Rural Seniors Pilot Study – North West Tasmania
Phase II Report

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Rural vs. Urban Ageing

• Direct evidence of difference scarce but:
  – Doubtful usefulness of historical and urban-based models
  – Older populations with pronounced ‘missing middle’
  – Poorer health and health behaviours
  – Restricted access to a range services and transport options
  – All facing substantial social, economic and demographic change:
    • Many communities in economic and social strain and decline
    • Demographic impacts from mobility – outward migration of young; inward migration of sea and tree changers and part-time residents
  – Not necessarily ‘worse off’:
    • Multiplex social networks
    • Social/cultural coping mechanisms arising from history of isolation and service deficits
The Study

• Phase 1
  – Pilot for larger study
  – 193 participants 65+ rural North West Tasmania
  – Snowball recruitment of geographically and demographically structured sample
  – Face to face structured interviews – commercial social research firm

• Phase II
  – Eighteen months after Phase I
  – Revised questionnaire to refine questions and measure change
  – 154 of original interviewees – no perceivable attrition bias.
  – Average age 75.9 (66 - 95)
Phase I Results

- Reported 2005:
- Well supported
- Relatively mobile
- Active and engaged in their community
- Rate financial status and quality of life very positively
- Relatively healthy, independent and satisfied with health services
- No forward planning for increasing frailty
Phase II Results

• For most, only incremental change in 18 months
• Remain supported, active, engaged and generally satisfied.
• Evidence of incremental loss and declining capacity generally borne with acceptance, positivity and adaptation
• Greater insight into:
  – Means of mobility
  – Ageing impacts
  – Sources of support
  – Services usage and needs
  – Contingency planning and residential futures
Mobility

• Overwhelming reliance on the private car:
  – Rely on private household car ‘mostly’ for shopping and meeting friends and family (122/154); accessing services (121/154) and community and recreational activities (109/154)
  – Overwhelmingly self-drive
  – Community transport used ‘mostly’ by only 4 and only for accessing services and community & recreational activities
  – Public transport rarely used by any participants

• Over a quarter (27.3%) report a deterioration in their ‘ability to get around’ – mostly musculoskeletal problems

• Open comments reveal loss, restriction, and increasing disability met with acceptance, adaptation and coping
Mobility and Ageing impacts

• Many ‘can’ts’
  – ‘Can’t go for long walks any more’
  – Can’t mow the lawn like I used to’
  – ‘Can’t go to lodge’
  – ‘Tendonitis has greatly affected my life. Loss of contact as well as playing sport’

• Most cope – usually with a combination of outside help, perseverance, aids and putting up with it
  – ‘Now always shop with a friend’
  – ‘Slowed me up, [but] use walking sticks and have some help’
  – ‘Just get on with it’
  – ‘Can’t work like I used to – but don’t want to either’
  – ‘Just do things slower’
Sources of Support

- Almost everyone (95.5%) had someone to call on for support and regular contact
- Sons and/or daughter provide most contact and support although friends and neighbours important in emergencies
- Majority engaged in organised (57.1%) or informal (64.3%) community and social activities at least weekly
- 24.7% report ‘hardly ever’ engaging in organised community activity
Service Needs and Usage

• Surprisingly low usage of traditional services apart from GP and chemist
• Virtually all participants could manage activities of daily living related to personal care
• Most help needed in maintaining their household
  – 31.2% needed help with heavy housework
  – 39.6% needed help with household maintenance
  – Rely largely on family for this but many pay private service providers
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Contingency Planning and Residential Futures

- Thirty six (23.4%) participants considered changing their living arrangement in the preceding 18 months
- 80.5% of these because of difficulty in managing either their personal care or their home and garden
- Only 5 actually moved:
  - 2 to a nursing home
  - 2 to independent living units
  - 1 to a smaller family home
- Clear preference to protect independent living through a strategy of graduated down-sizing
- The majority (82.5%) expected to live out their lives within their present community
- Moving closer to family and services major drivers to leaving community
Rural Ageing

Maintain activity, engagement and quality of life:
- Well into old age
- Despite significant disability and loss

• Receive a high level of support from local networks
• Are highly reliant on access to private cars and retaining driving licences – especially in maintaining social engagement

• The importance of the social element
• Traditional medical services less a factor in successful rural ageing than household and life-style support services

• Very reluctant to give ‘ground’ or give thought to moving away from current independent living arrangements
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