Healthy ageing

For decades much has been made of Australia's ageing population, particularly how best to manage the arrival of the baby-boomer generation from a health, economic and societal perspective.[1]

At the same time, the individual people who interact with the aged care system have distinct priorities; for people in aged care this includes maintaining their independence, being treated with respect, and the management of medical conditions.[2] Addressing the system-wide, indeed society-wide, stressors, while delivering service and health outcomes that align with the expectations of the ageing population remains a key challenge to the Australian health system.

This Healthy Ageing issue of the *MJA* contains a series of articles that shine a light on the diverse elements of a modern multifaceted approach to healthy ageing and contribute to the evidence base that will drive the adjustments and changes needed to deliver an effective, efficient and respectful aged care system.

The Royal Commission into Aged Care Quality and Safety highlighted experiences of substandard care of people accessing residential aged care and home care services.[3] In a cross-sectional population-based study using data from the Registry of Senior Australians, Eshetie and colleagues[4] analysed indicators of quality and safety of aged care for older Australians receiving long term residential aged care or home care packages during 2019. Their findings of marked variation in quality of care, particularly regarding antibiotic use, high sedative load, emergency department presentations, home medicines reviews, chronic disease management plans and waiting time for home care services suggest areas that may benefit from targeted quality improvement strategies.

A narrative review by Inacio and colleagues[5] discusses recent evidence of aged, community and health care models that may support older people to "age in place". Evidence for the models supporting ageing in place is limited, although there is evidence for other benefits such as improving wellbeing. Complex multifactorial care interventions have the most compelling evidence for delaying or avoiding entry into long term residential aged care. The authors concluded that "No panacea exists for supporting all people to age in place, but care integration, collaboration among care settings, and multidisciplinary person-centred clinical care that addresses health-related decline and challenges are consistently reported to contribute to its success".

As the leading cause of hospitalised injuries and injury deaths among older Australians, falls remain a major public health issue in Australia;[6] however, strategies to improve mobility and reduce falls in aged care are often limited by under-resourcing of appropriate health services such as physiotherapy. In the era of telehealth, Dawson and colleagues report on the effectiveness of the TOP-UP program, a co-designed randomised controlled trial where participants in the intervention arm received a six-month program of ten telephysiotherapy sessions for delivery of a tailored exercise program aimed at improving mobility and balance.[7] Fewer intervention participants experienced falls during the program, and they also showed improvements in sit-to-stand performance, balance, gait speed, mobility goal attainment, and quality of life. These results provide robust evidence for the implementation of supported telephysiotherapy exercise programs to prevent falls and improve health and quality of life for people living in aged care.

Delbaere and colleagues discuss the need for a comprehensive, system-wide approach to falls prevention.[8] Their perspective highlights recent innovations such as remote exercise programs delivered by telehealth, simulation-based balance training such as safe landing techniques, and caregiver training, as well as summarising the evidence for a more traditional approach to falls prevention. Equity, cross-sector collaboration, funding and ongoing evaluation are all important to measure the impact of new and emerging fall prevention strategies. There is also a need for further study of the efficacy and safety of tailored interventions for those in higher risk groups such as people living with dementia, osteoarthritis or Parkinson disease.

Finally, the perspective by Foundas provides a timely and thought-provoking discussion of dignity and respect in residential aged care.[9] The new rights-based *Aged Care Act 2024* (Cwlth) that has recently come into effect brings with it new mandates to support residents of aged care facilities to have choices and take risks.[10] Through such change, there is potential to enhance quality of life and gain enrichment through independence, empowerment and self-determination. However, putting this into practice is likely to be challenging as we try to navigate legal, moral, and duty of care obligations. Acknowledging the benefits of risk taking and fostering a supportive environment as we move away from a paternalistic approach to risk, will assist aged care facilities, and indeed the broader aged care sector, in maintaining dignity of older people while providing both safety and autonomy. ■

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