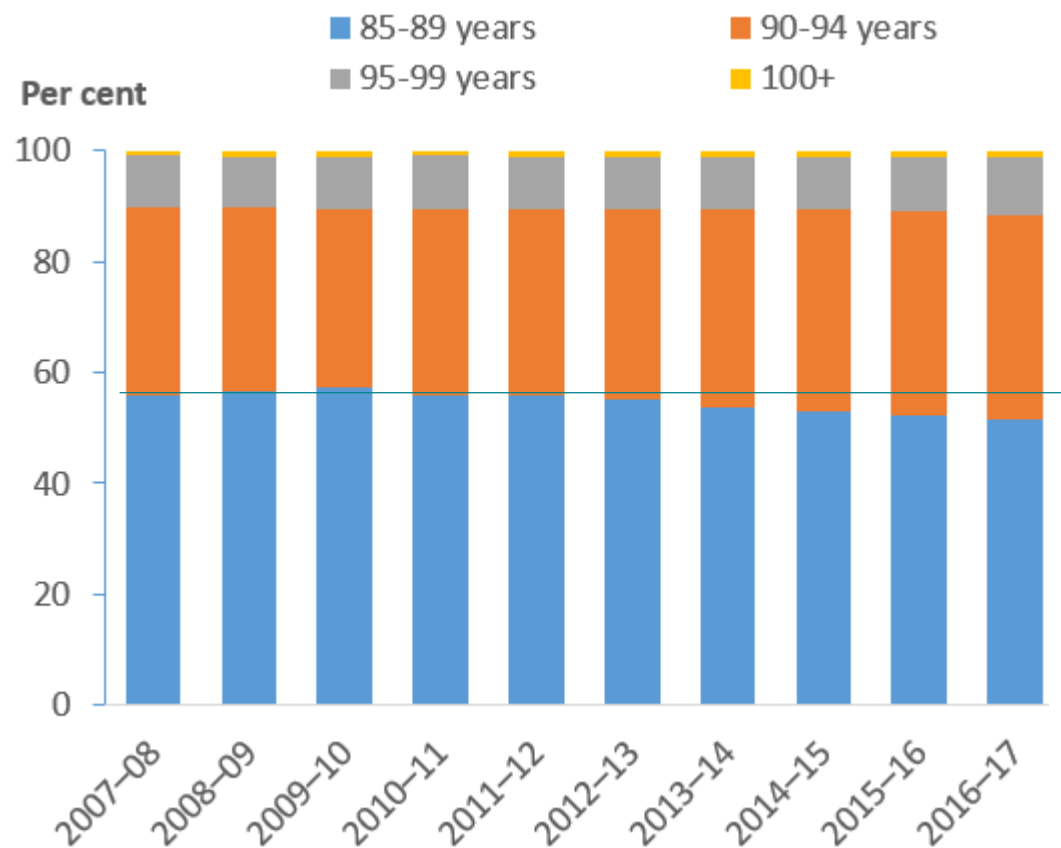
- Government-subsidised, universal access, no minimum age
- Means-tested capacity to pay
- Institutional = Residential Aged Care
Non-Institutional = Home Care Package, available at 4 levels
(plus Home Support Programme for entry-level care needs;
plus some flexible programs covering residential and community care)
- About 1.3 million people receive some services across the year

Home care accounts for most growth



Now 28% of capacity, heading to around 38% by 2021–22

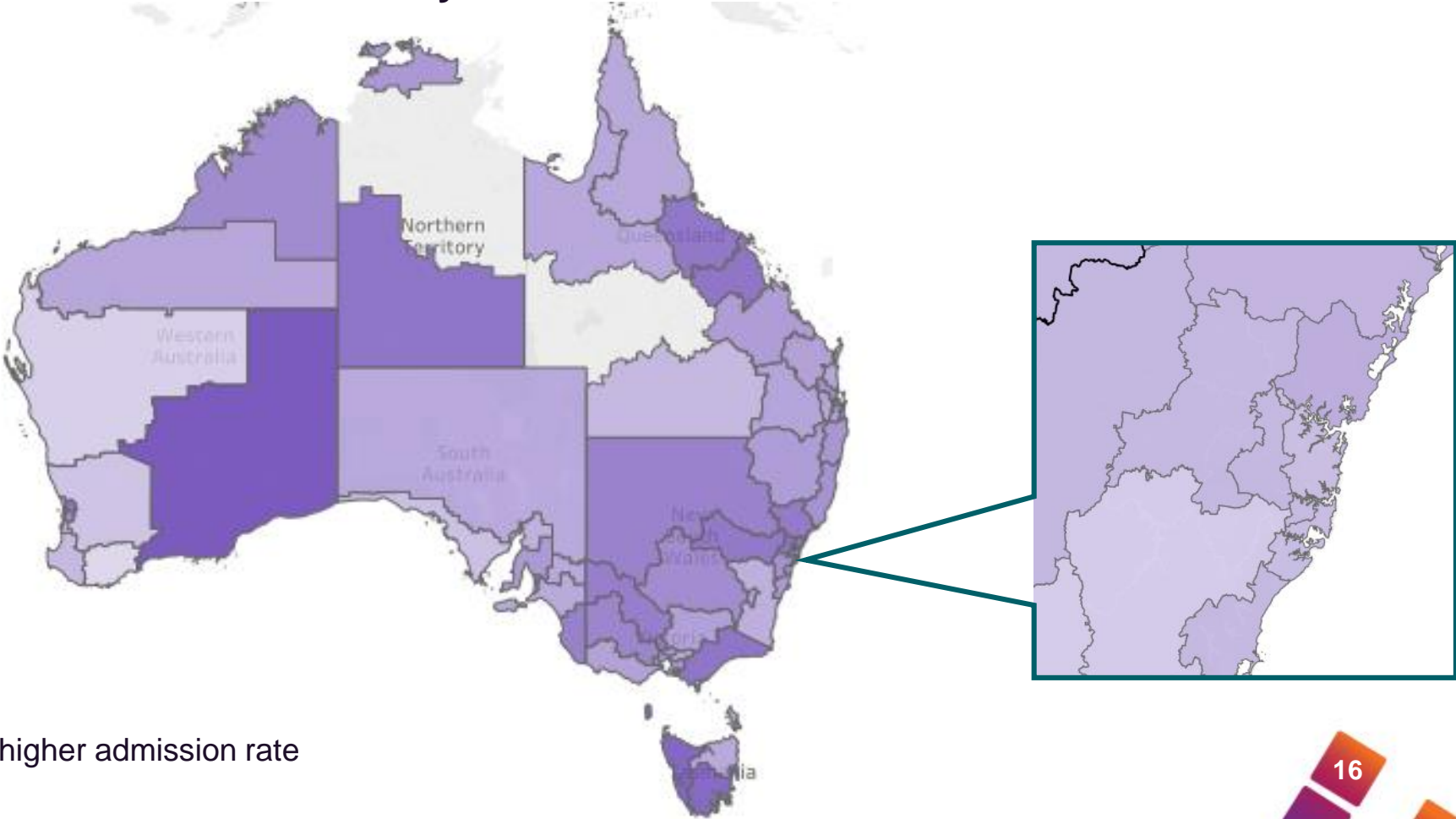
Admission* age profile not changed much



*Permanent residential

Age profile* not evenly distributed

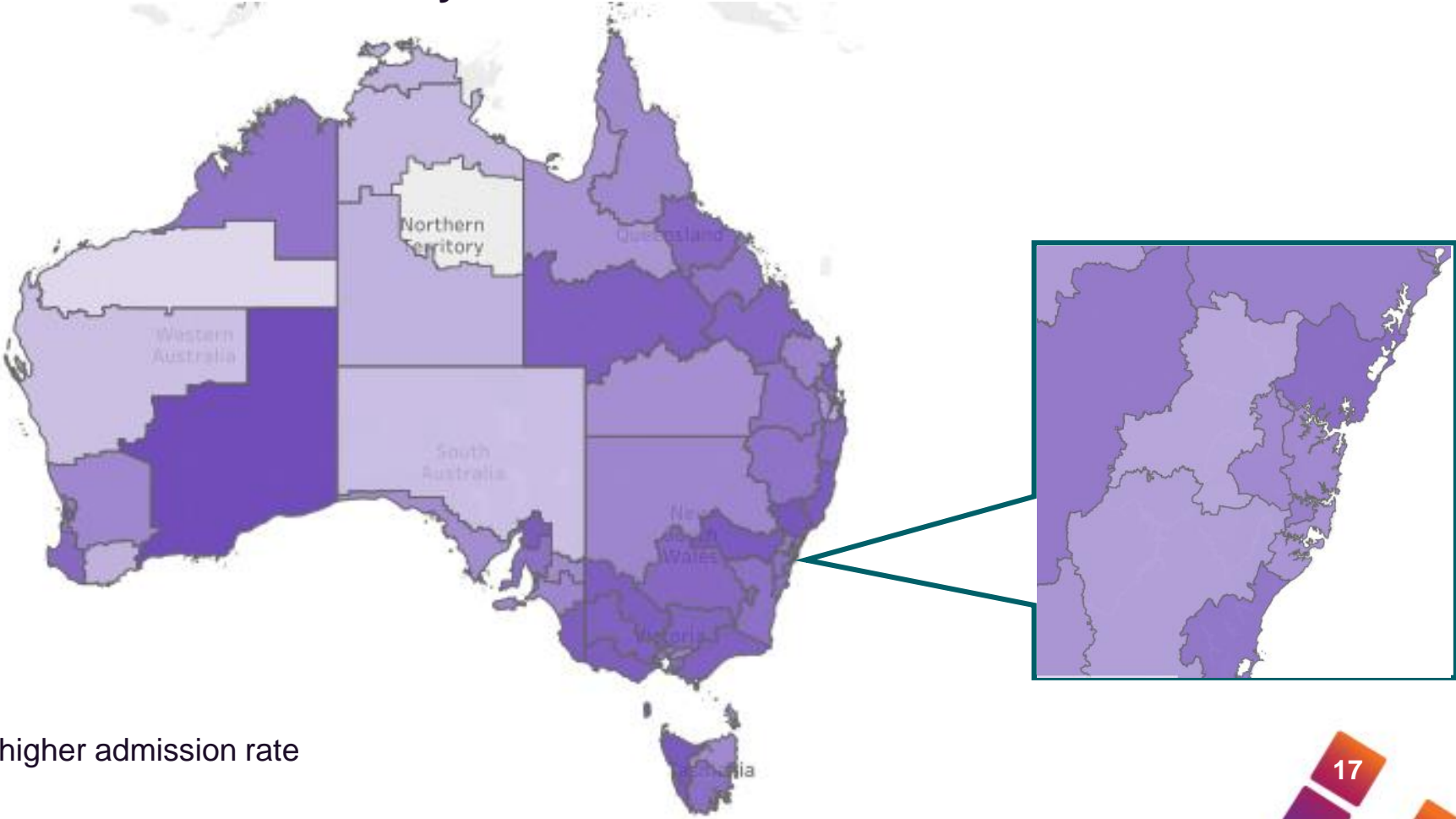
65–69 years



*Permanent residential; darker means higher admission rate

Age profile* not evenly distributed

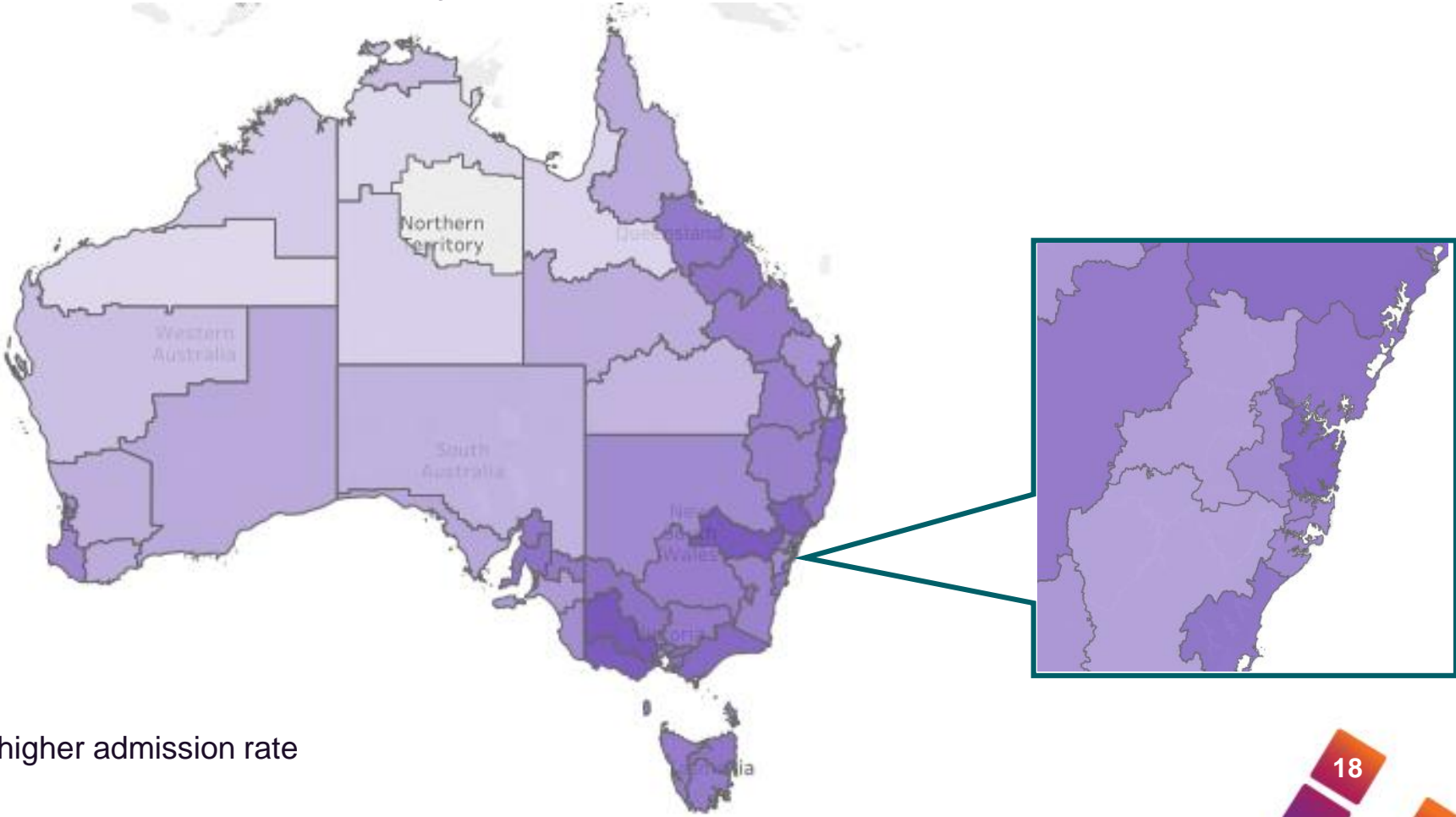
75–79 years



*Permanent residential; darker means higher admission rate

Age profile* not evenly distributed

85–89 years



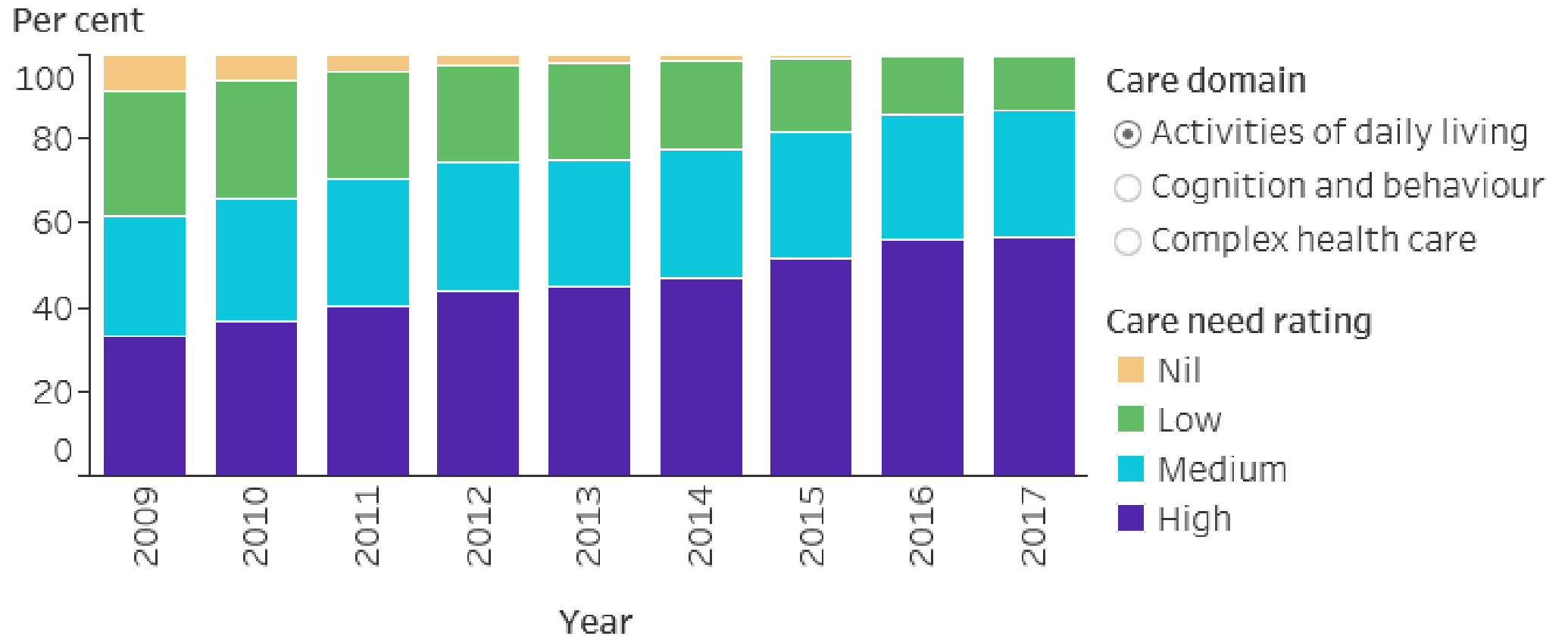
*Permanent residential; darker means higher admission rate



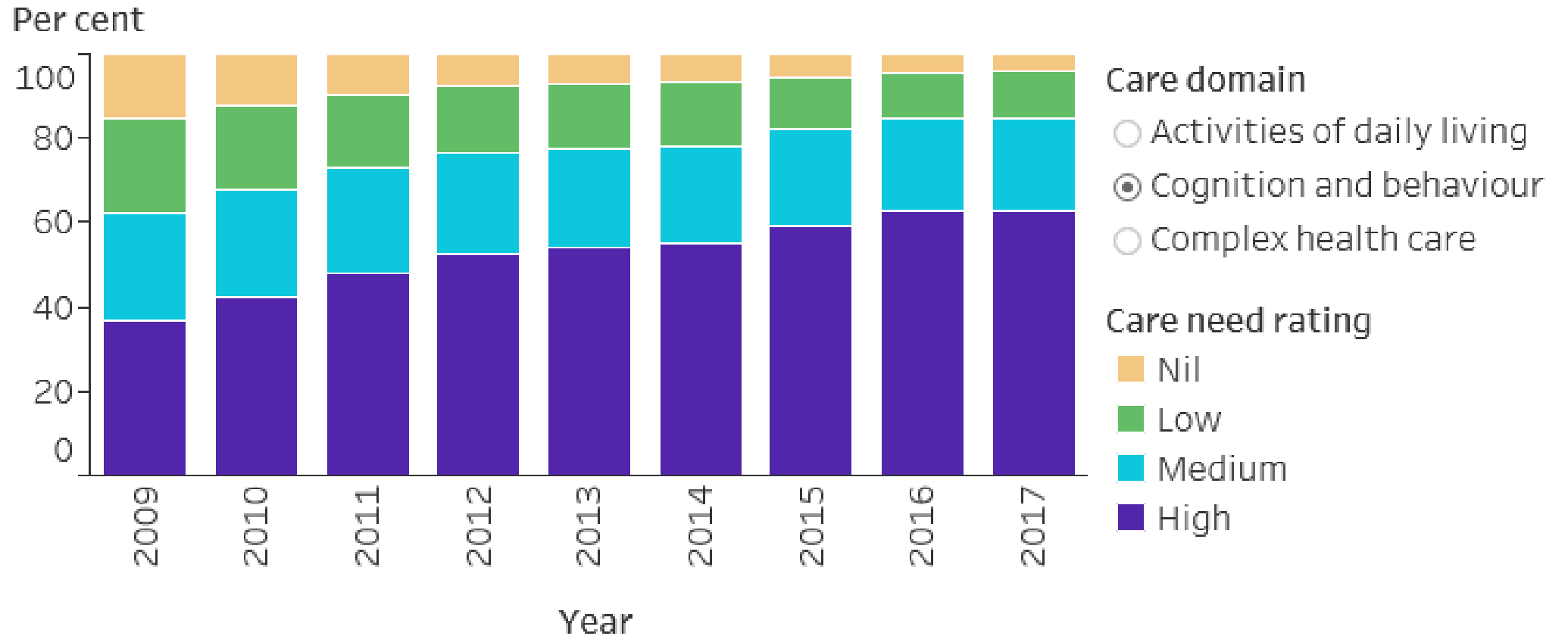
About the Aged Care Funding Instrument

- Used to assess care needs that most contribute to the cost of care
- Applies only to permanent residential aged care clients
- Covers 3 domains, each of which can be rated as nil, low, medium, high:
 - Activities of daily living
 - Cognition and behaviour
 - Complex health care (including palliative care in the ‘last days’ of life)
- Evidence requirements for conditions such as dementia and depression
- Introduced in 2008

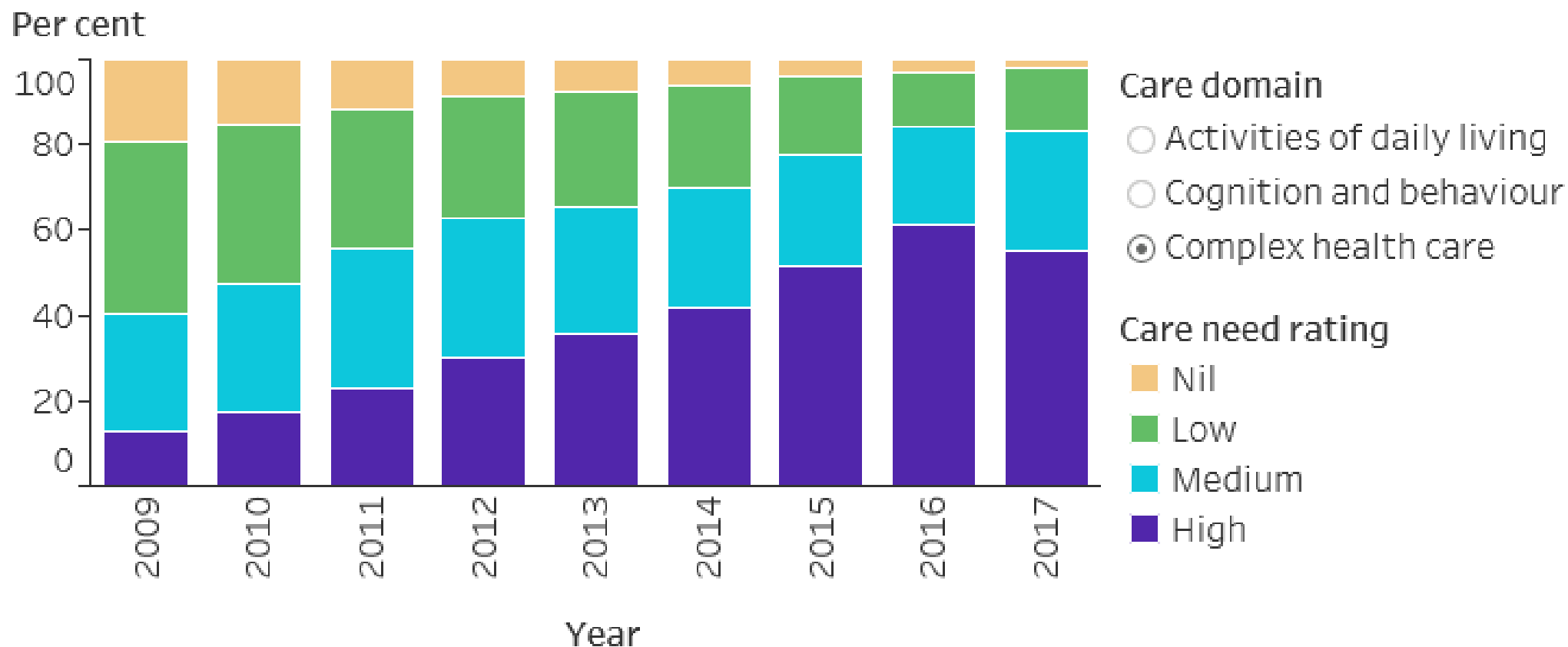
ADL care needs



Behaviour care needs

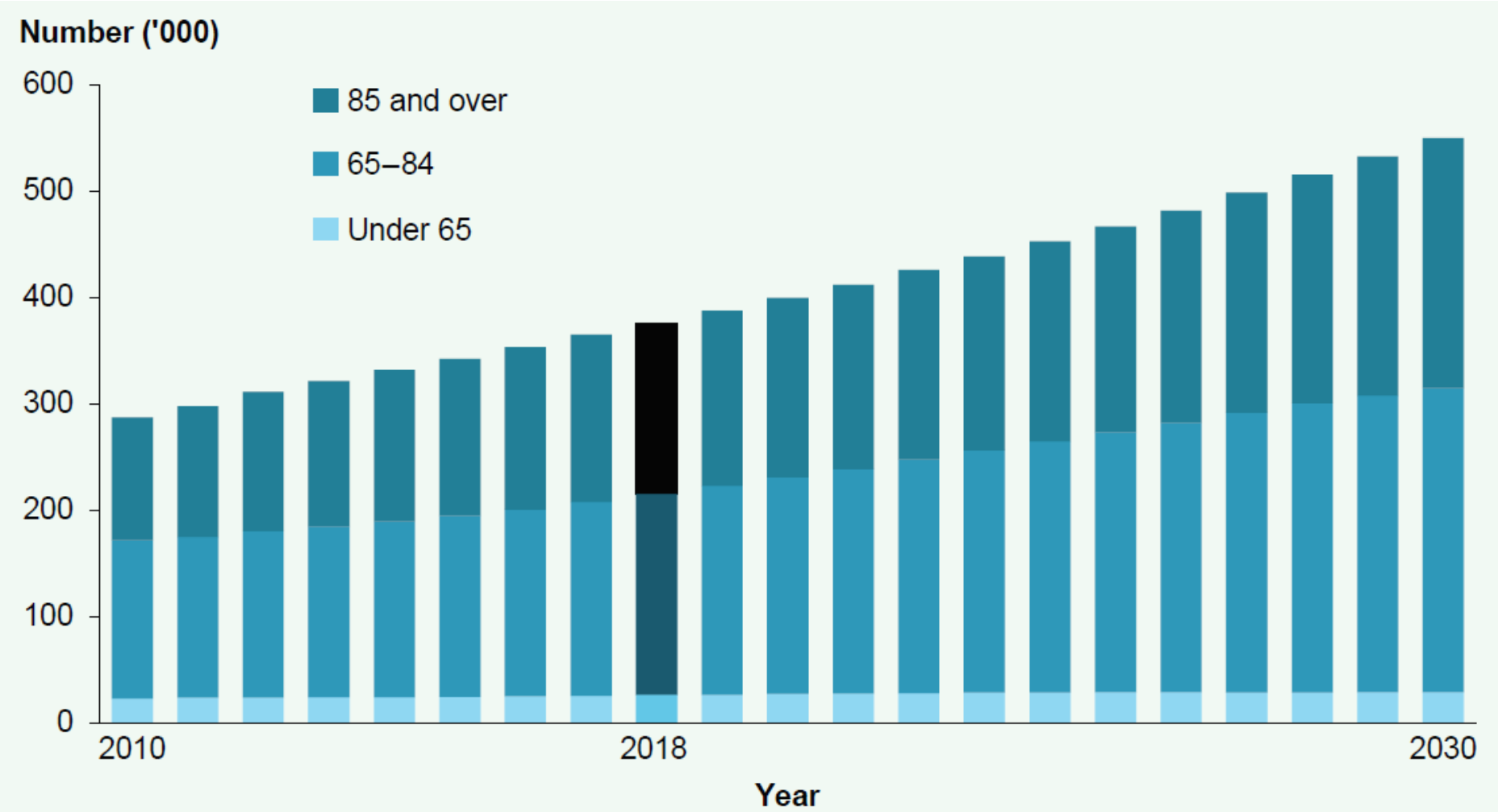


Complex health care needs

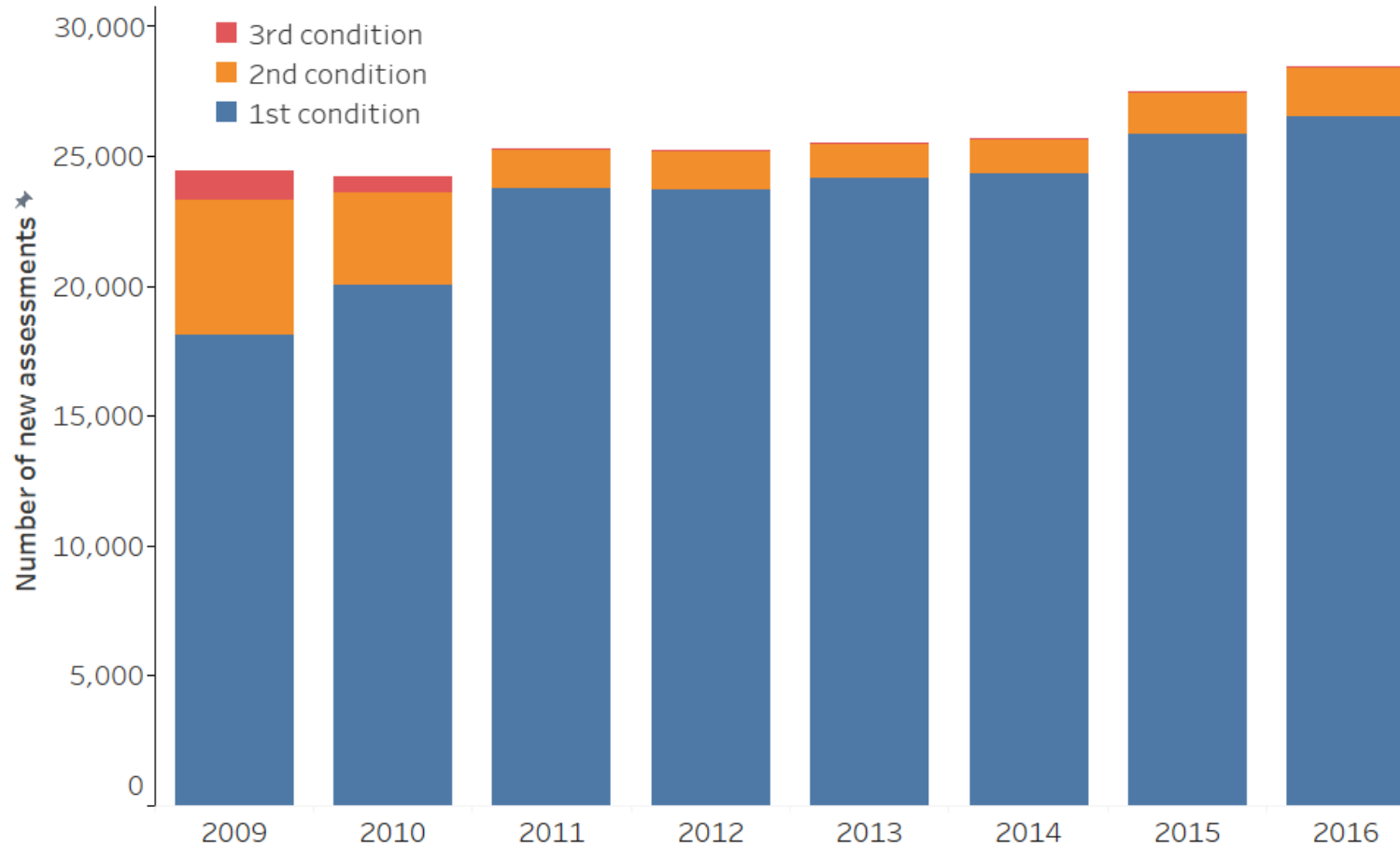


Dementia role

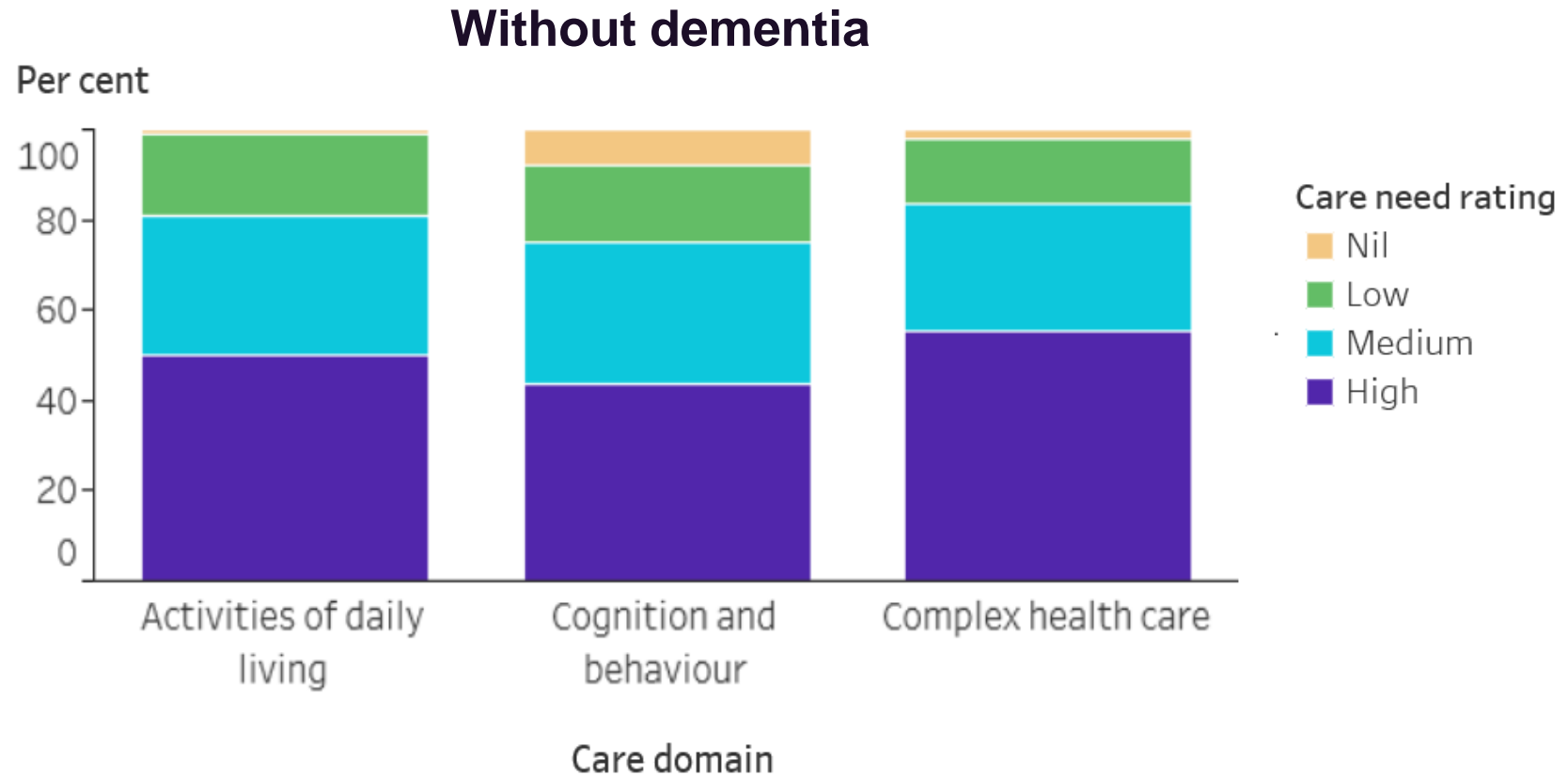
Standard dementia prevalence 'model'



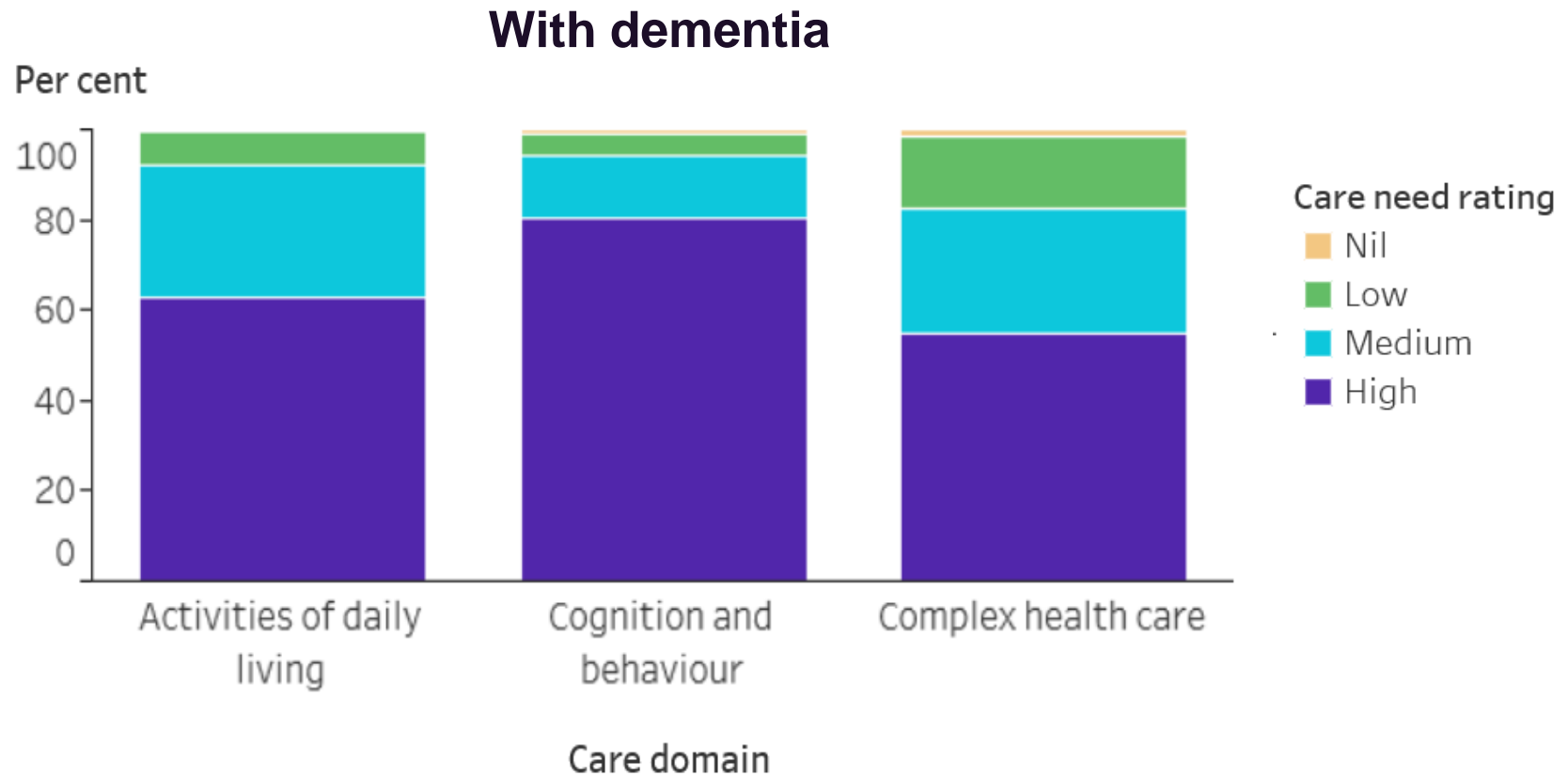
Dementia on first ACFI assessment



Dementia affects other care needs



Dementia affects other care needs



But does the standard model still apply?

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Health

Dementia rates show signs of falling

By James Gallagher
Health and science reporter, BBC News

22 November 2016

AIHW

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JAMA Neurol. 2017 Nov 1;74(11):1345-1351. doi: 10.1001/jamaneurol.2017.1964.

Trends in Dementia Incidence in a Birth Cohort Analysis of the Einstein Aging Study.

Derby CA^{1,2}, Katz MJ¹, Lipton RB^{1,2}, Hall CB^{1,2}.

Author information

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More Evidence of Dementia Decline

— Better treatment, more education may improve brain health despite rising rates of obesity, diabetes, CV risk factors

ing and prevention. To better understand incidence
e used this approach.

ovascular comorbidities among individuals aged 70

dementia incidence in persons enrolled in the Einstein
ited, population-based sample of 1348 participants
nt and at least one annual follow-up was studied.
educational level, race, and birth cohort, with profile

28



Summary

- Selection of indicators suggest no dramatic change in dependency levels over time, so most of the demand growth comes from demographic factors
- Home-based long term care is becoming more prominent in the mix
- While dementia is a significant driver at the moment, the longer-term impact is unclear

Contact



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Questions, comments

