

Disability and age: from 1998 to 2015

Katharine Betts

The Australian Institute for Population Research, 2016

Republished from YourLifeChoices 20 June 2016

Since the late sixties large families have become less common and at the same time life expectancy has continued its steady rise. For many of us this feels like an improvement—parents no longer have to face numerous unplanned pregnancies and most of us can look forward to our eightieth birthday and beyond. But these two changes also mean that the average age of the population has risen and will continue to rise for a few more decades.

For some people, however, this does not look like a good thing. In March 2015 a journalist charted the life of new-born baby girl, writing that she would ‘experience life as a youthful minority in an Australia bursting with ailing Boomers’. And, by the time the child was middle aged, ‘there’ll be a generation of geriatrics to support’.¹ Another writes of ‘bedridden hordes of the elderly, dwindling numbers of able-bodied workers, and deeply indebted governments scratching for tax revenues to pay for rising health costs, pensions and aged-care costs’.² Other comments like these are not hard to find.³

But is the situation really so bad?

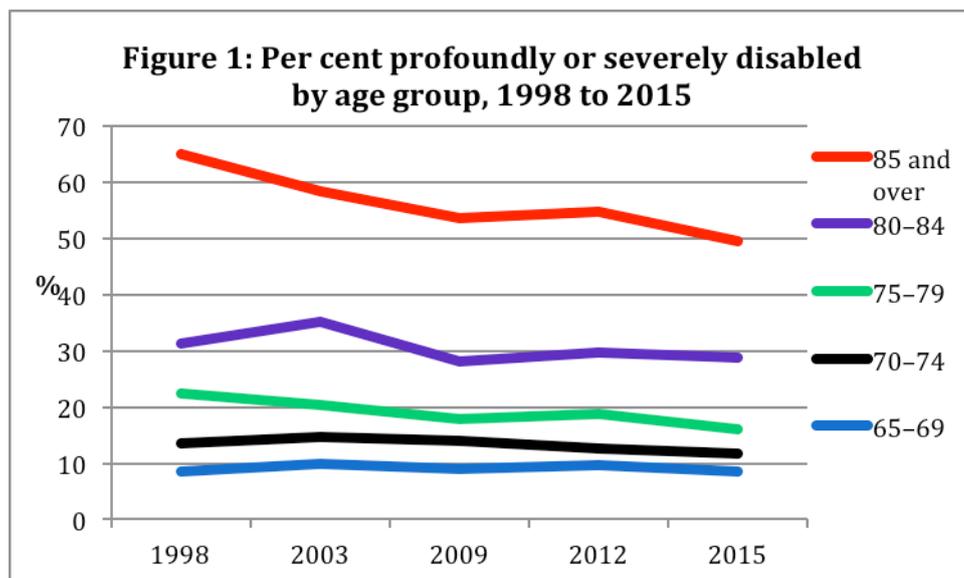
The Australian Bureau of Statistics (ABS) has been conducting surveys of the numbers of people suffering from disability for over 30 years. They show the percentage of Australians with disabilities grouped by age and sex, and by how serious the problem might be.

The first two were in the 1980s: 1981 and 1988. They show a discouraging tendency for the rate of disability to rise over the seven intervening years. In 1981 51 per cent of Australians aged 85 and over were found to be ‘severely handicapped’ and in 1988 the proportion had risen to 62 per cent.⁴ People were described as severely handicapped if they needed help with one or more of three core activities: self care (showering, dressing, eating and so on), mobility (moving around inside or outside the home), and verbal communication.

By the late 1990s the terminology had changed from handicap to disability, and the definitions of serious disability now included two separate categories: profoundly disabled (always needing assistance with one of the three core activities) and severely disabled (sometimes needing assistance with a core activity).⁵

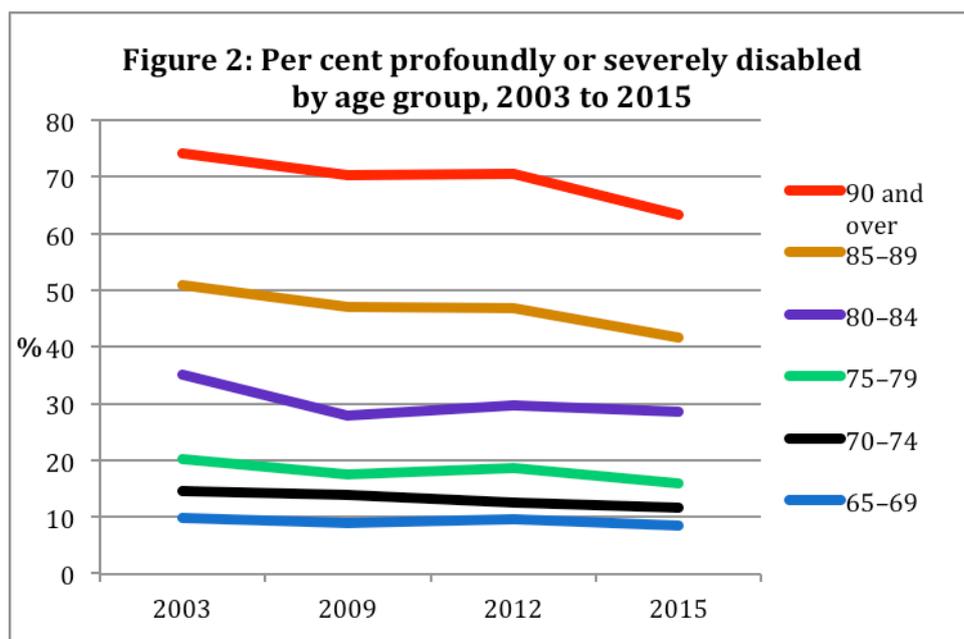
There have been five comparable surveys from 1998 to 2015. And the pattern they provide gives cause for optimism.

Figure 1 shows that rates of profound or severe disability for people aged 65 and over have been falling over this 17-year period. In the case of those aged 85 and over the rate fell from 65% to 49%.



Source: *Disability, Ageing and Carers*, ABS, 4430.0 (various issues)

The 1998 data don't distinguish between people aged 85-89 and those aged 90 and over. But from 2003 on we can see the difference between the older old and the younger old more clearly.



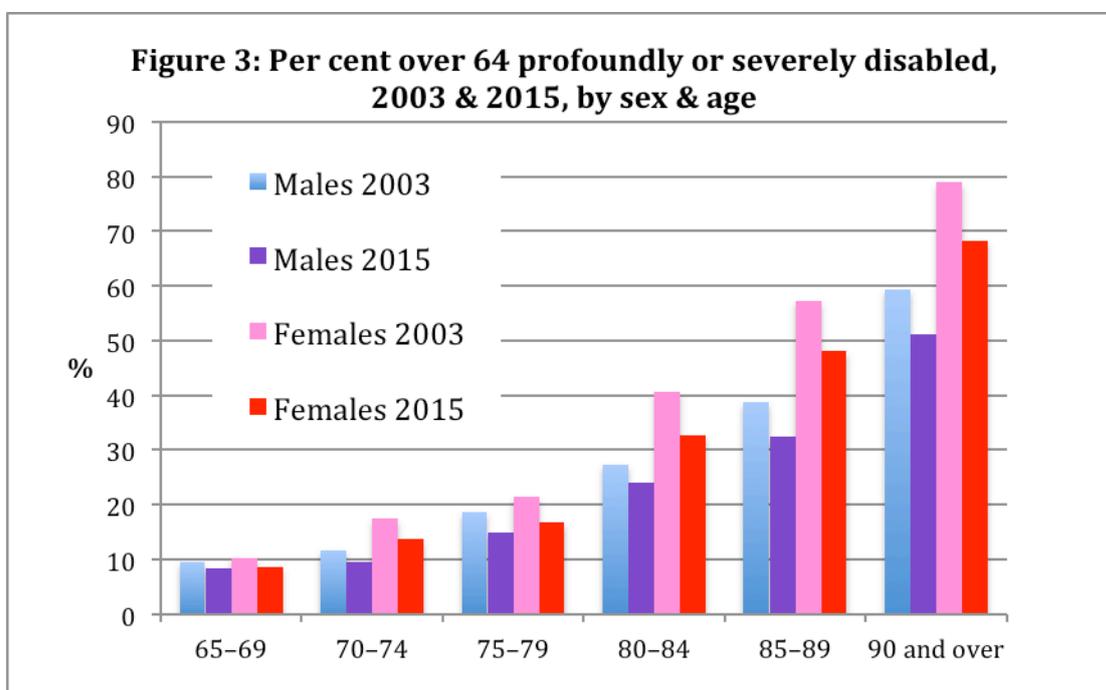
Source: *Disability, Ageing and Carers*, ABS, 4430.0 2015, April 2016⁶

Figure 2 shows that between 2003 and 2015 profound and severe disability rates for people aged 90 and over fell from 74% to 63%, while rates for people aged 85 to 89 fell from 51% to 42%. Like Figure 1 it also shows that rates were lower for people under the age of 85. But in Figure 2 it's also clear that, in all cases, these rates have also fallen since 2003.

Disability is not confined to older people. There are profoundly and severely disabled people in all age groups. In 2015 more than half of them (52%) were under the age of 65. Indeed all babies and children, at least up to the age of five, need help with self care, mobility and communication. To get a full picture of how many Australians need such help, and how many carers we in fact need, we should add them in too.

But here we are focusing on older people.

Figure 3 shows the changes between 2013 and 2015 by both age and sex for the 65-and-over group.



Source: *Disability, Ageing and Carers*, ABS, 4430.0 2015, April 2016⁷

In all age-group categories the reported rates are higher for women than for men. In some cases this could be due to men being reluctant to report serious problems, but the gap is probably mostly due to the same factors that lead to men having lower life expectancy: more hazardous work, risk taking, reluctance to seek medical help, and hormonal factors that may weaken men's immune systems.⁸ Thus it is probable that health problems among men are more likely to end in an earlier death rather than prolonged disability. It's also true that women have a higher risk of dementia, a risk that is independent of the fact that they live longer and so are exposed to this risk over a longer period.⁹

But the important finding is that, over the 12-year period, rates have gone down for all of the sub-groups. We are not only living longer, the portion of our lives when we might fear to be limited in what we can do is getting shorter. Life expectancy is going up, and healthy life expectancy is going up a bit faster.¹⁰

Why is this happening? Medical scientists and demographers have not yet got clear answers. But they can tell us the immediate causes. Coronary artery disease¹¹ and serious vision problems¹² are declining. Dementia — the disease that many of us fear most — is also in retreat. In 2013 a British study reported that over a 20-year period the prevalence of dementia among people aged 65 and over had fallen by 24%.¹³ And in early 2016 a US study reported that over the last thirty years (among people who had finished high school) the rate of dementia had declined by 44%.¹⁴

We don't yet know why these changes are occurring. Better health care explains part of the decline in heart disease and vision problems, but only part. Possibly a lifetime founded on a

long period of education helps stave off dementia. When we know more we'll be able to take steps to reduce age-related disability rates even further.

In the meantime the data on the changes themselves are clear. Increasing numbers of older Australians are, and will be, free of serious health problems and will be able to continue to make a positive contribution to society.

Yes, the ageing of the baby boomers means that we are going have more older people in Australia. The ranks of those aged 65 to 79 will increase over the next 15 years, but more of us will be healthy and able to keep on working in paid jobs, if that's what we want to do and the jobs are there. Or we will keep on with the volunteer work, helping care for grandchildren and, with luck, doing many other interesting things that we didn't have time for before.

-
- ¹ G. Rushton, 'Here's to a long life for Frankie', *The Australian*, 6 March 2015, p. 1, 8 <<http://www.theaustralian.com.au/national-affairs/in-depth/intergenerational-report/heres-to-a-long-life-for-frankie/news-story/a5b848eecf0af096f0d5ca1cd253c356>>
- ² F. Anderson, 'Future tense', *The Australian Financial Review*, February 21 2015, p. 16 <<http://www.afr.com/news/politics/chasing-the-future-perfect-in-a-world-of-dwindling-resources-20150218-13iyvo>>
- ³ K. Betts, 'The ageing of the Australian population: triumph or disaster?', Centre for Population and Urban Research, Monash University, 2014 <<http://tapri.org.au/wp-content/uploads/2016/02/betts-ageing-of-the-austn-popn-2014.pdf>>
- ⁴ Calculated from data in *Disabled and Aged Persons, Australia, 1988: Preliminary Results*, Catalogue no. 4118.0, Australian Bureau of Statistics, Canberra, 1989, p. 2
- ⁵ Disability, Ageing and Carers: Summary of Findings, Australia 1998, Catalogue no. 4430.0, ABS, Canberra, 1999, p. 4
- ⁶ <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.0.10.0012015?OpenDocument>>
- ⁷ <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.0.10.0012015?OpenDocument>>
- ⁸ B. Desjardins, 'Why is life expectancy longer for women than it is for men?' *Scientific American*, 4 August 2004 <<http://www.scientificamerican.com/article/why-is-life-expectancy-lo/>>
- ⁹ B. Birrell, D. Arunachalam, E. Healy, 'Guardianship and demographic trends, a research report prepared for the Victorian Law Reform Commission', Melbourne, December 2010 <<http://tapri.org.au/wp-content/uploads/2016/02/VLRCfinaldec-20.pdf>>
- ¹⁰ *Healthy life expectancy in Australia: patterns and trends 1998 to 2012: Bulletin 126*, Australian Institute of Health and Welfare, Canberra, Australian Institute of Health and Welfare, 2014 <<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549632>>
- ¹¹ D. S. Jones and J. A. Greene, 'Is Dementia in Decline? Historical Trends and Future Trajectories', *The New England Journal of Medicine*, vol. 374, no. 6, 2016, pp. 507-509 <<http://www.nejm.org/doi/full/10.1056/NEJMp1514434#t=article>>
- ¹² M. Chernew, D. M. Cutler, K. Ghosh and M. B. Landrum, *Understanding the improvement in disability free life expectancy in the U.S: Working Paper 22306*, National Bureau of Economic Research, Cambridge, MA, National Bureau of Economic Research, 2016 <<http://www.nber.org/chapters/c13631.pdf>>
- ¹³ F. E. Matthews, A. Arthur, L. E. Barnes, J. Bond, C. Jagger, L. Robinson and C. Brayne, 'A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: results of the Cognitive Function and Ageing Study I and II', *The Lancet*, vol. 382, no. 2013, pp. 1405- 1412 <http://ac.els-cdn.com/S0140673613615706/1-s2.0-S0140673613615706-main.pdf?_tid=43c3eb74-3b6b-11e6-adac-00000aacb35d&acdnat=1466924436_06f7a207b1f99054fc155256228a33fc>
- ¹⁴ C. L. Satizabal, A. S. Beiser, V. Chouraki, G. Chêne, C. Dufouil and S. Seshadri, 'Incidence of dementia over three decades in the Framingham Heart Study', *The New England Journal of Medicine*, vol. 374, no. 6, 2016, pp. 523-532 <<http://www.nejm.org/doi/full/10.1056/NEJMoal1504327>>