

2 December 2024



Kia ora,

Thank you for the opportunity to make a submission in this first phase of consultation on the Ministry of Health's Long-term Insights Briefing; Unlocking the Potential of Active Ageing.

This Submission is premised upon the principle that, in keeping with the Pae Ora Healthy Futures Bill, the Long-term Insights Briefing respects, and engages with 'Rural' as a priority population.

Unlocking the potential of active ageing

1. *Do you think 'active ageing' is a **critical topic** to explore in a Long-term Insights Briefing? Why or why not?*

We agree that 'active ageing' is a critical topic for a LTIB.

Rural, and especially rural Māori, have the same opportunities to actively age and appreciate health outcomes equitable with those of their urban counterparts.

2. *What are the **main risks** of not further enabling 'active ageing' over the next 20 years?*

The proportion of people aged over 65 living in rural and regional areas is higher than in urban centres. This trend is expected to continue, with projections for 2048 indicating that:

- 20% of the population in Wellington, Hamilton, and Christchurch will be over 65,
- 33% of those in Buller, Hauraki, Kāpiti Coast, Tasman, and South Wairarapa will be over 65.
- 40% of the population in Thames/Coromandel will be over 65.

Our primary concern is that a one-size-fits-all national strategy for 'Unlocking the Potential of Active Aging' may not adequately address the health disparities faced by older adults in rural areas, particularly rural Māori.

Therefore, a LTIB must be developed through genuine consultation with rural communities, especially rural Māori, to ensure it accurately reflects the unique challenges and realities of aging rurally.

3. *What **health-promoting and supportive environments** would better enable 'active ageing'?*

Rural general practice, and rural hospital services are appropriately resourced to have the skills and capacity to support active and healthy aging, and provide care, close to home and whānau, when it is needed.

Cross agency programmes of work enable rural communities, with smaller, dispersed populations, to sustain social, physical, and health focussed services that encourage active lifestyles.

What **barriers** to 'active ageing' do you see in our environment and society?

- Loneliness and social isolation can be heightened in rural communities where family may have moved away, driving becomes a challenge, and opportunities for social engagement are reduced.
- Current commissioning of health and social services is dominated by urban centric and often, nationally centralised service models, that do not reflect the realities those working in rural communities:
 - Travel times to, and between client sessions.
 - Low volumes of clients.
 - Incentives to encourage a rurally trained and supported workforce.
- Poor digital connectivity in rural areas impacts access to health information, and telehealth services.

Areas of focus

4. *Considering the list of potential focus areas below, do you think these focus areas are the **most important** for enabling or demonstrating the impact of 'active ageing'? If not, what other areas would you propose?*

These are the focus areas we may consider further in the development of the Long-term Insights Briefing:

- *social connectedness, including marae-based positive ageing*
 - Evolution of social clubs that presently include service clubs, and Probus, darts, cards and snooker or pool.
 - Age appropriate, and membership fee reduced, health and fitness services e.g. gyms, exercise classes for older people, croquet, bowls, pickle ball and tennis.
 - Rural communities need reliable digital connectivity so they can keep in touch with family and friends, make use of online services such as supermarket shopping, and stay up to date with neighbourhood information.
- *age-friendly housing and urban development*
 - Government policy that reduces commercial barriers to accessing community housing, retirement villages and supported accommodation facilities.
 - The development of residential retirement facilities in rural areas, driven by commercial interests, should be carried out in collaboration with health and social services. This partnership is essential to ensure that these services are adequately resourced to build the skills and capacity needed to deliver age-appropriate care when required.
 - Commissioning for rurally provided Aged Residential Care, home based support, care for the dying, and linkages to urban specialist services (e.g. dementia, and palliative care) reflect the rural workforce, low volumes and distances to specialist care. This will require a rapid transition away from high volume, urban centric corporate models.
- *age-friendly neighbourhoods and environments*
 - Broader criteria, range of services, and flexible funding for those who live at home (currently, Home Based Support Services).
 - Multi-agency and community initiatives that enhance and support active aging: from episodic health care needs (meals, transport to appointments)

through to strategically placed seating, shelter and street lighting to encourage walking and cycling.

- Community driven, intergenerational activities e.g community gardens, volunteer transport and social connection.
- *age-friendly transportation*
 - Active transport infrastructure e.g. high-quality, off-road cycle/walkways into town centres, community facilities, parks and reserves.
- *supporting health-protective factors and behaviours*
 - Ongoing, multi-faceted health literacy across the life course, to reduce the impact of obesity and preventable disease as younger cohorts move into the over 65 (or 55 for Māori and Pacifica) age groups.
- *supporting active ageing in the health workforce so that older workers can continue to contribute to it*
 - Multi-pronged campaigns to reduce agism in the workplace.
 - Flexible working conditions that reduce barriers to work e.g. work from home, negotiate reduced hours.
 - Annual leave/long service leave increased to enable more frequent, or extended breaks from work.
 - Enabling approach to sick leave entitlements and accrual to reduce the impact that health issues have on the ability to continue in the workforce.

Thank you for the opportunity to contribute to this important discussion. We look forward to participating in the consultation process as it progresses.

Nga mihi,



Dr Fiona Bolden
Chair

Hauora Taiwhenua Rural Health Network