Growing Old in Rural Tasmania: Connections and Vulnerabilities

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The Team

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Where we began: the issues

- Demographic ageing – special issues for Tasmania
- Health Services based on frailty and historic precedent
- Medical and residential care services predominate in the debate
- Health services funded and planned on urban models
- Complexity of situation needed cross-disciplinary approach
- Changing migration patterns in rural Tasmania – tree and sea changing
- Need to engage governments at all levels
- Healthy ageing – what does it mean for Tasmania
Cradle Coast Pilot Study

The Aim: To provide a stronger evidence base for the formulation of policies and design of service models to better support healthy ageing in rural communities

- Structured sample 200 participants 65+
- Two Phases 18 months apart – May-June 05 & Oct-Nov 06
- Face-to-face survey/interview covering:
  - demographic data
  - limited biographical material (including planning for future)
  - quality of life and life-style
  - social and support issues
  - day-to-day activities and involvements & present and anticipated future service use and needs.
The Picture: Anything but isolated!

- Embedded – average 41 years in area
- Well Supported -
  - 93% family or friend close by
  - Face-to-face or phone support
    - 39% at least daily
    - 78% at least weekly
- Relatively Mobile
  - 32% walking daily
  - 87% travel at least weekly by private car
  - Low use public transport – availability issues
The Picture: Engaged

- Active and Engaged in Their Communities
  - 43% volunteering
  - 63% involved in organised groups
  - 74% getting together at least weekly with friends and/or family
  - 94% at least one hobby/activity – most multiple
The Picture: Satisfied with the status quo

- **A Good Life**
  - 90% rate financial state ‘comfortable’ or better
  - 96% rate quality of life ‘OK’ or better (2/3rds ‘good’ or better)

- **Doing Well - Own and Partners Health**
  - Over 80% judge ‘OK’ or better
  - Over 80% say it interferes ‘a little’ or ‘not at all’

- **Satisfaction with health services**
  - Mean 4.6/5 Range 4.3-4.8

- **If unable to stay in present living arrangements**
  - 89% no contingency plans
  - 80% staying put – home and/or community
Staying Engaged

**Sampling:** social isolation = invisibility

**Threats and vulnerabilities – Age & Change**
- Living independently
- Mobility
- Caring
- Capacity and confidence

**Expectations:**
- *Generational change*
- *Incomers*
- Community organisations, church and volunteering
- Reluctance to plan
Rural Change

- Traditional support structures
  - Informal community-based support
  - Bureaucratisation and corporatisation
  - Impact of in- and out-migration

- Workforce Issue – ageing, unequal distribution, shortage

- Health and Medical Services – spatial rationalisation

- Transport

- In-migration: sea and tree change
Exploring the Questions

- **Staying Engaged**
  - Correlation with improved mortality and morbidity
  - Major research gaps in understanding of network changes in ageing and factors and mechanisms underlying disengagement
  - Triggers to disengagement Pilot
  - Developing service models to support against disengagement – ARC Linkage grant

- **Future patterns of service demand**
  - Demographic shifts
  - New service models based in current rural evidence
  - Needs, Plans and Expectations
  - Multi-state study into Service Needs to Support Healthy Rural Ageing