

4.1 Older people summary

Health status or levels of ill health and early death depend on a variety of factors or 'determinants' that surround individuals, families, and communities. Factors in the socioeconomic and physical environment, as well as early childhood experiences, personal health behaviours and biology, all have a major impact on health.

The Queensland population is both growing rapidly and ageing. The ageing of the 'baby boomers' born between 1946 and 1964 will accelerate this growth. In 2001, older people, that is those aged 65 years and older, comprised 12.4% of the Queensland population. By 2016, older people are projected to comprise 14.8% of the population or 672,967 people.

For the first time in Queensland, *Health Determinants Queensland 2004* combines indicators of the major behavioural, social, economic and environmental determinants of health. This report describes the relationship between health determinants and health outcomes. In doing so, it provides:

Evidence for investment in population health, both in the health sector and across government

Priority areas for investment, and,

Interventions which can most improve the health of Queenslanders.

In Queensland, as in other developed countries, the greatest burden of ill health is borne by the most disadvantaged groups. As a result, social and economic disparities are one of the major public health challenges confronting the state.

However, the risks to health are not confined to those within the population with the highest levels of health risk factors. Rather, as the level of many health risk factors increase from low to medium to high levels, the risk of ill health or premature death also increases. Key findings of this report underline the gains that can be made by intervening before people reach recognised levels of these risk factors. This is particularly so for coronary heart disease, diabetes, stroke, hip fracture and neural tube defects.

How healthy are older Queenslanders?

- In 1999-2000, men aged 65 years could expect to live a further 17.2 years and women 20.7 years. Australia has one of the highest life expectancies in the world. The life expectancy of Queenslanders born in 1999-2001 was 76.9 years for males and 82.5 years for females, similar to the Australian average.
- Generally, older Queenslanders were satisfied with their lives and their health. In 2002, the majority rated their quality of life as good or very good and their health as excellent, very good or good.
- The majority of older people remain in good health until a relatively short period before their death. Older people are not a homogenous group. Those aged 65-74 years are most often physically healthy, functionally independent and mentally alert. In contrast, people aged 75 years and older have a greater number of acute illnesses as well as functional, behavioural, social and economic needs.
- In 1998 in Queensland, 56% of people aged 65 years and older, and 88% of people aged 85 years and older reported they had a disability lasting at least six months. One third of older Queenslanders aged 65 years and older reported a severe or profound core activity limitation. Physical conditions such as arthritis were the most common cause of disability, followed by sight and hearing impairment. In 1998, 38% of older Queenslanders received assistance for at least one activity such as property maintenance or housework.
- Coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease (COPD), lung cancer and colorectal cancer are the five most common causes of death of older people. In contrast, Alzheimer and other dementias, hearing loss, stroke, vision disorders and osteoarthritis contribute the greatest proportion of years of life lost due to disability.
- In 1997-99 for the total population, death rates due to CHD in Queensland were the highest of the Australian states. Queensland also has high rates of overweight and obesity, physical inactivity and smoking. About half of the large decline in CHD in recent decades was due to better control of risk factors, namely, high blood cholesterol, smoking and high blood pressure.
- In the last decade, more Queenslanders experienced diabetes. In 2000, one quarter of men and women older than 74 years were diagnosed with the disease, as well as 12% of men and 20% of women aged 65-74 years. An additional one in four older people had impaired glucose

metabolism, which is a significant risk factor for diabetes. Risk factors which can be changed contribute significantly to the rate of onset of diabetes and its complications.

- In 1999-2001, there were 305 deaths and 3,854 hospitalisations per year in all older people due to hazardous and harmful alcohol consumption. In the same year, there were 2,577 deaths and 14,776 hospitalisations each year due to tobacco smoking. Smoking cessation leads to a marked and rapid fall in the risk of heart, stroke and vascular disease.
- For all older Queenslanders, falls are the most common cause of serious injury. Deaths and hospitalisations for falls have increased in the last decade. One in every three people over the age of 65 years may experience a fall within the next 12 months. By 2026, it is estimated that the number of hip fractures will double and, by 2051, increase fourfold. Most falls are preventable and predictable.
- For older Australians, osteoporosis was the second most frequently managed condition during GP encounters.

Key groups of older Queenslanders

The key health issues for older people in rural and remote areas of Queensland, areas of greatest socioeconomic disadvantage and for older Indigenous peoples, are also discussed in the *Whole of population* and *Indigenous peoples* chapters of this report.

Indigenous status, the level of socioeconomic disadvantage, and to a lesser extent rural or remote location, all has a major effect on health. However, current data does not allow the effect of each of these factors to be separated from the effect of the other factors. This is because, Indigenous peoples most often live in areas of most socioeconomic disadvantage, and 55% live in rural and remote areas of Queensland. The result is that each of these factors combines and interacts to influence the health of a particular population. Thus, it is important to be aware that the key health issues for the socioeconomically disadvantaged groups outlined below are not independent of the health issues for older Indigenous peoples and older people living in rural and remote areas.

Older men

- CHD, stroke, lung cancer, COPD and dementia are the top five causes of burden of disease in older men in Queensland - most of which can be prevented by primary, secondary and tertiary measures.
- Men are more likely to die prematurely than women. In contrast to older women, men are more likely to die of lung cancer, CHD, suicide and COPD.
- Hospitalisation and death due to hazardous and harmful alcohol consumption and tobacco smoking increases sharply from age 65 years onwards, and is at least twice as common in older men as older women.

Older women

- CHD, stroke, dementia, COPD and breast cancer are the top five causes of burden of disease for females; most of which can be prevented by primary, secondary and tertiary measures.
- While women live longer than men, older women are more likely to be hospitalised and die from falls than older men.
- Deaths due to lung cancer in older women have increased 40% in the last decade. If the rates of smoking among young women are not reduced, lung cancer rates among older women will continue to climb.
- Older women are ten times more likely to have osteoporosis than older men. More than one in ten females older than 64 years report osteoporosis.
- In the last seven years, fewer women have died of breast cancer. This decrease is due to both mammography screening and improved treatment.

Socioeconomically disadvantaged groups

- At least 17% of the total burden of disease and injury in Australia is due to socioeconomic disadvantage. The greatest differences in burden between the least and most socioeconomically disadvantaged groups were for diabetes, intentional and unintentional injuries and mental disorders.
- For the total population, on every rung of the socioeconomic disadvantage ladder from least disadvantaged to most disadvantaged, people experience more sickness, shorter life expectancy and poorer health.
- About half of Queenslanders aged 60-69 years have a functional dentition. This decreases to about one in three people for those aged 70 years and older. People who were socioeconomically disadvantaged were less likely to have a functional dentition, particularly those aged 50 years and older. About one in five Queenslanders aged 60-69 years have no natural teeth. This rate increases with age to more than one in three for those aged 70 years and older.

Domains of determinants of health

Health determinants can be broadly divided into:

- ‘upstream’ (education, employment, income, living and working conditions)
- ‘midstream’ (health behaviours and psychosocial factors)
- ‘downstream’ (physiological and biological factors).

In this report, ‘upstream’ determinants are addressed in environmental and socioeconomic factors, and ‘midstream’ determinants in community capacity and health behaviours. The downstream effects are addressed through health behaviours.

These health determinants have short, medium and long term impacts on the overall health of individuals and populations, specifically rates of hospitalisation and death. Actions to address these determinants are described in this report. Such actions themselves will have short and long term impacts.

Environmental factors

- In 1996, one in five Queenslanders aged 65-69 years lived alone, increasing to one in three for those aged 85-89 years. Females more commonly lived alone and this is projected to increase.
- Distance from transport was the least satisfactory feature of personal housing for older men and women. In 2002, one in eight Australians aged 75 years and older reported having difficulty getting to places needed. This was more common for older females. Older men had greater access to a motor vehicle than older women.
- Two thirds of all falls occur in the private home. One third of Queensland households with older people had anti-slip surfaces or strips in the bath or shower, and one quarter had handrails fitted in the bathroom or toilet.

Socioeconomic factors and community capacity

- In 2001 in Queensland, the weekly income of two thirds of older men and three quarters of older women was less than \$300. Two out of three people of those who met the age criteria were receiving the aged pension.
- Older Queenslanders are a caring people. They make a substantial contribution to voluntary work and caring activities, including child care. They also report high levels of social support and willingness to help one another. Compared to young people, older people reported higher levels of civic and generalised trust.
- In 2002, most older Queenslanders felt in control of the decisions that affected their life.
- Seventy five percent of older Queenslanders felt safe at home during the day and 61% felt safe at home at night. These figures were slightly lower than for all Queenslanders. Older people in Queensland were less frequently the victims of crime than younger people.

Health behaviours

- In 2001, just over one third of Queenslanders aged 60-75 years undertook sufficient physical activity for a health benefit. Physical activity plays a role in the prevention and management of many health problems experienced by older people, yet older people are currently the least active of any age group in Queensland. Hospitalisations and death due to insufficient physical activity increases sharply from age 65 years. In 1999-2001, there were 442 deaths and 3,378 hospitalisations per year due to insufficient physical inactivity.
- Almost 75% of Queensland women and 61% of men aged 65-75 years were overweight or obese. About half the people aged 75 years and older were overweight or obese. Overweight and obese older Queenslanders are at greater risk of ill health from chronic diseases, disability and social impairment.
- Older Queenslanders consume too few fruits and vegetables.
- Three quarters of older Queenslanders reported having an influenza vaccination in 2003.
- In 2000, about 30% of older people in Queensland had untreated hypertension, and about 40% treated hypertension. Hypertension was less likely to be treated in older men than older women.
- More than two thirds of Queenslanders aged 65-74 years had elevated total cholesterol levels. For those aged 75 years and older, almost two thirds had elevated total cholesterol.
- In 2001, 10% of older men and 8% of older women drank hazardous or harmful levels of alcohol.
- One in 10 older men and one in 20 older women smoked daily.

Evidence based strategies which address the determinants of health have the potential to reduce the burden of ill health and premature death in the lives of older Queenslanders, particularly those who are most disadvantaged.