



Senior Boom

Next year the first of Western Australia's half a million baby boomers will turn 60 and become seniors. Throughout their lives baby boomers have had a big impact on our economic, social and cultural life. They are set to continue to do so as they age and create a "senior boom".

Within 20 years all of the baby boomers will be seniors. By then seniors will account for more than a quarter of WA's population.

There is some contention around the world as to who are 'baby boomers'. Different time periods are used because countries have differed in their fertility and migration patterns. In Australia, the 'baby boom' is regarded as having occurred from the end of WWII until the mid-1960s. Baby boomers are people who were born between 1946 and 1964.

The post WWII ‘baby boom’ has been one of the most influential and recognisable demographic trends to occur in Australia over the past century.

Baby boomers and the impact they will have on social, economic and welfare policy over the next few years has received close attention. With WA currently experiencing very low fertility rates and longer life expectancies, the ageing population, and more specifically baby boomers creating a "senior boom", will have significant impacts on infrastructure and services related to the lifestyles, wellbeing and care of older people in the near future.

This topic sheet provides a snapshot of our baby boomers and looks at some of the areas they will have an impact on in the near future, including:

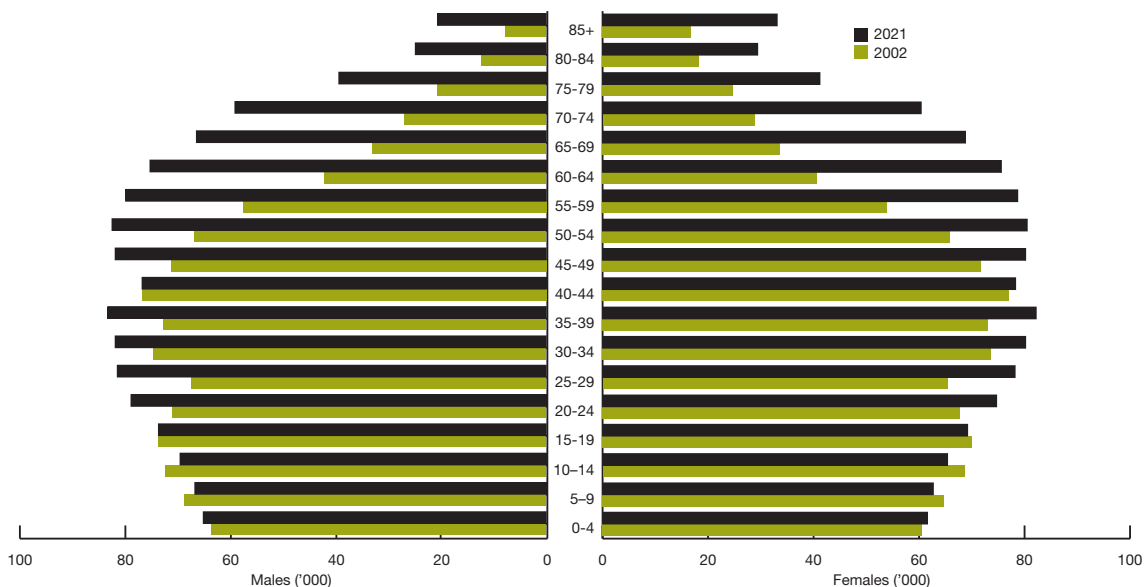
- the number of future seniors
- housing
- health
- leading causes of death
- education and work
- retirement
- superannuation.

Future seniors

According to the latest Australian Bureau of Statistics population projection series¹, there will be a 40% increase in the number of seniors by the year 2011, representing almost 20% of WA’s population. The following table shows the projected number and proportion of seniors for WA. By the year 2051, it is anticipated that one in three Western Australians will be a senior.

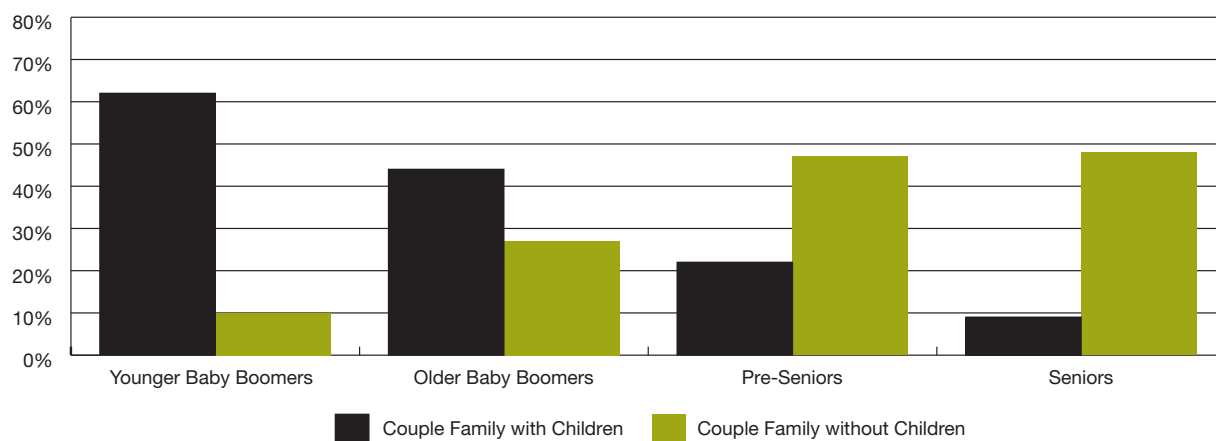
PROJECTIONS OF SENIORS IN WA			
Year	Number	Proportion of population	Median age of population (years)
2002	295 500	15%	35.2
2006	338 400	17%	36.5
2011	419 900	19%	38.3
2021	593 800	25%	40.9
2031	756 200	29%	43.5
2041	864 500	31%	45.5
2051	952 300	33%	46.8

POPULATION PROJECTIONS – IMPACT OF THE AGEING OF WA’S BABY BOOMERS



¹ Australian Bureau of Statistics (2003), *Population Projections, Australia, 2002 to 2101*, ABS Cat. no. 3222.0.

COUPLE FAMILIES*



* Source: Australian Bureau of Statistics (2004) unpublished tables from the 2001 Census of Population and Housing.

The impact of the baby boomers is highlighted in the population pyramid, which compares the WA population by age (five year age groups) and gender in 2002 and the projected population in 2021 when most baby boomers will be seniors.

The median age of the WA population is projected to increase from 35.2 years in 2002 to 40.9 in 2021 and 46.8 years in 2051.

Housing

The type of housing people live in is strongly related to their progression through different life cycle stages. Family size and income are just two of the factors that determine the types of dwellings in which people live. In general, older people and single people tend to live in small homes, often for maintenance, security or financial reasons.

Most (85%) people in WA live in separate houses as opposed to a flat, unit, or semi-detached townhouse². Almost 88% of WA's baby boomers live in separate houses, compared to 74% of seniors. Seniors are more likely to live in semi-detached dwellings or apartments than baby boomers (20% compared to less than 10%).

There is little difference between the proportion of younger baby boomers (those between 37 and 45 years of age in 2001) and older baby boomers (those between 46 and 55 years of age in 2001) living in separate houses, with 89% of younger and 87% of older baby boomers living in separate houses.³

As most younger baby boomers are still in their child rearing years, they are more likely to have dependent children living at home, and live in larger dwellings. Older baby boomers however are more likely to not have children living at home with them (27% compared to 10% for young baby boomers).

The graph above highlights the differences in family living arrangements for couple families across different generations. Younger baby boomers in couple families are the most likely to still have dependent children residing with them compared to older baby boomers, pre-seniors (people 56 to 59 years of age)⁴ and seniors.

However, if baby boomers were to move from separate dwellings into other types of dwellings in the future (to the same degree as those born earlier) it will be influenced by factors such as health, security and lifestyle decisions.

² Australian Bureau of Statistics (2004), 2001 Census of Population and Housing, unpublished customised tables.

³ Younger baby boomers are those born between 1956 and 1964. Older baby boomers are those born between 1946 and 1955.

⁴ Pre-seniors were born between 1942 and 1945.

The number of baby boomers means that any movements towards different dwelling types will have greater impact on housing markets than previous and future generations.

Non private dwellings

Very few baby boomers live in non-private dwellings, such as nursing homes or boarding houses. On Census Night 2001, less than 15,000 (or 3 per cent) of WA’s baby boomers were in non-private dwellings, and almost half of these were at a hotel, motel or boarding house.

A comparison across the three age groups of baby boomers, pre-seniors and seniors shows the likelihood of being in non-private dwellings such as nursing homes and cared accommodation increases with age. The following table shows the proportion of people living in *selected* non-private dwellings (by age group).

PERSONS IN NON-PRIVATE DWELLINGS*			
	Baby boomers	Pre-seniors	Seniors
Hospital	6%	9%	15%
Psychiatric hospital	2%	2%	2%
Nursing home	1%	3%	31%
Cared accommodation	1%	2%	26%

* Of those in non-private dwellings

The likelihood of being in a nursing home triples from baby boomer years to pre-senior years, and increases ten-fold from pre-senior to senior years.

The size of the baby boomer group will have an impact on the number of hospital and aged care beds needed in the future. The extent to which they will require hospital and residential aged care services will depend on a variety of factors, such as their health status and level of family support.

Health

The World Health Organisation defines health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’. Illness and disease cause a major expense to society through lost productivity and the costs of treatment. For an individual, they impact on the ability to work, pursue leisure activities and participate fully in society.

The ageing of the population is expected to lead to changing demands on the health care system in WA. As baby boomers age and enter their senior years, the number of seniors living with disabilities also increases, raising the issue of how their quality of life can be supported.

Health related actions

Most people spend time attending to their health whether it is taking preventative action or ongoing care. A range of health actions can be taken, including consulting a doctor or other health professional, taking medication or time off work. Health actions can also be taken for preventative reasons such as taking vitamin supplements or having regular dental check-ups.

Results from the *2001 National Health Survey*⁵ indicated that 41% of WA baby boomers had taken at least one health-related action in the two weeks prior to the survey. Female baby boomers were more likely to have taken a health related action (45%) than males (37%). The likelihood of taking a health related action increased with age, with 51% of female and 40% of male seniors taking a health related action.

⁵ Australian Bureau of Statistics (2002), *National Health Survey: Summary of Results 2001*, Canberra, ABS Cat. no. 4361.5.

Private health insurance

Almost two-thirds of WA baby boomers have private health insurance, with female older baby boomers more likely to have private health insurance (73%) than other baby boomers. In contrast, 52% of WA’s seniors and 51% of people 15 to 35 years of age have private health insurance.

For baby boomers, the main reasons for having insurance were:

- security, protection and peace of mind (38%)
- ancillary services/extras (30%)
- getting treatment as a private patient in hospital (27%) and
- choice of doctor (27%).

In contrast, the majority (63%) of baby boomers who do not have private health insurance say they cannot afford it or feel that it is too expensive. A further 16% feel private health insurance lacks value for money and 14% believe Medicare cover is sufficient.

Self-assessed health

People’s perceptions of their own general health status is considered a good measure of their physical and mental health and can be a predictor of mortality for those aged 65 years and over.

According to the *2001 National Health Survey*, a high proportion (85%) of WA baby boomers consider themselves to be in good, very good or excellent health⁶. This proportion is higher for younger baby boomers (90%) than for older baby boomers (80%), and considerably higher than for seniors (71%). Female baby boomers are more likely to report their health as being good to excellent (88%) than male baby boomers (82%).

SELF-ASSESSED HEALTH STATUS

	Baby boomers	Pre-seniors	Seniors
Excellent/Very good	52%	49%	37%
Good	33%	28%	34%
Fair/Poor	15%	23%	29%
Total	100%	100%	100%

Long-term health conditions

Despite being in good health, over 90% of baby boomers have one or more long-term health conditions. The most common conditions are:

- short-sightedness (28%)
- back pain or problems (26%)
- long sightedness (25%) and
- hayfever and allergic rhinitis⁷ (20%).

Baby boomers are less susceptible to conditions such as arthritis, hypertensive disease and presbyopia, which are the most common long-term health conditions in pre-seniors and seniors⁸.

Health risk factors

A large number of lifestyle and environmental factors are recognised as risk factors to good health. Some of these biomedical and behavioural risk factors include cigarette smoking, excessive alcohol consumption, poor diet, limited exercise and being overweight.

One-quarter of WA’s baby boomers are current smokers. Younger baby boomers are more likely to be smokers than older baby boomers (29% compared to 20%). In comparison, only 16% of pre-seniors and 10% of seniors are current smokers.

Around one in seven (14%) baby boomers are considered to consume risky or high risk amounts of alcohol.

⁶ As cited in Australian Bureau of Statistics (2003), *Western Australia’s Baby Boomers: A Profile of Persons Born 1946-1964*, p81.

⁷ Allergic rhinitis is the inflammation of the nose due to allergies. Australian Bureau of Statistics (2003) *ibid*, pg 82.

⁸ Arthritis, hypertensive disease and presbyopia are typically age related health conditions.

HEALTH RISK FACTORS – 2001*

	18-35	Younger Baby Boomers	Older Baby Boomers	Pre-Seniors	Seniors
Current smoker	30%	29%	20%	16%	10%
Risky/high risk alcohol consumption	12%	13%	15%	19%	9%
Sedentary/low level exercise	65%	64%	69%	73%	71%
Overweight/obese	34%	50%	53%	60%	50%

* Source: Australian Bureau of Statistics (2003). *Western Australia’s Baby Boomers*, pp 83-85.

In comparison, 19% of pre-seniors and 9% of seniors are consuming risky or high risk amounts of alcohol⁹.

Exercise

Physical inactivity is recognised as a key health issue that contributes to disease, morbidity and mortality in Australia. As people age, they are more likely to need health services. Regular physical activity is particularly important. Participation in physical activity benefits musculoskeletal health, continence, mental health, arthritis and falls prevention.

Two-thirds of WA’s baby boomers are either sedentary or undertaking low levels of exercise. Over half are overweight or obese. Female baby boomers are less likely to exercise than male baby boomers (70% of females and 62% of males were sedentary), however a greater proportion of male baby boomers are overweight or obese (63% compared to 39% for females).

The proportion of baby boomers who were overweight or obese is not significantly higher than that for seniors (50%), but is significantly lower than that for pre-seniors (60%). However, since 1989-90 the proportion of adult Australians who were overweight or obese has increased by 23%. If this trend continues, over the next decade the proportion of seniors who

are at risk of coronary heart disease, stroke, diabetes, depression and cancer will rise.

Leading causes of death

In 2001, the leading cause of death for WA baby boomers was malignant neoplasms (cancer) with 68.5 deaths per 100,000 persons. This was higher for older baby boomers than younger baby boomers (111 compared to 32 deaths per 100,000 persons).

While cancers were also the most common cause of death for female younger baby boomers (37 deaths per 100,000 persons) accidents and intentional self harm were most common among male younger baby boomers (37 deaths and 33 deaths per 100,000 persons respectively)¹⁰.

In comparison, the most common causes of death for seniors were cancers (877 deaths per 100,000 persons), heart disease (841 deaths per 100,000 persons) and cerebrovascular disease (stroke) with 294 deaths per 100,000 persons.

Breast cancer

Breast cancer is one of the leading causes of death among female baby boomers, especially for older baby boomers, with 34 deaths per 100,000 persons. Deaths from breast cancer for seniors account for 56 deaths per 100,000 persons.

⁹ Risky levels of alcohol consumption is 50ml to 75ml daily for men, and 25ml to 50ml daily for women. High risk levels is more than 75mls daily for men and more than 50ml daily for women.

¹⁰ As cited in Australian Bureau of Statistics (2003), *Western Australia’s Baby Boomers: A Profile of Persons Born 1946-1965*, p87.

LEADING CAUSES OF DEATH*			
	Younger Baby Boomers	Older Baby Boomers (per 100,000 persons)	Seniors
Malignant neoplasms (cancer)			
Disgestive organs	9.4	37.3	251.5
Trachea, bronchus and lung	2.4	16.9	181.7
Breast	4.4	17.3	55.5
<i>Total malignant neoplasms</i>	31.6	110.6	876.9
Heart disease			
Ischaemic heart disease	12.8	31.5	656.1
<i>Total heart disease</i>	16.8	34.9	840.9
Accidents			
Transport accidents	12.4	6.9	7.0
Falls	0.3	1.9	15.4
<i>Total accidents</i>	24.9	15.7	54.8
Intentional self harm	22.2	15.7	11.2
Diabetes mellitus	4.0	8.1	92.2
Diseases of the liver	3.7	6.5	17.5
Cerebrovascular disease (stroke)	2.7	7.3	293.8
Chronic lower respiratory disease	3.4	3.8	130.7
All causes	133.5	238.5	3060.1

* Source: Australian Bureau of Statistics (2003). *Western Australia's Baby Boomers*, pg 87.

There is evidence that population-based screening and effective treatment can reduce deaths from breast cancer. Given the number of female baby boomers (almost 255,000), and the fact that the risk of breast cancer increases with age, it is likely that demand for mammogram services will increase over the next decade as more female baby boomers reach the targeted ages for breast screening (between 50 and 69 years of age).

Education and work

In response to changing occupational structures and labour market demands, the fields in which people undertake non-school study have changed over time. As those born earlier generally acquired their qualification earlier, the

changing popularity of various fields over time has resulted in different age groups having different distributions of the fields of study.

The following table shows the spread of qualifications across age groups. Over time there has been a move away from some fields, including education, toward others such as information technology.

In 2001, 14% (approximately 38,500) of WA's baby boomers with post-school training had a qualification in management and commerce. This increased to 17% of qualifications held by those born after baby boomers (approximately 29,000 persons), that is, people 25 to 36 years of age. Although this is a small proportionate increase, it is a decrease of over 9,500 people.

FIELD OF QUALIFICATION*				
	25-36 years	Baby Boomers	Pre-Seniors	Seniors
Management and Commerce	17%	14%	14%	10%
Health	8%	11%	11%	8%
Education	7%	10%	10%	6%
Society and Culture	9%	8%	8%	5%
Natural and Physical Sciences	4%	3%	3%	10%
Engineering and Related Technologies	21%	27%	23%	19%
Information Technology	3%	1%	<1%	<1%
Architecture and Building	5%	6%	7%	6%
Agriculture, Environmental and Related Studies	3%	2%	2%	1%
Creative Arts	3%	2%	2%	2%
Food, Hospitality and Personal Services	7%	4%	2%	2%
Other	13%	12%	18%	31%
Total	100%	100%	100%	100%

* Of those with post-school training. Source: Australian Bureau of Statistics (2003). *Western Australia's Baby Boomers*, pg 66.

Similarly, 10% (approximately 26,700 persons) of WA's baby boomers with post-school training had a qualification in education, while only 7% (approximately 11,400 persons) of those born after baby boomers, that is, people 25 to 36 years of age, had qualifications in this field. While this is a small drop proportionately, it is a difference of over 15,000 persons.

Almost 11% (approximately 28,400 persons) of baby boomers with post-school training had a health qualification, compared to 8% (approximately 14,400 persons) for those born later. This is a drop of over 14,000 persons.

If current trends continue, it could lead to future problems of shortages of teachers for WA's young population and shortages of qualified health care professionals for WA's aged population. One way to overcome skill shortages is to retain older workers in the workforce through strategies such as flexible work arrangements and job sharing.

Retirement

Retirement from the paid workforce is a significant event in many people's lives. Whether it is a rapid departure or a gradual process where working hours are progressively reduced, retirement from the workforce affects a person's lifestyle in many ways, including income and leisure activities.

WA's baby boomers start to reach the traditional retirement age of 65 in 2011, at which point baby boomers will represent approximately one-quarter of the WA population. As this large group begins to retire there will be significant impacts on the structure of the workforce.

The population aged 65 years and over is projected to increase from 11% of the total WA population in 2001 to 18% in 2021.

In WA in 2002, the ratio of working age people (those 15 to 64 years of age) to those 65 years old and over was 6.1. That is, for each person 65 years of age and over, there were six people

of working age. This ratio is projected to drop to 3.6 by 2021 and decrease further to 2.2 in 2051.

The graph below shows the projected decline in the working age ratio from 2002 to 2051. As the labour force ages, the mix between full-time and part-time employment may be affected and employers will face challenges as they lose skilled and experienced staff. This will be significant in those occupations and industries where older workers are employed, such as agriculture, forestry and fishing, and health and community services.

Superannuation

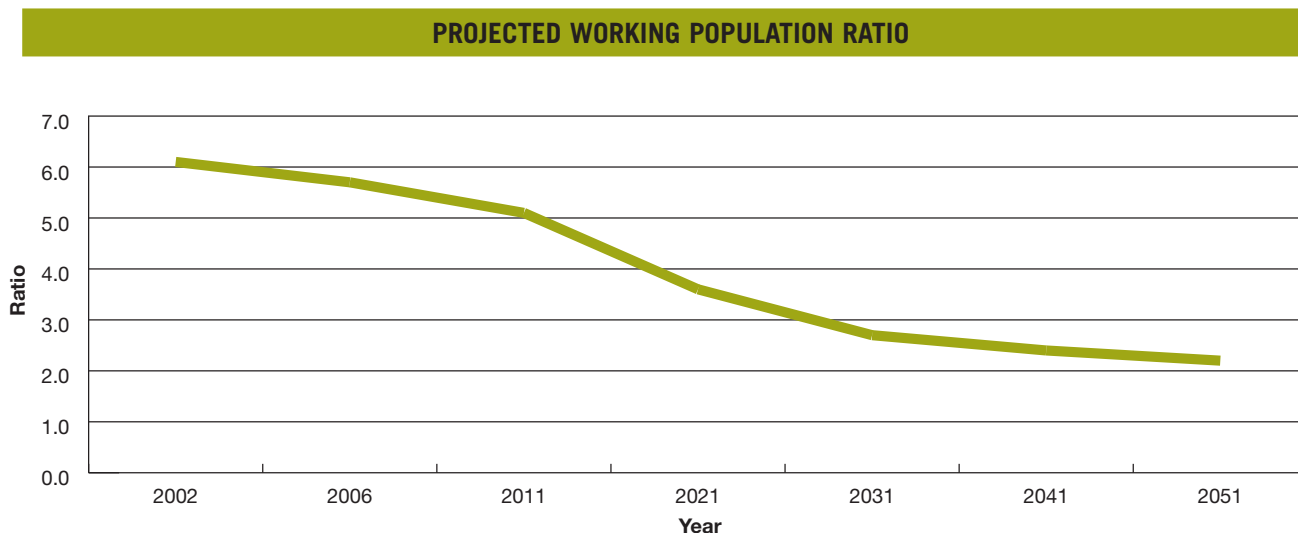
Sources of income for retired people often change over time. Many initially rely on private sources such as superannuation and then move to government benefits in later years.

There is little information available on the superannuation levels of retirees, however the *Survey of Employment Arrangements and Superannuation*, found that of WA baby boomers who had not yet retired:

- Over half (55%) had either no superannuation or less than \$20,000 in superannuation.
- Only 8% had more than \$100,000 in superannuation.
- Of those with no superannuation, there were more female baby boomers without superannuation than male baby boomers (21% compared to 13%).
- Male baby boomers were six times more likely to have over \$100,000 in superannuation than female baby boomers (13% compared to 2%)¹¹.

It is not known how much superannuation our current seniors retired with, and it cannot be assumed that those with low superannuation savings will have low incomes in retirement as they may have other sources of income.

However, given the number of baby boomers with little or no superannuation and the fact that most have indicated a desire to retire by their early 60s¹², it is likely that there will be an increased demand on government benefits (pensions and concessions) in the future.



¹¹ However, these differences may be partially explained by the different working patterns between males and females.

¹² Australian Bureau of Statistics 2001, *Employment Arrangements and Superannuation, Australia, 2000*, ABS Cat. no. 6361.0.

Data sources

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- Australian Bureau of Statistics (2000), *Employment Arrangements and Superannuation, Australia*, ABS Cat. no. 6361.0.

Additional copies of this topic sheet can be downloaded from the Office for Seniors Interests and Volunteering website www.communitydevelopment.wa.gov.au

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Feedback Form

The Office for Seniors Interests and Volunteering would welcome your feedback on the information it provides on Western Australia's future seniors population. It would be appreciated if you would take a few minutes to complete this questionnaire.

1. How much of this Topic Sheet – Western Australia's Baby Boomers – Our Future Seniors did you read?

All Most Some A little None

2. Was the information contained in the Topic Sheet:

a. Easy to understand? Yes No

b. Useful to you or your organisation? Yes No

3. Overall, how satisfied were you with the Topic Sheet?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied

Fairly dissatisfied Very dissatisfied

4. If you were fairly dissatisfied or very dissatisfied with the information, please state why.

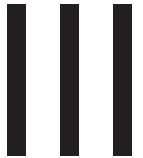
5. What other type of information on Western Australia's ageing population (people 40 years old and over) would you like to see published?

Thank you for taking the time to provide your feedback.
Please fold the questionnaire, tape it and return to the reply paid address.
No postage stamp is required.

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